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Links between alcohol consumption and domestic
and sexual violence against women: *Key findings
and future directions*

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ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

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ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future; and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

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Introduction

A solid and persistent association is shown in the literature between alcohol use and violence against women. In the studies reviewed in the development of this Compass, this relationship was evident at the population, community, relationship, and individual levels of analysis.

In Australia, alcohol is estimated to be involved in between 23 percent and 65 percent of all family violence incidents reported to police (Foundation for Alcohol Research and Education, 2015a). Nevertheless, the precise nature and function of alcohol use in the perpetration and victimisation of sexual assault, and family and intimate partner violence, is complex and controversial. Explanations of the role of alcohol use vary from that of primary cause to a covariant or confounding variable, to that of an excuse to reduce perpetrator responsibility. The results of this review suggest that there is little evidence that alcohol use is a primary cause¹ of violence against women. The paper does, however, identify that there are clear associations, and in some cases, strong correlations² between alcohol use and violence against women.

Using a narrative overview of relevant peer-reviewed primary research, grey literature, other literature reviews, and meta-analytic studies, this Compass paper:

- investigates the relationship between alcohol use and violence against women;
- explores some of the current debates about the nature of this relationship;
- summarises evidence around interventions designed to reduce alcohol-related violence against women; and
- provides recommendations for policies, programs, and practice.

1 To conclude that one variable (e.g. alcohol) causes another variable (e.g. violence against women), research would need to demonstrate that changes in the first variable directly caused changes in the second. Demonstrating causation is more difficult than demonstrating an association or correlation and would usually involve studies where one group is subjected to the variable said to cause the effect, and another group is not, so that similarities or differences in the effect on the two groups can be measured.

2 An association, or correlation, between two or more variables means that research has found a relationship between them, but a relationship is not the same as a cause. A correlation between two variables may be either “positive”, meaning that as one variable increases so too does the other, or “negative”, meaning that an increase in one variable is associated with a decrease in the other.

Methodology

The authors conducted desktop research on relevant literature obtained through searches of specialist databases (Medline Plus, Science Direct, CINAHL), agency websites (FARE, VicHealth, Australian Institute of Family Studies, Alcohol and Drug Information Network, National Drug Research Institute, National Centre for Education and Training on Addiction, Centre for Alcohol Policy Research, National Drug and Alcohol Research Centre, Australian Public Health Association), and generalist search engines (ProQuest and Google Scholar). The method used was a narrative literature review based on a “best synthesis” approach (Green, Johnson, & Adams, 2006).

The scope of the review included systematic reviews; meta-analytic, longitudinal, cross-sectional, and correlational studies; qualitative research; and other literature reviews from peer-reviewed scholarly journals, as well as relevant grey literature in government and non-government agency reports, plans, and strategies.

Key search terms used were: *alcohol consumption*; *alcohol use*; *heavy drinking*; *drinking violence*; and *intimate partner*, *domestic* and *family violence*; *sexual violence*; and *sexual assault*. The search terms were used in a variety of combinations by applying Boolean logic. The focus of the search was on Australian research conducted from 2000 onwards, but international research with significant Australian collaboration, participation, or application was also included. The criteria for inclusion in the review was that at least one Australian researcher or research institution was included in the list of authors, or the article specifically referred to Australian examples, evidence, or applications. Due to the relative paucity of Australian primary research in this area, a limited number of earlier Australian empirical studies from the late 1990s were also included in the review.

The terminology used in this paper to describe violence against women has not been standardised and varies in accordance with the definitions and language used in the research studies reviewed. However, given the primary focus of this paper, and consistent with the definitions used by the United Nations General Assembly (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) and Australia’s National Plan to Reduce Violence Against Women and their Children 2010-2022 (Council of Australian Governments, 2011), a broad approach to violence against women has been adopted. The term “domestic violence” will refer to any form of violence against a woman by her intimate partner, while the term “sexual violence” will relate to sexual assault and threat against adult women by any type of perpetrator (including, but

not limited to, an intimate partner) (Australia. Department of Social Services, 2014).³

Establishing the prevalence of alcohol use and misuse in Australia, defining patterns and categories of harmful alcohol use, and explaining the overall causes of violence against women are all out of scope for this paper. These issues have been comprehensively considered in a range of other research publications (Berry, Pidd, Roche, & Harrison, 2007; Livingston, 2015; Manning, Smith, & Mazerolle, 2013; Our Watch, ANROWS, and VicHealth, 2015; Vic Health, 2011).

