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Title: Understanding Women's Feelings About Safety and Hazards of Street Drinking in London Through Interpretative Phenomenological Analysis

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Word count = 9777 (including abstract)

AT, AM, SC
6-18-2019

0. Abstract

Understanding Women's Feelings About Safety and Hazards of Street Drinking in London Through Interpretative Phenomenological Analysis

Aims: Drinking alcohol in outdoor public places (e.g. streets and parks) and outside of formally organised events is perceived and reported as antisocial behaviour and may be indicative of a problematic relationship with alcohol, and other clinical needs. This paper aims to address a lack of qualitative research on street drinking in the United Kingdom and develop a textured understanding of the lived-experience of how some women engage in street drinking, in the context of one London borough.

Method: The authors collected semi-structured interviews as part of a larger mixed methods study on street drinking from April to August 2018. A sub-set of interviews (n=3) with women who were accessing local drug and alcohol services and had a history of street drinking behaviour were selected as a case series for triangulating analysis with a smaller, homogenous sample. These data were analysed using Interpretative Phenomenological Analysis with a reflexive, feminist, social constructionist approach.

Results: The authors developed and named a superordinate theme, Constellations of Safety and Hazards for Women Drinking in Public and Private. Within this, four themes were defined and illustrated from the data: Drinking outdoors to be away from hazards at home; Women's awareness of geo-temporal factors to moderate risk; Women identifying risks of accepting drinks from strangers; and Threats of untreated trauma within histories of heavy drinking. Definitions and illustrations from participants aid explanations of how the texts add detail or disruption to dominant discourses.

Conclusion: The case studies illustrating how these women have experienced alcohol misuse and behaviour change provide reflexive accounts of exercising agency in managing embodied and affective states of vulnerability. This was demonstrated by asserting choice around environmental spaces and friendships, even when still in positions deemed as 'risky'. These three women's decisions around drinking in public, outdoor spaces were shaped by complex interactions of interpersonal, intrapersonal, socio-economic, and cultural structures. Understanding behaviours is improved with data that situates people in contexts where they experience and make sense of their lives.

Keywords: Addiction, alcohol, interpretative phenomenological analysis, lived experience, qualitative methods, women's drinking.

1. Introduction

1.1. Street Drinking

Street drinking, or drinking alcohol in outdoor public places (e.g. streets and parks) and outside of formally organised events, can be associated with reports of antisocial behaviour and/or indicate chronic alcohol consumption and other problematic behaviours (Manton, Pennay, & Savic, 2014). However, there is a paucity of research evidence aimed at understanding the motivations and experiences of individuals who drink in this manner. Public and political concern on public intoxication in Britain has long focused on socio-economic signs. 'Being drunk and rich was not seen as a problem, but being drunk and poor most certainly was' (Plant, 2008, p.156). Street drinking has predominantly been examined from a position which presumes it to be an antisocial behaviour. However, some researchers have queried constructs of 'street drinking' and how it is constructed along geographic and class axes (Pennay, Manton, & Savic, 2014). Three studies in Australia evidenced that the dominant narrative of street drinking from the perspective of the drinkers themselves is socialising with friends, with an emphasis on social support and exchange of resources such as food, alcohol, money, and accommodation (Manton et al., 2014). Details of the structures of these intrapersonal exchanges and insights into possibly uneven distributions of power have not yet been explored.

The limited available evidence has tended to focus on infrastructural and enforcement issues related to street drinking – such as the impact of local bans on drinking in public spaces (Dixon, LeVine, & McCauley, 2006). Some evaluations of street drinking from legal and policy perspectives demonstrate strong support from police, residents, and commercial stakeholders whilst having negative impacts on marginalised, socio-economically disadvantaged people (Pennay & Room, 2012). Further, public consumption of alcohol has,

