

Big Data: Real Voices, Shared Insights

Report No. 2: Domestic Abuse & Alcohol Use

We analysed over 63,000 civil protection witness statements to share evidence-based insights into domestic abuse and use of alcohol



National Centre for Domestic Violence

Making Domestic Abuse Socially Unacceptable

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1. Foreword

With over 100,000 referrals to NCDV in 2024, our First Steps Team is one of the busiest domestic abuse teams in the country. Every month, they speak to thousands of people across England and Wales, each with concern, often fear, in their voices. Every story is unique, yet all share the same need: for someone to listen, to act, and to help improve their safety.

Narratives linking alcohol with domestic abuse and coercive control frequently appear within that reality, but they do not define it. The relationship between alcohol and domestic abuse is often presented as straightforward; in practice, it is complex and, at times, controversial. We want to acknowledge that complexity upfront. This report begins by reframing the common cultural belief that alcohol causes domestic abuse, by recognising that alcohol is frequently present, it can intensify harm, it is often used as an excuse—but abuse is a pattern of choice and control

It is both possible and necessary to hold two truths at once. Alcohol can increase risk, volatility, and fear, yet domestic abuse and coercive control also occur in its absence. Removing alcohol does not, in itself, remove abuse.

The Government's *Freedom from Violence and Abuse: a cross-government strategy* (December 2025) sets out a commitment to preventing and responding to violence and abuse, with a focus on violence against women and girls, while also recognising that men and boys can be victims and require access to appropriate support. The strategy emphasises prevention, perpetrator accountability, and improved responses.

While it acknowledges the complexity of abuse and the need for joined-up responses, the strategy does not explicitly address alcohol or substance use as a distinct policy theme. This absence is notable given the frequency with which alcohol is referenced in survivor disclosures. It reinforces the importance of evidence-led, trauma-informed responses that recognise contextual risk factors without oversimplifying causation or diminishing responsibility.

The purpose of this report is to contribute to that evidence base. Drawing on one of the largest collections of domestic abuse survivor witness statements ever analysed, it seeks to support more informed, proportionate, and effective responses.



Survivors often describe alcohol as intensifying behaviour that was already present, rather than creating abuse where none existed.

“His eyes changed after a few beers—mad eyes, I called them. He was always a bully, but the drink made him worse.”

2. About NCDV

The National Centre for Domestic Violence (NCDV) is a not-for-profit Community Interest Company with over 20 years' experience helping victim-survivors obtain civil protection orders through the courts. We have helped secure around 30% of all Non-Molestation and Occupation Orders in England and Wales in recent years. We provide one of the biggest pro bono teams in the country, helping those who cannot access a solicitor. Our service is free, fast, efficient, and designed to work alongside safeguarding efforts, and we offer a signposting service to those who engage with us. We also deliver training on civil orders and domestic-abuse programmes. Last year, we trained almost 15,000 police, professionals, and employers.

Some survivor accounts highlight how alcohol lowered inhibitions, increasing humiliation, exposure, and emotional harm.

"She was vile when she drank. She usually kept it private, but when she got drunk, she would scream at me in public—even during my sister's wedding."



3. Background & Context

3.1 Big Data Reports

NCDV is launching a series of Big Data Reports to share findings from one of the largest collections of witness statements ever analysed in the domestic abuse sector. This dataset offers an unprecedented insight into the risks, patterns, and lived realities disclosed by victim-survivors at the point of seeking legal protection. By examining recurring themes, including alcohol use, threats to kill, non-fatal strangulation, risks to children, child contact disputes, use of weapons, and other markers of coercive control, we aim to translate survivor testimony into evidence that can inform policy, professional practice, and frontline response. Our commitment is to turn real voices into shared insight, and insight into action.

Our first Big Data Report was about domestic abuse and risk/harm to family pets. You can find the report [here](#).

3.2 Definition of domestic abuse and coercive control

Domestic abuse in the UK is defined as a pattern of behaviour between people aged 16 or over who are, or have been, intimate partners or family-type members. It encompasses physical violence, sexual abuse, emotional and psychological harm, controlling or coercive behaviour, and economic abuse. Central to this definition is the recognition that domestic abuse is not defined by isolated incidents but by patterns of power, control, and intimidation.

3.3 Link between domestic abuse and alcohol use

Within this broader context, alcohol is frequently referenced in survivor disclosures. For many victim-survivors, alcohol does not simply represent consumption or intoxication, but a shift in atmosphere within the home — a point at which behaviour becomes more volatile, unpredictable, or frightening. Survivors describe living with heightened vigilance, monitoring drinking patterns, anticipating changes in mood, and attempting to manage risk. The fear is often not only of violence itself, but of unpredictability, of someone becoming unreachable, irrational, or beyond reason.

For some, this unpredictability intensifies coercive control; for others, it compounds existing patterns of abuse by increasing volatility and fear. Importantly, survivors also describe similar fear and control in relationships where alcohol is not present at all. Alcohol may change the expression of abuse, but it does not determine its existence.

3.4 Scope of the report

It is important to note that this analysis is based on survivor witness statements describing experiences of abuse and risk. As such, references to alcohol most commonly relate to the behaviour of the alleged perpetrator and the impact this has on fear and safety. NCDV does not routinely collect data on alcohol use by victim-survivors, and this report does not seek to examine survivor substance use.

