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Intimate Partner Violence and Role of Alcohol

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Abstract

The basic argument of present paper is that a paradigm shift is dire need of time to evaluate the mainstream approaches which tend to focus overwhelmingly on the myth that the best approach for woman to be safe is being with a partner. Recent happenings and reports compel us to rethink and judiciously judge the traditional norms. However, voices of women are mostly unheard and not believed when it comes for intimate partner. Increasing intimate partner violence in the society forcefully asserts that intimate partner violence should be considered. Due consideration and weightage should be given to the factors associated with intimate partner violence as masculinity and more importantly consumption of alcohol. The structural deep rooted analysis is required to find the cause and effect of such violence. The author found that in a state like Haryana intimate partner violence is generally associated with the consumption of alcohol.

1. Introduction

A woman suffers in different walks of her life as daughter, wife, mother or daughter-in- law. Women; 49% of the population for all responsibilities and recognitions, are at receiving end viz. economic, social, religious, political or even cultural and religious.

She has many colours and roles in her whole life but unfortunately acknowledgment of every colour and role is associated with prominent male member as being daughter of a great father is matter of high stature, being wife of a prominent personality is big role, being mother of a son is great achievement, being cow like daughter-in-law is great success in social life.

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The cost of being partner of so called renowned male member is very high sometime tolerance of violence for whole life. She left no stone unturned to fulfil her roles yet her all desires, achievements and hopes exploited by one or other. Rarely one bothers her psychological and emotional harassment in process of fulfilment of duties without any right. The tragedy of society is that she could be goddess (who always saccadic and do welfare for others) but can't be treated as an individual persona having emotions and need identification. Swinging from one role to another when she get a partner to share love and emotional feelings her womanhood get recognition. Here also her subjugation didn't give her opportunity to survive peacefully and often confront with violence.

Violence against women is globally pervasive. Various reports on women send a powerful message that violence against women is not a trivial problem which occurs only in some pockets of society, rather epidemic and ubiquitous. Globally, 30% of women have experienced either physical and/or sexual intimate partner or non-partner violence. However, there are many other forms of violence that women may be exposed to, but a large proportion of women confront with violence in the hands of intimate partners.¹ Thus intimate partner violence emerged as crucial factor in violence against women.

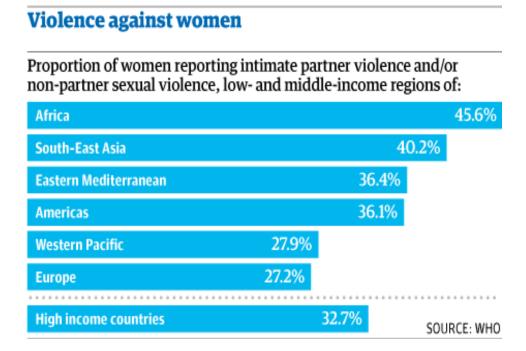
2. Intimate Partner Violence (IPV)

Intimate partner violence (IPV) is an entrenched public health and social problem across both developed and developing nations. The World Health Organisation (2010 report), defines IPV as "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours" [1, page 11]. This definition covers violence by both current and former spouses and intimate partners. This term has begun to replace earlier terms such as domestic violence, spouse abuse, dating violence, date rape, battering, and marital violence. IPV is more inclusive across all types of intimate relationships (e.g., married, cohabiting, dating, and ex-partners; heterosexual and same-sex partners), and includes a wide range of abusive behaviors and patterns (Begun, 2003).

The Centres for Disease Control and Prevention (Saltzman, et al., 1999) are promoting consistency in IPV terminology with the goal of developing standardized data collection procedures.

They recommend that relationship violence should be categorized as: (1) physical violence, (2) sexual violence, (3) threat of physical and sexual violence, and (4) psychological/emotional abuse. This last category includes coercive tactics when there also has been prior (actual or threats of) physical or sexual violence. The continuum of abusive behaviors additionally includes stalking, harassment, economic abuse/control, and isolating a person from family and friends.

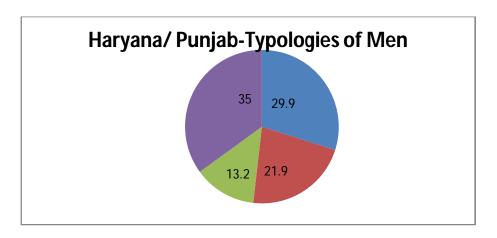
The report of World Health Organization, 2014 reveals shocking extent of attacks on women from the men with whom they share their lives, with 30% of women being attacked by partners. It also finds that a large proportion of murders of women-38% are carried out by intimate partners. The highest levels of violence against women are in Africa, where nearly half of all women (45.6%) suffer physical or sexual violence. In low- and middle-income Europe, the proportion is 27.2%. Yet wealthier nations are not necessarily always safer for women – a third of women in high-income countries (32.7%) experience violence at some stage of their life. The following graph shows the aghast violence against women by intimate partner.



