

Home drinking during and post-COVID-19: Why the silence on domestic violence?

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Abstract

There is a well-established body of evidence demonstrating alcohol is a compounding factor increasing both the occurrence and the severity of domestic violence in intimate relationships. The COVID-19 pandemic and associated public health measures such as lockdowns and social distancing have contributed to a rise in domestic violence. Yet, despite the closure of public drinking venues and substantial changes to the home drinking landscape, the role of alcohol in domestic violence has received little attention from both the alcohol and domestic violence fields. In this commentary, we argue that the pandemic has magnified existing silences across these fields, resulting in missed opportunities for intervention. The implications for home drinking in particular on domestic violence deserve greater focus in research and policy.

KEYWORDS

alcohol, COVID-19, domestic violence, home drinking, violence

1 | BACKGROUND

Public health responses during the COVID-19 pandemic, such as lockdowns and the closure of licensed premises, shifted both patterns of drinking and the characteristics of drinking occasions, with evidence of increases in off-trade consumption, more drinking in the home and more solitary drinking occasions compared to drinking with others [1–3].

At the same time, a shadow pandemic of domestic violence has been exposed [4–6]. While alcohol is never a sole cause of domestic violence and accounts should not attribute these incidents to drinking alone, research has consistently demonstrated that alcohol is a compounding factor increasing both the occurrence and the severity of domestic violence [7–9].

Despite the explosion of COVID-19-related research on alcohol—including examinations of changing alcohol consumption patterns [10, 11] and impacts on alcohol dependence and treatment [12, 13]—the impact of the pandemic on alcohol-related domestic violence has not

been adequately considered in alcohol or domestic violence research. While some governments provided additional pandemic funding for domestic violence services (e.g., UK and Victorian Government [14, 15]), there also appears to have been little policy consideration of how changes in the levels of home drinking may have contributed to this problem [16].

Importantly, as outlined in what follows, we posit this gap in both policy and research pre-dated the pandemic [17]. Arguably alcohol-related domestic violence has always sat in a policy void; neither firmly situated in alcohol nor domestic violence policy.

2 | DOES HOME DRINKING MATTER FOR DOMESTIC VIOLENCE?

There appears to be limited investigation into the home as a site of drinking and domestic violence perpetration.

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Some ecological studies point to a relationship between off-licence (packaged liquor) outlet density and domestic violence [18], but the findings in the outlet density literature are mixed [19]. Other work further suggests home drinking may be a more prominent precursor to domestic violence than out-of-home drinking. For example, an Australian study found that alcohol involved in intimate partner and family violence was more likely to be consumed at home compared to alcohol involved in other kinds of violence, and more likely to be purchased from a supermarket liquor store [20]. The limited research conducted during COVID-19 investigating this phenomenon provided further evidence of this. A US study examining police and alcohol sales data observed that call outs for domestic violence incidents rose with visits to alcohol outlets during the pandemic—a time when drinking was broadly confined to the home. As non-domestic assaults did not increase in line with alcohol outlet visits, it seems alcohol purchases drove domestic, but not other forms of violence (such as stranger and acquaintance violence) during this period [21]. Given evidence that rates of alcohol-related domestic violence victimisation are higher within lower socio-economic groups [22], further examination into home drinking is also warranted given the widening of inequalities arising from the pandemic.

3 | ALCOHOL IS OVERLOOKED IN DOMESTIC VIOLENCE POLICY

Concerns have been expressed that discussion of alcohol and domestic violence conflates alcohol's position as one of many contributory factors to these incidents with straightforward causation. Those working in domestic violence prevention and others suggest this undermines the patriarchal root of this violence and enables alcohol to be used as an excuse to avoid accountability [23]. Recognising patriarchal drivers is essential and not at odds with acknowledging alcohol's role. Avoiding these discussions may serve to silence victims of alcohol-related domestic violence whose experience of abuse is often, but not always, interconnected with their partner's drinking [24]. Paradoxically, prevention efforts addressing alcohol's role in men's violence in public—primarily affecting male victims—do not face similar resistance [25]. Causal links between alcohol intoxication and aggression are supported by wider epidemiological and experimental research, and research on biological mechanisms of drinking and aggression [26], and alcohol is well-established as a contributing factor to domestic violence [27]. There remains, however, scope for better understanding the pathways through which alcohol intoxication impacts domestic violence, while being cautious of

claims of causality for a complex issue with broader contextual and social contributors. While there are promising signs (e.g., newly released domestic violence policy in Australia includes the impact of alcohol on perpetration [28]), opportunities to design specific interventions to reduce alcohol's potency as a risk factor tend to receive limited attention.