We recognise, however, that alcohol may play a role in coping with trauma for some victim-survivors, both during and after abusive relationships. Any use of alcohol by survivors must be understood within the wider context of harm, fear, and survival, and should never be interpreted as causal or contributory to abuse. Maintaining this distinction is essential to avoiding victim-blaming and to ensuring that responses remain trauma-informed, proportionate, and focused on perpetrator behaviour.

3.5 Public narratives

Public narratives often simplify the relationship between alcohol and domestic abuse, framing alcohol as a primary cause rather than a contextual factor. This risks obscuring the underlying dynamics of coercive control and can inadvertently shift responsibility away from perpetrators. It can also lead to responses that prioritise substance use intervention alone, without addressing broader patterns of behaviour.

At the same time, ignoring alcohol altogether fails to reflect the realities described by many survivors. Alcohol may increase volatility, escalate harm, and heighten fear. It can be used as an excuse, a justification, or a means of minimising responsibility. Understanding how alcohol features within victim-survivor experiences, without overstating its role, is therefore essential for risk assessment and effective safeguarding.

3.6 Summary of background and context

This report explores what the current literature tells us about the relationship between alcohol and domestic abuse; the methods used to interrogate NCDV's data; how our findings compare

with other studies; and the implications for policy and professional practice. It also sets out how NCDV intends to translate this evidence into action through a programme of work designed to strengthen responses, improve safeguarding, and better support victim-survivors.

NCDV also holds data on references to drugs within witness statements. Given the complexity and heterogeneity of substance use, and the limitations of the dataset in identifying drug type or patterns of co-use, this evidence will be explored in a separate Big Data report.

4. Executive summary

4.1 Introduction

This report draws on analysis of approximately 63,046 anonymised witness statements taken by the National Centre for Domestic Violence (NCDV), examining how alcohol is referenced within applications for protective injunctions. The aim is not to determine causation, but to understand how alcohol appears in lived experience, how it is described by applicants, and how it intersects with abusive behaviour.

4.2 Scope

It will review the relevant literature, explain the methodology used to analyse the data, compare our findings with existing research, explore implications for policy and practice, and describe how NCDV will use this evidence to inform a programme of work.

4.3 Key findings at a glance:

- **Alcohol is frequently referenced, but not universally present.**
Many applicants describe abuse occurring when the perpetrator was intoxicated; many others report severe abuse where alcohol played no role.
- **Alcohol does not cause domestic abuse.**
The data consistently supports existing evidence that domestic abuse is rooted in power, control, and entitlement. Alcohol may exacerbate, escalate, or expose abuse, but it does not create it.

4.4 Three recurring patterns emerge in survivor accounts:

1. Alcohol as a context – abuse occurring alongside drinking without being attributed to it.
2. Alcohol as an accelerator – increased severity, volatility, or frequency when intoxicated.
3. Alcohol as a tactic – deliberate use of intoxication to excuse, deny, manipulate, or intensify control.

4.5 Absence of alcohol does not eliminate risk

Many of the most serious incidents described occurred when the perpetrator was sober, reinforcing that alcohol presence is not a reliable indicator of danger.

4.6 Why this matters

Simplistic narratives that frame domestic abuse as a consequence of alcohol misuse risk:

- Minimising perpetrator accountability
- Obscuring coercive control
- Misdirecting intervention and safeguarding responses

4.6 Alcohol as a risk marker

This report reinforces the importance of trauma-informed, evidence-based approaches that recognise alcohol as a *risk marker*, not a cause, and centre victim-survivor experience without misattributing blame.



Alcohol is frequently referenced in survivor narratives as increasing fear and unpredictability, particularly around perceived loss of control.

“Yeah, I was more scared when they were drunk, like, what were they capable of? Where were the boundaries?”

5. What the literature shows

5.1 Alcohol and domestic abuse: prevalence estimates and limitations

Estimates suggesting that a quarter to one half, or even more, domestic abuse incidents involve alcohol are frequently cited within policy and practice literature. However, closer examination shows that many of these figures derive from earlier empirical studies, including UK and international research conducted in the early 2000s.^{1 2}

While these studies remain influential and continue to shape professional discourse, there have been few recent UK-wide studies designed specifically to produce updated headline prevalence estimates of alcohol involvement in domestic abuse.

More recent UK research has instead focused on associations, risk escalation, and implications. It seeks to understand *how* alcohol intersects with domestic abuse, including escalation, severity, and the implications for service response. As a result, existing prevalence figures should be interpreted as indicative of association rather than precise or current measures. This

distinction is important for avoiding over-simplified conclusions and for grounding policy and practice in proportionate evidence.

5.2 Alcohol, coercive control, and the lived dynamics of abuse

Recent qualitative research provides important insight into how alcohol features within abusive relationships. A 2019 meta-ethnography³ synthesising qualitative studies of substance use in intimate partner violence, highlights that alcohol use does not operate in isolation but is embedded within wider patterns of power, control, and entitlement.