in the main, been viewed as a place for men exclusively and an exclusive behaviour of men, whilst women's drinking has historically been characterised as immoral, unrespectable, and unfeminine (Rolfe, Orford, & Dalton, 2009). Frances Heidensohn (2012) has noted the ways women's behaviour has been constructed as sexualised and deviant, emphasising the enduring centrality of normative family structures, patriarchy, and violence in both public and private spaces. Examining the emerging construct of 'street drinking' using empirical and theoretical contributions from feminist criminology, it is important to note how models of alcohol consumption and addiction intersect with constructs of class, gender, race, and ethnicity. People are thus created as subjects at-risk and/or vectors of-risk (Moloney, Hunt, & Joe-Laidler, 2015; Sanders, 2004). This literature is helpful to unpack notions of risk and how risk is operationalised to reproduce positions of social groups. Risk is used as 'a tool for governance' (Moloney et al., 2015), a way to conceptualise and manage problems, individuals, and communities. Subjective interpretations and lived experiences of risk vary over time and place. It is informative to review taken-for-granted and common-sense assumptions through a gendered lens to see where, if at all, gender has been considered in constructing the model of 'street drinkers'.

1.2.   Women and Alcohol

The majority of women in Britain drink alcohol, although men generally still drink more than women (Plant, 2008; ONS, 2018). Recent studies have studied young(er) women's drinking behaviours (Hutton, Wright, & Saunders, 2013), particularly through the lens of comparison to 'lad' culture (Jackson & Tinkler, 2007) or in the context of lesbian, bisexual, and queer women (Lewis, Mason, Winstead, Gaskins, & Irons, 2016; Nodin, Peel, Tyler, & Rivers, 2015). There are few studies which approach women's lived experiences as knowable other than in relation to those of men (Shinebourne & Smith, 2009; 2011).

There are a number of notable differences between men and women in their use of substances. Many of these are well documented (Ashley, Marsden & Brady, 2003; Greenfield et al., 2007), and include motivations for use, differences in substance dependence trajectories and outcomes, with women being more vulnerable to the negative medical consequences of long-term heavy drinking than men (Alfonso-Loeches, Pascual & Guerri, 2013; Frezza et al., 1990). There are also specific barriers for women seeking substance use treatment services (Neale, Tompkins, Marshall, Treloar, & Strang, 2018; Ashley et al., 2009). These can include social stigma (including from health professionals), feelings of shame, as well as sexual harassment from men in treatment (Copeland, 1997; Plant, 2008). Further barriers are likely in times of fiscal austerity, such as in the current UK context, where substance use services are being heavily reduced (Drummond, 2017; Mohammadi, 2014), potentially reducing access to specialist services for women at a time when they need these services even more (Durbin, Page, & Walby, 2017).

Women are also much more likely to experience increased levels of trauma through – or alongside – problematic use of drugs and alcohol (Grella, 1999), although bidirectional relationships of various predictors, mediators, moderators, and outcomes need further study (Lewis, Mason, Winstead, Gaskins, & Irons, 2016). While many of the practical barriers may be overcome with support (e.g. childcare, access to women's only services), the complex mix of intrapersonal and social boundaries are harder to address. Stigma can be considered to derive from women transgressing social and cultural boundaries of femininity and matriarchy (Rolfe et al, 2009; Griffin et al., 2009). At the same time, while this stigma may lead to women using drugs being viewed as victims, there are examples of women expressing choice and agency through their substance use as a means to take control (Waterson, 2000; Wincup, 2000), with parallels in other stigmatised socio-economic contexts (Shdaimah & Leon, 2015). There is a need for more research with women who drink heavily (or have done), especially

women in their middle and later adult lives (Rolfe et al., 2009). Further research is required to explore the interaction of processes (stress processes, coping and emotion regulation processes, social and interpersonal processes, and cognitive processes) from the perspective of women in heavy-drinking contexts such as street drinking.

1.3.   The present study

As part of a project aimed at understanding the needs, motivations and wider social context of street drinking, this paper focuses on three British women's lived-experiences of street drinking in east London, exploring their accounts of what motivates and escalates their behaviour, and compares factors of risk and resilience from these participants' contextualised life stories.