³ Domestic violence and sexual violence overlap; however, this overlap has not been explicitly addressed in the literature on alcohol and violence against women.

Results

A total of 73 publications were reviewed; eleven were national plans, reports, frameworks, strategies, or other forms of grey literature produced by government agencies or peak non-government bodies. The remainder were peer-reviewed articles; the majority being international studies with significant Australian participation or application. Only 19 peer-reviewed articles were entirely based on Australian research.

Relationships between alcohol and violence against women

A strong and consistent relationship between alcohol use and violence against women has been clearly established in research conducted over the last three decades (for example Devries et al., 2014; Hutchinson, Mattick, Braunstein, Maloney, & Wilson, 2014; Leonard, 2002; Quadara, Stathopoulos, & Jenkinson, 2015). Meta-analytic studies have also demonstrated that this robust association appears to be largely unaffected by national contexts or cultural factors (Graham, Bernards, Wilsnack, & Gmel, 2011). Alcohol use is associated with both perpetration and victimisation for violence against women (Stith, McCollum, Rosen, & Thomsen, 2004). The evidence points to a relationship between alcohol and violence against women existing in three discrete ways:

1. Alcohol use is linked with the perpetration of violence against women.
2. Alcohol use is linked with women's victimisation by violence.
3. Alcohol is used as a coping strategy by women who have experienced violence.

Ninety-five percent of all victims of violence have experienced at least one incident by a male perpetrator, and there are clear gender differences in the nature and settings of this violence (Diemer, 2015). Sixty-two percent of women subjected to physical assault experienced the most recent incident of physical assault by a male in their own home, compared to 8.4 percent of male counterparts (Diemer, 2015). The bulk of physical assaults by a male perpetrator against a male victim (34.1%) occurred in a place of entertainment or recreation (Australian Bureau of Statistics, 2013). In terms of the severity and impact of physical assault, employed women victims were twice as likely to take time off work as a result of the violence than employed men, and women experienced ongoing fear and anxiety at 4.3 times the rate for men when comparing their most recent incident of physical assault by any type of opposite sex perpetrator (Cox, 2015). These statistics

demonstrate that most violence against women in Australia is intimate partner violence and is different to the nature of most violence against men. Therefore, much research exploring the links between the perpetration of violence against women and alcohol focuses on violence in intimate relationships and thus, in the main, on male perpetrators.

Alcohol use is linked with the perpetration of violence against women

The notion that alcohol use causes poverty, family breakdown, and violence has a long history evident in temperance literature and associated public policies such as prohibition (Leonard, 2002; Smyth, 2013). Research has posited that the effects of alcohol on mood, thinking, and behaviour is an instigator of violence and aggression (Smyth, 2013) and in the past alcohol has been proposed to be the primary causal agent in intimate partner violence (Klostermann & Fals-Stewart, 2006; Marteau, 2008; Miczek, Fish, De-Almeida, Faccidomo, & Debold, 2004).⁴ There is, however, little evidence to support such a clear causal relationship (Hutchinson et al., 2014). The evidence suggests instead a more complex relationship between alcohol and violence against women.

International research estimates that the abuse of alcohol and other substances co-occurs with the perpetration of violence against women at proportions of between 25 and 50 percent (Bennett & Bland, 2008). Within Australia, alcohol is involved in around half of domestic assaults reported to police, with the number of incidents of violence increasing on days when male partners were drinking (FARE, 2015b). Alcohol-related domestic violence is, however, inconsistently recorded and reported across Australian states and territories. Available data for four jurisdictions indicate a stable or increased rate of domestic assaults reported to police that involved alcohol (Laslett et al., 2015). However, and as noted previously, the precise nature of the relationship between alcohol and violence, both generally and in relation to women, remains complex, contested, and controversial (Hutchinson et al., 2014; Klostermann & Fals-Stewart, 2006).