Across the studies reviewed, alcohol was frequently described as intensifying abusive behaviour, lowering inhibitions, and increasing volatility, particularly in relationships where coercive control was already present. Survivors' accounts emphasised fear, unpredictability, and the sense of an abuser becoming unreachable or irrational when drinking. Crucially, the analysis reinforces that alcohol does not explain *why* abuse occurs; rather, it may shape *how* abuse is enacted and experienced.

This body of evidence supports a framing of alcohol as a contextual risk amplifier rather than a causal driver of domestic abuse, aligning with contemporary understandings of abuse as a patterned behaviour rooted in power and control.

5.3 Substance use, dependency, and intervention tensions

Further insight into the intersection of domestic abuse and substance use is provided by qualitative research from the National Institute for Health Research-funded ADVANCE programme.⁴ It explores the dynamics of relationships involving both domestic abuse and drug or alcohol dependency through in-depth interviews with male perpetrators and their current or former partners.

The study highlights how abuse is compounded in different ways. It also exposes tensions between domestic abuse interventions and substance-use treatment models, particularly where perpetrators remain in relationships while undergoing treatment, and where victims face implicit or explicit pressure to tolerate abuse in the hope of change.

The findings point to significant policy and practice challenges, especially in contexts where specialist provision has been reduced and survivors must navigate conflicting expectations between safeguarding, treatment compliance, and criminal justice responses.

5.4 Alcohol, cultural events, and spikes in reported abuse

Quantitative evidence suggests that alcohol consumption linked to major cultural events can be associated with short-term increases in reported domestic abuse. A study analysing ten years of police data from West Midlands Police (2010–2019), examined the relationship between national football tournament outcomes and domestic abuse incidents.⁵

The study found a statistically significant increase in *alcohol-related* domestic abuse cases following England football victories, with no comparable increase in non-alcohol-related domestic abuse. The authors also identified similar increases in other alcohol-related violent crime on these days. The findings suggest a temporal association between alcohol consumption, heightened emotional contexts, and increased reporting of abuse, while stopping short of attributing causation to alcohol alone.

These findings help explain why awareness campaigns around major sporting tournaments have focused on risk escalation and safeguarding. NCDV has previously participated in such campaigns to raise awareness and promote early intervention, while recognising that alcohol operates as a situational risk factor rather than a root cause of domestic abuse.

5.5 Alcohol and victim-survivors (*beyond the scope of our data but within the literature*)

While much of the literature focuses on alcohol use by perpetrators, research also highlights the ways alcohol can feature in the lives of victim-survivors within abusive contexts. This includes perpetrators controlling or restricting access to alcohol as part of wider coercive behaviour, reframing abuse as an “alcohol problem” rather than a pattern of control, and victim-survivors using alcohol as a coping response to fear, trauma, and ongoing abuse.⁶

Crucially, these dynamics do not suggest equivalence or causation. Rather, they underscore how alcohol may be embedded within abusive relationships in ways shaped by power, control, and survival. Misinterpreting these dynamics risks pathologising victim-survivors, obscuring coercive control, and further entrenching barriers to safety and support.

5.6 Summary of the literature

Taken together, the literature presents a consistent and nuanced picture. Alcohol is frequently present in domestic abuse contexts and may intensify volatility, fear, and harm, particularly where coercive control is already established. However, alcohol does not cause domestic abuse, nor is it present in all abusive relationships.

The evidence cautions against simplistic explanations that attribute abuse to substance use alone, as these risk obscuring perpetrator responsibility and the patterned nature of abuse, and may further disadvantage victim-survivors whose experiences are misinterpreted or minimised.

More recent research has focused less on updating headline prevalence figures and more on understanding lived experience, service response, and the structural challenges created by co-occurring need. This body of research reinforces the importance of trauma-informed, cross-sector responses that recognise alcohol as a contextual risk factor while maintaining a clear focus on safeguarding, accountability, and survivor safety.

Many survivors describe differences in intensity when alcohol is absent, while emphasising that abuse itself did not stop.

“The abuse didn’t stop when he was sober, but he was—safer, if you like. Less chaos, you know, nothing thrown around.”



6. Big Data: Interrogation and findings

6.1 Methodology and dataset

This analysis is based on a large-scale review of witness statements submitted in applications for civil protection orders supported by NCDV. These statements are legal documents in which victim-survivors describe the behaviour and risks that have led them to seek protection from the court.

Key features of the dataset and approach:

- Sample size: 63,046 witness statements analysed.
- Timeframe: Cases randomly selected from NCDV records spanning the last seven years.
- Eligibility: All statements were provided by victim-survivors aged 18 and over.
- Demographics: The average age of victim-survivors in the sample was approximately 32–35.
- Method: A structured keyword search was applied to identify statements containing references to alcohol.
- Keywords: Included common terms and phrases used to describe alcohol use or intoxication within the context of abuse.
- Scope: The analysis identified whether alcohol was *mentioned* within the statement; it did not assess frequency, quantity, timing, or causation.

6.2 Headline findings

Of the 63,046 witness statements analysed:

- **26,859 statements (42.6%)** explicitly mentioned alcohol
- **36,187 statements (57.4%)** did not mention alcohol

These figures demonstrate that alcohol is a commonly referenced feature in survivor disclosures, but it is not universal. The majority of witness statements did not include any

reference to alcohol, reinforcing evidence from the wider literature that domestic abuse and coercive control frequently occur in the absence of alcohol.

