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Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence

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Abstract

Introduction and Aims. *Heavy and binge drinking contributes to increased risk and severity of violence in intimate relationships, but its role in the initiation and escalation of intimate partner violence (IPV) is not well-understood. This study explores the dynamics of drinking and IPV from the perspectives of women with lived experience of alcohol-related IPV.* ***Design and Methods.*** *A qualitative constructivist grounded theory study using interviews with 18 women aged 18–50 years who experienced fear or harm from an alcohol-affected male partner. Participants were recruited from the community in Victoria, Australia.* ***Results.*** *Participants experienced alcohol-related IPV as a cycle of escalating violence accompanying the male partner's progression to intoxication as follows: starting to drink (having fun); getting drunk (looking for a fight); intoxicated ('switching' to escalated violence); drunk (becoming incapacitated); hungover/coming down (becoming mean-tempered); sober (returning to 'normal' life); and craving (building up to drinking again — for dependent drinkers). Participants identified safe and unsafe stages in the cycle but feared the unpredictability of drunken violence. Participants actively managed safety through four main strategies: preventing (e.g. limiting his drinking); predicting (e.g. recognising signs); responding (e.g. avoiding arguments); and protecting (e.g. removing self and children). Anticipating abuse when a partner drinks was the central process for participants living this cycle.* ***Discussion and Conclusions.*** *For some women, alcohol plays a central role in the cycle of violence, abuse and fear. Alcohol-related intimate partner violence should be the focus of further research, prevention and treatment.* [Wilson IM, Graham K, Taft A. Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. *Drug Alcohol Rev* 2017;36:115-124]

Key words: alcohol drinking, partner violence, cycle, safety, grounded theory.

Introduction

Intimate partner violence (IPV) is a pervasive and serious global public health issue that disproportionately affects women. The World Health Organization (WHO) estimates that 30% of ever-partnered women have experienced physical and/or sexual violence from an intimate partner in their lifetime [1]. Moreover, of homicide victims, the proportion of women killed by an intimate partner is six times higher than for men [2]. Therefore, actions to prevent and reduce IPV are national and local priorities for many countries [3].

Alcohol consumption has been consistently linked with IPV perpetration and victimisation [4,5]. Accordingly, addressing problematic alcohol use is recognised by WHO as a way to reduce IPV [3]. However, recent reviews found only weak evidence of the effectiveness of alcohol policies and interventions on IPV, with few studies of good quality to provide meaningful conclusions [6,7]. These reviews highlighted the need to know more about the dynamics of how alcohol contributes to violence, in order to design effective approaches.

Higher rates of IPV are found in clinical samples of alcoholic men compared with non-alcoholics [8], and

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for heavy and binge drinkers generally, particularly male drinkers [9,10]. Longitudinal studies of newlyweds suggest that a heavy drinking pattern before marriage predicts future partner aggression [11]. IPV has also been associated with heavier drinking by both partners [10]. Although some studies suggest that discrepant drinking patterns (one partner a heavy drinker) increase marital distress and IPV [12], others found no increased risk [13].

Across diverse cultures, drinking at the time of IPV is found to be associated with more severe IPV [14] and injury for the female partner [15]. Although similar rates of intimate partner physical aggression are found for men and women in some cultures, the higher rate of injury and greater fear reported by women when alcohol is involved [16] suggest that a focus on the role of alcohol in male-perpetrated IPV is critical.

Research shows direct links to alcohol consumption. A recent meta-analytic review estimated a moderate effect size ($d = 0.45$) for the direct *proximal effects of alcohol* on increasing male-to-female partner aggression [17]; this effect may be partly attributable to the pharmacological effects of alcohol [14], but may also be related to contextual factors of drinking [18], and perpetrator characteristics associated with both alcohol use and IPV, such as trait anger [19].

Researchers highlight the need to understand the temporal sequencing of substance-related intimate abuse within specific episodes and patterning over time [20]. Recent US college studies found temporal links between drinking and IPV, with higher odds (for men, not women) of engaging in physical and psychological aggressions on drinking days [21,22]. Similarly, a daily diary study using a community sample found verbal and physical aggressions between intimate partners significantly more likely when alcohol had been consumed in the previous 4 h for both male and female perpetrations [23].

Researchers have also used experimental methods to explain the mechanisms by which alcohol interacts with other factors to contribute to violence in intimate relationships [24]. However, the application of these findings is limited because laboratory settings cannot reflect the 'real world' experience of drinking and IPV, including the amount consumed and duration of the drinking episode.