Such high prevalence of IPV is due to many underlying and ingrained sociological and cultural factors. In these factors some are due to structural as masculinity and some are economical as liquor consumption.

2.1 Masculinity as underlying factor for Intimate Partner Violence (IPV)

For time immoral man is always considered as superior to women and masculinity as his prime property. Masculinity is treated as the symbol of power which is exerted against subjugated, especially women. A study by Nanda (2013) found that on average 31% of women reported experiencing violence at the hand of an intimate partner and 34% of men reported committing it. The study found masculinity as major reason behind it. However, about two of five men are rigidly masculine and about a fourth are equitable. Rigid masculinity is highest in Uttar Pradesh (64%) and least in Rajasthan (22%) followed by Maharashtra (25%). The flexible attitude of men is in similar proportions across all states (17-22%) except in Odisha they are about 10%. Less educated (below 10th standard) men are more rigidly masculine across all states. Completing senior secondary school or graduating from university significantly reduces the likelihood of being rigidly masculine. Men who live in rural areas are more likely to manifest rigid masculinity than those who live in urban areas, at the aggregate level. The findings arrested that masculinity is significant factor in prompting intimate partner violence especially in rural areas.



Equitable: Strong gender equality attitudes, Less controlling (35%)

Flexible Behaviour: Weak gender equality attitudes, Less controlling (13.2%)
Flexible Attitude: Strong gender equality attitudes, Highly controlling (21.9%)
Rigidly Masculine: Weak gender equality attitudes, Highly controlling (29.9%)

Results from nationally representative samples in India show that 27% women report experiencing intimate partner violence within the past year. According to Nanda (2013) study in women's reporting, the aggregate prevalence is 31% and highest for Odisha at 59%. In three states, Punjab and Haryana, Odisha and Rajasthan, women report higher perpetration of any form of violence compared to men. However, in terms of specific forms of violence men tend to report higher forms of sexual violence than women except in Odisha and Rajasthan. NCERB Report (2014) found that in Haryana 12.1% of cases are registered under sec. 498 A IPC under cruelty by husband or his relatives. In Mahendergarh 78 cases are registered under 498 A. There could be pile of cases which are not reported or not registered. According to the Lancet study (2014) most of the sexual violence in India occurs in marriage; 10% of married women report sexual violence from husband. Adolescent wives are more vulnerable, reporting the highest rates of martial sexual violence of any age group. Adolescent girls also account for 24% of rape cases in the country. An estimated 2.5 million adolescent girls (aged 15-19) are victim of sexual violence in India and most of the sexual violence is done by intimate partner. Most of the cases of IPV especially in Haryana and Punjab occurred due to rigid patriarchal nature of the society. The risk of violence further increased when it is supplemented with alcohol consumption.

2.2 Alcohol Consumption as underlying factor for Intimate Partner Violence (IPV)

Alcohol consumption is always taken as accepted norm for male members of the society since antiquity. There are various local oral historical evidences and ancient myths to prove that alcohol has been part of culture, rituals, tradition and custom since "time immemorial". However, when and why the cultural and ritual celebration changed in to habit formation, no one knows. Today, the common purpose of consuming alcohol is to get drunk. (Mohan. D, 2001). These developments have raised concerns about the health and the social consequences of excessive drinking (Saxena, 1999). The relationship becomes complicated when one partner is under the influence of alcohol because risk of violence increases many folds. When men are drunk they behave differently; mostly aggressive and violent under the impression of disinhibiting influence of alcohol.

The World Health Organisation estimates that around 2 billion people worldwide consume alcohol (WHO, 2004) and there is clearly no single reason, why they do or why different people drink to different extents. It is apparent though that drinking is influenced by many factors such as genetics, social environment, culture, age, gender, accessibility, exposure and personality. If the history, context, culture and economic prosperity are analysed then one can say that masculinity and patriarchy is the ingrained culture of Haryana. Which can be further establish by the data of Census 2011, most skewed sex ratio in State. In Haryana consumption of alcohol is more compare to other states of the India. There is per capita consumption of alcohol in Haryana was 21.45 bottles despite a negative growth in sales, 14.72 bottles in Delhi, 12.80 bottles in Himachal Pradesh and 11.45 bottles in Punjab in 2010. The figures are more than suffice to represent that alcohol consumption is common phenomena in Haryana.