2.   Method

2.1.   Participants

The data in this study are presented as a case series of three British women who have a history of street drinking and are currently abstaining from alcohol use with support from local drug and alcohol services. Interviews, observations, and field notes were part of a larger mixed-methods study reported to local commissioners that explored factors that motivate and escalate problematic behaviours related to drinking in outdoor public spaces (Moss, Cox, Hodgkinson, & Tyler, 2018). The participants were recruited through purposive and snowball sampling with the help of local outreach workers within a partner drug and alcohol service provider. Given the detail and richness of the qualitative data from interviews and ethnography, we have focused analysis for this article on the interview data of a sub-set of three women who shared narratives of street drinking to create a smaller, homogenous sample for a case series (Lee et al., 2014), building on Shinebourne and Smith's (2009) use of

idiographic, phenomenological analysis of a single case study as informative in alcohol use, addiction, and health psychology. Idiographic studies emphasise 'the individual as a unit of analysis' to be considered on his/her own terms, with particular regard to their response in a specific context (Shinebourne & Smith, 2009: 153). This focus on individual women is informative to this study of the social and psychological health of women living in financial austerity and participating in stigmatised activity. In the criminology literature, women are often constructed as victims, lacking agency or ability to consider the consequences of their choices (Shdaimah & Leon, 2015). Here, we apply interpretative phenomenological analysis (IPA) to exploring aspects of the data (e.g. particular participants, salient narratives), and so triangulate the robustness of more generalisable, thematic findings from the larger project's data.

The three women have lived their whole lives in the outer boroughs of East London and at the time of interview were accessing services to support improved health and abstinence from drugs and alcohol. Their ages ranged from early twenties to late fifties, with different racial identities (Black, White, and Mixed Black-White). Each of the three identified that they had previously used another substance as well as alcohol (amphetamines, heroin, or cannabis). One of the participants did not self-identify as a 'street drinker', but did share stories during her interview that clearly illustrated street-drinking behaviour.

One of the authors (AT) conducted the interviews face-to-face using private rooms in a local drug and alcohol service. A semi-structured interview guide was mapped out on a grid rather than a list to facilitate the interviewer to be flexible and responsive to the ideas expressed by the participant and follow the direction of the participant in ordering their own narrative and how they made sense of their lived experiences. This person-centred format disrupts distinctions between 'semi-structured' and 'unstructured' interviews. The interview guide usefully frames prompts for analytical comparison, but the direction, depth and pace of the

interview are co-produced through the self-conscious, social interaction the participant with the researcher (Edwards & Holland, 2013). With each participant's permission, interviews were audio recorded using a digital recording device. Participants were given the option to choose their own pseudonyms and all names were changed, as well as other identifying details.

Inclusion criteria were that participants were at least 18 years of age, were resident in the borough or taking part in street drinking behaviours within the borough, and felt able to provide consent and participate in an interview. Participants were excluded if they indicated that they had recently used intoxicants. The outreach workers and field researcher emphasised that current or future access to services would be unaffected by the decision to accept or decline the invitation to participate.

2.2.   Ethical Approval

The study was given ethical approval (SAS1808) by the School of Applied Sciences at London South Bank University. Allan Tyler (AT) gave participants an information sheet and read the information sheet and the consent form with the participants to enable comprehension, answer any questions, and initiate a process of informed and ongoing consent. Participants were assured that they could refuse any questions or withdraw at any time without any impact on their access to local services. Each person agreed for interviews to be audio recorded for later transcription and analysis and AT offered the opportunity to receive copies of their transcribed interviews. One participant gave shorter answers initially and invited more prompting. One participant asked for clarification of some questions. Each participant was provided with a debrief sheet with further information and contact details for a helping organisation if they felt there was anything they wanted to discuss in more depth later.