In terms of qualitative research, studies from India revealed that women view a husband's alcoholism as a key factor in marital violence [25–27]. A UK study interviewed the female partners of male perpetrators of domestic assault apprehended by police about their beliefs of the role of alcohol. Whilst only a small proportion of their sample indicated that their partner's violence was linked to alcohol, the victims held the offender responsible despite his drinking [28].

To better understand alcohol's role in IPV, we conducted a grounded theory study of women's experience of fear and harm from an alcohol-affected partner. We aimed to understand from women's perspectives how the dynamics of drinking and violence interacted and affected ways in which women navigated safety.

Method

Design

Grounded theory is a general qualitative method in which theory is generated from systematic inductive inquiry [29]. Our study adopted a constructivist grounded theory approach which acknowledges the socially constructed nature of experience through the research process [30].

Sampling and recruitment

We sought a diverse community sample and recruited using the question 'Have you ever felt afraid when your partner was drinking?' We advertised through posters in public spaces (e.g. libraries), social media (e.g. Facebook), dissemination through professional networks, and also recruited one participant from an existing GP study of domestic violence survivors [31]. Eligible participants were women aged 18–50 years, living in Victoria, Australia, and had experienced fear or harm from an alcohol-affected current or former male partner. Eighteen women consented to be interviewed and be audio-recorded.

Procedures

The first author (IW) conducted all interviews between November 2014 and September 2015, by telephone ($n = 5$) and face-to-face ($n = 13$) at a location of the participant's choosing. We offered all the participants a $20 honorarium to cover travel costs. After signed consent, the participants completed a form providing sociodemographic details. The interviews ranged from 25 to 90 min. Because of the sensitive subject matter and vulnerable sample, the participants were given the opportunity to halt or discontinue the interview at any point. Some participants exhibited distress during the interview, but chose to continue. IW gave all the participants information about support services at the interview conclusion and followed up post-interview to ensure that the participants experienced no harm from the interview.

Interview prompts were used to explore both partners' drinking behaviours and contexts, male partners' drinking patterns and abusive behaviours (with/without alcohol), and participants' responses, safety strategies and impact (the interview guide is in Appendix S1). As a grounded theory study, themes evolved as additional

issues, revealed through ongoing analyses, were explored in subsequent interviews.

Data analysis

The interviews were transcribed and checked against recordings. Qualitative software MAXQDA facilitated the coding of field notes and interview transcripts. Following grounded theory processes [30], the analysis was iterative, starting with line-by-line coding using gerunds to code for actions rather than topics. The codes were reviewed, sorted and grouped; focussed codes were identified as salient categories/themes began to emerge. Memos captured thoughts and ideas throughout data collection and analysis. Constant comparison method was used to compare codes and data to establish the properties of the core categories.

The participants were invited to comment on the initial findings. Three responded confirming that the findings resonated with their experience, and feedback was incorporated into refinement of findings.

Ethical considerations

We adopted the WHO best practice safety protocols for researching violence against women [32]. Ethics approval was granted by the La Trobe University (HEC13–040) and the University of Melbourne (1340521). The participants raised no ethical issues during the study.

Results

The results describe: (i) the characteristics of the sample; (ii) the cycle of drinking and violence; and (iii) the participants' actions to manage safety.

Characteristics of the sample

The final sample included 18 women aged 21–50 years. Sociodemographic characteristics are shown in Table 1. The sample was predominately Australian-born, older, well-educated and living in a metropolitan location. We did not systematically collect demographic details about partners. However, most participants described partners with serious alcohol problems, and characteristics that may be consistent with criteria for an alcohol use disorder [33]. Some participants described continuous heavy drinking by their partner at home; others were reported to drink with other men in sporting clubs, pubs or club settings. The participants commonly described these settings involving heavy drinking occasions, often consuming shots. Most of the participants reported that their partner experienced mental health issues (diagnosed or undiagnosed) and/or had experienced childhood trauma (e.g. exposure to parental violence and/or alcoholism). Two participants indicated polydrug use by their partner (marijuana and heroin) and reported feeling safer when he used drugs rather than alcohol.

