Title: The relationship trajectory of women experiencing alcohol-related intimate partner violence: A grounded-theory analysis of women's voices.

Abstract

Rationale: The association between male partner alcohol use and increased risk and severity of their perpetration of intimate partner violence (IPV) is well-established in quantitative research. However, few studies have explored the nature and trajectory of relationships involving partner drinking and abuse, and how women find pathways to safety.

Objective and method: We conducted in-depth interviews with a community sample of 18 Australian women (aged 20-50 years) who reported feeling afraid when their male partner drank alcohol. Using a constructivist grounded theory approach, we identified key processes underpinning women's experience of alcohol-related IPV and mapped these over four relationship phases.

Results: Partner alcohol use played a key role in how women interpreted and dealt with IPV victimization. In early relationships, women spoke of not seeing or *dismissing early warning signs* of problem drinking and aggression in settings that normalized men's heavy drinking. Later, women identified patterns of inter-connected drinking and aggression, leading to *questioning their reality*, trying to *'fix' their partner's drinking* to stop the abuse, and in the absence of change, learning to *manage daily life* around the drinking and abuse. In the third phase, *giving up hope* that the partner would stop drinking, women ended the relationship. Finally, after leaving the abuser, women attempted to *reset normal* around drinking behaviour but continued to experience trauma associated with others' drinking in social settings.

Discussion and conclusion: For women who have experienced partners' alcohol use intertwined with violence in their relationship, changing their partners' drinking plays a central role in their journey to safety, possibly obscuring recognition of abuse and complicating their ability to leave. Greater understanding of the stages of the alcohol-IPV relationship can help health providers support women as they navigate these complex relationships, and provide appropriate support depending on the needs of women in their relationship trajectory.

Keywords: Intimate partner violence; Domestic violence; Alcohol use; Victims; Relationships; Qualitative research; Australia

1. Introduction

Intimate partner violence (IPV) affects 30 per cent of women worldwide, constituting a major global public health and human rights issue (World Health Organization, 2013). The World Health Organisation defines IPV as "behaviour within an intimate relationship that causes physical, sexual or psychological harm" and can include acts of physical aggression, threats and intimidation, forced intercourse and sexual coercion, and controlling behaviours (Krug et al., 2002, p. 89). Although men are also victims of IPV, women are disproportionately likely to be injured from violence perpetrated by a male partner (Archer, 2000), and suffer significant physical and mental health harm or damage (Devries et al., 2011; Ellsberg et al., 2008), as do children who are exposed to IPV (Holt et al., 2008).

There is substantial evidence of a consistent link between a male partner's alcohol consumption and perpetration of IPV against a female partner (Foran & O'Leary, 2008; Leonard & Quigley, 2017; Stith et al., 2004). Studies of the link of alcohol use with IPV have used various measures of alcohol consumption, including frequency and quantity of consumption, heavy drinking, problem drinking, alcohol abuse, alcohol use disorder (Foran & O'Leary, 2008). Women's drinking may also relate to IPV perpetration and victimisation; however, the direction of the relationship is unclear, that is, women's heavy drinking may also be a consequence of IPV victimisation (Devries et al., 2014). A meta-analysis of gender differences in risk factors for IPV found that men's problem drinking is more strongly related to their perpetration of IPV than is women's problem drinking related to women's IPV perpetration (Spencer et al., 2016). Alcohol use by the male, or both partners, is associated with increased risk of partner violence occurring (Abramsky et al., 2011; Rao, 2020), resulting in heightened fear (Connor et al., 2011; Graham et al., 2004; Hutchison, 1999) and more severe assaults and injury (Graham et al., 2011; Testa et

al., 2003), including lethal violence (Sharps et al., 2001). Given the evidence, Leonard and Quigley (2017) concluded that alcohol use plays a contributing role in the perpetration of IPV for some, but not all drinkers.

Alcohol consumption has been demonstrated in cross-sectional and prospective studies to be associated with IPV among different age groups and across different stages of intimate relationships, including youth dating relationships (Temple & Freeman, 2011) and young adult relationships (Kaukinen, 2014; Margolin et al., 2013). In early marriage, studies of newlyweds show that male heavy drinking is associated with subsequent IPV (Leonard & Senchak, 1996). Male partner alcohol consumption can exacerbate the already elevated risk of IPV during pregnancy and postpartum (Hellmuth et al., 2013; Wilson et al., 2019; Woodin et al., 2014). Further, a partner's heavy alcohol consumption may increase stress and financial problems in the relationship, contributing indirectly to marital conflict. Marital conflict can increase the risk of partner violence, especially if the heavy drinking partner is intoxicated at the time of the conflict (see reviews Leonard & Eiden, 2007; Marshal, 2003).

