



Topic overview

## Intimate Partner Violence and Alcohol/Substance Use

*Encyclopedia of Drugs, Alcohol & Addictive Behavior*

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## Intimate Partner Violence and Alcohol/Substance Use

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The potential links between psychoactive substances and violent behavior, and specifically violence against a spouse or intimate partner, have long been recognized. Historically, much of the focus has been on alcoholic beverages, rather than other psychoactive substances. For example, Netzahual-coyotl, king of a small city-state called Texcoco in Pre-Conquest Mexico c.1472 CE, stated "It [alcohol] is like a tornado that destroys everything in its path. It is like a hellish tempest that brings with it all evils. Drunkenness ... causes violence among kinfolks" (Soustelle, 1955; cited in Paredes, 1975). In the United States, early temperance tracts emphasized the deleterious impact of alcohol on the family. The Fifth Report of the American Temperance Society states that "in the State of New York alone, in the course of a few weeks, not less than four men, under the influence of ardent spirits, murdered their wives." The 1843 *Temperance Tales, or, Six Nights with the Washingtonians* by Timothy Shay Arthur describes alcohol as a cause of moral decay and presents the final step in this decline with an illustration with the caption "the Husband, in a fit of furious drunkenness, kills his wife." Historical references linking other psychoactive substances to violence generally, or intimate partner violence more specifically, are few. However, in the twentieth century and continuing into the twenty-first

century, substances, including cocaine and amphetamines, hallucinogens, and occasionally marijuana and opiates, have been anecdotally linked to violence, although few have been as consistently linked to violence as alcohol.

## DEFINITION, PREVALENCE, AND EPIDEMIOLOGY OF INTIMATE PARTNER VIOLENCE

The broadest definition of violence is provided by the World Health Organization (1996) as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." A similar term, aggression, reflects "any behavior directed toward another individual that is carried out with the ... [immediate] intent to cause harm" (Anderson & Bushman 2002, p. 28) with violence being viewed as "aggression that has extreme harm at its goal" (p. 29). While these definitions can include verbal or psychological aggression as well as sexual aggression, intimate partner violence most typically refers to behaviors that have the potential to physically harm or injure one's partner.

Intimate partner violence (IPV) encompasses behaviors ranging in severity from those that result in no discernible injury to those that result in the need for medical attention or result in death. According to the Department of Justice, there are 1,500 instances of homicide and manslaughter between intimate partners each year with more than 1,200 of these involving women as victims (BJS, 1998). Annually, approximately 200,000 women and 39,000 men are seen at an emergency room for injuries resulting from partner violence (National Electronic Injury Surveillance). The National Crime Victimization Survey estimated that nearly 600,000 women and more than 150,000 men were victims of intimate violence in 2001. The 1985 National Family Violence Resurvey of a representative sample of couples—which include less severe instances of aggression, such as single occurrences of pushing or slapping one's partner—reported an annual rate of husband to wife violence of 11.6 percent with rates of wife to husband violence at 12.4 percent (Straus & Gelles, 1990), which suggests that approximately 6.2 million women had been assaulted by their husbands; about 6.6 million men by their wives.

Many couples report that both the man and woman have engaged in partner violence. While there is considerable controversy regarding the meaning of these findings, it is generally recognized that some couples are characterized by mutual husband and wife partner violence, whereas in other couples,

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partner violence is primarily displayed by either the husband or the wife, with the other person refraining from violence, engaging in substantially less violence, or using violent behaviors only in defense.

Several important risk factors for partner violence exist other than alcohol and drugs. For example, partner violence rates are highest among individuals under thirty years of age (McLaughlin, Leonard, & Senchak, 1992) and decline throughout the lifespan of the individuals (Suiter, Pillemer, & Straus, 1990). In addition, most aggression in marriage has an early onset, often prior to or in the first year of marriage. Couples who do not display aggression during this time are not likely to display aggression subsequently. In contrast, among couples who behave aggressively early in marriage, a large percentage display aggression at some time later in their marriage. Relatively few initially aggressive couples are consistently aggressive throughout the early years of marriage, though the degree of consistency is greater among individuals who have displayed severe levels of aggression. Finally, although there may be some decreases in marital aggression over the early years of marriage, the extent of these decrements is modest (Leonard, 2001). In addition to these factors, many sociodemographic and individual difference factors have been explored as potential risk factors for intimate partner violence (Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001). Factors that have been consistently linked to partner violence by men include socioeconomic status, experiencing or witnessing family violence as a child, hostility, psychological (verbal) aggression, aggression-

supportive attitudes, and a variety of different types of psychopathology. In addition, stress, jealousy, and relationship power have also been linked to partner violence. Many of these factors are associated both with partner violence and with alcohol and substance use.