Table 1. *Demographics characteristics of participants (n = 18)*

Characteristic	*N*	%
Age		
20–29 years	5	28
30–39 years	3	17
40–50 years	10	56
Country of birth		
Australia	15	83
Poland	1	6
Sri Lanka	1	6
India	1	6
Highest level of education		
Did not complete high school	2	11
Completed year 12	3	17
Trade certificate	2	11
Undergraduate degree/diploma	8	44
Postgraduate degree	3	17
Employment status		
Employed (full/part-time)	9	50
Self-employed	3	17
Student	4	22
Looking for work and studying	1	6
Not specified	1	6
Geographical location of residence		
Metropolitan	12	67
Regional	5	28
Rural	1	6

Relationship characteristics are shown in Table 2. Most participants had ended the relationship with the abusive partner. The relationships varied in length (10 months–30 years). Almost half of them ($n = 8$) had ended within the previous 2 years; the most distal relationship ended 24 years ago. Two-thirds of the participants had one or more children with the abusive partner. The majority of the participants self-reported as light or nondrinkers.

As shown in Table 3, the participants' narratives described multiple forms of abusive behaviours when their partner was alcohol-affected. Close to half experienced severe and/or moderate physical abuse, and over two-thirds experienced emotional abuse. Sexual pressure, controlling behaviours and economic abuse from alcohol use were common.

All participant names have been replaced with pseudonyms.

The cycle of drinking and intimate partner violence

Once he started drinking … Mr Bouncy would come out again. But Mr Happy started turning into Mr Sarcastic and

Table 2. *Characteristics of the relationships (n = 18)*

Relationship characteristic	*N*	%
Marital status with abusive partner		
Legally married	10	56
Not legally married	8	44
Current relationship with abusive partner		
Former partner	16	89
Current partner (not cohabiting)	2	11
Length of relationship		
<1 year	1	6
1–5 years	5	28
6–10 years	4	22
11–15 years	2	11
16–20 years	4	22
21+ years	1	6
Not specified	1	6
Recency of relationship ending (prior to interview)		
<1 year ago	2	11
1–5 years ago	10	56
6–10 years ago	3	17
11–15 years ago	1	6
>20 years ago	1	6
Not specified	1	6
Number of participants with children		
Has one or more child with abusive partner	11	61
Has children from former relationship	4	22
Has no children	5	28

Mr Making Personal Remarks and … and then being threatening and then you know, hurting. (Kath, 50 years).

The participants commonly described experiencing a cycle of escalating aggression accompanying recognised stages of their partner's drinking, which were identified as safe and unsafe. A cycle of drinking and violence emerged through this grounded theory analysis, (depicted in Figure 1) comprising the following stages:

- Starting drinking — having fun.
- Getting drunk — looking for a fight.
- Intoxicated — sudden 'switching' to escalated violence.
- Drunk — becoming incapacitated.
- Hungover/coming down — becoming mean-tempered.
- Sober — returning to 'normal' life.
- Craving — building up to drinking again.

As shown in Figure 1, *anticipating abuse when a partner drinks* is the basic social process at the core of the drinking cycle for the participants. This underpins the range of preventive and protective strategies that the participants used to keep themselves and others safe during the drinking and aggressive episode.

Starting drinking. The participants described the early drinking phase where the partner is slightly inebriated or tipsy in positive terms. The partners were characterised as fun, happy, bouncy, 'feeling high' and enjoying himself. These positive aspects are particularly emphasised by the women whose partners had difficulty interacting socially when sober or whose relationships were characterised by a lack of engagement '… he was actually quite a funny person … he was much more fun' (Kath).

The positive aspects of initial drinking were sometimes most evident in other settings (e.g. being 'the life of the party' when drinking with work colleagues, or another 'addicted to the fun' of going out clubbing and drinking shots with male friends). Simone (28 years) observed the big drinking culture of her Scottish boyfriend and his mates where the mood was jovial and generosity was displayed by buying drinks for others. The other participants highlighted the sociability factors where their partners drank in local sporting club settings.

Despite this positive side of early drinking, the participants felt anxious and on guard, aware that things could change quickly:

> *… a couple of beers he was still fun … anything more than that then he became very angry … which, yeah certainly changed … my feelings of safety.* (Belinda, 35 years).

Getting drunk. The participants described an escalation to verbal aggression as their partner became drunk and they became the target of his anger. The participants described their partner to be 'blaming', 'baiting', 'provoking', 'looking for a fight', and deliberately looking for something the participant had done wrong or for a reason to be angry. Several partners made provocative racist, homophobic or misogynistic comments to provoke the participants. This stage happened whether the partner drank at or away from home.

