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Prevention of Domestic Violence through Changing the Permissive Environment Surrounding Alcohol Use

Authors:

Shakya Nanayakkara
Shahila Siddeeqe

Abstract: Foundation for Innovative Social Development (FISD) currently operates in 48 communities through the Gender Based Violence (GBV) programme and Healthy Lanka Alliance for Development (HLAD) operates in 50 communities through programmes focusing on alcohol and drug prevention. Initiated in 2009, one of the key areas of interest in the programmes of both organizations is the prevention of domestic violence through addressing the determinants of GBV. A key component of the GBV Programme is the creating of awareness on the relationship between alcohol and the prevalence of domestic violence. The programme seeks to challenge the permissive environment within the community based on the expectancy that the consumption of alcohol impairs volition.

The rationale behind the inclusion of this component was the findings of a baseline survey conducted at the initiation of the programme which showed the widespread expectancy among all target communities that all behaviours committed by alcohol users following consumption of the substance are unintentional. The findings of the survey also revealed the tendency among non-users to pardon and sanction all forms of alcohol induced misbehaviour, including domestic violence, giving the perpetrators of such acts an unfair advantage. Repeated interventions by FISD/HLAD yielded twenty six points proving that alcohol induced behaviour is committed under full volitional control as well. Collective community action further yielded nineteen ways by which community members could show intolerance towards alcohol induced behaviour.

Following FISD/HLAD interventions, a gradual change was seen in all communities. Community members, particularly non-users, have begun critically observing the behaviour of users and are able to understand that the latter have full volitional control over their actions regardless of how much alcohol has been consumed. Community members have also become actively involved taking action at household and community level spreading the message that alcohol induced behaviour will no longer be tolerated. Although the programme still awaits formal evaluation, preliminary findings reveal a reduction in the occurrence of domestic violence of approximately sixty percent in all target communities.

Introduction

The prevalence of gender based (GBV) violence in Sri Lanka is relatively high and is believed to be increasing at an alarming rate. At present, GBV is a growing concern in public health, though some estimates show the percentage of women falling victim to GBV to be 30 – 40% annually, a survey conducted by the Ministry of Child Development and Women's Affairs in 2006 shows this number to be as high as 60%, with approximately 44% of pregnant women being subjected to harassment (Munasinghe, 2012). It has been reported that up to of 8,000 – 10,000 cases of domestic violence occur throughout the country annually (Immigration and Refugee Board of Canada, 2012).

While many factors have been identified as contributors to the occurrence and prevalence of GBV, the use of alcohol emerges as a crucial factor among these. Alcohol use has been frequently associated with domestic violence and though it is by no means the sole cause of it, alcohol is a major issue of concern in the discussion of violence against women. Relationships between various family members, the traditionally accepted role of the wife, and other cultural beliefs are also contributory factors to the incidence and prevalence of domestic violence.

Broadly defined, gender based violence (GBV) is a form of violence committed against an individual on the basis of his/her gender. Generally considered as a violation of human rights and discrimination, GBV is most often seen in the form of acts of physical or mental abuse committed by a male against a female and the term is therefore frequently used interchangeably with the term violence against women (EIGE, 2013). The socio-cultural concept of gender places men and women in different positions within the same society, generally in an unequal manner. Masculinity and femininity, as constructed according to this widely accepted concept, often leads to inequality and discrimination. Though GBV may take place at household, community, and national level, it most often occurs within households or families. The terms “domestic violence” and “wife battering” were also therefore used with reference to GBV. Today however, the term Gender Based Violence covers domestic violence or wife battering as well as all other forms of violence committed on the basis of gender encompassing not only physical violence and mental abuse, but various forms of discrimination, such as unequal pay, as well. This paper however focuses primarily on physical violence, mainly at the domestic level, as it is this form of violence that FIRD and HLAD mainly focused on preventing through their programmes.

