ADDRESSING HARMFUL ALCOHOL USE TO REDUCE INTIMATE PARTNER VIOLENCE AND VIOLENCE AGAINST CHILDREN

SUMMARY

Alcohol use is a globally consistent risk factor for intimate partner violence (IPV) and violence against children (VAC). Reducing harmful alcohol use offers an important prevention strategy.

Alcohol use is neither necessary nor sufficient for violence to occur, but strong evidence shows that reducing harmful drinking can reduce the frequency and severity of violence and enhance the safety and well-being of women and their children.

Research demonstrates a strong link between men's harmful alcohol use and the risk of violence against women and children. Women frequently observe the same thing: violence is more likely when their partner is intoxicated.

Evidence-based strategies to reduce harmful alcohol use and address alcohol-related violence exist at the policy, community, and individual levels. Particularly promising (but underused) strategies include:

- Integrating alcohol reduction strategies into (new or) existing violence prevention efforts (such as curriculum-based groups for couples).
- Strengthening linkages with Alcoholics Anonymous or other mutual help/peer support groups.
- Supporting community mobilisation around alcohol regulation and joining forces with groups advocating for stronger alcohol regulation.

> ***Not addressing harmful alcohol use is a missed opportunity to reduce violence in the home.***

ASSOCIATIONS

Alcohol use patterns differ consistently by sex, with men more likely to drink alcohol – more alcohol and more frequently – and to drink in more problematic ways. Gendered norms shape these patterns: in many settings, alcohol use is associated with markers of 'masculinity' – strength, stamina, aggressiveness, competition, dominance, risk-taking, power, and self-confidence. Men may also use alcohol to cope with their inability to achieve masculine ideals, such as providing for their families. Much alcohol marketing draws on notions of masculinity (strength, financial, and sexual success) and, increasingly, femininity (being attractive, sociable, and empowered). Social norms around women's drinking vary more widely, with greater stigma attached to women's drinking in many settings. Context-specific factors (poverty, ethnicity, religion, and the availability of alcohol) interact with the gender norms associated with both IPV and alcohol use.

1 MEN'S ALCOHOL USE AND INTIMATE PARTNER VIOLENCE

Numerous varied studies across every continent show a strong and consistent association between men's use of alcohol and women's risk of experiencing IPV. Alcohol use is also associated with increased perpetration of non-partner sexual violence and other forms of violence and aggression. Heavy drinking – in particular, episodic or 'binge' drinking – is more strongly associated with IPV perpetration than more moderate use. Quantitative research confirms that violence is more severe and injury more likely when drinking or heavy drinking has occurred, and this is echoed in women's personal accounts. Importantly, listening to women's experiences highlights the multiple direct and indirect ways husbands' alcohol use harms women, including negative effects on their physical, mental, and reproductive health; economic impacts; strain on their relationships; increased caregiving and domestic load; and social harms like shame, loneliness, and isolation.

2 WOMEN'S ALCOHOL USE AND INTIMATE PARTNER VIOLENCE

Among women, alcohol use appears to be both a consequence of and a potential risk factor for experiencing violence. Some longitudinal studies show a relationship between women's experience of IPV and subsequent (heavy) alcohol use. Women who have experienced IPV may use alcohol to cope with the psychological trauma of current or past violence or to 'numb' themselves in anticipation of, or response to, current violence. IPV may also impede women's access to substance use treatment and completion, and conversely, co-occurring IPV and substance use may impede women's access to IPV support services.

Heavy drinking also appears to increase women's risk of experiencing and perpetrating violence, but the evidence remains mixed, limited by methodological challenges. It may be that the link between women's alcohol use and IPV victimisation actually reflects their partner's drinking, as couples may drink together. Other factors, such as childhood trauma or mental health issues, could be driving both harmful alcohol use and experiences of IPV.