## CRITICAL ISSUES IN ALCOHOL/SUBSTANCE USE

Alcohol and other substances may affect intimate partner violence either through their acute psychological and psychopharmacological impact, or they may have an effect only in the context of the chronic pattern of use (e.g., average daily use, typical use). Acute effects refer to the impacts of the substances only when they are present and pharmacologically active in the user. Although one may consider the short-term psychophysiological state that occurs after the substance is no longer present (i.e., hangover, withdrawal) an acute effect, little research has focused on how this state affects partner violence or violence more generally. Chronic effects occur as a result of the pattern of use. For example, excessive use may lead to increased marital conflict and, through this conflict, increase the probability of intimate partner violence. These chronic effects may include the long-term chronic impact of substances. Among those who chronically use alcohol or other substances excessively, there may be considerable amounts of time when they are free from the acute effects of the substances.

Another issue is the considerable overlap between the use of alcohol and the use of other substances, both at acute and chronic levels. This overlap is important, particularly in clinical or especially severe samples. For example, an individual with very heavy alcohol use may also use marijuana and cocaine. Similarly, some individuals mix substances or use one substance to ease the effects or withdrawal of another substance. Disentangling the effects of these different substances can be challenging. Small samples of individuals who use only a single substance can suggest the acute or chronic effects of that single substance, but these inferences may not be generalizable to samples that use multiple substances.

## EXPLANATIONS OF THE RELATIONSHIPS BETWEEN ALCOHOL OR SUBSTANCE USE AND PARTNER VIOLENCE

There are four broad explanations of the impact of substances on intimate partner violence, one which argues that the relationship is spurious, one that focuses on chronic aspects of alcohol/substance use, and two which focus on the acute impact of alcohol/substance use.

**Spurious Association.** One explanation argues that the association is spurious, with both alcohol/substance use and partner violence being associated with a third variable that is, in fact, the most critical factor. In this regard, the critical variable is often viewed as hostile and/or antisocial personality traits. Evidence links hostile, antisocial traits to partner violence, and these factors contribute to the association between alcohol/substance use and partner violence. However, some

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studies of excessive alcohol use have taken these factors into account and have found a relationship between excessive drinking and partner violence occurrence or severity. As of 2008 findings from studies on substance use that have controlled for hostile, antisocial traits have not been entirely consistent.

**Chronic Use Explanation.** One explanation is that chronic use can adversely impact social/interpersonal relationships. Goldstein's 1985 tripartite model of drugs and violence included two aspects that relate to the social/interpersonal context of use or acquisition. First, the economic compulsive model reflected criminal violence that drug users perpetrate in order to obtain money to acquire drugs. Second, the systemic violence model encompassed violence that was part of the distribution of illegal drugs, including behavior such as turf wars and retribution for inferior drugs or for informing to the police. While such models do not specifically apply to partner violence, the

social/interpersonal context of use may be relevant. For example, certain patterns of use may affect interpersonal conflict and thereby increase the probability of partner violence. Homish and Leonard (2006) found that discrepant patterns of heavy alcohol use were longitudinally predictive of declines in marital satisfaction. In addition, they found (2005) that couples that drank heavily apart from each other had lower marital satisfaction than those who drank heavily together. Similar findings have been reported for substance use (Fals-Stewart, Birchler, & O'Farrell, 1999). Also partner violence may be affected by exposure to violent models of behavior. The acquisition and use of alcohol/substances most likely brings an individual in touch with violent individuals, and possibly this exposure reinforces normative acceptance of violent behavior and reduces inhibitions against behaving aggressively. Although the theoretical foundation for this possibility is very strong, research had not addressed it as of 2008.