Despite it having severe consequences on the lives of women and families, GBV often receives little or no attention in comparison to other more obvious issues such as poverty. While it has been noted that the perpetrators of most forms of violence against women are their husbands or other male partners, this form of violence is often ignored due to the fact that it is committed in a private domestic setting and is seldom revealed to others within the community. The fact that many legal systems and cultures see this form of GBV as a “private” family matter rather than as a crime further leads to it being ignored or at the best, paid scant attention to (WHO, 2013). It is believed that one of the main bases for GBV is the socially accepted concept of gender that includes fixed stereotypical ideas on masculinity and femininity and ascribes subordinate status to women (Global Protection Cluster, 2013). There is also the commonly accepted notion that alcohol use is a major cause of GBV as alcohol is thought to impair the individual’s ability to think rationally.

While it is believed that alcohol is a significant risk factor for the perpetration of violence and the victimization of others (Abbey, 2011; Chermack and Giancola, 1997; Leonard, 2008), it has also been stated that alcohol most likely contributes to the severity of the aggression is likely to increase should the perpetrators consume alcohol at the time of committing the act of violence (Wells et al, 2011) and that individuals who report a relatively high alcohol intake and/or frequently participate in occasions involving heavy drinking are more likely to have been involved in violent acts (Rossow, 1996, 2000; Wells and Graham, 2003). Studies also claim that alcohol use causes limitations in the individual’s cognitive capacity (Steele and Joseph, 1990). According to several studies the consumption of alcohol

results in altered psychological and behavioural outcomes including increased aggression¹ (Bartholomew and Heinz, 2006). It is said that alcohol users are likely to expect tolerance on the part of others for their abnormal behaviour if the behaviour is attributed to alcohol (Critchlow, 1986) and that expectancies regarding alcohol serve to significantly increase aggressive behaviour, whereas the actual quantity of alcohol ingested was unrelated to the level of aggression (Bègue et al, 2009).

Programmes conducted by two organizations Foundation for Innovative Social Development (FISD) and Healthy Lanka Alliance for Development (HLAD), both of which are currently operating in Sri Lanka, revealed an interesting new dimension to the incidence of domestic violence in relation to the above views. During the course of the programmes it came to light that the nature of the community itself rather than the intrinsic qualities of alcohol resulted in the high prevalence of GBV or Domestic Violence. This paper discusses the ways in which the permissive nature of communities towards alcohol, rather than alcohol itself, results in the prevalence of GBV, particularly domestic violence.

FISD and HLAD have been conducting a programme on the prevention of Gender Based Violence since the year 2009 with the participation of approximately 10,000 families in general and 3,000 families in particular. Both organizations work in 98 communities under the Alcohol, Drugs and Development programme and are due to complete work in those communities on December 2013. The following sections describe the procedure followed by both organizations in their respective programme locations in identifying the permissive nature to alcohol use as a contributing factor to the prevalence of GBV, and the steps taken to prevent this permissive attitude towards alcohol use.

Methodology: The Process of Reducing the Occurrence of Gender Based Violence and Planning at Community Level

The preliminary step in counteracting GBV at community level taken by both FISD and HLAD was the selection of communities where the need for action seemed most necessary. This was done with the involvement of the District Secretariat (DS) offices in each of the districts chosen by the organizations to work in. Assistance from the *Grama Sevaka*, the chief administrative officers, and other government officers as well as other important stakeholders identified as able to play a vital role in the programmes, was sought in entering the communities. Awareness discussions were conducted through the various community based associations and organizations in gathering and organizing groups of community members to operate within their communities in working towards the programme objectives of both organizations. Separate groups of women, men, youth and children were thus organized to counteract the use of alcohol and other substances within their communities. The Happy Family programme, introduced by FISD through its GBV programme, is a programme especially designed for husbands and wives, particularly aiming at developing understanding and communication between spouses towards the

¹ Lang, Goeckner, Adesso, & Marlatt, 1975; Marlatt and Rohsenow, 1980; Rohsenow & Bachorowski, 1984, as cited by Bartholomew and Heinz (2006)

prevention of GBV in the domestic sphere. The prevention of alcohol and drug use is a major component of this programme.