Qualitative analysis of relationships involving alcohol-related partner violence and alcohol use is needed for several reasons. While quantitative research provides consistent evidence of the association between perpetrator alcohol use and IPV, less is known about how the two complex behaviours unfold and interact over the course of relationships. And although extensive research exists exploring women's processes around leaving domestic violence relationships (Anderson & Saunders, 2003), few studies explore how these processes apply for women in relationships where the violence is alcohol-related. Most knowledge of alcohol's role in IPV comes from studies of spouses of alcoholics and the impact of addiction on relationship dynamics, and family and spouses' coping mechanisms (Asher, 1992; Wiseman, 1991; Zajdow,

2002). These studies acknowledge aggression as common in relationships involving addiction, but a detailed examination of how women experience alcohol-related violence in these relationships, or how this changes over time, is lacking.

We conducted interviews with 18 women who had experienced alcohol-related IPV in their former or current relationships. Our previous analyses explored women's perceptions of the role of alcohol in specific incidents of violence and the women's strategies for managing their safety (Wilson et al., 2017). In the current paper, we further analyse these interviews to understand the evolution of relationships involving alcohol-related IPV and how women identify and adapt to the changing nature of a partner's drinking and violence.

2. Methods

2.1 Design

Grounded theory methodology offers systematic inductive methods for generating theoretical explanations of social processes grounded in qualitative data (Glaser & Strauss, 1967). We adopted a Constructivist Grounded Theory approach which acknowledges the constructed nature of data between the researcher and participant (Charmaz, 2006).

2.2 Sampling and recruitment

We used purposive sampling, initially aiming to recruit a community sample of about 25 women who met the following criteria: (a) 18-50 years of age, (b) lived in the state of Victoria, Australia (c) had experienced fear and/or harm from an alcohol-affected current or former male partner, and (d) could speak English. Purposive sampling is a suitable approach for obtaining an in-depth understanding of a phenomenon, in this case alcohol-related IPV (Bryman, 2012). The recruitment material invited study participation by asking "Have you ever felt afraid when your

partner has been drinking?" This recruitment strategy reflects that fear is usually present in abusive relationships (Olson et al., 2008), links it to the perpetrator's alcohol use, and allows women to self-define their experience of abuse (Kelly, 1988). We advertised the study via social media using Facebook, popular community and parenting websites, and professional networks (e.g., women's organizations, domestic violence, and drug and alcohol networks) and by posting flyers in public places (e.g., libraries, toilets). We recruited one participant from an existing study of female domestic violence survivors attending general practice (Hegarty et al., 2013).

2.3 Data Collection

Eighteen women consented to participate in the study. The first author conducted all interviews between December 2013 and October 2014. Five interviews were conducted by telephone and the remaining 13 were conducted face-to-face at the participant's choice of location. All participants were offered an honorarium of $20 for travel costs. Informed consent to participate and audio-record interviews was obtained in writing by email or post in advance of all interviews, except for one participant whose informed consent was recorded verbally prior to the telephone interview. Socio-demographic information was collected prior to the interview. Interviews were semi-structured and guided by an interview schedule that explored topics such as the drinking patterns of both partners, the experience of abuse from a male partner (with or without alcohol) over time, women's responses and the impact of abuse. The interviews ranged from 25 to 90 minutes (average duration was approximately 50 minutes) and there was no discernible difference in duration or quality of the interviews conducted face-to-face versus by telephone.

2.4 Data Analysis

Interviews were transcribed verbatim by the first author and two transcribers with quality checks conducted by the study team. We used pseudonyms to maintain participants' confidentiality and offered participants the opportunity to view or modify transcripts; three participants viewed their transcript with no changes requested. To facilitate coding and analysis, transcripts were imported into MAXQDA version 11 qualitative software (Kuckartz, 1995). Data collection and analysis was conducted by the first author and evolving findings were reviewed by co-authors.

Analysis involved an iterative process commencing with repeated readings of the transcripts, followed by initial line-by-line coding using gerunds ('doing words' denoting participant actions, for example 'dismissing'). By this method we named underlying or 'enacted processes' (Charmaz, 2006; 245) when asking the key grounded theory question "what's going on here?" (Glaser & Strauss, 1967). The focussed coding stage involved sorting, organising and grouping similar action codes (e.g., 'withdrawing', 'distancing'). The first author developed tentative overarching categories (e.g., 'managing daily life') and went back and forth between the data to look at context and to establish good fit. In this way, our analysis identified shared key processes enacted by participants; going back to ground the analysis in the data also highlighted the correspondence of processes to particular phases of evolving relationships. Hence, we refined the analysis to map the findings under four relationship phases. The first author incorporated grounded theory tools of constant comparison, memo-ing and reflexivity throughout the analytic process. Evolving findings were reviewed and discussed with co-authors, and interview questions were modified based on what was learned in the analysis. With concurrent data collection and inductive analytic process, recruitment was discontinued after the

18th participant because saturation was reached with no significant new insights being generated from the interviews and analysis.