6.3 Interpreting alcohol mentions in witness statements

It is important to be clear about what an “alcohol mention” represents within this dataset. A reference to alcohol may reflect a wide range of circumstances, including:

- Alcohol consumption by the perpetrator not the victim-survivor
- Alcohol being linked to escalation, volatility, or fear
- Alcohol being cited as an explanation or excuse offered by the perpetrator

The presence of a mention does not indicate intoxication at the time of abuse, does not establish causation, and does not imply that alcohol was central to the abusive behaviour described.

Conversely, the absence of a mention does not mean that alcohol was not present; it may simply reflect the survivor’s focus on other risks, or the legal framing of the statement. Witness statements are drafted under pressure, often with the primary aim of meeting legal thresholds for protection. Survivors may prioritise describing patterns of coercive control, physical violence, threats, or risks to children, and may not include contextual details such as alcohol use unless they are perceived as directly relevant.

6.4 Alcohol as a contextual feature, not a defining factor

The findings from this dataset align with the wider evidence base described in Section 5. Alcohol appears as a contextual feature in a significant proportion of cases, often associated with fear, unpredictability, and escalation. However, the data clearly demonstrate that alcohol is not a defining feature of domestic abuse.

That more than half of witness statements contained no reference to alcohol underscores a critical point: domestic abuse is rooted in patterns of power and control that exist independently of substance use. Where alcohol is present, it may intensify harm or volatility, but it does not explain the existence of abuse.

These findings caution against simplistic narratives that attribute domestic abuse to alcohol alone, while also highlighting the importance of recognising alcohol-related risk where present.

6.5 Data protection and ethics

This analysis used de-identified witness statements drawn from NCDV’s case management system. Direct identifiers (such as names, addresses, contact details, and case numbers) were removed, and indirect identifiers were minimised prior to analysis.

Processing was conducted within a secure, role-based environment and restricted to trained staff. Findings are reported only in aggregate form. All processing complied with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

The lawful basis for processing was legitimate interests (Article 6(1)(f)) for service improvement, safeguarding, and sector learning. An appropriate policy document and retention schedule are in place, and a Data Protection Impact Assessment was completed prior to analysis.

6.6 Key takeaway

NCDV's Big Data analysis shows that alcohol is frequently referenced within domestic abuse witness statements, but it is neither universal nor determinative. Alcohol features in many survivor narratives, yet domestic abuse occurs both with and without it. These findings reinforce the need for responses that recognise alcohol as a potential contextual risk factor, while maintaining a clear focus on patterns of coercive control, perpetrator accountability, and survivor safety.

7. Survivor Voices: Alcohol in witness statements

7.1 Groupings

The following section draws directly from anonymised applicant witness statements. It groups references to alcohol into three broad tiers, reflecting how alcohol most commonly appears within narratives of domestic abuse, and how it intersects with risk, fear, and harm. They reflect *how victim-survivors themselves describe alcohol as part of the context in which abuse occurred*, and how its presence is experienced at different levels of severity.

7.2 Tier 1: Prevalent patterns

In the majority of cases where alcohol was referenced, applicants described it as a background or recurring feature rather than a discrete trigger for abuse. These accounts illustrate how alcohol frequently forms part of the environment in which abuse takes place, shaping victim-survivors' sense of risk and anticipation, rather than serving as an explanation for abusive behaviour.

1. *"She regularly abused alcohol and became argumentative and aggressive when intoxicated."*
2. *"Alcohol was a constant issue throughout the relationship, with his behaviour worsening when he had been drinking."*
3. *"He used alcohol daily but denied it, so seeking help wasn't an option."*
4. *"He drank most evenings and was more verbally abusive when intoxicated."*
5. *"Alcohol use was the background to his unpredictable behaviour."*
6. *"She would often return home smelling of alcohol and deny she had been drinking."*

7. *“He drank excessively, which coincided with increased aggression.”*
8. *“His drinking was a recurring concern and contributed to my fear.”*
9. *“Alcohol abuse was ongoing, though abuse also occurred when he was sober.”*
10. *“He drank regularly, with mood changes linked to intoxication.”*

7.3 Tier 2: High-risk patterns

In a smaller but significant number of cases, alcohol was referenced alongside more serious or escalating harm. Applicants described intoxication in connection with physical assaults, threats, property damage, harassment, and safeguarding concerns involving children.

In these narratives, alcohol frequently appeared at points of heightened danger, where behaviour became more erratic, aggressive, or frightening. Victim-survivors often described being more fearful during these periods, not because alcohol caused the abuse, but because it reduced predictability and intensified risk.