One participant described also becoming verbally aggressive towards her husband when she drank, confirming this stage in the cycle for her own behaviour, where she would deliberately provoke an aggressive reaction:

> *He did see it as a problem when I drank, when I'd become verbally abusive or push his buttons — those kind of things.* (Naomi, 38 years).

The participants indicated feeling unsafe at this stage, and were torn between responding to the provocation by standing up for themselves (knowing this could escalate

Table 3. *Types of alcohol-related abuse experienced by participants (N = 18)*[ab]

Type of abuse (when partner was alcohol-affected)	*N*	%
Physical abuse		
Severe (e.g. choking, beating, hitting, kicking, punching, dragging by the hair, eye gouging, twisted/broken fingers)	8	44
Moderate (e.g. pushing, slapping, shoving, grabbing, pushing up against wall, throwing things at her that could hurt)	8	44
Sexual abuse		
Sexual violence (e.g. aggravated sexual pressure, coercion to enact partner's sexual fantasy)	2	11
Pressure and coercion to have sex	7	39
Emotional abuse		
Threatened to kill or hurt her or someone whom she cares about	5	28
Verbally abused her (e.g. yelling, screaming, shouting, intimidating 'in your face')	12	67
Insulted, belittled or humiliated her in private or in front of others (e.g. calling names, degrading comments)	11	61
Scared her (e.g. punching holes in the wall, smashing things around her, damaging property)	10	56
Economic abuse		
Threatened or coerced to buy alcohol for him	1	6
Pressured her to earn more money	3	17
Prioritised household spending on his drinking[a]	8	44
Controlled finances[a]	4	22
Controlling behaviours		
Jealousy (e.g. suspicious she was unfaithful, got angry if she spoke with another man)	6	33
Monitored her movements[a]	3	17
Restricted her from working or other activities[a]	2	11
Restricted her contact with friends and family[a]	3	17

[a]Types of abuse experienced when the partner was not alcohol-affected.
[b]Based on the participants' narrative descriptions and what the participants chose to reveal. The participants experienced more than one type of abuse.

the situation) and ignoring or diffusing the situation. The participants avoided arguments; '… you can't argue with somebody who's been drinking' (Linda, 42 years).

Intoxicated. The worst stage in the cycle was when an intoxicated partner escalated to heightened 'uncontrollable' physical and/or verbal aggression. The transition to this stage was characterised by unpredictability. The participants used terms such as 'flipped', 'snapped' and 'a switch flicked' to describe the changed behaviour from 'normal' to angry and aggressive. Significantly, the participants reported that the 'switch' did not happen in front of witnesses (other than children): '… he just can turn and he doesn't do it in public … no one else would see it' (Fran, 46 years).

The transition to this stage was not always inevitable when the drinking cycle started. The participants reported that the triggers that 'set him off' were often inconsistent, depending on his mood, whether something annoyed him or, most often, in response to something she had said.

The participants indicated feeling intensely frightened at this stage and some modified their own drinking for protection:

> … *sometimes it would mean that I would drink really heavily myself because I'd think well at least then numbing myself to whatever happens. But there would be times when I would actually stop drinking so that I could be in a good space to be able to deal with it* … (Naomi).

Some attempted to avert the escalation by diffusing, soothing and calming their partner. Sometimes this worked, other times not. Some participants sought help from police or neighbours when the violence escalated. Others removed themselves from proximity to the abuse by leaving altogether or finding a safe space, thereby adopting a strategy of 'waiting it out'.

Drunk. Once in the cycle, the participants looked forward to the point in his drinking where he was incapacitated or had passed out and was incapable of hurting her:

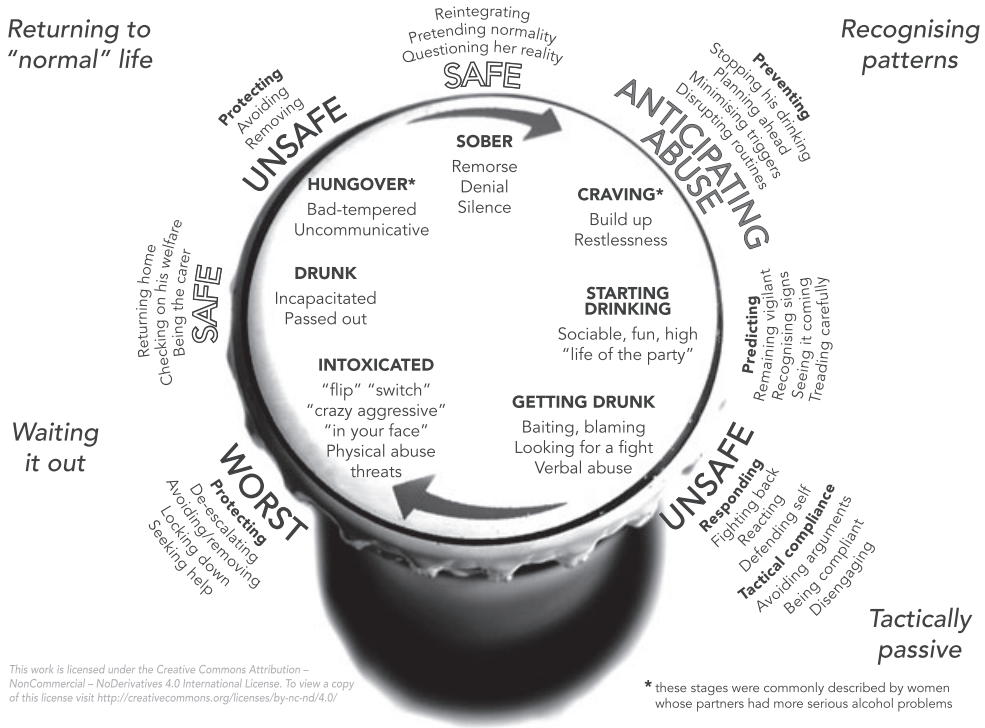

Figure 1. *The cycle of alcohol-related intimate partner violence.*

I will usually wait for that stage when he would be too drunk to do anything, when he'll be unstable on his feet — that was the moment when I knew I was pretty much safe. (Carla, 43 years).

At this point, the participants returned from their safe location. When drunk, Linda's husband would lock her out; once he was passed out, she would use a key hidden outside to re-enter.

Despite the violence, some participants *adopted a caring role at this stage to ensure his safety*. The responsibilities of this role raised complexities for the participants with alcohol-dependent aggressive partners: 'I didn't feel I could leave him. I didn't feel it was human, or humane' (Geraldine, 48 years).

Hungover/coming down. Especially for the participants with alcohol-dependent partners, coming down from the drinking episode represented another unsafe stage. The participants described generalised anger, hostility and verbal aggression. They continued to view him as a 'different person', influenced by the effects of alcohol remaining in his system.

The participants felt at risk of remaining the target of their partner's aggression and enacted similar protective strategies as in the earlier stages of the cycle — avoiding and distancing, only reintegrating when safe to do so:

I just used to avoid him, I'd just made plans — just stayed far away. 'Cause it was just too scary to be around 'cause … it was just a different person, it was like another personality and then if I avoided it and then it would peter out, things would start to get good and then I'd sort of step in, you know, after a few weeks and start integrating a little bit more … (Janet, 42 years).

Sober. At this stage, he was no longer the 'different person' that he became under the influence of alcohol. The 'real' partner returned. Some partners showed remorse, promising it would not happen again, but the cycle repeated because his drinking did not change. Other partners returned to normal, exhibiting no remorse or remaining silent about the episode, some having no memory of their violence. This lack of acknowledgement of the violence challenged the participants' reality, causing them to feel confused and angry, and some feared raising the issue: '…we never really acknowledged it when we were sober, we never talked about it' (Danielle, 22 years).

Because her partner would have no memory of his violence the previous night, Kim noted the impact of living with the after-effects:

… he would have no idea why I would be a nervous wreck or miserable or an absolute basket case. (Kim, 46 years).

'Pretending to be a normal family again' at the end of the cycle required significant effort for the participants, particularly those caring for an alcohol-dependent partner.

As the cycle repeated itself, periods of their partner's sobriety were accompanied by both fear and hope for the women — fear that the cycle would repeat, but hope that he would stay sober and the alcohol-related violence would stop.

'Craving'. For some participants, their partner's overwhelming desire to drink signalled the beginning of a new cycle of drinking and abuse. His behaviour was characterised by restlessness, agitation, stress and anxiety, with a singular focus on drinking. For some, the partner increasingly withdrew and the participants experienced difficulty interacting. Kath related intense feelings of fear when her husband would drive home from family outings at dangerous speeds because of his need to drink.