### **Acute Use Explanations**

*Substance Expectancies.* One general explanation linking alcohol and violence invokes the idea of alcohol expectancies, suggesting that individuals become aggressive while drinking because they expect that aggression is an outcome of drinking. One theme common in the literature is that alcohol results in violence because individuals believe that they can use it as an excuse to behave aggressively and to mitigate their responsibility and punishment. Quigley and Leonard (2006) described three basic questions arising from this approach. The first question is: "Do individuals believe alcohol causes people to become aggressive?" The evidence indicates that individuals do believe alcohol causes people to become aggressive, and they believe it has that effect on others much more so than on themselves (Paglia & Room, 1999).

The second basic question is: "Do people view intoxication as a mitigating circumstance in blame and responsibility attributions for partner violence?" While Richardson and Campbell (1980) found that an intoxicated man was assigned less blame than a sober man, Leigh and Aramburu (1994) reported that the intoxicated man received more blame, and Dent and Arias (1990) found no effect of intoxication on the blame assigned to the man. While these studies have focused on college students, other studies of social workers (Home, 1994), police officers (Stewart & Maddren, 1997), and couples who have experienced domestic violence suggest that alcohol does not serve as a mitigating factor. Moreover, in the area of domestic violence, evidence with respect to actual behaviors suggests that alcohol does not usually mitigate responsibility or the likelihood or severity of punishment for violent behavior. Thompson and King-ree (2006) found that alcohol use in a violent event was associated with an increased likelihood of reporting the event to the police. Other studies have found that intoxicated aggressors are more likely to be arrested than sober aggressors (Hoyle, 1998), although some studies have not found any impact of alcohol involvement on the likelihood of arrest (Robinson & Chandek, 2000). Finally, with respect to actual punishment, Harrel (1981) used characteristics of 628 pre-sentence reports to predict severity of sentence received by the offender. Alcohol use resulted in a less severe sentence for the low severity crimes but was associated with a more severe sentence for high severity crime.

The third question is: "Does possession of an alcohol-aggression expectancy predict the occurrence of partner violence?" Although some surveys have found this relationship (Barnwell et al., 2006), the one

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longitudinal study (Leonard & Quigley, 1999) did not find that expectancies regarding alcohol and aggression were predictive of later partner violence. One implication of the excuse position is a placebo beverage should result in increased aggression. The two studies assessing the effect of a placebo on marital behaviors found that whereas alcohol reliably increased verbalizations that might lead to partner violence, the placebo beverage did not, a finding that is consistent with the meta-analyses of laboratory studies of alcohol and aggression conducted by Bushman and Cooper (1990).

*Psychopharmacological Effects.* The second broad class of models focuses on the psychopharmacological impact of the various substances. While studies of illicit drugs and violence

often invoke such explanation, focusing on arousal, reduced anxiety, or altered perceptions, research has not systematically examined these explanations. Regarding alcohol, as of 2008 the focus has been on alcohol's ability to disrupt cognitive processes (e.g., Taylor & Leonard 1983; Steele & Josephs, 1990). Alcohol is generally believed to impair cognitive processes that under normal circumstances would inhibit aggressive responding. Alcohol weakens inhibitions and allows for dominant cues and dominant response options to those cues to determine behavior. Accordingly, alcohol should have more effect on individuals with already somewhat compromised attentional and appraisal abilities and on individuals with aggressive perceptual and behavioral propensities. Much research on the alcohol/aggression relationship agrees. Specifically, evidence suggests that individuals with attentional/behavioral tendencies that are facilitative of aggression are more aggressive with alcohol, whereas individuals with tendencies that are not facilitative of aggression are not more aggressive with alcohol (or are less so).

## ASSOCIATION BETWEEN CHRONIC SUBSTANCE USE/ABUSE AND INTIMATE PARTNER VIOLENCE

**Cross-sectional Studies.** Although there are occasional disconfirming reports, excessive alcohol use by men is consistently associated with partner violence by men, including several studies of nationally representative samples. For example, the 1975 and 1985 National Family Violence Surveys found that drinking patterns in men were consistently related to marital violence (Kaufman Kantor & Straus, 1989). With over two thousand men in this study, this was one of the largest, most comprehensive studies of the issue. Studies designed to examine the association between alcohol and partner violence in nationally representative samples of specific ethnic subgroups have found some variation in the strength of the association among European Americans, African Americans, and Hispanic Americans (Caetano et al., 2001). Similarly, diversity in the strength of the alcohol/violence relationship exists among Hispanic Americans from different countries of origin (Kaufman Kantor, 1997).