3 ALCOHOL AND VIOLENCE AGAINST CHILDREN IN THE HOME

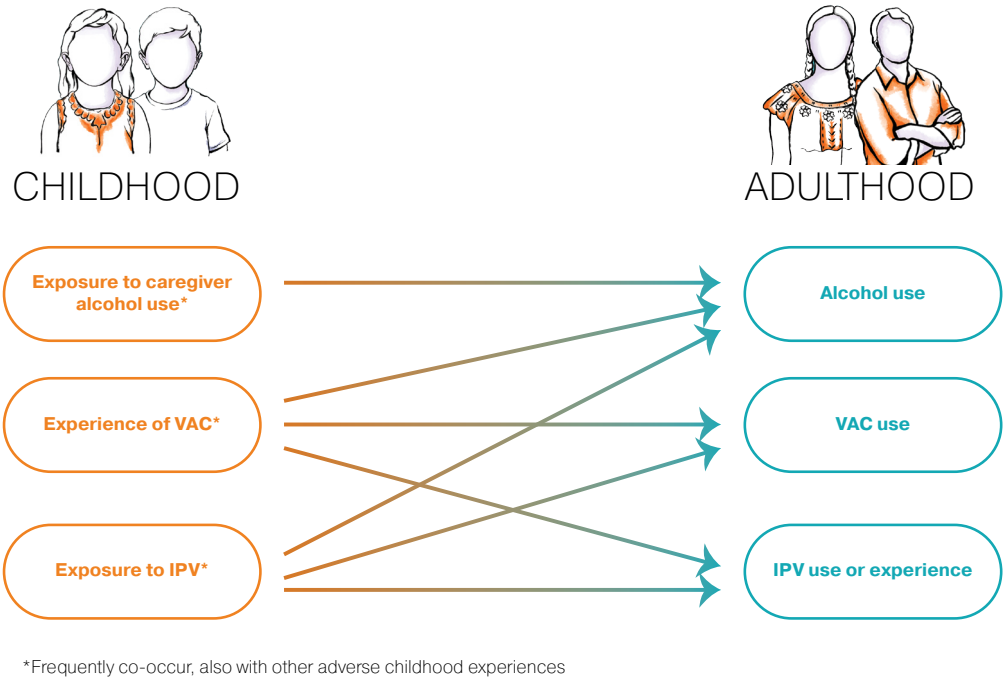
Parents' or caregivers' harmful alcohol use has detrimental health, educational, and social consequences for children, along with increased risk of child maltreatment, including physical or sexual abuse and neglect.

Harmful alcohol use is linked to poor parenting practices. Caregivers who drink may be less responsive, less involved, less financially capable, and more likely to use harsh discipline. Lower levels of parental monitoring may increase children's risk of sexual violence (inside and outside the family). Caregivers may use alcohol to cope with the stress of parenting, especially where they have limited support and skills. Interventions focused on parenting skills and reducing parenting stress in combination with alcohol treatment were more effective than those focused only on alcohol.

> ***Parenting can provide the motivation to stop or reduce drinking. Even brief interventions that include parenting-related content are effective at encouraging parents with drinking problems to seek treatment.***

The relationship between caregiver alcohol use and VAC is difficult to disentangle. Harmful alcohol use often co-occurs with other factors that increase the risk of VAC, including parental mental health concerns, financial, housing, or food instability, inconsistent employment, stress, and IPV. Alcohol use, IPV, and VAC are deeply intertwined, including across generations. Harmful alcohol use is an important element in cycles of violence, linked to both perpetrating and experiencing IPV, as well as using VAC. Children exposed to violence are more likely to use alcohol or drugs as adults.

Figure 1. Intergenerational links among IPV, VAC and alcohol - a simplified representation



*Frequently co-occur, also with other adverse childhood experiences

ALCOHOL INDUSTRY INFLUENCE

To address harmful alcohol use, the most effective policies limit the availability, affordability, and marketing of alcohol — in other words, policies that regulate behaviour and thus limit the profits of the alcohol industry. In addition to aggressive marketing, alcohol industry actors have been highly strategic around the world (and increasingly in low- and middle-income countries) in interfering with alcohol policymaking and enforcement. Many public health groups recommend avoiding industry-affiliated support for health-related violence prevention, research, education, and events.

> ***The multibillion-dollar alcohol industry seeks to shift the focus from structural, population-level interventions to individual behaviour change; framing harms as consumers' responsibility.***

PATHWAYS

The pathways through which alcohol use may lead to violence are complex. They involve an interplay among physiological processes, relationship and situational dynamics, and broader contextual and environmental factors.

1 RISK FACTORS FOR HARMFUL ALCOHOL USE (PANEL A)

Factors operating at the societal, community, and individual levels interact to shape drinking patterns. As with violence, no single risk factor predicts harmful alcohol use, but multiple vulnerabilities and stressors increase risk:

- **Structural Factors:** Availability and affordability of alcohol (such as outlet density, operating hours, and pricing); enforcement of alcohol policies to reduce use; levels of gender inequality and economic development; norms and peer influences (for example, those related to masculinity, and acceptability of intoxication).
- **Individual Characteristics and Risk Factors:** Being male, young, and/or poor; adverse experiences in childhood (including violence); a family history of harmful alcohol use; personality or psychological traits (such as impulsiveness, low self-esteem); genetic vulnerability; poor mental health (such as anxiety, depression, post-traumatic stress disorder).