2.5 Ethical Considerations

We received ethics approval from the La Trobe University Human Ethics Committee (HEC13-040) and the Health Sciences Human Ethics Sub-Committee of the University of Melbourne (HREC 1340521) to recruit participants for the study. To ensure the safety and well-being of participants, we adopted WHO best practice guidance for violence against women research (World Health Organization, 2001). We followed safety protocols for responding to participant distress and gave affected participants the opportunity to suspend the interview (those who exhibited distress chose to continue). We gave all participants details of support services and contacted them post-interview to check for further needs – none were identified.

3. Results

3.1 Characteristics of the participants

The final sample comprised 18 women aged 20 to 50 years. Table 1 sets out the characteristics of the participants and their relationships. The sample was predominantly Australian-born, older and well-educated, in paid employment and living in metropolitan Melbourne. Just over half of the women (n=10) were/had been legally married to the abusive partner and had one or more children. At the time of interview, most of the women had ended their relationships which ranged in duration from 10 months to 30 years. Two women remained in a non-cohabiting relationship with the abusive partner. Only four women spoke of engaging with formal domestic violence services.

[insert Table 1 here]

Participants reported experiencing a range of abusive behaviours when their partner was alcohol-affected, with two-thirds (n = 12) reporting severe physical abuse (e.g., punching, choking) or moderate physical abuse (e.g., pushing, shoving). We categorised women's descriptions of physical abuse loosely based on the Conflict Tactics Scale (Straus et al., 1996) but used 'moderate' as a descriptor rather than 'minor' to avoid downplaying the seriousness of physical abuse. All participants reported some form of alcohol-related emotional abuse (e.g., verbal abuse, insults, threats) and eight women experienced alcohol-related sexual coercion (i.e., being pressure or forced to have unwanted sexual activity) and/or sexual violence (Straus et al., 1996). No participants reported experiencing physical abuse from their partner when he was not drinking. A few described verbal abuse and conflict, or witnessing aggression towards property around them, when their partner was not alcohol-affected, but reported the behaviour as less severe and women did not feel as fearful as when the partner was drunk. Several participants described non-alcohol-related controlling behaviours by partners (e.g., monitoring movements and isolating from friends and family). Economic abuse resulting from the partner's alcohol use was commonly experienced (e.g., partner diverting limited household funds on alcohol and away from family necessities).

3.2 The relationship trajectory

Our analysis identified shared key processes enacted by participants, which we mapped under four relationship phases and described below (see Table 2 and Figure 1). Note: these phases and processes were not strictly linear as some participants moved back and forth between phases and processes and phases could overlap.

- Early relationship — *Dismissing or not seeing early warning signs*

- Committed relationship — *Questioning her reality; 'Fixing' his drinking to stop the abuse; Managing daily life around the drinking and abuse*
- Relationship end — *Giving up hope; Ending the relationship*
- Beyond the abusive relationship — *Resetting normal; Waiting for the day*

Insert Table 2 here

3.2.1 The Early Relationship

Dismissing or not seeing early warning signs. Reflecting back on the formation of their relationships, participants provided insights on early warning signs or 'red flags' for future alcohol-related partner violence. They spoke of 'missing' these signs or 'dismissing' them as unproblematic at the time. These included: the partner getting into fights, aggressiveness towards others, heavy drinking and frequent drunkenness. Several conditions accounted for the process of *(dis)missing early warning signs*. Often the partner's early drinking behaviour was situated within a heavily gendered culture of drinking and socialising; men drank heavily and for longer, while women drank less and departed early from social situations. Participants described how excessive drinking by men was considered 'normal' and accepted by men and women alike, in a social environment where 'everyone drinks.' This culture of heavy drinking rendered signs of a partner's problematic drinking invisible, in that his drinking behaviour was indistinguishable from that of other males in his peer group.

> I think at the start … when he's around another group of like another six boys who were drinking just as heavily, you don't flag it or think as much, and it's always out to have a good time… (Simone, 28 years)

Several participants reflected on being young, naïve and lacking knowledge or experience of problematic alcohol use to identify the warning signs. For some, their partner was (or appeared to be) highly functional despite heavy drinking and hence, women defined his drinking as non-problematic early on. Kath's labelling of her partner's drinking highlights the pervasiveness of drinking stereotypes.

> I always noticed he had a drink around him, but he was also holding down a full-time job and seemed quite functional, so I thought, oh well, you know, he's a social drinker, you got that social drinker tag. (Kath, 50 years)

The dynamics of the relationship stage itself contributed to the process of dismissing/not seeing early warning signs. This 'honeymoon stage' made problematic behaviours difficult to assess for their potential future significance. When women experienced some disquiet, the unwritten 'rules of early relationships' determined that they not question a partner's drinking and/or aggressive behaviour.