In addition to general population samples, research has documented the alcohol/violence relationship in a variety of more select populations. For example, Leonard and associates (1985) evaluated 352 married, blue-collar workers, and found that men with a current diagnosis of alcohol abuse or dependence had higher rates of marital aggression (50% and 39%, respectively) than men with no diagnosis (15%) or a past diagnosis of abuse (8%) or dependence (18%), suggesting the importance of current alcohol use. Among samples seeking health care, a relationship between partner drinking and partner violence has been observed in samples based in emergency rooms (Kyriacou et al., 1998), primary health care settings (McCauley et al., 1995), family practice clinics (Oriel & Fleming, 1998), prenatal clinics (Muhajarine & D'Arcy, 1999), and rural health clinics (Van Hightower & Gorton, 1998).

Studies of samples selected specifically because of violent behavior or heavy drinking have also generally supported a relationship between heavy alcohol use and violence. For example, with few exceptions, men in treatment for partner abuse have higher rates of alcohol problems in contrast to appropriate comparison samples (e.g., Barnett & Fagan, 1993). Similarly, men seeking treatment for alcoholism manifest higher rates of domestic violence than do comparison groups drawn from the general population (O'Farrell & Murphy, 1995).

While studies focused on partner violence by males have consistently found that excessive drinking is associated with partner violence, the situation is more complex with respect to women's drinking. Early

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research focused on whether female victims of domestic violence manifest patterns of heavy and problem drinking. For example, the association has been observed among women in primary care settings (McCauley et al., 1995), prenatal clinics (Stewart & Cecutti, 1993), emergency rooms (Roberts et al., 1997), alcohol treatment (Miller et al., 1989), and in the general population (Kaufman Kantor & Asdigian, 1997). These findings are complicated by two factors. First, given the association between women and men's drinking, studies that control for men's drinking are the most pertinent. Across

community samples, several studies failed to find a relationship between women's drinking and IPV after controlling for men's drinking (Kaufman Kantor & Asdigian, 1997; Leonard & Senchak, 1996) possibly because of the small number of very heavy-drinking women. Other studies found a relationship (Schafer et al., 2004). Second, given the many couples in which both members of the couple are aggressive, this finding might reflect an association between the woman's alcohol use and her own aggression. For example, Schafer and associates (2004) interviewed approximately 1,600 European American, African American, and Hispanic couples in 1995 and interviewed them again in 2000. For both European American and African American couples, men's alcohol problems were associated with male-to-female violence, and female alcohol problems were associated with female-to-male violence. Studies of clinical samples of alcoholic or violent women are strongly supportive of a relationship. Similar to the findings of Schafer and associates (2004), Stuart and colleagues (2006) studied men and women arrested for IPV and found that perpetrators' alcohol problems were associated with their frequency of IPV, and the partners' alcohol problems were associated with the frequency of their IPV toward the identified perpetrator, for both male and female perpetrators.

Although research addressing women's drinking has usually controlled for the effects of partner's drinking, two studies suggested that the configuration of couple's drinking patterns may be important predictors of IPV. Quigley and Leonard (2000) found that husband and wife excessive drinking in the first year of marriage interacted to prospectively predict violence over the subsequent two years. The interaction indicated that IPV was more likely for excessive-drinking husbands with light-drinking wives. Leadley and associates (2000) found that discrepant drinking patterns were associated with IPV after controlling for heavy drinking. Perhaps excessive drinking is not as contentious when both partners are heavy drinkers as it is when only one partner is.

Fewer studies have focused on chronic drug use than on chronic alcohol use. In general, findings from both clinical samples (e.g., Moore & Stuart, 2004) and epidemiological samples (e.g., Cunradi et al., 2002) have found a relationship between drug use and intimate partner violence. However, many individuals who use illicit drugs also use alcohol excessively and have partners who do likewise. These individuals are more likely to display other characteristics of antisocial personality. When these factors are controlled in multivariate analyses, the relationship between an individual's illicit drug use and partner violence is not uniformly significant, which may reflect issues of statistical power. In a study with a larger sample of abused women (N=427) (Walton-Moss et al., 2005), neither women's alcohol nor drug use differed significantly between abused women and controls in multivariate analyses. However, there was more male drug and alcohol use among the partners of these abused women than the control women in these analyses.