2.3.   Analysis

The objective of the analysis was to explore and understand ways in which these women understand and make sense of their experiences as they relate to the identified context of street drinking in East London, including the memories and feelings of being in those specific places and times. To achieve this, we used Interpretative Phenomenological Analysis (IPA), taking our guidance and instruction from previous IPA studies of addiction experiences using individual case studies or small sample sizes (Shinebourne & Smith, 2009; 2011) and the larger canon of IPA research in psychology (Larkin, Watts, & Clifton, 2006; Pietkiewicz & Smith, 2012) and healthcare (Biggerstaff & Thompson, 2008). We chose a phenomenological approach to focus on the subjective, lived experiences of these three women, drawing on Heidegger's concept of being-in-the-world (Larkin et al., 2006). This phenomenological approach gives us scope to reflexively deconstruct and query the interrelationship between the site-specific contexts (i.e. places and spaces), the women's conscious decision-making, and the larger structures that framed the identities, behaviours, and decision-making they reported to us in interviews. As we are analysing such a small sample of interview data, we draw on IPA specifically to help us to frame the conscious actions of the interview participants within the interviews as well as in the remembered events. IPA as a methodology gives us a vocabulary and framework to reflect the effort of each participant to make sense of her own experiences, her choices with the interviewer, and the choices of the interviewer and analysts in trying to 'make sense' of each participant's efforts of sense-making (Shinebourne & Smith, 2009).

We analysed the data using an iterative, idiographic approach. Each interview was played back from a digital audio file by AT and transcribed to Microsoft Word with some help from a research assistant. This was done as near to the time of interview as possible in order to capture some of the energetic, non-verbal data such as interpretations of pauses, changes in

speed or volume, or emotional displays. Where possible, playback and transcription for one interview preceded the next interview, so that emerging themes could be utilised to inductively develop lines of enquiry with future participants. This step was also part of the thematic analysis that we developed to report summary findings to the project funder.

To become further immersed in the data, AT reread the transcripts several times and replayed salient sections of the audio recordings, making notes about conversation that disrupted the researchers' assumptions, represented more generalised experiences, or perhaps raised an emotional response from the participant and/or the interviewer. The place of emotion in the social exchange of giving/ taking the interview is consciously maintained. In part, this is through a commitment to ethical feminist principles for data collection and analysis: rapport building, power-sharing, and explicitly recognising how interview data is co-produced through the shared, social interaction of the interview (Edwards & Holland, 2013). This was extended through conscious reflection and supervision, drawing on the researchers' experiences of studying topics of lived distress and providing/accessing clinical supervision in treatment settings (SC).

In the next stage, AT brought the notes and transcripts together to develop candidate themes by sorting excerpts using descriptive core concepts (Larkin et al., 2006) such as 'Views on street drinking', 'Views on my own use of alcohol', 'Views on the local borough'. This step helped to structurally frame and give order to the diverse interview presentations so as to help us to make-sense of the individual contexts and experiences whilst maintaining the primacy of the participants' voices. Some IPA researchers have developed themes for one case before interviewing the next participant, whereas this project required us to take advantage of IPA's flexibility to work in parallel stages with multiple participants and their data, to recognise and capitalise on the more spontaneous and unpredictable patterns of 'being there' that were typical for many people in our intended sample. It was necessary during data collection that

we worked to minimise attrition caused by changes in potential participants' personal circumstances, such as being unable to attend a planned interview time; thus we have added detail to how we operationalised IPA's iterative approach whilst working with transcripts concurrently rather than consecutively.

At the next stage, AT then developed more contextual, descriptive, and explanatory frames for each of the excerpts. This step helped us to elevate our analysis from a 'minimal hermeneutic realism' (Larkin et al., 2006), to contextualise our participants' stories in their own subjective worlds whilst maintaining their anonymity, and to be more transparent to readers about how we developed our interpretative repertoire (Larkin et al., 2006). AT then transformed these expanded notes into more theoretically informative themes, clustering the themes we had developed by their conceptual similarities (Shinebourne & Smith, 2011) and labelled them, with SC and AM checking them against the original transcripts to corroborate that the meanings each participant had conveyed were maintained – and supported – through interpretation. In the final stage, we produced a table of themes, returning again to the data to review our meaning-making processes.

We are mindful of maintaining a rigorous level of reflexivity in using a social constructionist approach. We note our subject-positions as university-employed researchers from white, working class backgrounds (two British, one Canadian) in the positions of an educated middle-class or 'empowered strivers' (Robinson, 2014). Central to this, we are conscious that we are one woman (SC) and two men (AT, AM) analysing narratives of lived experiences of three women, where limits of embodied and contextual knowing must be foregrounded for a rigorous IPA approach.