> "… usually he just drank until he passed out and I'd feel safe then. And when I was – when he was sober, I felt completely safe with him. Just when he drank, he got aggressive and I got scared and … but, like I said, we never really acknowledged it when we were sober, we never talked about it." (Danielle, 22 years).

3.2.2 The Committed Relationship

Women spoke of starting to see connections between their partner's drinking and violence as relationships became more established – through cohabiting, marriage, and/or the arrival of children. Several younger participants observed their experience of alcohol-related aggression

was tied to specific male drinking contexts, where alcohol appeared to facilitate underlying issues of jealousy and control.

> It was predictable that… we weren't going to have those same issues [his jealousy] if he wasn't drinking. They were… gonna come about… if it was a big night out with the boys and he had been drinking… (Simone, 28 years).

Other participants observed a gradual worsening of their partner's drinking — more frequent drinking, consuming larger quantities over longer sessions. For some, this awareness came at a time of changing relationship dynamics that brought new expectations of their partners as responsible providers and fathers. Women spoke of their own drinking patterns changing (most were light or non-drinkers); they drank less or stopped altogether due to pregnancy and parenting responsibilities or socialising less in group settings. Women spoke of the growing impact of their partner's drinking on family life, their relationship, his parenting capacity and household finances, giving rise to stress and conflict. Whereas previously women had remained silent, they started to question and challenge their partner about his drinking. Some women reported that this period in the relationship was a transition point for the partner's abuse commencing or escalating. Commonly women were blamed by their partners for issues in the relationship.

> I think a few months into the marriage … I started noticing he had alcohol issues and he used to keep drinking weekends, Fridays, Saturdays... And initially he never was abusive when he was drinking it was more like — he'll just drink, pass out, go to sleep… but eventually I started getting frustrated, and I started questioning why, and… that's when he started becoming a little bit more abusive… (Sarita, 28 years)

We identified three processes (describe below) – *questioning her reality*, *'fixing' his drinking* and *managing around the drinking* – that reflected women's responses as they came to recognise drinking and violence in their relationships.

Questioning her reality. Participants described a general confusion when making sense of their partner's emerging alcohol problems and his abuse when drunk. The involvement of alcohol contributed to this sense of unreality; a consistent description across the interviews was that their partner became a 'different person' under the effects of alcohol.

> He was like meek and mild. And, there is actually a nice person in there. So, but once he gets alcohol into him, he turns into this other animal. So yeah, I don't recall him being aggressive when not drinking. (Anne-Marie, 45 years)

The cyclical nature of the drinking and abusive episodes meant that the violent 'changed' man was viewed as temporary. The return to 'normal' after a drunken violent episode was often coupled with a lack of ownership by the male partner that acted to effectively erase or negate her experience of violence. Amy spoke of her experience of her boyfriend's drunken rages:

> As it kind of kept happening every so often, it started making me really angry so I'd tell him off for it and then I'd leave and I'd go to my mum's house … and then the next morning he'd just pretend like it never happened. And I never really wanted to bring it up 'cause I was always really afraid that I'd bring it up and he'd just get angry again." (Amy, 21 years).

Fixing his drinking to stop the abuse. The inter-connected nature of the partner's drinking with his violence led women to focus on changing his drinking as a means of stopping the abuse. Strategies included: reducing his access to alcohol by restricting the supply of alcohol,

controlling drinking occasions, and disrupting drinking routines to reduce the risk of the partner becoming intoxicated and aggressive.

> I could never feel comfortable having wine in the house or just leftover beer because it would be drunk. (Jessica, 31 years)

An assumption for 'fixing him' was the belief that their partner could change, that he *could* be fixed, that she could fix him, and the belief that the relationship would be different if he stopped drinking (that is, without violence). Alcohol contributed to an ambivalence —despite experiencing abuse, participants expressed a compassionate awareness of underlying issues affecting why and how their partner drank, speculating on mental health problems, anger problems and childhood trauma.

> He drank to escape something, I used to feel. (Sarita, 28 years)

Hence 'fixing him' became a broader task, including seeking help from general practitioners, mental health and substance abuse professionals, or other supports such as Alcoholics Anonymous. Women carried out these efforts on the partner's behalf, though rarely at his behest, reflecting their partners' general lack of ownership of his issues.

> … he had an awareness of that [AA] program and he was tempted at times to attend a meeting but he never did. I couldn't encourage any more than I did (laughs) you know, I was doing everything to encourage it. (Janet, 42 years)

Few partners appeared to accept help, and those who took action often did not sustain their participation.

Managing daily life around the drinking and abuse. With limited success in breaking the cycle of drinking and abuse, some women's efforts to 'fix him' were replaced with processes to

maintain normality in the relationship and family life. Strategies focused on managing *around* the drinking and abuse, with the growing acceptance that episodes of violence would continue if the partner's drinking remained unchanged.