**Meta-analyses.** The results of these case-control and cross-sectional studies are consistent. Lipsey and associates (1997) conducted a meta-analysis examining thirty-four studies of chronic alcohol use and domestic violence. These meta-analyses studies combine information from many studies to provide a statistical summary of a key set of results that may not be able to be assessed in any single study. Overall, the results showed a significant association between chronic alcohol use and domestic violence. Additionally, Stith and colleagues (2004) conducted a meta-analysis and found that both alcohol use and illicit drug use were predictors of male violence toward partners. Women's alcohol use was a significant predictor of female violence toward their partners; however, there were an insufficient number of studies that assessed women's illicit drug use to examine this issue in the meta-analysis.

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**Longitudinal Studies.** Finally, some longitudinal evidence exists for a relationship between alcohol/substance use and intimate partner violence, although most of the research has focused on alcohol, and on male partner violence. Two of these studies focused on newlywed couples. Heyman and associates (1995) assessed couples prior to marriage and found that scores on the Michigan Alcoholism Screening Test were associated with serious aggression at the six-month assessment, but not at the eighteen- or thirty-month assessment. Leonard and Senchak (1996) also assessed couples at the time of marriage and found that scores on the Alcohol Dependence Scale were predictive of the

frequency of marital aggression reported at the first anniversary after controlling for premarital aggression, perceived relationship power, perceived conflict behavior, hostility, gender identity, and history of family violence. Quigley and Leonard (1999) extended this follow-up to the third anniversary and found that husband's alcohol use was predictive of subsequent marital aggression, but only among couples in which the wife was a light drinker.

Two longitudinal studies have examined alcohol use/problems and intimate partner violence over longer time frames, such as three to six years (Caetano et al., 2005; Mihalic & Elliot, 1997). The findings from these studies support a univariate relationship between alcohol problems and partner violence, but when other factors are controlled in the analysis, the relationship is less consistent.

**International Studies.** A growing international literature documents that individuals who have engaged in intimate partner violence are more likely to use alcohol and other substances or to use them excessively than are individuals who have not engaged in partner violence. Much of this research focused on men's violence against women and did not examine women's violence. A 2002 WHO Report of Violence (Krug et al., 2002) notes that "population-based surveys from Brazil, Cambodia, Canada, Chile, Colombia, Costa Rica, El Salvador, India, Indonesia, South Africa, Spain, and Venezuela also found a relationship between a woman's risk of suffering violence and her partner's drinking habits" (p. 98). In 2004, Kishor and Johnson reported a multi-country study based on the Demographic and Health Surveys program, a nationally representative survey of households. By 2003, eleven countries had collected data from women with respect to domestic violence, although not all of these countries collected data concerning the husband's or partner's alcohol use. In every country in which both domestic violence and partner alcohol use were assessed, there was a significant relationship. These countries were Cambodia, Colombia, Dominican Republic, Haiti, Nicaragua, and Peru. Other studies reported the association among 170 women in poor villages in rural India (Rao, 1997), approximately 1,100 women in northwest Ethiopia (Yigzaw et al., 2004), and among 1,300 randomly selected women in three provinces in South Africa (Jewkes et al., 2002). None of these studies assessed substance use other than alcohol.

**Moderators of the Chronic Association.** Clearly, no one-to-one relationship exists between chronic heavy drinking or substance use and intimate partner violence. Instead, association is limited to certain people under certain circumstances. Only a few studies have provided evidence addressing this issue, and these are exclusively focused on alcohol use and male partner violence. The most consistent moderator appears to be the presence of other factors that are causally implicated in partner violence. For example, several studies found that heavy drinking is associated with marital violence only among hostile (Leonard & Blane, 1992) or discordant married couples (Leonard & Blane, 1992; Margolin et al., 1998). Evidence shows that alcohol is associated with marital violence in the presence of high levels of negative affect (Leonard & Blane, 1992) and stressful life events (Margolin et al., 1998). Factors that moderate the longitudinal relationship between heavy drinking and marital violence were examined by Quigley and Leonard (1999). This analysis focused on verbally aggressive conflict, a variable that reflects hostility and marital dissatisfaction. This study demonstrated that heavy drinking predicted subsequent aggression only among couples high in verbally aggressive conflict styles.