A recent literature review highlighted that half of the men in perpetrator intervention programs have abused alcohol, and approximately half of the men in alcohol and other drug treatment programs have perpetrated intimate partner violence (Mackay, Gibson, Lam, & Beecham, 2015). Fals-Stewart (2003) found that among men entering a perpetrator treatment program, male-on-female physical violence was eight times more likely to occur on

⁴ The term "aggression" is used in many of the experimental and psychological studies reviewed and, generally in this context, refers to violence against women.

days when the men drank alcohol, and severe physical violence was 11 times more likely on days when the men drank.

In a meta-analysis of cross-sectional data from 13 diverse countries, Graham et al. (2011) found a robust and consistent association between alcohol use and the severity of partner aggression. Similarly, Australian and New Zealand research has identified that the presence of alcohol increases the frequency of violence and the level of severity in IPV (Braaf, 2012; Connor, Kypri, Bell, & Cousins, 2011; Graham et al., 2011). Systematic reviews of experimental and observational studies also indicate that alcohol use increases aggression in both men and women, but the effect is stronger for men (50%) than for women (13%) (Klosterman & Fals-Stewart, 2006; Taft & Toomey, 2005; Wilson, Graham, & Taft, 2014).

In another meta-analytic review of studies, in which a range of individual variables, such as age, substance use, socio-economic status, and individual personality, were controlled for, the relationship between alcohol and violence continued to be strong (Foran & O'Leary, 2008), although not always the same. The prevalence, patterns, and severity of alcohol-related violence are mediated and moderated by associations with other contributing variables, including gender, ethnicity, socio-economic status, interpersonal relationships, and individual personality characteristics (Taft & Toomey, 2005).

The majority of men who use alcohol, even those who use it excessively, do not engage in violence towards women, and the use of alcohol does not appear to be associated with the other 50 percent of reported domestic assaults in Australia (FARE, 2015b). Similarly, most explanations of domestic violence that postulate the primacy of alcohol have failed to account for the overwhelming gender disparity in its perpetration (Smyth, 2013). Systematic reviews and meta-analytic studies have demonstrated various degrees of association or correlation between alcohol use and domestic violence but none to date has conclusively established a causal and sequential link between these variables.

Another way that alcohol is linked to the perpetration of violence against women is as a justification, or an excuse, for the violence.

The results of the 2013 *Young Australians' attitudes to violence against women* survey show that such justification of violence is widely used, with approximately ten percent of respondents of both genders aged 16-24 years having agreed that domestic violence can be excused if the offender is affected by alcohol (Harris, Honey, Webster, Diemer, & Politoff, 2015).

Cross-sectional research has identified that men's beliefs and expectations about the causal role of alcohol in intimate partner violence influenced the relationship between patterns of alcohol use and subsequent aggressive behaviours (Leonard, 2002).

Evidence of a relationship between alcohol use and increased severity of violence against women exists but alcohol alone cannot be claimed as satisfactory causal explanation of violence against women.

That is, experiences of perpetrating violence while drinking reinforced men's belief that alcohol was the cause of their violence. Furthermore, Leonard (2002) found that believing that alcohol caused violence effectively permitted an offender's disinhibition and sexual assault of women.

The empirical studies reviewed by Hutchinson et al. (2014), however, challenge the notion that the disinhibiting effects of alcohol produce loss of control in the perpetrator. Specifically, this review cited research indicating that perpetrators are generally in control when using violence. Such control is demonstrated, for example, by the calculated way in which violence is inflicted so as to avoid leaving visible marks upon the victim. Nicholas (2005, as cited in Hutchinson et al., 2014) also found that men perpetrating violence are often not excessively intoxicated at the time of perpetration.

Some studies have also found that male perpetrators were more likely to assume responsibility for their violence and less likely to blame their partners if they could claim to be under the influence of alcohol at the time of the violence (Klostermann & Fals-Stewart, 2006). Others have found that alcohol intoxication in perpetrators may actually increase attribution of blame to the perpetrator. For example, Leonard's (2002) research with police officers in the United States found that drunkenness in the offender increased the level of attributed blame as well as the expressed likelihood to charge the offender. Studies of police behaviour similarly concluded that intoxicated perpetrators were more likely to be arrested than sober perpetrators, even when other factors such as the severity of the violence, the presence of weapons, or hostility towards police were controlled for (Hamilton & Worthern, 2011). The above findings are consistent with less recent Australian research on the public's and police officers' attitudes to domestic violence in the context of alcohol use (Lane & Knowles, 2000; Stewart & Maddren, 1997).

