



Harmful alcohol use as a predictor of intimate partner violence during the transition to parenthood: Interdependent and interactive effects



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HIGHLIGHTS

- We examined alcohol use and intimate partner violence (IPV) in early parenthood.
- We used multilevel time-varying actor–partner interdependence models.
- Harmful alcohol use was related to psychological and physical IPV perpetration.
- Dyadic and interactive effects were also significant in many analyses.
- Discrepant drinking was related to lower risk of psychological and physical IPV.

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ABSTRACT

Harmful alcohol use is known to increase the risk of *intimate partner violence* (IPV), however very little is known about the role of alcohol use during the transition to parenthood. The current study was designed to examine harmful alcohol use as a dyadic and interactive time-varying risk factor for psychological and physical IPV across the transition to parenthood using a sample of 98 couples assessed prenatally and again at one and two years postpartum. Longitudinal actor–partner interdependence models demonstrated that changes in harmful alcohol use during the transition to parenthood were significantly related to changes in psychological IPV for both men and women and with physical IPV for men only, whereas harmful alcohol use was actually negatively related to variations in women's physical IPV. Partners' harmful use of alcohol during the transition to parenthood also explained additional variance in psychological IPV for men and physical IPV for women over time. Time-varying interactions between actors' and partners' harmful alcohol use were additionally predictive of greater psychological IPV for women and greater physical IPV for both men and women. Contrary to some past research, time-varying discrepancies in levels of harmful alcohol use between men and women were related to a lower risk of psychological IPV for women and physical IPV for both genders. Findings from this study indicate that harmful alcohol use by both men and women combines in a dyadic and interactive manner to place couples at risk for IPV during the transition to parenthood. Prenatal interventions may benefit from strategies to reduce the harmful use of alcohol by both men and women during the prenatal and postpartum periods.

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1. Introduction

There is now mounting evidence that alcohol use in general, and the excessive or harmful use of alcohol in particular, places individuals at risk for the perpetration of *intimate partner violence* (O'Leary & Schumacher, 2003), however the magnitude of this risk may vary as a function of the gender of the perpetrator (Foran & O'Leary, 2008). Further, there is very little research examining alcohol use as a risk factor

for IPV during the *transition to parenthood*, despite the well-established impact of both alcohol use and IPV on disrupted parenting and child maladjustment (Finger et al., 2010; Graham, Kim, & Fisher, 2012; Levendosky, Bogat, Huth-Bocks, Rosenblum, & von Eye, 2011).

Roughly one third of women and a quarter of men in community samples engage in physical IPV during the pregnancy period, including behaviors such as pushing, shoving, and grabbing, and in approximately 50% of these couples physical IPV is bidirectional in nature (Kan & Feinberg, 2010; Marshall, Jones, & Feinberg, 2011; Tzilos, Grekin, Beatty, Chase, & Ondersma, 2010). Psychological IPV, including shouting, swearing, and insulting, is even more common, with roughly 80% to 90% of men and women engaging in psychological IPV during the pregnancy and postpartum periods (Graham et al., 2012; Martin,

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Beaumont, & Kupper, 2003). There is some evidence that physical and psychological forms of IPV may be more likely during this particularly vulnerable developmental period due to the increased demands and stressors associated with parenthood (Jasinski, 2004; Martin et al., 2004). The purpose of the current study was to examine harmful alcohol use during the transition to parenthood as a predictor of psychological and physical IPV, with a particular focus on the interdependent and interactive risk of women's and men's harmful alcohol use as predictors of psychological and physical IPV perpetration.

1.1. Harmful alcohol use as a risk factor for IPV

A number of large-scale epidemiological studies have demonstrated that IPV and alcohol use share similar developmental trajectories, both peaking during early adulthood (O'Leary & Woodin, 2005), which suggests that young adults in the transition to parenthood are at significant risk for both behaviors. Meta-analytic findings demonstrate that alcohol use in general and the harmful use of alcohol in particular increases the risk of physical IPV perpetration, however the effect tends to be of a larger magnitude for men than women (Foran & O'Leary, 2008). Less is known regarding the link between harmful alcohol use and psychological IPV, however a diary study documented daily associations between alcohol use and psychological IPV that were significant for both male and female college students but of a stronger magnitude for men (Moore, Elkins, McNulty, Kivisto, & Handzel, 2011). In general, there is far less research on the link between alcohol use and *psychological* forms of IPV, despite the fact that psychological IPV negatively impacts individual and family functioning above and beyond rates of exposure to physical IPV (Clarke et al., 2007; Coker et al., 2002; English et al., 2009; Taft et al., 2006). Thus, more research is needed to examine gender-specific links between alcohol use and psychological and physical forms of IPV.