> ***We emphatically reject victim-blaming but aim to describe how alcohol use, together with other factors, can increase women's vulnerability to violence.***

2 PATHWAYS BETWEEN ALCOHOL USE AND VIOLENCE (PANEL B)

- **Family Dynamics and Relational Pathways:** Alcohol use can erode relationship quality in the family, an important protective factor against abuse. Men's alcohol use can increase conflict in family relationships (including arguments over drinking behaviours and family income spent on alcohol). Men may perceive women's drinking in public as a challenge to their authority and a sign of infidelity (both potential triggers for violence).

- **Physiological Pathways:** Alcohol affects people's thinking, behaviour, and ability to solve problems and resolve conflict. It focuses attention on social cues, which may be experienced as provocations or misread as sexual interest or consent. Alcohol also reduces the capacity to self-regulate, lowers inhibitions, increases risk-taking, impairs judgement, limits the capacity to de-escalate conflict or implement safety strategies, and can increase dependence on a violent partner.

> ***Men globally are more likely to drink and to drink in problematic ways that cause harm; women face more stigma for drinking and are often blamed for the violence they experience while drinking.***

3 FACTORS THAT CHANGE THE LIKELIHOOD OF VIOLENCE GIVEN DRINKING (PANEL C)

While alcohol is neither a necessary nor sufficient cause of violence, a balance of factors combine to affect the probability of violence:

- **Contextual Factors:** Physical drinking environment (such as alcohol outlet density and location, lighting, operating hours); social and gender expectations around acceptability and invisibility of problematic behaviour and violence when drinking and intoxicated; permissive environments, such as male-centred sporting events; norms that 'excuse' intoxication and alcohol-related violence; women's alcohol use seen as transgressing gender norms and justifying violence; norms around family privacy that reduce support for victims, increase the risk of violence recurring, and reduce access to services for both men and women.

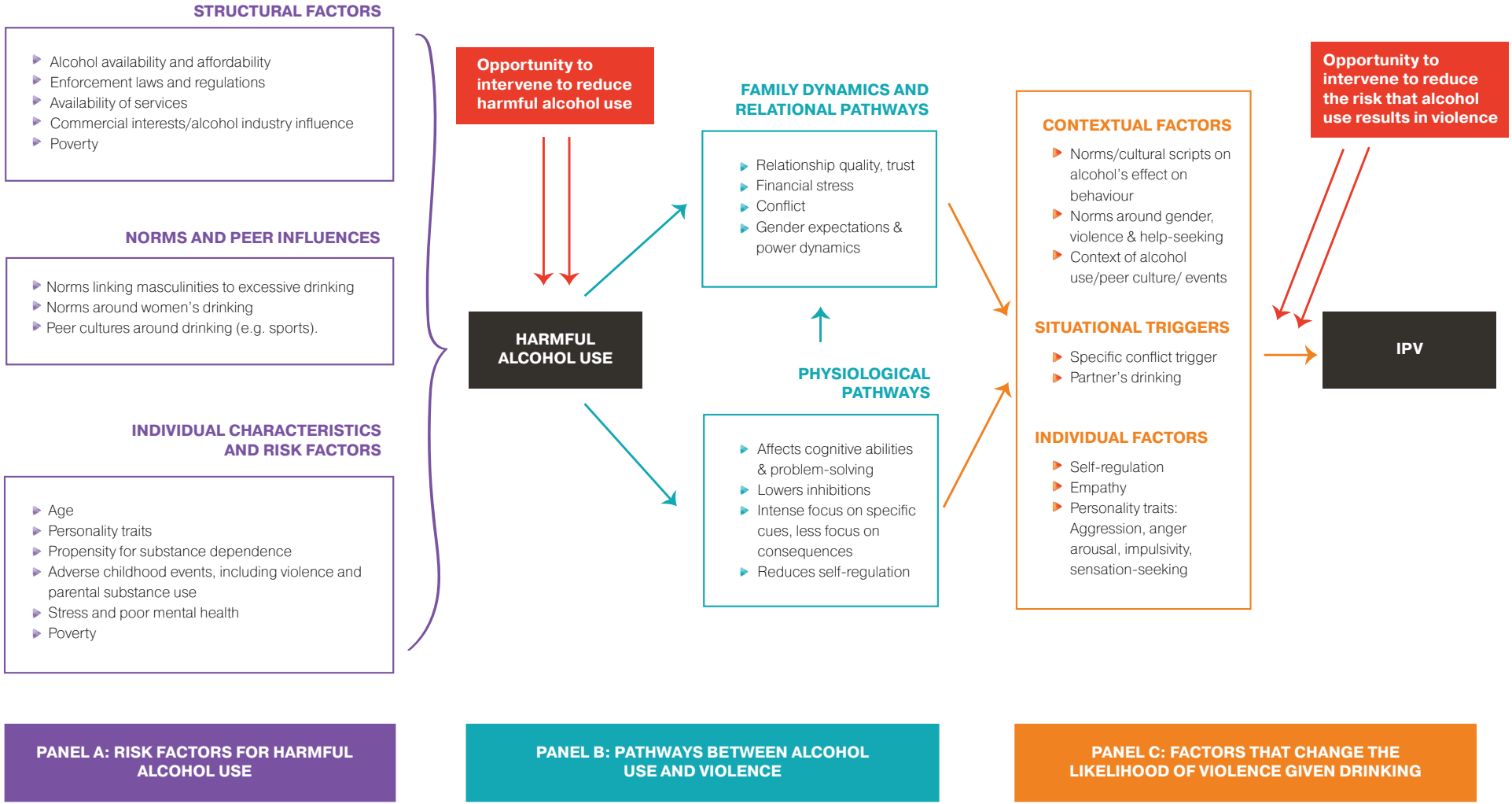
- **Situational Triggers:** Drinking exacerbates conflict within couples (related to drinking behaviours, spending, adultery, or an inability to perform or adhere to expected roles), which can trigger aggression in the moment. IPV is both more likely and more severe when both partners have been drinking.