Knowing intimately the partner's patterns of drinking and aggression became essential for managing safety in their relationships; especially maintaining vigilance when the partner started drinking. Geraldine cites the precautions she took during her partner's drinking sessions:

> Whenever I used to go over, I used to hide my handbag, I'd hide my keys, I'd always make sure I had my keys on me, I was always very strategic because you never knew when something might shift. I was very mindful of my safety and I always kept a couple of metres away. (Geraldine, 48 years)

A few women spoke of drinking to cope and numb themselves to the abuse. Many adopted tactics of distancing from their partner when he drank, removing themselves as a potential target of his aggression at key times of risk. Linda stopped attending regular drinking events at the local sporting club with her husband. Anne-Marie avoided her husband on football days. Fran would take her own car to 'escape' social events early before her husband became drunk. However, while distancing afforded safety, participants spoke of increasingly withdrawing from their partner and 'leading separate lives'. Hence, strategies for keeping safe and maintaining normality in the face of a partner's alcohol-related violence also had detrimental effects on the quality of the relationship.

For some women whose partners had severe alcohol problems, managing daily life required becoming an informal carer in the face of their partner's deteriorating health. This physically and emotionally demanding role placed some women in the conflicted position of undertaking caring functions for their drunk spouse while managing safety *at the same time.* A

partner's inability to work or drive due to his alcohol problems created a dependency that presented an additional barrier for women wanting to leave the abusive relationship. Some participants spoke of becoming trapped in a caring role and the isolation that ensued:

> He was so … sick that I felt like I couldn't leave him. Sometimes I was a bit worried that he would take his own life, and I felt like I needed to be there to stop anything bad from happening or be there to stop him from drinking so much… (Belinda, 35 years)

3.2.3 The Relationship End

Giving up hope. Hope for signs of change in the partner's drinking (and violence) appeared a key driver for women remaining in the relationship. The cyclical nature of the drinking and violence and the return to 'normal' when the partner was sober, led women each time to be hopeful that this was the last episode of violence. However, optimism diminished as, in the face of the partner's denial or silence, women came to recognise that change required the partner to take responsibility. Several participants spoke of reaching the point of losing hope, knowing that the violence would continue.

> It's all about the alcohol. It wasn't necessarily about no future with the relationship — I'd run out of hope that he was going to stop drinking. (Belinda, 35 years)

The partner's lack of insight into the effect of his behaviour and his entrenched resistance to stopping drinking contributed to this loss of hope. A corresponding impact for some women was a change in the emotional dynamics of the relationship; Jessica described losing respect for her husband due to his drinking — "I just started hating him."

However, participants did not automatically proceed to end the relationship in a linear fashion; many chose to remain in the relationship at least for a period of time; hence *giving up hope* often co-occurred with the process of *managing daily life around the partner's drinking*. These overlapping two phases were reflected in the lives of the two women who remained in a non-cohabiting relationship with their partner – they had *given up hope* of maintaining the original relationship but continued to *manage daily life* in that they were still engaged in the relationship. This allowed them to maintain some form of relationship while physically distancing for safety.

Ending the relationship. Some participants left and returned to the relationship several times citing barriers such as fear for themselves and their children's safety, and lack of financial resources and support. Building a sense of capability helped some women to take the step to finally end the relationship; however, others spoke of a defining moment, such as the realisation of the impact of the partner's drinking and violence, particularly on children. In this study, children were rarely the targets of violence by their fathers. But participants expressed fear for their children's safety from careless parenting when he was alcohol-affected, or the risk of a child being hurt inadvertently during a violent episode. The tipping point for two women was the moment of seeing themselves reflected in their children's protective responses around the abusive partner, as Carla observed in her young daughter:

> When I've realised that she's also doing what I'm doing [feeling afraid and avoiding the abuser] when he gets to the stage of drinking and being aggressive, I think I had enough… (Carla, 43 years)

Yet the interconnectedness of the partner's alcohol use and abuse added a complexity to this decisional point, as illustrated by Naomi:

> When it is someone who can be the most amazing person in the world when not affected by alcohol, it's really hard to leave that person. Because you know that they can be wonderful and that they are exactly the person you want — the only time you don't want them is when they're drinking alcohol. So, I guess from my point of view, it has been a very hard process to leave him and I would probably take him back tomorrow if he didn't drink anymore. (Naomi, 38 years)

3.2.4 Beyond the Abusive Relationship

Alcohol remained synonymous with the threat of violence for women beyond the abusive relationship, regardless of when the relationship ended. The processes of *resetting normal* and *waiting for the day,* when the pattern would be repeated with a new partner, reflect the ongoing impact of alcohol-related IPV.