The COVID-19 pandemic has clearly shone a spotlight on domestic violence, but not on the role of alcohol. While the World Health Organization recommended alcohol restrictions to prevent domestic violence during the pandemic [29], the gap in subsequent research and policy focus is surprising. During the pandemic, some governments recognised the potentially violent impacts of lockdowns in the early days, with temporary alcohol sales bans or levies imposed in Mexico, South Africa, Greenland and India [30–33]. In the United Kingdom, however, sometimes-fatal violence towards women remained curiously unacknowledged in such public health decisions [34]—access to off-trade alcohol remained unrestricted and largely unregulated [35], while people were confined to their homes to drink it [36]. This is despite the pandemic elevating the determinants that affect both domestic violence and heavy drinking such as stress, trauma and financial uncertainty [37, 38]; public health policy decisions to close public drinking venues; the permissive nature of off-premises alcohol trade [35]; and evidence of heavier drinking associated with online alcohol delivery during the pandemic [39].

4 | ALCOHOL POLICY RARELY CONSIDERS DOMESTIC VIOLENCE

Despite the extent of research connecting alcohol use with domestic violence, the existing evidence base on alcohol policy interventions is small and weak [17]. Recent analysis highlights the importance of considering domestic violence as an outcome measure—a reversal of the ban on late-night takeaway alcohol sales and home delivery in New South Wales resulted in a small but statistically significant increase in late-night domestic violence assault [40]. However, domestic violence is often overlooked as an outcome measure in evaluations of interventions (e.g., recent analysis of the impact of minimum unit pricing in Scotland did not disaggregate these incidents [41]).

Further, domestic violence is often also neglected in policy efforts to tackle alcohol-related violence. In the British context, a significant focus on alcohol-related violence emerged in the late 20th century, stemming from concerns about the growth of the night-time economy [42,43]. Criminal justice interventions introduced, such

as Anti-Social Behaviour Orders, generally focused on 'problem' individuals and premises and paid little attention to violence in the home [43]. While many of these criminal justice interventions were stigmatising and problematic, and we would not advocate for their extension to the domestic sphere, they illustrate the comparative lack of focus on alcohol-related domestic violence in recent years.

Even the *Licensing Act 2003*—perhaps the most significant expansion of alcohol control powers introduced in Britain in the last 50 years—replicated this. While the Act allows responsible authorities such as police to object to any premises' alcohol licence, the legislation and associated guidance is clear that they may only consider direct effects of single alcohol outlets, none of the community wide effects of a local alcohol market, such as domestic violence [44].

5 | CONCLUSION

An explicit focus on the gendered nature of alcohol-related domestic violence and targeted interventions is long overdue [45]. The pandemic context has offered an opportunity to join-up dialogue between the two domains of alcohol and domestic violence research and policy. We need collaborative research and interventions on home drinking that specifically address domestic violence, to keep families safer during and beyond the current crisis.

We advocate for more research focusing on place of consumption and links with domestic violence (including alcohol bought for home consumption from off-licences and supermarkets, and through home delivery services). Research designs integrating administrative data such as hospital, emergency and law enforcement data, and data from the domestic violence and alcohol treatment service sectors, would provide a comprehensive picture of alcohol-related domestic violence. And we need qualitative research exploring experiences of partners and other family members and their perspectives on alcohol availability, home drinking and domestic violence. An intersectional focus, including experiences from those in deprived communities, is particularly warranted [22].

Alcohol should be routinely considered in policy discussions on domestic violence. In terms of making prevention a priority, action is needed to help reduce alcohol consumption, including action on alcohol availability, marketing, and affordability. Evaluations of these alcohol policy interventions should specifically include domestic violence as an outcome measure.

Lastly, alcohol-related domestic violence should be recognised as a problem in its own right. Adopting a gendered public health approach that: (i) centres prevention efforts on the gendered nature of problematic drinking; (ii) explicitly recognises the gendered power dynamics in

intimate heterosexual relationships; and (iii) acknowledges the context of gendered social roles within the family—can help to reduce domestic violence, and other harms from alcohol both to the drinker themselves and those around them [21]. With the spotlight now on home as a place of protection and safety, the time is right.

AUTHOR CONTRIBUTIONS

All authors made a substantial contribution to the intellectual content of the article, and all authors are in agreement with the final version of the manuscript. Each author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

ACKNOWLEDGEMENT

Open access publishing facilitated by La Trobe University, as part of the Wiley - La Trobe University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST

Lucy Bryant is employed by the Institute of Alcohol Studies. The Institute of Alcohol Studies receives funding from the Alliance House Foundation. IMW and CL have no conflicts to declare.

ETHICS STATEMENT

An ethics statement is not required as this is a commentary and not empirical research.

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How to cite this article: Wilson IM, Lightowlers C, Bryant L. Home drinking during and post-COVID-19: Why the silence on domestic violence? *Drug Alcohol Rev.* 2023;42(5):1013–7. <https://doi.org/10.1111/dar.13572>