The majority of men who use alcohol, even those who use it excessively, do not engage in violence towards women and the use of alcohol does not appear to be associated with 50 percent of domestic assaults reported to police in Australia

The literature reviewed suggests that alcohol use by perpetrators of violence may function to excuse responsibility and avoid accountability in some circumstances, yet increase attribution of blame and likelihood of punishment in other circumstances. Alcohol use is generally not regarded by police or the wider community as a legitimate excuse for violence (Graham et al., 2011; Lane & Knowles, 2000).

Alcohol use is linked with women's victimisation

There appears to be a clear and reliable connection between the excessive use of alcohol (and other drugs) and the sexual and non-sexual victimisation of women. This association includes alcohol as a precursor to, and a consequence of, victimisation (Finney, 2004). This section will explore the role of alcohol in the victimisation of women, including discussion about men's consumption of alcohol and women's consumption of alcohol as a precursor to women's victimisation by violence.

In an Australian study, Hurley, Parker, & Wells (2006) analysed 76 drug-facilitated sexual assault cases that occurred during 2003 in Victoria. They found that alcohol had been used by victims in the hours leading up to the assault in 77 percent of cases and was still present in 37 percent of cases at the time of examination. Within the context of intimate partner violence, the research evidence is unclear; some early American studies indicated a relationship between the female partner's alcohol use and exposure to intimate partner violence even when controlling for the male partner's alcohol use (Klosterman & Fals-Stewart, 2006). Later research found that this alcohol-victimisation link was negated when the male perpetrator's alcohol use was controlled (Graham et al., 2011; Klosterman & Fals-Stewart, 2006).

A more recent international (including Australia) meta-analysis of 55 longitudinal and cross-sectional studies has revealed a bi-

directional association between alcohol use and the experience of physical or sexual intimate partner violence against women (Devries et al., 2014). Specifically, an association between women who experienced intimate partner violence and an increased likelihood of subsequent alcohol use was identified, as well as between a woman's existing alcohol use and her subsequent intimate partner violence victimisation (Devries et al., 2014). Though this meta-analysis noted that the studies it reviewed were generally inadequate in controlling for confounding variables, the evidence currently suggests an association between a woman's alcohol use and being subjected to violence.

Explanations of the role of alcohol use in the perpetration of intimate partner violence are threefold. Firstly, the disinhibiting and cognitive impairment effects of alcohol in conflict situations involving both partners have been highlighted (Gross et al., 2001). Secondly, alcohol may increase the hypersensitivity of male perpetrators to perceived slights or challenges to their masculinity or social identity, as identified in a small number of observational studies (Wilson et al., 2014). Thirdly, alcohol consumption may interfere with men's ability to respond to inhibitive cues (Gross, Bennett, Sloan, Marx, & Juergens, 2001).⁵

In a critical review of field studies, however, Ullman (2003) found that there is a complex array of factors that intersect with alcohol use by both perpetrators and victims that influence the level and type of risk of sexual victimisation of women. Ullman (2003) identified existing research that found sexual assault victims who indicated they had consumed alcohol were more likely to report rape completion. However in situations where only the offender was drinking, there were worse outcomes from assaults (such as rape completion and physical injury) than in situations where both victim and offender were consuming alcohol (Ullman, 2003).⁶ Consequently, it has been recommended that prevention programs target men's alcohol use and the expectations that men have about women's sexual availability while under the influence of alcohol (Ullman, 2003; Hall, 2008).

Alcohol use may be accurately considered as an enabler in the perpetration of sexual assault on women in public social contexts (e.g. places of entertainment). While alcohol use is not a primary cause of sexual assault, it has been found to interact with individual characteristics, gendered social scripts, and expectations within specific settings to reinforce the confidence of perpetrators, reduce

5 In an experimental video, participants in the study were less likely to indicate that the male actor was behaving inappropriately in relation to the woman's refusal of sexual advances when the male participant was under the influence of alcohol.

6 Ullman's reference to "rape completion" may be problematic, as it could be understood as suggesting a hierarchy of rape that is inconsistent with current understandings and definitions of sexual assault, at least in the Australian context.

victim resistance, infer victim culpability, and decrease perpetrator self-perceptions of responsibility (Wall & Quadara, 2014).