Resetting normal. *Resetting normal* after the abusive relationship involved women recalibrating their lives around 'normal' drinking behaviour; that is, disconnecting the association between drinking and violence as experienced during the relationship. Jessica described a process of gradual de-sensitisation after leaving her abusive husband, forcing herself to remain in drinking situations that would previously have caused her anxiety and fear:

> I do feel different … the other night I had a party … and I stayed up to 3 o'clock and I was drinking … and I was just really relaxed and into it, and I would have never done that when I was with Bob because I'd be thinking about him drinking, and I'd find it hard for me to switch off and enjoy. (Jessica, 31 years)

For others, *resetting normal* required actively negotiating boundaries around the risk of alcohol-related violence in new relationships. Kim described making an agreement with her new husband to discontinue drinking behaviours that posed a threat to her safety:

> The only thing he can't do actually is drink whisky. He gets aggressive if he drinks whisky and he knows that, so he doesn't drink it at all. We had that issue earlier on in the piece in our relationship. He would drink whisky and become really arrogant, really judgmental and really nasty verbally, so we squashed that one pretty quick, which was good. (Kim, 46 years)

Waiting for the day. Despite attempts to *reset normal,* some women remained unconsciously *waiting for the day* when a current or future partner would become violent when alcohol-affected. Ten years on from her abusive relationship, Carla referred to herself and her now adult children as "damaged goods" who continued to experience fear and anxiety around alcohol:

> My current partner… he's a typical normal person when he will have a drink on Friday night, never ever being abusive to anyone… but the moment he starts having a beer on Friday night, I can see myself and the kids, that our attitude would change… I'm still waiting for the moment when he will become drunk and angry. (Carla, 43 years)

Beyond intimate relationships, women reported that *any* social situation involving drinking could trigger the same fear and protective responses as when their abusive partner drank. Women remained hyper-vigilant, consciously avoiding drinking occasions, distancing or removing themselves from situations involving alcohol. These avoidant strategies had the effect of mirroring the isolation that women often experienced living in the abusive relationship.

> I get sort of a trauma reaction if people were drinking too much around me, so I don't tend to socialise much in that area. (Anne-Marie, 45 years)

However, participants observed the ubiquity of alcohol within Australian culture made avoiding alcohol difficult, thus requiring active strategies to manage the ongoing impact of alcohol-related IPV in their lives:

> It's [alcohol] really something you can't get away from… but that's why you have to learn to use strategies, or how you deal with it because it's everywhere. You can buy (it) freely, and wherever you go there is generally someone drinking alcohol at birthdays and Christmas and dinners…" (Karen, 25 years)

Viewed through the prism of their experience of alcohol-related IPV, several women voiced both anger and resignation at a culture that linked drinking to masculinity — 'if you didn't drink you weren't really a man'. The societal celebration of men's excessive drinking as an entitlement made questioning their partner's drinking more difficult, and women were acutely aware of being stereotyped the "nagging wife". Hence, participants viewed the culture of men's drinking as complicit in the harm experienced by women and children.

> You're never going to stop people drinking because it's freely available. They're never going to say, "You can't come into this pub because you physically assaulted your wife" – that's never going to happen (laughs) because those men in there, half of them probably do it too, and it's their culture. It's normal. It's just normal to drink and look the other way. (Linda, 42 years)

Insert Figure 1 here

4. Discussion

This study contributes in-depth qualitative insights into relationships involving alcohol-related IPV through the eyes of a community sample of women with lived experience. For these women, their experience of IPV was intertwined with their partner's drinking patterns over the relationship, where his drinking became the recognisable 'trigger' for the *potential* for violence. Hence, women's focus on addressing their partner's drinking should be understood within this context as a pathway to safety for themselves (and their children). This finding is consistent with conclusions from a Canadian study that explored how a community sample of women achieved non-violence in their relationships:

> When abuse was closely linked to substance use, the process of shifting the pattern of abusive control was affected by how the problem of addiction was tackled. (Wuest & Merritt-Gray, 2008, 284)

Our findings revealed that women enacted particular processes over phases of the relationship trajectory (see Figure 1), though there was variation in how long women took to move through the stages, as well as overlapping phases and movement back and forth between phases. In the early relationship phase, warning signs of the partner's drinking problems and aggressive behaviours were missed or dismissed in social contexts that normalised excessive drinking. As relationships became established, drinking followed by abuse became a recognisable pattern, and the partner's drinking played a central role in relationship conflict. Addressing this pattern was hampered by violent responses from the male partner when the participant questioned his drinking. Women's subsequent actions to 'fix him' centred on their belief that stopping the drinking would stop the violence. In the face of resistance to change, women who remained in these relationships learned to manage daily life around the partner's

drinking and violence. Eventually, women took action to leave, accepting that the violence would continue if the partner's drinking remained unchanged. After the relationship ended, women maintained strategies to manage the ongoing trauma of alcohol-related IPV and prevent re-occurrence in subsequent relationships.