These *examples drawn from witness statements* link alcohol to specific abusive incidents, increased danger, or safeguarding risk:

1. *“He was intoxicated during a violent assault where I thought he would kill me.”*
2. *“His behaviour escalated when intoxicated at weekends, including threats and harassment.”*
3. *“He arrived at my home heavily intoxicated, refused to leave, and became aggressive.”*
4. *“He left multiple drunken voicemails containing threats and abusive language.”*
5. *“He was intoxicated while driving with the child in the car.”*
6. *“Alcohol use coincided with physical violence, including being shoved and sustaining injuries.”*
7. *“He was visibly intoxicated during an argument that resulted in police involvement.”*
8. *“Increased alcohol consumption was linked to escalating aggression and assaults.”*
9. *“He was intoxicated during incidents of verbal abuse, property damage, and intimidation.”*
10. *“Alcohol was present during several abusive incidents where the Applicant feared serious harm.”*

7.4 Tier 3: Critical severity patterns

The most severe accounts involved references to alcohol alongside extreme forms of abuse, including sexual violence, coercive control involving intoxication, incapacitation, or serious threats to life and safety. In these cases, alcohol was described as compounding vulnerability, fear, or power imbalance within already abusive relationships.

These narratives highlight how alcohol can intersect with the most dangerous patterns of abuse, reinforcing the need for safeguarding responses that remain firmly focused on risk, accountability, and victim-survivor safety.

These *examples drawn from witness statements* reflect alcohol intersecting with the most dangerous abuse:

1. *“He tried to force me to drink, knowing I did not drink for religious reasons.”*
2. *“He put vodka into my drink to intoxicate me during non-consensual sexual activity.”*
3. *“He was intoxicated and attempted to strangle me.”*
4. *“Alcohol use was linked to his sexual violence and my loss of consciousness.”*
5. *“He was heavily intoxicated when he threatened to kill me.”*
6. *“He was drunk while holding our child and making threats.”*
7. *“Alcohol was present during incidents involving knives and serious threats.”*
8. *“He drank heavily and became violent to the point I feared for my life.”*
9. *“Alcohol abuse coincided with repeated sexual coercion and physical assaults.”*
10. *“He was intoxicated during an incident that resulted in serious injury and emergency intervention.”*

7.5 Note on interpretation

The consistency of abusive behaviour across sober and intoxicated periods, described repeatedly by applicants, reinforces the importance of interpreting alcohol-related references as potential indicators of escalation or risk, not as explanations that diminish perpetrator responsibility.



Several survivors describe how alcohol initially appeared to explain the abuse, masking deeper patterns of control that became clearer over time.

“I honestly thought our problems were caused by her drinking. When she came out of rehab, she was worse. The booze disguised who she really was.”

8. How our findings compare with other studies

8.1 Our figure

In this analysis, **26,859 out of 63,046 witness statements (42.6%)** contained an explicit reference to alcohol. This equates to around 1 in every 2-3 statements. This figure reflects alcohol being mentioned within survivor witness statements submitted as part of applications for civil protection orders — a legal document context focused on demonstrating risk and the need for immediate protection.

8.2 Our analysis

Across 63,046 witness statements from domestic abuse victim-survivors, alcohol was referenced in just over two in five cases. In the remaining 57.4% of statements, alcohol was not mentioned at all. These findings indicate that alcohol is a commonly cited contextual feature within survivor narratives, but it is neither universal nor defining. The analysis captures whether alcohol is referenced, rather than measuring intoxication, frequency, or causation.

8.3 How this sits within the wider evidence base

At first glance, NCDV's findings appear broadly consistent with long-standing research indicating that alcohol is frequently present in domestic abuse contexts. However, an interpretive analysis of how this evidence has been produced, cited, and applied highlights important limitations in how alcohol is currently understood within domestic abuse responses.

For decades, studies and policy discussions have noted an association between alcohol use and incidents of domestic abuse, and this association is well embedded in professional discourse. However, the persistence of this finding has not led to consistency in response.

NCDV's data does not challenge the existence of an association. Rather, it highlights the limits of what such associations can tell us without attention to context, narrative, and purpose.

8.4 Why consistent evidence has not translated into consistent responses

There are several reasons why the relationship between alcohol and domestic abuse remains poorly operationalised in practice, despite decades of research.

- **Alcohol is visible but imprecise.** Alcohol is easy to name but difficult to interpret. References to alcohol may signal heightened fear, volatility, or unpredictability, but they do not explain patterns of coercive control. Without this distinction, alcohol risks being over-emphasised as a cause and under-used as a risk marker.
- **Legal and service contexts shape what is recorded.** Witness statements are produced to meet legal thresholds, not to provide comprehensive accounts of all contextual factors. Alcohol may be mentioned where it is perceived to strengthen evidence of risk and omitted where other abuse dynamics are already sufficient. This means alcohol is neither consistently recorded nor consistently absent.

- **Narratives of causation persist despite evidence to the contrary.** Although research repeatedly cautions that alcohol does not cause domestic abuse, cultural and institutional narratives continue to lean towards substance use as an explanation for behaviour. This can dilute perpetrator accountability and lead to responses that prioritise treatment over safeguarding.

8.5 What NCDV's findings add

NCDV's contribution is not the identification of a new association, but a clarification of how alcohol appears within survivor disclosures and why this matters. The finding that alcohol is referenced in around 1 in every 2-3 witness statements, but absent in the majority, reinforces two critical points:

- Alcohol is often present, and where it is present it may intensify fear, unpredictability, and risk.
- Domestic abuse is not dependent on alcohol and occurs frequently in its absence.