- **Individual Factors:** Personality characteristics, such as antisocial traits, high anger arousal, and impulsiveness, may increase the risk of violence when drinking. Conversely, self-regulation skills and empathy may reduce the risk of acting violently when drinking.

> ***Conversely, social norms that condemn alcohol-related violence and support survivors may inhibit the use of violence.***

Figure 2. Pathways between harmful alcohol use and violence.

This diagram shows the complex and intersecting pathways between alcohol use and violence. **Importantly, it also highlights the need and opportunity for interventions to both reduce alcohol use and interrupt the relationship between drinking and violence, which are explored in the next section.**



WHAT WORKS TO ADDRESS VIOLENCE AND HARMFUL ALCOHOL USE?

Despite the links between alcohol and violence, few violence prevention interventions explicitly address harmful alcohol use, and few alcohol reduction approaches specifically address the prevention of violence against women or children.

ALCOHOL CONTENT IN EXISTING IPV PREVENTION PROGRAMMES

In a 2024 review of group-based IPV prevention curricula, fewer than a quarter addressed alcohol, and none focused on community action or policy advocacy to limit access to alcohol.

Despite not being designed to reduce harmful drinking, several group-based IPV prevention programmes have affected both alcohol use and IPV, including:

- **Stepping Stones and Creating Futures** (South Africa) and an adaptation of **Zindagii Shoista** (Tajikistan).
- **Change Starts at Home** (Nepal)
- **Bandebereho** (Rwanda)

These interventions employed elements common in alcohol interventions, such as supporting self-regulation, fostering stronger social ties, offering alternatives to drinking, and encouraging aspirational goals for men and couples. In addition, the broader focus on masculinities and gender norms, relationship skills, family bonds, economic development, joint financial decision-making (which made visible the costs of alcohol consumption), and the participatory reflection and discussion-based modality may have contributed to these changes.

> ***Opportunities exist to further incorporate and strengthen alcohol reduction strategies within violence prevention programmes.***

INTERVENTIONS ADDRESSING BOTH IPV AND HARMFUL ALCOHOL USE

A few programmes addressing both violence and alcohol use have been evaluated. They include:

- **The Violence and Alcohol Treatment** (Zambia) adapted the Common Elements Treatment Approach (CETA), a therapeutic intervention combining common treatment strategies into a flexible, lay-delivered model, to work with families experiencing at least moderate levels of IPV and harmful alcohol use. They discussed safety planning and behavioural or situational modifications to help prevent violence, and individual CETA sessions were provided to each partner in a couple. The evaluation found significant reductions in women's reports of IPV and men's alcohol use, with sustained impacts after two years. Effective mechanisms in the programming included reductions in men's

or women's alcohol use, participants' use of de-escalation strategies, fewer sources of conflict related to alcohol and money, and increases in trust and communication between the couple.