On entering the communities, FISS and HLAD commenced operations by conducting awareness discussions especially targeting each of the groups organized within the communities. In tackling the issue of GBV, community members were asked their opinions on the issues and what they thought were the factors that contributed to it. Community members were also inquired on whether GBV should be prevented and their reasons for their opinions. These discussions with community members revealed that a large majority of the members of all communities saw GBV as a major problem within their communities and that action towards prevention was necessary. Having led members of the communities to this understanding, FISS and HLAD volunteers discussed the contributing factors or the chief determinants that lead to the prevalence of GBV with the members of the communities. The determinants that surfaced through the discussion were then analyzed.

Among the other reasons for the prevalence of GBV are:

- Gender stereotyping leading to male superiority and dominance
- Social approval or social encouragement of such violence
- Absence of any deterrent to violence
- Women on average being physically weaker than men
- Preventive efforts being undermined by a few
- Emphasis being mainly on helping victims and not on prevention
- Emphasis being mainly on punishing perpetrators and not on prevention
- Prevention efforts focusing only on one segment of the population
- The feeling among others in a community or neighbourhood that they may not intrude in a private or family matter
- The reluctance of those subject to violence to report it because of shame
- Active pressure or threats that prevent violence being reported
- Continued pressure on those subject to violence to accept it, to give the perpetrator yet another chance or to compromise repeatedly
- Accepting the excuse that alcohol use has led to the violent behaviour
- Perpetrators openly reporting or boasting about previous instances of abusing others – for example in drinking settings
- The perception that violence is commonplace or the norm
- Some individuals being prone to habitual violence
- Some individuals who are subject to violence colluding by provoking known abusive persons
- Blaming the person who is subject to violence as having provoked the abuser
- Lack of local social reprimands for individuals who are abusive
- Failure to recognize the extent of violence
- Failure to recognize the severity of trauma and suffering that violence inflicts

The above contributors were discussed and debated with members of the communities according to their collective opinion on which of the contributors were greater.

The main determinants of GBV were identified as follows:

- a) Gender stereotyping leading to male superiority and dominance
- b) The absence of any deterrents to violence
- c) Social approval of social encouragement of such violence
- d) Acceptance of the common excuse that acts of violence were committed as a result of alcohol use by the perpetrators

Among these determinants, the permissive nature that allowed alcohol to be used as an excuse for GBV was identified by most community members as the main reason for the prevalence of GBV. In over 60 communities, alcohol use was seen as the leading cause of GBV. Gender stereotyping and the superiority of men in power relationships were seen as the second highest reason for the prevalence of GBV in target communities. Yet even within this reason, members of the communities saw connections between alcohol and GBV, for instance, the connection between alcohol and masculinity. Therefore, there was a general agreement among almost all communities that alcohol is a key issue to be addressed when addressing the issue of GBV and that the prevention of alcohol is necessary in the prevention of GBV.

This was followed by a process through which the main determinants of GBV were identified and a proper course of action was determined. In designing plans of action, it is necessary to state that plans were drawn up for each community individually taking into account the realities within the community. Two steps however were common to the courses of action taken in all communities.

- a) Creating a “counter force” within the community – A community level movement aiming at creating awareness on GBV, making the community less tolerant of GBV and motivating the community towards taking preventive action.
- b) Addressing determinants of GBV – A course of action by which steps are taken to openly discuss the contributing factors to GBV by way of making the public aware of their negative impact and taking action towards discouraging the promotion of the contributing factors.

Preliminary discussions with community members at the initiation of the FISSD/HLAD programmes revealed the greatest contributor to GBV to be the use of alcohol. As mentioned above, the issue of alcohol emerged even when discussing other determinants such as gender stereotyping in that alcohol use was seen as masculine and the resulting violent behaviour, also viewed as a component of masculinity, was inevitable following alcohol use. Following repeated sessions with FISSD/HLAD volunteers however, community members began to question the belief that alcohol indeed causes the loss of volitional control over actions. The community members then began to observe the behaviour of alcohol users within their communities to determine if they were indeed aware of thinking with conviction following alcohol use. Observations gathered from the communities are listed in the section below.