This reinforcement of the evidence matters because it moves the conversation away from *whether* alcohol is involved and toward *how* it should be understood and responded to. Rather than resolving debate through prevalence alone, NCDV's findings support recognising alcohol as a contextual risk factor while maintaining a clear focus on patterns of coercive control, accountability, and survivor safety.

9. Implications for policy and practice

9.1 Positioning NCDV's role and remit

NCDV's role sits at the intersection of domestic abuse, legal protection, and safeguarding. While alcohol use frequently appears within the survivor narratives we support, NCDV does not position itself as a provider of alcohol or substance-use treatment or an expert in the field of substance misuse. There are specialist organisations across the UK delivering high-quality, evidence-based work in this field, several of which are referenced later in this report.

The purpose of this section is not to prescribe practice beyond NCDV's remit, but to invite partners across the domestic abuse, alcohol, health, housing, and criminal justice sectors to reflect on what these findings mean for their own contexts.

Drawing on NCDV's data, the wider evidence base, and our experience of supporting applications for protection, the following sections highlight areas where coordination, and shared understanding may strengthen responses and improve safety for victim-survivors.

9.2 Alcohol as a risk marker, not an explanation

It is mentioned throughout the report that treating alcohol as an explanatory factor risks obscuring the central dynamics of coercive control. While abuse may be intensified when alcohol is present, it is not created by intoxication. NCDV's data shows that domestic abuse frequently occurs in the absence of alcohol, reinforcing the need to focus on patterns of behaviour, control, and entitlement rather than substance use alone.

Some theoretical frameworks distinguish between patterned coercive abuse and episodic, conflict-related violence, which may be more likely to occur in contexts such as acute intoxication or specific events. However, in safeguarding and legal contexts, the presence of alcohol should not be used to assume that violence is situational, isolated, or low risk. Reliance on a "situational" framing can overlook emerging patterns of control, minimise fear, or delay protective responses.

9.3 Recognising and supporting victim-survivors where alcohol is present

While this report focuses primarily on alcohol use by perpetrators as described in survivor narratives, the wider evidence base makes clear that alcohol can also feature in the lives of victim-survivors in complex and unequal ways.

Some victim-survivors may use alcohol as a coping response to fear, trauma, or ongoing abuse; others may face coercive control linked to alcohol, including restriction, monitoring, or the use of alcohol as a tool for blame or discrediting. Where alcohol use is identified, this should prompt transparent discussion, sensitive support, and clear signposting to specialist services, alongside continued safeguarding.

Collaboration and clarity are particularly important in relation to housing and refuge provision. A lack of transparency about policies on alcohol use, or inconsistent communication between services, can inadvertently set victim-survivors up for failure. This may result in placement breakdowns, loss of accommodation, or long-term consequences for future housing options, compounding harm rather than reducing it.

Effective responses therefore require joined up working between domestic abuse services, housing providers, refuges, and alcohol services, grounded in shared understanding and realistic planning.

9.4 Implications for risk assessment and safety planning

NCDV's findings highlight the importance of using references to alcohol to inform risk assessment, without allowing them to dominate or distort it. Where alcohol is present, it may indicate heightened volatility, reduced predictability, or periods of escalation, all of which are relevant to assessing immediate and ongoing risk.

Many experienced practitioners working routinely with victim-survivors will already take this approach. However, for services and professionals who encounter domestic abuse less frequently, or for whom alcohol use may be more visible than patterns of coercive control,

this distinction remains important. In practice, this means that alcohol should prompt targeted professional enquiry, rather than assumptions about causation or severity.

9.5 In-practice summary

The findings of this report suggest that improving responses does not require new tools or datasets, but greater clarity and consistency in how existing evidence is interpreted and applied across systems.

NCDV invites sector and wider services to consider the following:

- Alcohol use may indicate escalation, increased danger, or reduced predictability, all of which are relevant to risk assessment and safety planning, but should be considered alongside, not instead of, other indicators of risk.
- Alcohol-related data should continue to be collected consistently, to support understanding of trends, escalation, and change over time, while avoiding assumptions about causation or responsibility.
- Framing alcohol as the cause of abuse can unintentionally shift responsibility away from the perpetrator and undermine both accountability and victim-survivor safety, therefore, training and education programmes for staff and partner agencies should reflect the distinction between alcohol as a contextual risk factor and abuse as a pattern of behaviour.
- Support, group programmes, and resources for victim-survivors should actively challenge narratives that frame alcohol as an excuse for abuse, a reason to delay safety, or a guarantee that abstinence will end harm.
- Support for victim-survivors should recognise alcohol use as a potential coping response or site of coercive control, and prioritise non-judgemental support, clear signposting, and transparent accommodation pathways.



Alcohol can also be used symbolically or practically as a method of coercion, threat, or psychological control.

“I’d come home to find his cans lined up on the counter ready. He knew that scared me—scared the hell out of me.”

10. Working together: strengthening the response

10.1 The need for coordinated responses

The frequent presence of alcohol within domestic abuse contexts reinforces the importance of effective cross-sector working. Victim-survivors may be in contact with multiple services, including domestic abuse support, health, housing, substance-use provision, and the criminal justice system. Perpetrators may also be engaged with alcohol support services. Coordinated responses are therefore essential to managing risk and avoiding fragmented or contradictory interventions.