## ASSOCIATION BETWEEN ACUTE ALCOHOL/SUBSTANCE USE AND INTIMATE PARTNER VIOLENCE

It is important to distinguish between alcohol and substance use as chronic variables describing an individuals' usual use and acute substance use that occurs in temporal proximity and prior to the

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occurrence of partner violence. A number of studies have focused on acute consumption as a predictor of partner violence. The vast majority of this research is concerned with alcohol use.

**Event-based Survey Research.** Studies of violent events involving intimate partners often report that one or both members of the couple were using substances (usually alcohol) prior to the occurrence of violence. However, these reports, by themselves, are not informative regarding the potential causal role of alcohol or other substances on the occurrence of violence. They become informative when comparisons can be made to the presence of these substances in control events. To this end, researchers have adopted one of two basic strategies, a between-subjects approach and a within-subjects approach.

In the between-subjects approach, individuals who experienced a violent event are compared to different individuals who experienced only a control event, such as verbal conflict, with respect to the characteristics of the event. Several studies in community samples have compared violent events with control events and found that heavy drinking, at least by the male, was more common in violent than in control events (Leonard & Quigley, 1999). McClelland and Teplin (2001) reported on over 1,200 police-citizen encounters and using a validated observational checklist of alcohol found spousal assault encounters were more than twice as likely to involve alcohol as nonviolent encounters. Campbell and associates (2003), in univariate analyses, found a higher incidence of alcohol and drug use prior to femicide in contrast with nonlethal abuse of women. However, this effect was not significant in the multivariate analyses, possibly because it was mediated by other event-level characteristics, such as using a gun.

The second approach to event-level studies, the within-subjects approach, focuses on individuals who have experienced both a violent event and a control event or events, and compares the characteristics of the two. Several studies using this within-subjects approach suggest that acute alcohol use is associated with the occurrence (Leonard & Quigley, 1999) or severity of partner aggression (Wells & Graham, 2003). Studies of couples in treatment for alcoholism (Murphy et al., 2005) and domestic violence (Fals-Stewart, 2003) have reported similar findings.

Only two studies as of 2008 have used an event-based approach to examine the impact of illicit substances of the occurrence of partner violence. Murphy and associates (2005) found that violent events were more likely to involve heavy drinking by both husbands and wives than were control conflict events but that the use of other drugs was comparable across the two events. In contrast, Fals-Stewart and colleagues (2003) collected daily diary data concerning partner violence and substance use from men entering substance abuse treatment and from their partner for fifteen months. Controlling for marital adjustment and antisocial personality, the use of either alcohol or cocaine on a given day significantly increased the likelihood of severe violence on that day.

**Experimental Studies of Alcohol and Aversive Verbal Behaviors.** In various experimental studies, primarily focused on young men, participants were randomly assigned to receive alcohol or to receive no alcohol or a placebo and then given the opportunity to administer an aversive stimulus to another person usually another male. Several meta-analytic studies (Bushman & Cooper, 1990; Lipsey et al., 1997) confirmed that participants who received alcohol selected more aggressive responses than participants who received either no alcohol or a placebo. However, the relevance of these findings to partner violence was uncertain.

Other experimental studies have examined whether alcohol consumption affects verbal behaviors that might be related to the occurrence of partner violence, particularly within the context of relationships. In these studies, couples were asked to discuss and attempt to resolve potential or actual relationship conflicts. The interactions were videotaped and rated with respect to the behaviors displayed, including verbally aggressive behaviors. Two major projects used the conflict resolution paradigm to study the impact of alcohol on negative verbal behaviors. The first of these, conducted by Jacob and colleagues (Haber & Jacob, 1997; Jacob & Krahn, 1988) involved couples in which the husband or wife was alcoholic or depressed or had no diagnosis. These couples and a teenage child participated in a series of family interactions on two nights, one in which the adults were provided access to their usual alcoholic beverages (alcohol session), and one in which the adults were provided nonalcoholic

beverages (no alcohol session). Jacob and Krahn (1988) found that only couples in which the husband was alcoholic tended to display higher levels of negativity during the alcohol session versus the no alcohol session. Haber and Jacob (1997) used the same sample but included couples in which the wife was alcoholic. They specifically compared couples in which husband, wife, both, or neither was alcoholic and found a general increase in negativity from no alcohol to alcohol sessions, except among couples in which only the wife was alcoholic. In the second research project, Leonard and Roberts (1998) allowed couples to discuss a marital conflict under a baseline condition. They were then randomly assigned to one of three conditions: no alcohol, husband placebo, or husband alcohol. Men who received alcohol displayed higher levels of negativity than men in the placebo or no alcohol condition, as did their wives who did not receive alcohol. Although couples that had experienced husband-to-wife aggression engaged in higher levels of negativity, they were not differentially impacted by the alcohol administration. Thus, these two studies demonstrate that alcohol can increase negative relationship behaviors, although whether this increase is specific to alcoholic couples or is applicable to other types of couples is uncertain.