3. Results

Interview data and field observations provided salient illustration of ways in which these women navigated intersecting patterns of danger and safety from expected and unexpected sources. We defined and illustrated four sub-ordinate themes from the data: Drinking outdoors to be away from hazards at home; Women's awareness of geo-temporal factors to moderate risk of being victimised when alone; Women identifying risks of accepting drinks from strangers; and Threats of untreated trauma within histories of heavy drinking. We developed one overarching superordinate theme to describe how these data construct the themes as Constellations of Safety and Hazards for Women Drinking in Public and Private.

3.1.   Drinking outdoors to be away from hazards at home

Sarah is a white British woman in her early twenties. She began drinking at 13 in response to abuse. She began to drink heavily and would drink in parks as a tactic to directly avoid her abuser. Expanding on why she chose outdoor spaces to drink, she explains,

> Because I felt like I felt safe and there is no one there to like, to tell me what to do and they would like, there was no one there to hurt me, and I would like, I wouldn't be near my [abuser] or − I just wouldn't be near people that would make me feel intimidated. (Sarah)

She spoke of physical assault, intimidation, and feelings of psychological distress. For Sarah, spending time away from home was a response beyond usual teenage angst. This represented a means of coping through the ability to physically distance herself from her abuser, albeit to another environment which presented risk.

In this sense, Sarah talks about using the outside space as means to change how she felt, ascribing it with more meaning than a route of escape or a place to consume alcohol. To her, it represents freedom through choice.

> Ya, the out-, the outdo-, the outside spaces, like, it would make me feel free because I'm not *trapped*, like I could go where I want and be, well not be who I wanted but I get to

express my feelings a bit more and like, if I, when I *was* drinking I would go for, on for long walks, and that's why I would choose the parks. (Sarah, 20)

In this quote, Sarah indicates that how she makes sense of street drinking has plural, interacting meanings for how she was coping with her family context – both drinking and being outdoors had meaning singly and in how she used them together. She is not solely turning to alcohol but using the space and occupying an embodied path of self-care and attempts at self-actualisation. For Sarah, the outside spaces signify feeling 'free' and 'not trapped'. She stops short of saying that she could 'be who I wanted' and reframes this as feeling more able to 'express my feelings'. By framing this excerpt this way, the alcohol seems almost a tertiary consideration, after the freedom signified by the outside space in Sarah's context of socio-economic scarcity and lived experiences of violence.

3.2.   Women's awareness of geo-temporal factors to moderate risk

Building on the contradictions of the meanings that Sarah ascribed to indoor and outdoor spaces in the previous subordinate theme, this subordinate theme helps to provide understanding of the contexts that make particular outdoor spaces feel comparatively safe as well as capturing the reflexive agency that our participants exercised in evaluating and moderating potential risk of further harm to themselves. This includes how they how they assess their immediate social environment, make decisions to avoid closed-off or secluded spaces, and impute meanings of belonging and safety or exclusion in groups.

Britney, now in her fifties, talked about drinking bottles of wine on the bus with girlfriends on their way to pubs or clubs for a night out, and how this seemed ordinary at the time.

> Back in the 80s, when I was working, it was always a thing. We'd meet up. We'd go around. We'd get on the bus and have a short bottle on the bus. We get off at the off license. We'd get our drinks. And before we get to our destination, I would – we all sit there – four, four of us girls, all girlfriends, sitting up – then, there weren't no banned on. You couldn't – you know, you could *drink* on the bus. Sitting on the back of the bus!