Alcohol is used as a coping strategy by women who have been subjected to violence

An extensive report produced in the United Kingdom found an association between alcohol use and the effects of post-traumatic stress disorder (PTSD), which many women develop as a consequence of violent victimisation (Finney, 2004). Both childhood and adult experiences of sexual assault are associated with subsequent patterns of harmful or risky use of alcohol (and other drugs), with female victims of childhood sexual abuse at greater risk of these effects than male victims (Quadara, Stathopoulos, & Jenkinson, 2015). The abuse of alcohol and other drugs is a significant mental health consequence of sexual violence against women that may function as a coping mechanism to alleviate the negative emotions associated with traumatic experiences (Lum On, Ayre, Webster, & Moon, 2016; Roberts, Lawrence, Williams, & Raphael, 1998).

The use of alcohol as a coping and survival mechanism by victims of intimate partner violence can also increase the risks of further victimisation, and create barriers to accessing both domestic violence recovery supports and alcohol treatment services. A FARE review (2015b) found that women victims of domestic violence (who also used alcohol problematically) were less likely than non-victims to complete treatment programs, more likely to be excluded from refuges and other domestic violence support services, and had an increased likelihood of losing custody of their children.

The relationship between problematic alcohol (and other substance) use and vulnerability to sexual victimisation was also explored by Quadara et al. (2015), who identified a reciprocal and reinforcing relationship between the PTSD effects of sexual victimisation, the use of alcohol to cope with these effects, and further re-victimisation. In addition, this review found that male perpetrators were more likely to target women with alcohol (and other substance) problems because of a perception of their increased vulnerability and an assumption that the victim would be less likely to report the assault (Quadara et al., 2015).

Alcohol use by women as a strategy to manage the impacts of their experiences of violence was clearly evidenced in the literature reviewed, and flow-on effects that increase vulnerability to further violence and reduce effective engagement with recovery supports (as represented in Figure 1) were also identified. The co-occurrence of alcohol and the symptoms of PTSD among victims of violence against women has important implications for the design and delivery of service responses to these conditions (Quadara et al., 2015).

The review of literature pertaining to alcohol use, domestic violence, and sexual victimisation of women illustrates some of the complexities concerning the relationship between different variables and their impact on interpersonal violence. Such complexities help to inform how interventions are formulated in order to reduce incidence and prevalence of violence against women in the context of alcohol use. The following section briefly summarises key intervention responses at community and individual levels.

Interventions for alcohol-related violence against women

As stated earlier, the interrelationships between alcohol use and violence against women are complex and multi-factorial and interventions to prevent or reduce alcohol-related violence need to reflect this complexity. Effective alcohol-specific interventions need to be comprehensive and integrated as well as coordinated with programs that target other variables associated with violence against women (FARE, 2015a).

The 2002 World Health Organization socio-ecological model provides a useful framework to conceptualise and respond to violence against women and aligns well with existing public health approaches to prevention at the population, community, relationship, and individual levels (Wilson et al., 2014). This model is also a foundational concept in *Change the story: A shared framework for the prevention of violence against women and their children in Australia* (Our Watch, ANROWS, & VicHealth, 2015). However, clarity about which populations, types of alcohol consumption, situational factors, or sociocultural factors to target is needed (Devries et al., 2014; Finney, 2004; Ullman, 2003).

Population (societal) level interventions

Population or societal level interventions focus on reducing the consumption of alcohol by restricting its availability, increasing its price, or regulating the marketing and promotion of alcohol (Giesbrecht & Greenfield, 2003). Evidence for the effectiveness of population level alcohol-related interventions in reducing intimate partner violence is mixed (Wilson et al., 2014). One study conducted in the United States (Markowitz, 2000) found that a 1 percent increase in the price of alcohol was associated with a 3.1-3.5 percent decrease in intimate partner violence over a 3 year period. Other US studies found weaker and more indirect evidence of the relationship between alcohol pricing and intimate partner violence (Wilson et al., 2014). It appears that no Australian research has been conducted on the impacts of changes to alcohol pricing, marketing, or availability on various measures of intimate partner violence. The price of alcohol does have a significant influence on the purchasing patterns of Australian drinkers, and

Figure 1 Alcohol use to manage impacts of PTSD and flow-on effects to increased vulnerability and reduced recovery.



the marketing of alcohol. In particular, point-of-sale promotions have been found to increase the volume of alcohol sales and the consumption patterns of at-risk drinkers (FARE, 2015a), so there may be potential for such interventions to be applied in efforts to reduce violence against women.