Observations by the Community

On identifying alcohol as the leading contributor to GBV, the community members further observed following behaviours of the alcohol users.

1. An alcohol user shouting obscenities while walking along the road after drinking immediately becomes sober and speaks normally when faced with a policeman.
2. Even though a man behaves aggressively at home with his wife following alcohol use, he becomes calm and changes the subject immediately should her brother or any other relative pay them a visit.
3. An alcohol user is aware of the amount of money he has with him, despite having consumed a large quantity of alcohol. If a family member takes certain amount money out of his pocket while he is under the influence of alcohol, on the following day he is able to ask the very same family member for the exact amount s/he took.
4. No matter how much alcohol they have consumed, alcohol users are able to find their way back home from the bar. Even those whose homes are located far away from the bar are able to do so. The alcohol user knows how to avoid the dangerous places on the road while walking home to his destination under the influence of alcohol. The alcohol user is careful when walking on a risky footbridge no matter how unsteadily he walks on a regular road.
5. When an alcohol user, following the consumption of alcohol, sets off to take revenge on an enemy, he is able to locate the exact person he wishes to take revenge on even if the latter is in the midst of many others. Those who consume alcohol in order to inflict serious injury on another know the most vulnerable places to stab such as the chest or abdomen, and would stab the area accurately and those who commit murders following the use of alcohol are careful to hide the murder weapon immediately afterwards so as to escape blame.
6. When an alcohol user behaves aggressively in his home and destroys furniture and other objects to frighten his wife and children, he is very selective about which objects he chooses to destroy. He avoids things he uses regularly, such as the TV, and other objects that are of personal value to him such as heirlooms inherited from his ancestors.
7. No matter aggressively an alcohol user behaves with his family, he becomes sober immediately when faced with a police officer or a thug.
8. A man who drinks at a party and drinks and jokes freely with his boss is careful to avoid mentioning incidents that might put him or his job in jeopardy afterwards. For instance, he would not confess to misappropriating company money or stealing goods from the company if he is guilty of these acts. When shouting insults or any other seemingly thoughtless statements at friends and family, alcohol users are careful to avoid making statements that they would cause major irreversible damage.
9. An alcohol user who makes indecent advances at other women behaves normally before a police woman who stops him for a breathalyzer test.

10. At the bar, no matter how much alcohol he has consumed, the alcohol user is able to pay the bartender the correct amount of money and is able to ask for the correct balance he is due.
11. Despite behaving as though he is completely unaware of his actions following a bout of drinking, if given food he would otherwise avoid, an alcohol user would avoid eating it.
12. The alcohol user is able to locate his own bed when he is tired and he is able to find the toilet and use it no matter how much alcohol he has consumed.
13. When the alcohol user feels he has reached his full capacity, he is able to make an excuse and leave the drinking circle.
14. The alcohol user only displays difficulty and inappropriate behaviour before those whom he knows will assist him or react according to his expectations. Alcohol users who expose themselves indecently to girls choose the more vulnerable looking girls to expose himself to.
15. The user can drive a vehicle or ride a bike and go home by himself and if he feels he has consumed a very large quantity of alcohol, he is able to choose somebody who hasn't drunk as much and ask that person to drive him home.
16. The alcohol user can avoid going to shop for groceries because he knows how he will be received. He is able to send another family member to shop for groceries.
17. The alcohol user knows exactly what he should ask for to ease his discomfort.
18. If the alcohol user vomits while lying down in bed, he keeps one of his wife's clothing with him to clean himself up. This is because he is sure that she would wash the clothes afterwards where as she would refuse to do so with his clothes.
19. The alcohol user is able to read road signs and shop signs. When traveling in the bus, the alcohol user is careful to lean on those who appear least likely to fight back. The alcohol user knows which bus to take and where to get off the bus. When traveling in the bus, if there are no seats available the alcohol user leans on others or uses other tactics to get a seat.
20. The alcohol user is aware of the law and is careful to avoid breaking it. The alcohol user understands the extent of the punishment for violators of the law under the influence of alcohol and if caught is able to negotiate with the police officer and try to get away with a fine to avoid having to go to courts. The alcohol user knows how to avoid police check points on the way home.
21. Alcohol users are careful when climbing down stairs. They are careful with the way they dress themselves when leaving the home.
22. The alcohol user avoids telling the police or his family the alleged sales point at which he purchased his alcohol. When asks, he says he doesn't remember.
23. The alcohol user is aware of how much alcohol is left in his bottle and if it is taken away from him while he is drunk, he can ask for it later on.