10.2 Established models of good practice

There are examples of established good practice where cross-sector working is already embedded. Perpetrator-focused interventions delivered through partnerships such as the Drive Partnership bring together domestic abuse services, police, probation, mental health, and substance-use providers to manage risk and accountability alongside behaviour change. These models demonstrate how alcohol use can be addressed as part of a wider safeguarding response, rather than as a standalone explanation for abuse.

10.3 Local collaboration and safeguarding responsibility

In areas without formalised programmes, joined-up responses are often achieved through local relationships, shared protocols, and professional curiosity across services. What matters is not the structure of collaboration, but the consistency of approach. Substance-use support may be relevant and beneficial, but it must run alongside, not instead of, domestic abuse responses, and should never displace safeguarding responsibility.

10.4 Shared understanding across systems

Ultimately, effective partnership working depends less on new interventions and more on shared understanding. When alcohol-related risk is interpreted consistently across systems—as a potential indicator of escalation rather than a cause of abuse—collaboration becomes a protective factor, supporting safer decision-making, clearer accountability, and more coherent pathways of support for victim-survivors.

Some survivor narratives reveal how alcohol is used directly within coercive control, including violations of personal, cultural, or religious boundaries.

“When he got drunk, he tried to force me to drink. He knew I didn’t drink, he knew it was against my religion.”



11. Organisations at the intersection

The organisations below work at the intersection of domestic abuse, safeguarding, and alcohol support, bringing different areas of expertise and knowledge. This list is by no means exhaustive but highlights examples of national provision and leadership within this field.

11.1 Cranstoun

Cranstoun is a national charity specialising in alcohol and substance-use services, with a strong track record of working alongside domestic abuse partners. It is a core delivery partner in the Drive Partnership and works closely with Respect UK-aligned approaches.

Website: <https://cranstoun.org> National contact: 020 7400 6040

CRANSTOUN
Empowering People, Empowering Change

“We know that alcohol is often an aggravating factor in instances of domestic abuse however is often the trigger for underlying abusive behaviours and patterns. Irrespective of alcohol or other substances, we cannot minimise the suffering of victims or the intentions and impact of the perpetrator. Ensuring that victims are protected and supported, whilst holding perpetrators to account is essential to tackle the crisis of abuse in this country.”

Maria Cripps, Assistant Director of Domestic Abuse Services, Cranstoun

11.2 Alcohol Change UK

Alcohol Change UK is a national charity working to reduce alcohol harm through evidence-based policy, public health messaging, and partnership working. Its guidance recognises that alcohol often co-occurs with abuse, may intensify harm, and can be used within coercive control, while cautioning against framing alcohol as the cause of abuse.

Website: <https://alcoholchange.org.uk> National contact: 020 3907 8480

ALCOHOL
CHANGE^{UK}

“Alcohol does not cause abuse, and it is never an excuse for it. However, it is a factor in many cases of domestic abuse and can make abuse more severe. Domestic abuse services need to better understand the use of alcohol by both victims and perpetrators. Alcohol treatment services need to be alert to the signs that the people they see are either suffering domestic abuse or perpetrating it.”

Andrew Misell, Cyfarwyddwr Cymru / Director for Wales, Alcohol Change UK

11.3 Lobbying for change

Alcohol Change UK joined forces with four other charities, Adfam, Adferiad, Barod, and Kaleidoscope to campaign to reduce alcohol harm in Wales ahead of the next Senedd Cymru (the Welsh Parliament) 2026-2030. They are calling on all Members of the next Senedd Cymru to commit to eight key changes to significantly reduce alcohol harm in Wales. One of the changes is more joint working between domestic abuse services and alcohol treatment services.

You can read their report here:

<https://alcoholchange.org.uk/policy/action-on-alcohol-during-the-next-senedd-2026-2030>

11.4 Change Grow Live (formerly CGL)

Change Grow Live is one of the largest providers of alcohol and drug services in England, delivering support across multiple local authority areas. The organisation has extensive experience working with people affected by domestic abuse, safeguarding concerns, and criminal justice pathways.

Website: <https://www.changegrowlive.org> National contact: 020 3315 6111

11.5 Drive Partnership

The Drive Partnership is a nationally recognised, evidence-led programme focused on reducing domestic abuse by addressing high-harm perpetrator behaviour. Alcohol may be present in the cases managed through Drive and is treated as a contextual risk factor within a wider safeguarding and accountability framework.

Website: <https://drivepartnership.org.uk> National contact: via Respect UK – 020 7391 5100

11.6 Accommodation services for victim-survivors in need of alcohol support

Victim-survivors in need of support for their alcohol use will normally be signposted locally by professionals they engage with, including domestic abuse services, health, or housing providers. Accessing supportive and safe accommodation can be more difficult and national services below are a good place to start.