Community level interventions

Community level interventions focus on reducing alcohol usage and decreasing related harms within a specific geographical area. These approaches generally employ a comprehensive range of strategies, such as licensing restrictions, increased enforcement of existing legislation, and changes to the environments in which alcohol is consumed, to achieve reductions in alcohol-related violence (including intimate partner violence and sexual violence).

Australian and international research has identified strong connections between the density, spatial distribution, and volume of alcohol sales in a locality and the rates of intimate partner violence and other forms of violence (Giesbrecht & Greenfield, 2003; Liang & Chikritzhs, 2011; Livingston, 2010; Livingston, 2011, Waller et al., 2013; Wilson et al., 2014). Assessing the effectiveness of community-level interventions in reducing alcohol-related violence, however, is difficult due to variations in design, implementation, and evaluation methods used, with research at this stage showing inconclusive and sometimes contradictory results (Gant & Grabosky, 2000; Hawks et al., 1999; Miller et al., 2011; Wilson et al., 2014). For example, in an ecological and cross-sectional study of the relationship between the density of alcohol outlets and rates of domestic violence across

217 Melbourne postcodes, Livingston (2010) found that the density of licensed public houses was positively associated with rates of domestic violence, but the density of bars, restaurants, and off-licence outlets was not. In contrast, a later analysis of 186 Melbourne postcodes conducted by the same author (Livingston, 2011) found that the density of all three categories was positively associated with rates of domestic violence; however, the effects were strongest for off-licence premises and relatively weak for the other two categories. Promising evidence of moderate to strong effects in reducing the frequency and severity of violence perpetrated against Indigenous women comes from evaluations of community-based alcohol restriction programs implemented in specific Indigenous communities (Gray, Saggars, Atkinson, & Bourbon, 2000; Kinnane, Farrington, Henderson-Yates, & Parker, 2010; Olsen & Lovett, 2016; Wilson et al., 2014).

Individual level interventions

Relationship-level interventions about domestic violence have historically been criticised from a feminist perspective as interpreting domestic violence as a symptom of relationship dysfunction rather than an outcome of gendered roles and unequal power relationships between men and women (Brown & James, 2014). Relationship counselling may focus on joint responsibility for “improving the relationship” and can thus be used by perpetrators to coerce their partners into sharing responsibility for the violence, enabling perpetrators to avoid more onerous interventions (Brown & James, 2014). More recently, the incorporation of feminist approaches into relationship counselling and a greater emphasis on the assessment of each partner’s suitability for this form of intervention have made relationship-level interventions less controversial (Brown & James, 2014).

International studies have found some evidence that couples’ treatment approaches are effective in reducing alcohol use and improving relationship quality, but effects on intimate partner violence have not generally been investigated. (Wilson et al., 2014). A case-control study of the effects of brief motivational interventions provided to dating university couples found a significant decrease in both harmful alcohol consumption and aggression towards partners in the intervention group (Wilson et al., 2014).

At the individual level of intervention, the co-occurrence of alcohol misuse and intimate partner violence perpetration is common. Depending on the services involved, interventions at this level focus on:

- a) alcohol: with violence perpetration managed as an adverse consequence; or
- b) violence perpetration: with alcohol managed as a precipitating or facilitating factor (McMurrin, 2012).

Systematic reviews have found that individual level interventions using cognitive behavioural treatments or brief motivational interviews were initially effective in reducing both alcohol use and intimate partner violence, but these effects may not sustain over time (Wilson et al., 2014).

Brief motivational interview sessions designed to assist an individual to identify, accept, and modify a high-risk health behaviour and to reduce or prevent its associated harms at an early stage can be applied in a number of health and other settings. Used appropriately, such interventions have proven to be very cost-effective (Taft & Toomey, 2005). A rapid review of violence-related brief interventions in the United Kingdom identified the effectiveness of brief motivational interventions in reducing intimate partner violence, increasing treatment program compliance, and changing perpetrator attitudes (Neville, Goodall, Williams, & Donnelly, 2014). The review included studies where alcohol (or drug) abuse was associated with the perpetration of intimate partner violence, and others where the focus was solely upon intimate partner violence. While some challenges regarding the durability of effects are evident, screening and brief intervention approaches offer promising potential for addressing alcohol-related violence against women. The implementation of such interventions, however, needs to be accompanied by appropriate training, staff support, and the establishment of clear referral pathways (FARE, 2015a).