24. The alcohol user can react to the programmes on TV and respond to what's being said. He is also able to choose the programmes he prefers watching and to support the politicians with whom he agrees. He is able to recognize songs and to name the singers even under the influence of alcohol.
25. If they get injured while drunk, alcohol users are able to treat their wounds immediately. They are careful to avoid those who are most likely to attack them.
26. Some alcohol users tell their wives of the harm they did to others while intoxicated expecting their wives to apologize on behalf of them the next day. They are careful to tell only the wrongs that would later work in their favour and that they could avoid being called to task for.
27. At a wedding or a party, no matter how much alcohol the user has consumed, the alcohol user continuously finds out what his wife and children are doing.

Discussions at meetings at which the above observations were analyzed revealed to the community members that contrary to the popular belief that alcohol impairs proper mental functioning, alcohol users were fully aware of their actions regardless of how much alcohol they had consumed. Members of the community understood that the permissive environment within their communities, pardoning and sanctioning of alcohol induced misbehaviour, rather than the pharmacological properties of alcohol, provided perpetrators of GBV with an unfair advantage allowing them to commit acts of violence and escape blame. There was general agreement that the permissive environment towards alcohol, rather than the substance itself was the main reason for the high prevalence of domestic violence. Having reached this understanding, members of the community were encouraged to take steps according to their own individual capacities to make alcohol users aware that their behaviour will no longer be tolerated and that their use of alcohol would no longer be accepted as an excuse for abusive behaviour and avoiding responsibility. Some of these steps taken by community members are as follows.

Strategies Used by the Community Members

The following are the findings of random inquiries carried out by FIRD and HLAD programme coordinators revealing the various approaches used by the wives of alcohol users in challenging the previously existing permissive environment towards alcohol induced misbehaviour and GBV in their homes.

1. Responding to the obscenities shouted under the influence of alcohol with statements showing that she (the wife) was aware that the user was shouting not as a result of the alcohol but due to his lack of decency.
2. Questioning the husband (who uses alcohol under the excuse that he does so as a form of relaxation after a hard day's work) pointing out that women also work hard on a daily basis and asking them if it is justifiable if women too consumed alcohol for the same reason.
3. Calculating the daily, monthly and annual cost of alcohol and discussing these costs with the husband while he was drunk and sober, pointing out the ways in which the same amount of money could have been spent more profitably.