This progress through relationships involving alcohol-related IPV is congruent with the Transtheoretical Model of Change (Prochaska et al., 2008; Prochaska & Velicer, 1997). Originally conceptualised for behaviour change for addiction sufferers, this model has been adapted for women ending abusive intimate relationships (Reisenhofer & Taft, 2013). In our study, the processes described by women may reflect these 'stages of change': an early period of pre-contemplation where the abuse is not recognised as a problem and change is not warranted; a contemplation phase, where the abuse is acknowledged; the preparation stage in which women weigh up the pros and cons of change and consider their options; taking action to end the abuse; and, once the abuse has ended, the maintenance stage encompassing actions to prevent violence from re-occurring (Burke et al., 2001). However, women's progress through these phases is not necessarily linear (Chang et al., 2006).

Our study adds new insights by showing how the partner's alcohol use plays a complex and central role in women's passage at different stages in the journey towards safety (see Figure 1). Importantly, despite the common trajectory for women experiencing alcohol-related IPV, each woman experiences this process differently. Thus, the benefit of recognizing the trajectory is not to categorize women according to a particular stage, but to use insight into the phases as a tool for providing assistance that is likely to be of most use to women in their own particular circumstances (Chang et al., 2006).

Studies focusing on the relationship dynamics and coping strategies of wives and family members living with alcoholics show a similar relationship trajectory (Asher, 1992; Orford, 1998; Orford et al., 1998; Orford et al., 2013; Wiseman, 1991; Zajdow, 2002). In early relationships, spouses of alcoholics faced difficulty in recognising heavy social drinking as problematic and made sense of this ambiguity through normalising the partner's drinking (Asher, 1992; Wiseman, 1991; Zajdow, 2002). These women attempted to fix the husband's drinking using indirect methods of 'home treatment' followed by seeking professional support (Wiseman, 1991). Developing coping strategies of 'tolerate, engage or withdraw' when faced with the reality of the partner's ongoing addiction was a common process for those living with alcoholics (Hurcom et al., 1999; Orford et al., 1998). Similarly, the women in our study learned to manage daily life around their partner's drinking, with growing recognition that their partner would not change. The gradual emotional separation, distancing and withdrawal from the alcoholic partner was a consistent feature of our participants' relationship journey.

An important distinction, however, is that in the present study, preventing the partner's recurring violence when he drank was the underlying motive for focussing on the drinking throughout the relationship. Therefore, women's actions and processes to understand the partner's drinking, to take steps to control it, to manage around it, and finally to leave — must be understood within this experience of the inter-connectedness of the partner's drinking with his violence.

Alcohol use is a potentially modifiable factor for IPV (World Health Organization, 2010); yet more attention could be paid to alcohol in the development and evaluation of interventions (Wilson et al., 2014). The identified phases and women's processes in the relationship trajectory suggest the need for an enhanced stages of change model for IPV that

specifically addresses the complex nature of alcohol-related IPV (Katerndahl et al., 2020; Wilson et al., 2017). Opportunities exist for more nuanced approaches to intervention depending on the women's location in the trajectory, as well as her other circumstances. For example, in the early relationship phase, heavy drinking coupled with jealousy, aggression towards others, and expressive anger were identified by participants as clear warning signs. Programs addressing IPV in early dating relationships should include heavy alcohol use as early warning signs, and an exploration of gendered caring roles adopted by women when a partner shows signs of problem drinking.

4.1 Limitations

This research should be understood within some limitations. This exploratory study featured a small sample; it is not known how widespread these experiences are across diverse populations who may experience different sets of phases or proceed at different rates. Despite efforts to recruit women in intact abusive relationships, most women had left the relationship (or were no longer cohabiting) at the time of interview; this is common in domestic violence research reflecting the sensitivity of the issue and vulnerable population. Further, most women described abusive relationships with partners with a serious drinking problem. More research is needed to better understand the role of different drinking patterns in IPV (e.g., occasional heavy episodic drinking versus ongoing heavy drinking versus alcohol use disorder) and the perceptions of female victims at earlier stages of the alcohol-IPV relationship. Our study included women's perspectives only in heterosexual relationships; further research is needed to understand how male partners view their own alcohol-related IPV toward women, and experiences of alcohol-related IPV in same-sex relationships.

4.2 Future directions

Addiction services are not necessarily equipped to address IPV, and likewise, the complexities of relationships involving alcohol use and addiction may not be well-understood by domestic violence service providers. And health services generally do not address either issue (Hegarty et al., 2012). While universal education of health professionals on IPV is recommended when supported by appropriate systems and referral processes (Hegarty, 2012; Taft et al., 2013), providers should be particularly attuned to how IPV may be uniquely affecting individuals when one or both partners are heavy drinkers, and at key risk times, such as the transition to parenting when partner alcohol use exacerbates an already elevated risk of violence (Hellmuth et al., 2013; Wilson et al., 2019). This study suggests that guidelines for health professionals who see women in the community, mental health and drug and alcohol clinicians, and addiction programs that treat and support female partners of treatment-seeking men with alcohol use disorders should include reference to the phases outlined in our findings. Viewed in the context of the 'stages of change', this relationship trajectory may have utility for clinicians to develop appropriate support with an understanding of the stage women are at in their journey to safety and target advice and support accordingly.