There was buildup and tension at this stage. The participants recognised these signs as foreshadowing the repeating cycle and prepared accordingly:

> *I would prepare the whole household … so we don't have to be in his way … I would make sure that the kids are bath* [*sic*] *early in the day, had dinner early, that we go back to the kids' room and I would read the books, and I would lock the doors and he can do whatever he wants to do.* (Carla).

Acting on the cycle — anticipating abuse and keeping safe

At each stage of the cycle, the participants enacted strategies to manage their own and others' safety. During the relationship, the participants actively tested different strategies in response to the unpredictability of their partner's aggression. The strategies comprised four distinct functions: *preventing*, *predicting*, *responding* and *protecting* — which the participants used interchangeably during the drinking–violence cycle. The common theme underpinning all the strategies was *anticipating abuse*.

Preventing. *Preventing* was used to mitigate the risk of violence occurring for the participants who felt that they had some level of control to prevent the drinking – and related abuse – from occurring at all. For several participants, this involved limiting his alcohol intake through reducing the availability and supply of alcohol at home (creating home as a dry zone, hiding or pouring alcohol out). The participants also directly requested the partner to reduce or stop drinking (with limited success), or some participants limited the duration of drinking sessions. For Jessica (31 years), removing her partner from social occasions *before* he became drunk became a source of conflict between the couple.

Disrupting the cycle was another strategy aimed at preventing the escalation by interrupting regular drinking routines. Belinda introduced family outings to the swimming pool 3–4 times per week to delay her husband's drinking sessions. The participants also tried to reduce potential triggers by 'making things perfect' (e.g. keeping a clean house). Some used sex to keep their partner happy and encourage him to sleep.

Predicting. *Predicting* reflected the participants' efforts to foresee the likelihood of their partner's escalating aggression, especially in the early phase of the cycle. This involved being vigilant, monitoring his drinking and his moods, staying alert and recognising signs:

> *… there was definitely undercurrents with it because certainly I could tell, depending where he's at with his drinking, you did tread lightly … because he could be violent.* (Geraldine).

Responding. The participants used different strategies when they became the target of their partner's aggression, with varying success. Some argued or fought back to defend themselves, but fighting back often led to more violence, which was more volatile when both partners were drunk:

> *I'm not the kind of person who'd just sit back and take it. So I would argue back — so 'cause I argued back, I'd cop it.* (Anne-Marie, 45 years).

Over time, the participants changed strategies, responding with tactical compliance to reduce the risk of escalation, including: staying quiet, not responding to provocation, agreeing, not questioning or challenging him:

> *Stay quiet was my biggest trick, just not say anything … and I kind of started detaching myself.* (Sarita, 28 years).

> *… there started to be a pattern I realise into the marriage. The beginning ones when he started to be violent, I was violent back. I was trying to fight back and then I realised that it's not going to work because obviously he's stronger and he's drunk and I'm not and there's a baby in between.* (Carla).

Protecting. Physical proximity to the drinking partner was linked to risk and vulnerability at particular stages. Therefore, *protecting* involved strategies such as avoiding, removing and distancing, aimed at finding a safe space for the participant and her children (if present). Safety could be found in lockable rooms or being around witnesses:

> *… when he was a bit aggressive, I'd actually hang around the kids at the house and not talk to him because he wouldn't do it in front of the children.* (Kath).

Avoiding the partner and drinking situations became a key strategy over time and involved planning ahead:

> *I just know that if it was going to be Saturday and it was going to be football, then I would go and do something else.* (Anne-Marie).

As a consequence, strategies such as avoiding and distancing compounded the women's sense of 'leading separate lives' where their partner's drinking limited their capacity to be a 'real family'.

Discussion

The research revealed a cycle of violence interconnected with the partner's drinking. Positive behaviours with initial drinking became increasingly aggressive towards the female partner as drinking continued, culminated in a state of intoxication characterised by unpredictability and high danger. This link to intoxication is consistent with evidence linking IPV with consuming large amounts per occasion [34,35].

Previous research on domestic violence identified a cycle of: tension building, acute violence and reconciliation/honeymoon [36], although, like this study, the cycle is not universally applicable [37]. Our findings extend this cycle by highlighting the correspondence between each phase of the man's drinking and his violence, and showing the key role of alcohol in the cycle. 'Returning to normal' involved hope for the female partner that he would not drink and become violent again, but fear that he would. Thus, the cycle incorporates a process of *anticipating abuse* every time the male partner drinks.