The role of alcohol in aversive verbal expressions was examined by Eckhardt (2007). In this study, maritally violent and nonviolent men were randomly assigned to receive alcohol, placebo, or no alcohol. They then heard brief descriptions of anger-arousing situations, imagined that they were in the situation, and spoke out loud about their thoughts and feelings. They were tape-recorded and their thoughts and feelings were coded. Although ratings of anger were not affected by alcohol, alcohol led to an increase in aggressive verbalizations for maritally violent men, but not for nonaggressive men. Similarly to Leonard and Roberts (1998), the placebo did not influence anger or aversive verbalizations for either group.

Some evidence indicates that individuals with hostile/antisocial tendencies are most responsive to alcohol. In studies described above by Jacob and colleagues, Jacob, Leonard, and Haber (2001) found that among couples with an alcoholic husband, the increase in negativity from the no alcohol to alcohol session was only observed in couples in which the husband was also antisocial. In Eckhardt's 2007 study, alcohol administration resulted in the highest level of aggressive verbal statements among men who scored high with respect to their typical level of anger. Finally, at the daily level, Fals-Stewart and colleagues (2005) found that alcohol use on a specific day increased the probability that severe aggression would also occur on that day and that this effect was the strongest among men with an antisocial personality disorder.

## **IMPACT OF ALCOHOL/SUBSTANCE ABUSE TREATMENT ON PARTNER VIOLENCE**

If substance use, particularly acute substance use, is causally related to the occurrence of partner violence, the cessation of substance use should lead to reductions in partner violence, which is particularly relevant for individuals in treatment for substance abuse. Several studies have found that individual treatment of alcoholism leads to reductions in partner violence (Stuart et al., 2003), an effect that is observed among those alcoholics who have not relapsed (O'Farrell et al., 2003).

Although marital therapy is often viewed as inappropriate for couples in which the husband has engaged in violence, combined behavior marital therapy and alcoholism treatment developed as an efficacious treatment for alcoholism prior to recognition that many of the alcoholics had engaged in partner violence. As a result, considerable research demonstrates that alcoholic behavioral couples' therapy results in reduced alcohol involvement and in reductions in partner violence, that this reduction is also apparent for verbal aggression, and that this reduction is observable up to two years post-treatment (O'Farrell et al., 2003). In addition, O'Farrell and associates (2004) found that the extent to which a couple was actively engaged in behavioral couples' treatment (BCT) was predictive of post-treatment partner violence in alcoholic men, and mediation analyses suggested this occurred because treatment involvement led to improved relationship functioning and reduced drinking.

Although evidence shows that the successful treatment of men seeking alcoholism treatment is associated with reductions in marital violence, it is unclear whether alcoholism or substance abuse treatment of violent men identified in the criminal justice system would have the same effect. Murphy

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and associates (1998) contrasted partner violent recidivists with nonrecidivists with respect to the different judicial and other interventions to which they were mandated. These groups did not differ with respect to referral to alcohol/drug counseling; however, it is unclear whether all of the participants needed alcohol/drug counseling. A similar analysis was undertaken by Babcock and Steiner (1999). In this study, successful completion of a chemical dependency program was associated with a reduced risk of recidivism, but this was not significant when the analyses controlled for previous criminal record and the number of domestic violence treatment sessions attended. However, neither of these studies was a randomized clinical trial that examined adding alcohol treatment to the other treatments administered to batterers, and neither assessed whether the offender remained in remission, a critical issue in the alcoholism treatment literature. As of 2008, it remained unclear whether treatment for substance abuse among men in the criminal justice system has any added impact on domestic violence beyond the other conditions imposed in that system.

See also **Alcohol; Child Abuse and Drugs; Cocaine; Treatment, Behavioral Approaches to; Couples and Family Therapy.**

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