These findings also have clinical implications for trauma- and violence-informed approaches to care for victims of violence (Ponic et al., 2016). Research has predominately focused on posttraumatic stress disorder (PTSD) and women's own alcohol use as a consequence of experiencing IPV (Devries et al., 2014). However, the specific manifestation of PTSD in women experiencing alcohol-related IPV appears under-explored. Women living with a male heavy drinking partner suffer higher rates of poor mental health (Dawson et al., 2007; Tempier et al., 2006), and violence is more severe when a violent partner has been drinking. It is important for health providers to understand that persistent trauma associated with experiencing alcohol-

related IPV may be triggered by exposure to drinking behaviour — not only by an intimate partner, but also by the drinking of strangers in social settings.

Finally, at a broader health promotion level, policies and interventions are needed to address societal norms that condone, and even encourage, masculinised heavy drinking. The intersection of these norms with gendered roles and disparities serves to silence women who try to confront alcohol-related abuse by men (Wilson et al., 2017), and women who experience alcohol-related IPV may face double stigma — being a victim of IPV and experiencing stigma from having a heavy drinking partner. In this research, women reported that male partners refused to "own" abuse that happened when they were drinking, causing women to question their reality. Cultural change is needed to ensure that female survivors' reality of alcohol-related violence is believed and supported. Sharing these women's stories may also help other women to make sense of their experiences and feel less alone in their decision-making.

5. Conclusion

Intimate relationships involving alcohol-related violence are particularly complex. Through our analysis of the trajectory of these abusive relationships, we show synergies with theories of behaviour change as women move through relationship phases to navigate safety. However, the involvement of alcohol in IPV affects the focus and pattern of this process. For some women, the partner's alcohol use plays a central role in their experience of abuse, level of fear and sense of safety. Thus, the focus on stopping their partner's drinking must be understood within this context. Through illuminating women's experiences, this study provides important insight into how alcohol use by the male partner affects women's perceptions, understanding and actions relating to the IPV they experience as they proceed through different stages in the relationship trajectory. Further work is needed to develop and test an adapted stages of change

model that specifically addresses the complex experience of alcohol-related IPV. This knowledge is important for health providers who seek to respond and intervene to support women appropriately throughout their relationship journey.

Table 1. *Participant demographics characteristics and relationship characteristics (n = 18)*

Participant Characteristic	***N***	**%**
Age		
20 - 29 years	5	28
30 - 39 years	3	17
40 - 50 years	10	56
Country of birth		
Australia	15	83
Outside Australia	3	17
Highest level of education		
Did not complete high school	2	11
Completed high school	3	17
Trade certificate	2	11
University degree/diploma	11	61
Employment status		
Employed (full/part-time)	9	50
Self-employed	3	17
Studying	5	28
Not specified	1	6
Geographical location of residence		
Metropolitan	12	67
Regional	5	28
Rural	1	6
Marital status with abusive partner		
Legal 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
Has one or more children with the abusive partner	11	61

Table 2. *Key processes mapped to the relationship stages*

Relationship Phase	Process	Sample Quotation
Early relationship	*Dismissing or not seeing early warning signs*	"I think at the start … when he's around another group of like another six boys who were drinking just as heavily, you don't flag it or think as much…"
Committed relationship	*Questioning her reality*	"… and then the next morning he'd just pretend like it never happened."
	'Fixing' his drinking	"I could never feel comfortable having wine in the house or just leftover beer because it would be drunk."
	Managing daily life around the drinking and abuse	"I was always very strategic because you never knew when something might shift. I was very mindful of my safety and I always kept a couple of metres away."
Relationship end	*Giving up hope*	"It wasn't necessarily about no future with the relationship — I'd run out of hope that he was going to stop drinking."
	Ending the relationship	"When I've realised that she's also doing what I'm doing [feeling afraid and avoiding the abuser] when he gets to the stage of drinking and being aggressive, I think I had enough…"
Beyond the relationship	*Resetting normal*	"I do feel different … the other night I had a party … and I stayed up to 3 o'clock and I was drinking … and I was just really relaxed and into it…"

Waiting for the day	"… but the moment he starts having a beer on Friday night, I can see myself and the kids, that our attitude would change… I'm still waiting for the moment when he will become drunk and angry."

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Figure 1. *The relationship trajectory of women experiencing alcohol-related intimate partner violence*