The relationship of alcohol consumption with violence is always debatable. Many studies are conducted to understand the association between violence and alcohol. However, there are many evidences in recent past to verify that alcohol increases the cases of violence. Nirbhya case (2012) of Delhi is also an evidence of it. Many researchers have studied the relationship of intimate partner violence and alcohol consumption.

Generally drinking is taken as chemically induced disinhibtant. Hence in many cultures due to disinhibiting effect, it allows an individual (particularly men) 'time out' from the normal rules of social responsibility (Coleman and Straus, 1983). Attitude of drinking create belief in men: that drinking is a defining and acceptable aspect of masculinity; that the man's traditional role as head of the family and other patriarchal attitudes are central; and that aggression and power are increased by alcohol consumption (Leonard and Blane, 1988) and this attitude leads to intimate partner violence. In this sense, use of alcohol becomes another part of the wide array of strategies used for domination and control within male-female relationships (Gondolf, 1995). The quest for power further promotes men for intimate partner violence and more consumption of alcohol. World Health Organisation multi-country study, 23–56% of women who reported ever experiencing physical or sexual IPV had experienced both (3). A comparative analysis of DHS data from 12 Latin American and Caribbean countries found that the majority (61–93%) of women who reported physical IPV in the past 12 months also reported experiencing emotional abuse.

In most of cases alcohol is proven as root cause of intimate partner violence. Criminological studies have consistently found alcohol to be involved in one-half to two-thirds of homicides, in one-fourth to nearly one-half of serious assaults, and in more than one-fourth of rapes. Alcohol abuse is consistently substantiated risk factors or predictors of wife assault in general studies. Estimates of the percentage of wife assaults that involve alcohol vary from 20 percent in representative samples to over 80 percent in clinical samples. Intensity of the drinking is the predictor of violence towards partner, more frequency generate more violence. In sum, those who are assaultive are likely to abuse alcohol, and, conversely, those who abuse alcohol are likely to be assaultive. Consequently, a public and professional tendency persists to take the high. This high association of alcohol and intimate partner violence is a matter of concern for the researchers. The interpretation of many researches shows that men who abuse alcohol are violent to their partner or vice-versa. A more recent trend is to view alcohol abuse and violence as two separate problems. However, there may be sufficient conceptualization and evidence from the partner violence recast the dual problem notion: the man who abuses alcohol and commits violence has one main underlying problem-his need for power and control.

In a national sample of 5,159 families, Kaufman Kantor and Strauss found over 20% of males were drinking prior to the most recent and severe act of violence. vi In the National Crime Victimization Survey, 43% of the victims of IPV reported the perpetrator had been under the influence of drugs. Studies of college student populations, which have often focused on forms of IPV that involve sexual violence, have found that 50% of assaults involve alcohol use. Among prisoners convicted for murdering an intimate partner, 45% reported that they were drinking at the time of the incident, with an average blood alcohol concentration of 3 times the legal limit. For married or cohabiting patients entering treatment for alcoholism and other drugs of abuse, the proportion of these dyads reporting at least one episode of IPV in the previous year is 4–6 times higher than observed in national samples. All these figures show the strong correlation of alcohol consumption and intimate partner violence. The social environment is a crucial factor to promote alcohol consumption in society. Human beings are bound to social norms. However, in patriarchal structure of society men are given more freedom to express their desires to get control on power and decision making and allowed to adopt all strategies which allow them to attain power. Previous researches have indicated that use of alcohol in specific drinking contexts by male partner is associated with IPV.

Distinguishing between effects of frequency of drinking in the context versus amount of alcohol consumed within the context is complex. Research Study by Christina Mair (2013) also indicates that both frequency of drinking and excessive drinking in certain contexts are important predictors of context-specific patterns. More nuanced interpretation of the total volume results indicates a need to consider what occurs within drinking contexts (besides alcohol consumption) that might trigger partner aggression. From prevention perspective, encouraging and enabling people to alter their choices regarding alcohol use contexts (i.e. limiting opportunities to drink in particular contexts) is probably easier than changing the amounts they use in those contexts (i.e. behavior restraint when drinking). The social structure of Haryana's society is male dominated. The cases of honour killing and Khap Panchayats prove this fact. The patriarchal society promotes the consumption of alcohol which gives birth to intimate partner violence. Thus the associate must be understood for finding out relationship.