- **The Women's Health Co-Operative** (South Africa) offered a gender-focused, two-session intervention to address HIV, violence, and alcohol use among sex workers and non-sex workers. Non-sex workers reported reduced drinking, reduced sexual abuse by their main partner, and increased condom use. Sex workers reported less physical abuse by a main partner. A trial adaptation of the programme, including either couples together or sex-separated groups, found decreased heavy drinking among both men and women and improvements in gendered power dynamics and relationship quality.

- **An Eight-Session Integrated Cognitive Behavioural Intervention** (ICBI) (South India) recruited men from in-patient alcohol dependency treatment who had perpetrated IPV. Sessions addressed the relationship between alcohol and IPV, triggers for alcohol use and IPV, and the consequences. Participants learned cognitive-behavioural techniques, such as relaxation, anger management, assertiveness, and cognitive restructuring. A study found reduced alcohol consumption, reductions in IPV, and improved mental health, as reported by participants' wives.

INTERVENTIONS TO REDUCE HARMFUL ALCOHOL USE

To reduce harmful alcohol use, different levels of intervention are complementary and necessary. These include structural or policy interventions (widely seen as the most effective approach) to reducing harmful alcohol use, community interventions to reshape the drinking environment, group-based/peer support systems such as Alcoholics Anonymous, and individual psychological or behavioural interventions (including brief interventions, structured psychological or behavioural interventions, and pharmacological treatments).

Policy and structural approaches are key to reducing alcohol consumption and its related harms at a population level, though more evidence is available from high-income countries. According to the World Health Organisation (WHO), cost-effective and feasible 'best buys' include:

- **Regulate the availability of alcohol:** reduce the number, density, and hours of outlets, as well as age limits for patrons.
- **Reduce the affordability of alcohol:** tax or regulate prices (noting that these measures may push drinkers towards illegal or informal sources, particularly in LMICs, as well as increasing economic hardship and family conflict).
- **Regulate or ban alcohol marketing:** counter industry efforts to associate alcohol use with success, social status, fun, and gendered stereotypes while noting the association between marketing exposure, age of initiation to drinking, and binge drinking; noting the complexity of enforcement, particularly in the digital age.

In the WHO's view, implementing and enforcing a suite of policy interventions could achieve a greater impact on alcohol use than any single intervention. Additional policies—particularly relevant to preventing alcohol-related violence in the home—might include individual-level

bans, 'dry zones', or 'rationing', consequences for convicted drunk drivers, or limits on an individual or household's ability to purchase alcohol.

Community and civil society interventions aim to change the drinking environment, including drinking-related social and gender norms, supporting and sustaining both individual-level change and alcohol control policies. A few examples from low- and middle-income countries (LMICs) have been documented or evaluated:

- Civil society efforts led to a ban on inexpensive alcohol sachets often sold to young people (Uganda and now other countries).
- Community-based interventions to address both alcohol and violence offer promising models. These include a community mobilisation approach by Sonke Gender Justice (South Africa) to increase alcohol regulation enforcement and the Foundation for Innovative Social Development's Happy Families programme (Sri Lanka), which works with women, youth, and men to challenge harmful social norms around drinking, strengthen family ties, provide alternative activities, and promote community advocacy.

Group-based/peer support systems, notably Alcoholics Anonymous (AA), work through multiple mechanisms —many similar to professional therapeutic approaches, but at a much lower cost. These mechanisms help to change participants' social networks (towards recovery support) and strengthen coping skills, motivation for recovery, self-efficacy, psychological well-being, and skills to manage impulsivity and cravings.

Individual psychological or behavioural interventions vary in length, therapeutic approach, and effectiveness for specific types of drinkers.

- **Brief interventions** typically aim at those not specifically seeking help for alcohol problems and are not particularly effective for severe alcohol use disorders. These interventions can be as short as one or more 5- to 15-minute sessions; other models might include several sessions of 20 to 40 minutes. They may include feedback on an individual's alcohol use, advice on how to cut down, identifying high-risk situations, strategies to increase motivation to change drinking patterns, and developing personal goals or plans to reduce drinking.
- **Structured psychological or behavioural interventions** vary in duration, frequency, and provider; they typically consist of longer sessions over a longer period for a wider range of harmful drinking patterns (compared to brief interventions). These interventions strengthen coping skills, modify responses to triggers, reinforce abstinence or reduced drinking, and may include inpatient treatment for the most severe cases. Some may also benefit from integrating other approaches, such as mindfulness practices.
- **Pharmacological interventions** (such as disulfiram, naltrexone, and acamprosate) are approved to address alcohol use disorder and dependence by promoting abstinence, preventing impulsive drinking, reducing cravings, or supporting the maintenance of abstinence. However, evidence in LMICs remains limited.