4. Refraining from serving alcohol at weddings, parties, and other special occasions hosted in their homes.
5. Making their as well as members of their immediate and extended families aware that serving alcohol at special occasions not only served to promote alcohol use to children and other nonusers, but the aggressive behaviour of users afterwards serves to spoil the festive nature of the events for others. It is reported that the number of special occasions at which alcohol is served has decreased significantly in all communities in which the programmes were conducted.
6. Discussing the expectancies and consequences of alcohol use with their husbands when the latter are sober as well as when they are drunk.
7. Exploring the reasons as to why the husband throws a temper tantrum following alcohol use and gradually eliminating those reasons. (The woman who reported using this strategy reported that by leaving her husband with no reason to lose his temper and behave aggressively, she was able to prove to him that alcohol use does not have the intrinsic quality of making one aggressive and causing one to lose volitional control over one's actions).
8. Assigning responsibilities within the home such as household chores, and outside the home such as shopping for groceries, attending parent – teacher meetings at the children's schools, and community projects.
9. Discussing major problems concerning the immediate and extended family with the husband while he is drunk. The husband was then forced to abandon his state of intoxication and participate in the discussion.
10. Refraining from preparing bites (savory snacks) for the husband when he brought alcohol to be consumed at home and explaining that bites are only eaten with alcohol to disguise the unpleasant taste of the alcohol. (The women reported that their husbands gradually began to lose interest in drinking following this course of action).
11. Making an effort to listen to the husband's problems (in the case of a husband who claimed to drink alcohol because he faced many problems especially in his workplace), and show him that many of those problems have simple solutions. (The woman reported that following FIRD's programmes she had understood that listening to each other helped prevent conflict and that she had applied this knowledge in her home. She reported that the relief he gained from talking to her reduced his inclination to consume alcohol.)
12. Making an effort to understand the husband's expectancies on alcohol and the factors that bind him to the use and explaining them to him. Understanding these problems and assisting the husband in overcoming them.
13. Making it clear to friends and relatives that alcohol would no longer be allowed in their homes, and that gifts of alcohol would not be accepted.
14. Not paying attention to the husband's requests and instructions and ignoring him when he is under the influence of alcohol.

15. Not preparing any of the foods that the husband enjoys when he returns home intoxicated and making special effort to prepare the food better than usual on the evening on which the husband comes home sober.
16. Reminding the husband of the problems in the home and family more when he is intoxicated. (The wives who tried this strategy claimed that they did so by way of challenging the expectancy that alcohol enables one to forget one's problems.)
17. Openly challenging and confronting the husband's unacceptable behaviour thereby making him aware that the other family members are aware that his behaviour is no more than a pretense.
18. Instead of taking pity when the husband complains of his discomfort following alcohol use, pointing out to him that alcohol causes physical discomfort and that it is therefore natural that he should be suffering.
19. Discussing with the husband, the performances put on by other alcohol users and pointing out their absurdity by way of making him aware that the community is aware that alcohol induced misbehaviour is a false pretense and that that alcohol does not impair the ability to think rationally.
20. Not paying special attention to the husband and not making an effort to relieve his discomfort when he returns home intoxicated.
21. Ridiculing and laughing at the husband along with other family members, whenever he behaves in a manner in which he expects will evoke sympathy (such as pretending to have forgotten the amount of money he has with him or forgetting the words to a song).
22. Not tolerating the husband's breaking of furniture and other household items when under the influence of alcohol; handing him his personal belongings and other objects that he values and challenging him to break them as well.
23. Pointing out the husband's misbehaviour to him immediately instead of waiting until he is sober to do so.
24. Expressing dissatisfaction in sexual relations or not allowing sexual contact while the husband is under the influence of alcohol.
25. Challenging the husband to confront the more outspoken family members with his aggressive behaviour rather than targeting the more vulnerable family members alone.

26. Pretending to make a phone call to the police or their mother in law to complain about the husband's behaviour. (Those wives who tried this tactic reported that their husbands ceased to be aggressive immediately.)
27. Discouraging or dismissing scornfully, the husband's displays of heroism while under the influence of alcohol.
28. Refusing to apologize on behalf of her husband for his misbehaviour with other community members while he was under the influence of alcohol and making him take responsibility for his actions instead.
29. Pointing out scenes in TV programmes that show men behaving abusively after having consumed alcohol and telling the husband that all members of the community are aware that drunken behaviour is a false pretense.