1.2. Harmful alcohol use and IPV during the transition to parenthood

Many individuals significantly reduce their alcohol consumption during the transition to becoming parents; however women tend to reduce their alcohol use far more than men (Little, Handley, Leuchte, & Chassin, 2009). Further, not all new parents refrain from alcohol use during this time and many return to pre-pregnancy levels of alcohol use by two years postpartum (Bailey, Hill, Hawkins, Catalano, & Abbott, 2008). Indeed, rates of *problematic* alcohol use may actually stay stable or increase following the birth of a child, particularly for parents who use alcohol as a coping mechanism to deal with the increased demands of parenthood (Richman, Rospenda, & Kelley, 1995). Couples with children are also more likely to experience alcohol-related relationship problems, such as conflict about the drinking or threats to terminate the relationship, than childless couples (Leadley, Clark, & Caetano, 1999). Thus, although there is a normative decline in alcohol use during the transition to parenthood, the impact of any remaining use may significantly impact couples' abilities to successfully navigate early parenthood.

The majority of studies examining alcohol use and IPV during the transition to parenthood have utilized self-report data from women only. Further, many studies focus only on women's alcohol use as an outcome of IPV victimization, without examining their partners' alcohol use patterns (e.g., Bailey & Daugherty, 2007). One exception is a study of 180 pregnant women recruited from university affiliated health centers that found that women who reported that their partners engaged in problematic alcohol use were more likely to experience psychological, minor physical, and severe physical IPV victimization during pregnancy, and were also more likely to experience severe physical IPV at six weeks postpartum (Hellmuth, Gordon, Stuart, & Moore, 2013). Significant limitations of these studies tend to include an exclusive reliance on women's self-reports of IPV and alcohol use, cross-sectional or short-term longitudinal designs, and an inability to examine dyadic or

interactive processes emerging from both partners' alcohol use and IPV perpetration.

1.3. A dyadic perspective: the actor-partner interdependence model

To our knowledge, only two studies to date have examined IPV perpetration reported by both partners during the pregnancy period (Kan & Feinberg, 2010; Marshall et al., 2011) and only one study of an at-risk sample has reported on IPV assessed by both partners during the postpartum period (Graham et al., 2012). Further, few studies to date have adequately captured the dyadic and interactive nature of alcohol use and IPV over time, and none have done so during the transition to parenthood.

There is compelling evidence that an interactive approach to understanding the impact of alcohol use on IPV is warranted. For instance, in a sample of 280 community couples oversampled for heavy alcohol use, both men's and women's alcohol dependence symptoms independently predicted the frequency of each partner's physical IPV perpetration, and there was also an additional interactive effect for the prediction of men's IPV (Graham et al., 2012; Testa et al., 2012). These results suggest that engagement in harmful alcohol use may place individuals at risk for IPV perpetration, but may also trigger a greater risk of IPV by the partner, possibly due to conflict around the alcohol use. The one limitation to a basic interactive approach, however, is that men's and women's IPV are generally analyzed as separate outcomes, despite the fact that there tends to be substantial overlap between perpetration and victimization by each partner (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012).

An alternative to separating outcomes by gender is the actor-partner interdependence model (APIM), which allows for the simultaneous analysis of individual (actor) effects, partner effects, interactions or discrepancies between actor and partner effects, and gender differences in each effect (Kenny, Kashy, & Cook, 2006). APIM analyses within a multilevel framework account for the greater similarity that tends to occur within dyads versus between dyads, and longitudinal APIM analyses in particular allow for the modeling of bidirectional developmental processes occurring within relationships (Cook & Kenny, 2005). The APIM approach is particularly appropriate to research on behavioral exchanges within couples, as behaviors such as alcohol use that can impair an individual's ability to manage conflict may also trigger greater dysregulation in the partner.

The APIM approach is also ideally suited to examining discrepant alcohol use patterns, which have been shown in a number of past studies to be particularly associated with risk of relationship dissatisfaction and deterioration, even after controlling for overall rates of alcohol use (e.g., Homish & Leonard, 2007; Leonard, Smith, & Homish, 2013). There is also some evidence that discrepant drinking may increase the risk of physical IPV perpetration (Leadley et al., 1999), however the evidence is not as extensive and not all studies have supported the discrepant drinking hypothesis in predicting physical IPV (e.g., Testa et al., 2012). Further, no studies that we are aware of have examined discrepant drinking as a predictor of psychological IPV. Thus, more research is needed to understand how discrepant drinking might be related to IPV perpetration.

1.4. The current study

The primary goal of the current study was to examine how time-varying fluctuations in both partners' harmful alcohol use across the transition to parenthood relate to the risk for psychological and physical IPV over time, using a sample of 98 heterosexual couples followed from the third trimester of pregnancy to two years postpartum. Consistent with past research, we first hypothesized that men's and women's harmful alcohol use during the transition to parenthood would longitudinally co-vary with their own psychological and physical IPV from pregnancy to two years postpartum (Foran & O'Leary, 2008; Moore et al., 2011). Second, given that we expected women to consume far

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