The evidence base on psychosocial interventions in LMICs is increasing and suggests that these interventions have potential. However, there is currently insufficient evidence to determine the efficacy of psychosocial interventions in reducing harmful alcohol use in LMICs due in large part to substantial differences between interventions and studies.

> ***Numerous opportunities exist to (further) incorporate and strengthen alcohol reduction strategies within violence prevention in LMIC contexts to mutually strengthen and reinforce positive outcomes.***

IMPLICATIONS FOR PRACTICE

Enormous potential exists to reduce violence by intentionally addressing harmful alcohol use, particularly by men. This can enhance the impact on both violence and alcohol outcomes and, importantly, acknowledge women's (and children's) lived experiences.

TAKE ACTION ON ALCOHOL USE

- **Strengthen collaboration and co-learning across the fields of violence prevention and alcohol** (and mental health more broadly).
- **Build on the most promising approaches and seek opportunities for integration and innovation** at every level.
  - **Integrate effective alcohol reduction** elements or approaches into existing violence prevention models more intentionally and explicitly.
  - **Use community mobilisation** to raise awareness of the harms and costs of alcohol use and to involve communities in advocating for policies and their enforcement.
  - **Join advocacy efforts for gender-informed alcohol regulation.**
- **Ensure that programming addresses contextually gendered and relationship/family dimensions of alcohol use**. For example, discuss infidelity and alcohol in couples' programming, work with men on their perceptions of and responses to women's drinking, and address parenting stress and skills.
- **Measure both alcohol use and violence when evaluating programmes or policies** to expand evidence and understanding.
- **Select, train, and support practitioners**—including facilitators and lay counsellors—to address both alcohol and violence.
- **Recognise the need for specialised support and establish referral pathways**, as not all alcohol use is the same. It may not be appropriate to include people with severe alcohol use disorders or dependency in violence prevention programming without additional support. Similarly, alcohol programmes need to consider the risk of violence in the family.

DEFINITIONS

Harmful Alcohol Use: Drinking that causes detrimental health and social consequences for the drinker, the people around them, and society at large. It includes patterns of drinking associated with increased risk of adverse health outcomes.

Alcohol Use Disorder: A criteria-based medical diagnosis covering problematic drinking behaviours.

Alcohol Dependece (Alcoholism): A severe form of alcohol use disorder characterised by

a strong desire to drink and difficulty controlling use despite negative consequences.

Intimate Partner Violence (IPV): Behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours.

Violence Against Children (VAC): Physical, sexual, and emotional violence — including neglect, maltreatment, exploitation, harm, and abuse — towards a child under the age of 18, especially occurring in the home or family.

DEBATE

Addressing harmful alcohol use remains an underutilised strategy for violence prevention. Historically, the women's movement led work on IPV, focusing on the gendered, social, and structural systems that drive violence. By contrast, while the alcohol field has sought policy solutions to prevent alcohol-related harm, it has not usually centred a gendered analysis in understanding alcohol use. Feminists were concerned that identifying alcohol as a cause or contributor to violence would undermine attention to gender inequality and patriarchal power as drivers of men's violence and allow perpetrators to evade accountability for their violence.

Increasingly, however, researchers and practitioners are urged to move beyond this contention, recognise the gendered associations of alcohol with violence, and develop effective prevention, response, and treatment options for both issues.

> ***Ignoring the presence of alcohol will neither eliminate its role in intimate partner violence nor prevent its being used as an excuse for violence. On the contrary, the more we know about how alcohol affects violence, including intimate partner violence, the better able we will be to develop effective prevention strategies and treatment responses.***
>
> ***-Graham et al. 2011. "Alcohol May Not Cause Partner Violence, but It Seems to Make It Worse"***

ACKNOWLEDGMENTS
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This brief was written by Annie Holmes, based on the Evidence Review by Ruti Levtov. It was reviewed by Tania Ghosh, copyedited by Oluwatobiloba Ayodele, and designed by Ana Lucia Ñustes.

The **Prevention Strategies Series** highlights a range of diverse — and sometimes underutilised — approaches that can prevent violence in the home. We focus on information useful to violence prevention practitioners and researchers, as well as those working in other fields who are considering addressing violence prevention in their programming.