The above actions are mainly actions that were taken at household level on the part of wives all of whom reported success in their course of action. Community level actions included community members acting at an individual level to show alcohol users that the community as a whole were aware that alcohol induced misbehaviour is a false pretense and would no longer be tolerated. Action taken at individual level included taking alcohol users to task for inappropriate behaviour immediately, for instance when an individual leans on a woman in the bus, the woman as well as other fellow passengers confront the alcohol user and question him immediately rather than pardon him on the grounds of being intoxicated. There was also general agreement among women CSO leaders of some communities to stop tolerating alcohol in their homes and to educate other women in their respective communities to do the same. It was reported that the neighbours of alcohol users and other community members acquainted with the users agreed to refuse to tolerate and excuse the users for their misbehaviour following alcohol use. Taking as an example the wives of alcohol users and women CSO leaders, other members of the community too made the decision never to serve alcohol in their homes or at special occasions hosted by them. Following this decision, some community members reported that while their male relatives were in the habit of bringing alcohol to their homes as New Year gifts, this New Year no gifts of alcohol were brought to their homes.

The above points confirm that while it was observed that alcohol users are, contrary to popular belief, very much aware of their surroundings and are able to act with volition, actions taken at individual and community level have proved effective in counteracting the permissive environment towards alcohol use and alcohol induced misbehaviour. A significant reduction in GBV has also been observed in both FIRD and HLAD programme locations.

Conclusion

Through the programmes conducted by FISS and HLAD, it was found that alcohol induced misconduct is pardoned or viewed with tolerant permissiveness in many communities. As a result, alcohol and other drugs are often used as alibis by those who engage in unacceptable behaviour in order to gain special privileges from family members and from society in general. Individuals naturally strive to arrange the circumstances of their behaviour to ensure that they are perceived as competent and intelligent. It is generally accepted that there are certain exceptional circumstances to which inadequate behavior and poor performance are generally attributed: fatigue or illness, bad conditions, faulty equipment, immaturity or oversensitivity, over-exertion of the mind and body or lack of effort.

Alcohol or drug use is occasionally categorized by some users as an exceptional circumstance such as these and presented as an excuse for poor performance so as to avoid criticism. By consuming alcohol, individuals believe they could feel free to perform badly at tasks that they have no confidence to perform and escape or mitigate negative feedback. This is a part of the more general notion that alcohol or other drugs are used by individuals to escape having to take responsibility for their actions. It trades on the public assumption that alcohol and other drugs generally interfere with or disrupt performance. This assumption paves the way for what is called self-handicapping strategies. Those who handicap themselves deliberately, in this case by consuming alcohol, may not find their failures or inabilities as embarrassing as they would have had they been sober. In this case, individuals take refuge in the subjective belief that their failure or poor performance is not due to their inabilities but is due to their use of alcohol thereby increasing their levels of self confidence and relieving their anxiety.

While some may consume alcohol believing that they would have a ready excuse should they fail to succeed in an activity they attempt, there are others who may attribute their failure to not having consumed alcohol before attempting the activity, despite the availability of evidence proving the contrary. For instance, an individual who is unable to dance as well as others may claim that he would have put on a better performance had he consumed alcohol prior to his attempt. This statement is paradoxical in that it is well known that alcohol impairs rather than enhances the co-ordination of arms and legs.

Working in local communities for a period of five years has shown that the incidence of violence within those communities that was initially blamed on alcohol is in actuality, a result of the permissive nature surrounding alcohol use. As a result of FISS/HLAD interventions, it is reported that most communities show a decrease of up to 60% in incidents of GBV/Domestic Violence. While in some communities, there appears minimal change in the amount of alcohol consumed, the occurrence of GBV/Domestic Violence shows a significant decrease resulting from the increase in non-permissiveness towards misbehaviour following alcohol use. Most communities however report a great reduction in the consumption of alcohol as well. Though further scientific research in this field is necessary, the above findings show that the permissive nature towards alcohol use, rather than alcohol itself, is a key contributor to domestic violence and that by challenging the commonly held expectancies towards alcohol and reducing permissiveness, it is possible to decrease GBV/Domestic Violence as well.

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