> *Neckin'* it! Before we get to our destination. To me, those were happy times. (3s) I didn't think there was a problem until certain things happened. You know, to me. So. You know. (Britney)

In Britney's account, drinking a bottle of wine on the bus is presented as a normalised activity in her peer group, perhaps with the financial advantage of being less expensive than paying for the same quantity of alcohol from served drinks. She frames this as a positive thing, in 'happy times'. Drinking heavily in public in this account is not constructed as being hazardous, but as part of a leisure activity that women did (Rolfe et al., 2009). Socio-economic status is salient here, particularly in how it performs metonymically as 'class' in Britain. How constructs of class shape – and are shaped by – drinking behaviour is signalled here for us reflexively reading Britney's unselfconscious account. The construct of 'street drinking' is reinforced in this type of example by the position of the drinker outside of a residence or venue, en route between the two, and in public and in the street. Yet the public is omitted from Britney's story. There are no passers-by, pedestrians, or other commuters in her telling. That is not to say they were not present, only that they are not recreated in this account. The geographic definition of 'street drinking' is blurred when that same position moving through the streets is sheltered from the elements, if not from the scrutiny or attention of others.

Both Sarah and Beth, who is in her forties, differentiated drinking on street benches from drinking in parks as a way to manage their own safety when out in public, by being visible and amongst people if they felt in danger, particularly from men. Sarah continues, talking about the times where drinking alcohol had a more primary focus in her activity,

> Or when I would be drinking on the benches, is if like, I had nowhere else to go and they would be the only things there. Like, it would be, if it was at night-time, it would be too dark to go through a park, obviously I'd be scared to go through there, so I'd be sitting on the benches, just drinking and everyone would walk past. Pointing and saying, "Oh, look. Look at that alcoholic." But. They don't know what people go through. See? (Sarah, 20)

She frames the limits of her options for places to spend her time away from home, signalling the benches as 'the only things there' with the option of 'nowhere else to go' for a girl in her area. The quote points to geo-temporal factors such as time of day and amount of light and visibility that people, particularly women, take into account when assessing actual or perceived safety (Boomsma & Steg, 2014). These were salient factors in these women's accounts of their decision-making, and factors that have been used to argue personal responsibility in cases where women have been attacked (illustrated later). Geo-temporal factors were also notably significant when triangulating data from field observations of who was present and/or drinking in the area.

Whilst relying on the presence of more people as a strategy for being – or at least feeling – safe, nonetheless, both Sarah and Beth spoke of the threats that other people presented. The quote above animates the passing public, 'pointing and saying, "Oh, look. Look at that alcoholic."' This illustrates the stigma felt by these women, and the possibility of potentially feeling that stigma, appear to be balanced with the need to be in what they perceived to be relatively safe, busy, parts of town.

Beth, who is currently engaged in alcohol support groups, recalls feeling threats of stigma and judgement. In the following excerpt, she talks about what street drinking is like for some women in her area. She refers to feeling judged by others as well as feeling vulnerable from men.

> It's very much judged. And also, they're pretty vulnerable. Because some, some men used to mistake, mistake me for a prostitute. [A: Oh! Okay.] So I looked that, I looked that shattered, I looked such a state, a mess that I was, that's what drink does to you, that I got mistook for a prostitute or – you know? Erm. And being left vulnerable. You know. Erm. Ya.

Beth's responses expand on Sarah's account of the people passing by and passing judgement as well as adding texture to a feminist understanding of how women continue to be

sexualised and put at risk when using alcohol in public spaces (Plant, 2008). In this quote, she explains how slippage between signs, which have been discursively associated, construct and reinforce repertoires of prejudice and misrepresentation. Specifically, Beth recounts how in her 'shattered' state, she would be mistakenly approached for sex-trade or sex work. Beth explains elsewhere that families with children evoked feelings of judgement for her more than adults alone. Beth talks about feeling embarrassed, or not, in response to a question to define what addiction means to her.

A: […] What does addiction mean? What is an addict? To you?

Beth: Someone that will, erm, do anything to have a drink. Not care about the mums that are walking past with their kids. You know. Children staring at them. It's not good for kids to see is it? You know what I mean? When I used to be drinking on a bench and a mum used to walk past with their kids, I used – that's the only time I used to feel embarrassed. Other than that, I never felt embarrassed You know what I mean. Because the kids would stare. So for children, I th— I think it doesn't look good for children when they're walking past with their mum or with their dad. You know. B'cause the mum or dad, kind of like, kind of pulling them and like rushing past because they don't really want their children to see that but their children have to see that. Other than that, I didn't care who saw me. But, but kids. Ya. That did bother me. (Beth)