Researchers proposed various models to understand the correlation between alcohol consumption and intimate partner violence, in which attention allocation model plays significant role.

3. Attention-Allocation Model (Depicting Association between Alcohol Consumption and Intimate Partner Violence)

Acute alcohol consumption is related to aggressive behavior, as evidenced by both correlational and experimental studies (reviewed in Bushman & Cooper, 1990, and Chermack & Giancola, 1997). Research has shown that alcohol is involved in about 50% of violent crimes (reviewed in Murdoch, Pihl, & Ross, 1990; Pernanen, 1991). It has also been noted that it is the acute effects of alcohol, rather than its chronic effects, that have the largest impact on aggressive behavior (Chermack & Blow, 2002; Fals-Stewart, 2003). One of the most well-accepted models of alcohol-related aggression was put forth first by Taylor and Leonard (1983). The model was then further elaborated on by Steele and Josephs (1990), as a more general theory of alcohol's effect on behavior, they termed it the attention-allocation model. According to this model, acute alcohol intoxication disrupts cognitive functioning, thus creating a "myopic," or narrowing, effect on attention capacity. Consequently, alcohol presumably facilitates aggression by focusing attention on more salient provocative, rather than less salient inhibitory, cues in a hostile situation.

Other researchers, such as Pernanen (1976), have alluded to similar processes as accounting for alcohol-related aggression. The attention-allocation model is general in scope and has been utilized to explain a number of alcohol-related behaviours. Specifically, studies testing the model found that following an anxiety-induction manipulation, alcohol significantly decreased subjective anxiety for persons whose attention was distracted away from stressful thoughts by performing a cognitive task. However, for subjects assigned to a no-distraction condition, alcohol actually increased anxiety (Josephs & Steele, 1990). Other studies have shown that alcohol reduces intentions to engage in risky sexual behavior in the presence of inhibitory or low-sexual-arousal cues, but increases such intentions in the presence of permissive or highly sexually arousing cues (MacDonald, Fong, Zanna, & Martineau, 2000). Intentions to engage in risky sexual behavior were at an intermediate level in persons given a placebo beverage instead of alcohol).² These researches show the positive correlation of alcohol with intimate partner violence.

4. Conclusion

Most of the studies show that positive correlation exists between intimate partner violence and alcohol consumption. Study by Mohan D. (2001) portray that risk of violence against women are increased with the alcohol consumption. Research Study by Christina Mair (2013) also indicates that both frequency of drinking and excessive drinking in certain contexts are significant aspect of intimate partner violence in specific context. It has also been noted that it is the acute effects of alcohol, rather than its chronic effects, that have the largest impact on aggressive behavior (Chermack & Blow, 2002; Fals-Stewart, 2003). This aggressive behaviour leads to demonstration of power against subjugated and resulted in intimate partner violence. There are many more studies to represent role of alcohol in intimate partner violence. Masculinity adds another feather in the cap of intimate partner violence. The risk of physical, sexual and psychological violence increases many folds when masculinity is supplemented with alcohol consumption.

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² A number of established alcohol researchers have invoked the attention-allocation model, in one form or another, to explain alcohol-related aggression (Abbey, 2002; Aviles, Earleywine, Pollock, Stratton, & Miller, 2005; Chermack & Taylor, 1995; George & Norris, 1991; Giancola, 2000; Leonard, 2002; Murphy, Winters, O'Farrell, Fals-Stewart, & Murphy, 2005; Pernanen, 1976; Pihl & Peterson, 1995; Sayette, 1999; Taylor & Leonard, 1983; Testa, Livingston, & Collins, 2000) Furthermore, the attention-allocation model has also been used to help explain behaviors such as disinhibited eating (Mann & Ward, 2004) and drinking and driving (Mac- Donald, Zanna, & Fong, 1995.

Alcohol abuse and intimate partner assault is the manifestations of an underlying need for power and control related to the abuser's perception or conception of masculinity. Thus structural and cultural contexts must be considered when intimate partner violence is considered. Collaborative efforts are needed to deal with intimate partner violence and alcohol consumption. The joint occurrence of intimate partner violence and alcohol problems also highlights the need for collaboration between community agencies addressing these problems. It is important for these agencies to develop active cross-referral pathways. Attempts to minimize intimate partner violence and alcohol problems may be more effective when designed to take these two areas into consideration. Findings also suggest that identification of problem of intimate partner violence and alcohol consumption should be perceived and treated simultaneously.

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