Current approaches to managing alcohol use within intimate partner violence perpetrator programs are for alcohol use treatments to precede intimate partner violence interventions or for both interventions to be provided concurrently. Concurrent provision generally involves two separate service provision agencies, and the ensuing challenges of coordinating treatment across these agencies. Mackay et al. (2015) found an increased risk of program non-completion for concurrently provided interventions.

There may be significant capacity for the alcohol and domestic violence sectors to work more collaboratively and effectively. Achieving this will require mutual understanding of the interconnections between alcohol use and violence against women, and the establishment of formal processes for collaboration (Nicholas, White, Roche, Gruenert, & Lee, 2012; Quadara et al., 2015).

Gaps in the literature

Although there has been considerable attention given to the relationship between alcohol and violence, including violence against women, in general there are substantial gaps in the evidence for particular sub-populations. Generic interventions at population, community, and individual levels may not be suitable for young people (Rothman, Reyes, Johnson, & LaValley, 2012); lesbian, gay, bisexual, transsexual, intersex, and queer populations (Ard & Makadon, 2011); and people who are mandated by courts to participate in interventions aimed at violence prevention (Fossos, Neighbors, Kaysen, & Hove, 2007). Further, Klostermann, Kelley, Mignone, Pusateri, & Fals-Stewart (2010) highlight the dearth of literature on the effectiveness of interventions for perpetrators of intimate partner violence with co-morbid alcohol-use disorder.

Conclusion

This paper has examined the evidence available in regard to the relationships between alcohol use and violence against women, finding evidence of three relationship aspects:

- the relationship between alcohol and perpetration of violence against women;
- the relationship between alcohol and women's victimisation by violence; and
- the relationship of alcohol with women's attempts to manage the impacts of violence.

In addition, interventions designed to reduce violence against women through moderating alcohol usage were explored. In closing, key messages for policy, research, and practice are articulated.

Key messages for policy and research

The policy implications of this review fall into two interrelated categories: workforce development, and collaboration between agencies responding to problematic alcohol use and those responding to violence against women, so as to ensure a comprehensive "no wrong door" approach to service delivery (FARE, 2015a).

Policies which enhance workforce capacity to effectively respond to the relationship between alcohol use and intimate partner violence and sexual assault should be encouraged and supported. In particular, education and training for workers in the area of disordered alcohol use treatment should include information about the dynamics and impacts of violence against women, and those working in the violence against women sector should have education and training on the relationship between alcohol and violence.

The current state of knowledge on the relationship between alcohol and domestic and sexual violence against women indicates the need for further research as follows:

- Australian-based research to further investigate the prevalence of alcohol associated with violence against women, the intersection between alcohol consumption and mental health issues of perpetrators, and the role of sociocultural beliefs;
- a general need for more locally contextualised research on the relationship between alcohol use and violence towards women:
 - among young people; LGBTIQ populations; those mandated by a court to attend interventions aimed at violent offending; and

- among people in regional and remote areas.
- evaluation of the effectiveness of population-level alcohol use interventions in reducing violence against women, and effectiveness of community-level interventions in both Indigenous and non-Indigenous communities to identify specific factors associated with the success or failure of these programs;
- comparative analyses of the efficacy of interventions targeting alcohol usage, and interventions that are not alcohol focused, in reducing violence against women; and
- the effectiveness of interventions for perpetrators of intimate partner violence who also have problematic alcohol use.

Key messages for practice

The application of brief motivational interviewing techniques to relevant populations may assist in reducing alcohol-related intimate partner violence and sexual assault.

Communication and collaboration between alcohol and intimate partner violence and sexual assault response agencies at both the service delivery and peak policy levels are supported.

Training for alcohol and intimate partner violence service providers should include information about both sectors' approaches to intervention and pathways for referral. Opportunities for joint training should be explored and encouraged.

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