National Domestic Abuse Helpline

Website: www.nationaldahelpline.org.uk National contact: 0808 2000 247

Live Fear Free – Welsh Domestic Abuse Helpline

Website: www.gov.wales/live-fear-free National contact: 0808 80 10 800

Men's Advice Line UK

Website: www.mensadviceline.org.uk

National contact: 0808 8010 327

LGBT Domestic Abuse Helpline

Website: www.galop.org.uk/helpline National contact: 0800 999 5428

11.7 Trevi

Trevi is based in the Southwest and is a specialist women-only substance misuse service with national influence and strong credibility in trauma-informed practice. Its services explicitly integrate domestic abuse awareness, safeguarding, and support for women with complex needs, including those with children, and is an example of integrated, trauma-informed practice.

Website: <https://www.trevi.org.uk> **National contact:** 01752 303 330



Survivors often reflect on how framing abuse through addiction or illness delayed recognition of danger and postponed intervention.

“I kept forgiving him because he was an addict, he was sick, right? He couldn’t help it. But then he tried to kill me.”

12. Data to delivery – What NCDV will do differently

12.1 Commitment

NCDV has committed to change, review or strengthen internal policy, practice and systems in response to the findings of this report.

12.2 Data

NCDV will continue to develop meaningful and proportionate methods of data collection from witness statements, with the aim of informing sector understanding of patterns, trends, and escalation over time, while avoiding assumptions of causation or attribution.

12.3 Trauma-informed practice

NCDV frontline teams will receive guidance to reinforce and support existing trauma-informed practice when working with victim-survivors, including where alcohol features within narratives of abuse. This will include learning that emerges from research currently being undertaken through our partnership with the University of Winchester (see section 5). This research looks at anonymised NCDV domestic abuse phone calls to better understand how victim-survivors recall repeated abuse, including where alcohol is part of their experiences, and how frontline conversations support these disclosures. The project focuses on how complex and ongoing abuse is described during calls, with the aim of strengthening trauma-informed guidance and evidence-based training for NCDV practitioners, alongside NCDV’s internal training and development programmes.

12.4 Signposting

NCDV is committed to safe and appropriate signposting for victim-survivors. We will review existing signposting information to ensure that relevant alcohol support services are included, alongside wider support pathways.

12.5 Training

NCDV will continue to raise awareness of the links between domestic abuse and alcohol within its training programmes, while maintaining clarity that alcohol is not the cause of abuse. Training content will remain consistent, evidence-informed, and focused on safeguarding, accountability, and survivor safety.

12.6 Awareness

NCDV will remain sensitive to the dynamics of domestic abuse and alcohol through:

- Sharing research-informed content via social media that does not frame alcohol as a root cause of domestic abuse and is non-judgemental towards victim-survivors.
- Ensuring consistency in dialogue with professionals, partners, and stakeholders.
- Including proportionate information on this topic within occasional website blogs and professional and survivor-facing resources.
- Collaborating with national alcohol services to strengthen mutual awareness and understanding across sectors.

13. Limitations of our analysis

13.1 Recording within legal narratives:

References to alcohol are drawn from witness statements prepared for civil protection-order applications. These are legal documents focused on establishing eligibility for protection and may not capture the full context or frequency of alcohol use within abusive relationships. As a result, the proportion of statements referencing alcohol is likely to underestimate its presence across all domestic abuse experiences.

13.2 Scope of the dataset:

The analysis is limited to victim-survivors who sought civil court protection through NCDV. Survivors who do not pursue legal remedies, including those who are more isolated or face additional barriers to disclosure, are not represented within this dataset.

13.3 Interpretive boundaries:

The analysis identifies explicit references to alcohol within survivor narratives, but does not capture the nature, frequency, or pattern of use, nor whether alcohol was used alone or alongside other substances. It also does not capture more implicit dynamics, such as alcohol being normalised, minimised, or unspoken within abusive relationships.

13.4 Perspective of reporting:

The data reflects victim-survivors' accounts of abuse and risk. It does not include self-reported alcohol use by victim-survivors, nor independent verification of alcohol use by perpetrators. Findings should therefore be understood as reflecting lived experience and disclosure within a legal context, rather than clinical or diagnostic assessment.

Crucially, many survivors emphasise that fear and risk were present regardless of alcohol use.

"I was always scared of what he'd do, what he was capable of—whether he'd been drinking or not."



14. Conclusion

This analysis of 63,046 witness statements shows that alcohol is frequently referenced within survivor narratives of domestic abuse, appearing in 42.6% of cases. At the same time, the majority of statements do not mention alcohol, reinforcing a critical and well-established point within the evidence base: alcohol use does not need to be present for domestic abuse to occur.

Taken alongside existing UK and international research, NCDV's findings support a nuanced understanding of the relationship between alcohol and domestic abuse. Alcohol may intensify volatility, fear, and risk, particularly where coercive control is already present, but it does not cause abuse. Framing alcohol as an explanation, risks obscuring patterns of behaviour, undermining perpetrator accountability, and delaying protective responses. The findings also underline the importance of joined-up working between domestic abuse services, health, housing, substance-use provision and others.

By bringing large-scale data together with contemporary literature and practice insight, this report contributes to a clearer, evidence-informed narrative about alcohol and domestic abuse. Its purpose is not to reframe, but to support proportionate, consistent, and safe responses wherever alcohol and domestic abuse intersect.

15. References

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