A particularly important finding was that some male partners were reported to forget, deny or ignore their intoxicated violence. This may reflect a bias towards remembering the early positive phase of drinking rather than the later negative consequences [38], but also illustrates the central and insidious role of alcohol in the dynamics of abuse. Whilst some men showed remorse with promises to never repeat the violence (as in the general IPV cycle) [36], they, nevertheless, did not change their drinking, and the alcohol-related violence continued. Thus, alcohol appears to distance the man from his violence — with both partners tacitly *attributing his violence to his drinking, not to him*. Thus, the cycle demonstrates not only the effects of alcohol on the man's violent behaviour, but also how it disconnects him from taking responsibility for his violence. The cycle causes the female partner to focus on his drinking and her fear of *the changed man when he is drinking*; hence, as suggested by Room, '… the mere threat to go drinking acquires the power that a raised stick would have' [39, p.5]. Drinking by an abusive partner can therefore implicitly act as an 'instrument of intimate domination' [39] within abusive, intimate relationships [34,40], with women in this study experiencing heightened fear associated with the partner's drinking [16,41].

The research also highlighted how the participants were active agents in managing their own (and others') safety during the drinking cycle, adapting strategies of *preventing*, *predicting*, *responding* and *protecting*. These safety strategies may resonate for women experiencing IPV not involving alcohol [42]. However, for the study participants, preventive actions centred around stopping or reducing the partner's drinking. Therefore, *anticipating abuse* was characterised by high anxiety and the need to control their partner's alcohol consumption and drinking situations. This suggests that women's attempts to control a partner's drinking, where that partner is also abusive, should be viewed through the prism of managing safety for self and others, rather than the popular construct of the 'nagging wife' [43].

Implications for research and practice

Our study adds to understanding of the temporal experience of alcohol-related IPV by showing the buildup of aggressive actions during drinking occasions, and how fear and danger were linked to specific points in the drinking cycle. Further research on this cycle, particularly perceptions of male perpetrators, is needed to plan effective policies and interventions.

Our study has implications for services to women in abuse situations, specifically considering how the involvement of alcohol redefines behavior and may increase fear and unpredictability. Consistent with previous research on alcohol and culpability for crimes [44], the participants did not necessarily see alcohol as an excuse for their partners' violence, but it *was* seen as the central cause. Services for women need to acknowledge and understand the impact of alcohol on women's perceptions of the violent relationship, including the potential usefulness of programs that provide support to those living with alcohol-dependent people. It is also important that services understand the gendered nature of problematic alcohol use and how this use may become an implicit tool of control in which the cycle of violence is embedded. Services that support and treat male problem drinkers could pay more attention to the experiences of female partners — they are experts in their partner's drinking behaviour through repeatedly witnessing the drinking and violence cycle. Finally, prevention programming could explore strategies that focus on the drinking context preceding IPV (e.g. engaging men in bystander interventions to challenge drinking companions showing signs of partner abuse) [45].

Strengths and limitations

The study's strengths include using a diverse community sample and a method in which the participants self-defined what made them afraid of their partner's drinking, thereby enabling a nuanced understanding of alcohol's role in abusive relationships.

A study limitation is that most women in the sample described partners whose reported alcohol use may fit the criteria for an alcohol use disorder. Therefore, more qualitative research is needed on the role of alcohol for abusive male partners with less serious drinking problems. In addition, the relationships of a few participants ended over 10 years prior which may have affected their recall, but may also have provided time to reflect on the experience.

Conclusions

In this study, alcohol-related IPV is experienced as a cycle, with violence linked to the male partner's intoxication. Women living this cycle experience a precarious existence filled with certainty (predictable drinking patterns) and the unpredictability of drunken violence. Their fear is linked to their partner's drinking. Violence is always in the background when he drinks; hence, women actively manage their safety around known drinking patterns. This study adds qualitative findings to the important global trend in drug and alcohol research which moves beyond the drinker to understand the broader impact of alcohol problems on others around the drinker [46,47].

Knowledge of this cycle – based on women's lived experience – has important implications for planning effective policy and interventions for alcohol-related IPV, and assisting men and women caught in this cycle. According to WHO:

> *Interventions should be designed to work with women – who are usually the best judges of their situation – and to respect their decisions … Women's safety should also be carefully considered when planning and implementing interventions. Those that make women's safety and autonomy a priority have generally proved more successful than those that do not*. [48, p.111].

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