What this quote illustrates are the ways that multiple symbols are interacting to create shifting meanings, which complicate understanding individual experiences of addiction to alcohol. First, Beth frames an addict as 'someone [who] will do anything to have a drink', the 'anything' being illustrated as disregard for the socio-psychological welfare of children. Beth had identified herself as a mother at the start of the interview, but did not discuss her own child. In this excerpt, she constructs both the person street drinking and the mothers. One interpretation is that both are related as being other to herself in her use of third person ('their', 'them'); however, she then changes footing to discuss her own feelings when she was street drinking in relation to the mothers. She omits a verbalised reference to herself as a mother, but also empathically animates the actions of parents 'pulling' their children and 'rushing past because they don't really want their children to see that'. Being seen and feeling

judged by other adults did not bother her, whereas her interactions with children did, even as the passive object of their observation and subject of their social learning.

However, Beth also illustrates how feelings of stigma can are less important to her when compared to a drive to maintain heavy alcohol consumption. One of the most prescient dangers, which Beth's account illustrates, is the intersection of the vulnerability of a woman who has multiple disadvantages and the proximity of men who see opportunities to take advantage of a woman who may be seen to be in a disadvantaged state.

3.3.   Women identifying risks of accepting drinks from strangers

However, despite obvious attempts to navigate risks, for some women with already limited financial and socio-economic capital, the effects of both inebriation and distress on cognitive ability and self-efficacy magnify disparate distributions of (gendered) power (Lewis et al., 2016; Pitoňák, 2017). In the following example, Beth offers a reflexive account of how she made decisions that she would otherwise consider differently, excepting her compulsion to continue drinking.

> Because if I was on a park bench and I was running out of drink or I'd drunk my last drink, you know, guys would see you on a park or see you on a bench and they start talkin' to ya. And I might not even know that person. And like, if they'd offer, offer more drink for me, I'd go back to their house for a drink. So, therefore I was vulnerable because of going back with a stranger. They've seen that my drink's run out, the bottles on the floor empty, and erm, that's where women are vulnerable. Like bench drinkers. You attract males. Erm. Some males that have got money. You know. And erm, they take you back to their house with a offer of drink, you're gonna go, if you're an addict. […] I think there's a whole manner of risks as a, a, as a female drinker. Erm Society might look on a female drinker as, erm "She's a bit loose." (Beth)

Beth makes a clear connection in how one form of scarcity ('running out of drink') framed her in such a way that strange men would approach her, putting her in a position of vulnerability (accepting offers of alcohol from strange men). She identifies the sliding significance of the empty bottle, through the offer of more alcohol, to being removed from a

relatively safe space in public to a private ('back to their house') or less-observable space. Beth does not say that money is significant to her, but she points out the intersection of gendered power and economic power ('Some males that have got money') as an associated risk for women who are drinking in public spaces. Again, agency and decision-making are framed here as drawing on a number of competing signs of risk (running out of drink, going to the house of an unknown man). Drawing on a hermeneutic of empathy, Beth's choices in context may have made sense to avoid the physical and psychological withdrawal symptoms of running out of drink.

Sarah's story adds lived experience detail to the hypothetical of Beth's concern of what could go wrong. Sarah also talked about how men would approach her and offer to give her and a friend more to drink, a pattern she recognises now as being dangerous after one of the men drugged her. Before reaching the legal age for drinking alcohol, Sarah had been drinking heavily and then returned to abstinence, with the help of a female friend who showed her how to cut down her drinking safely and eventually stop.

> Um. I would get really, like, I would get paralysed. I wouldn't be able to walk. I wouldn't know where I was, half the time. But I would, like I would be, sitting on the bench somewhere, and then the next thing I know, I would woke up in someone's house. And I would like, I didn't know where I was and who took me there. Half the times I would be out with me mates and then like, we'd get a group of people come up to ya. And one time two people came up to me and my mate and they invited us back to their place and we was drinking and I went to the toilet. And as I came back – I finished the rest of my drink, we went home and I passed out on top of the hill at [anonymised] and my mate called the ambulance for me. And when the people who done the drinks for us, they spiked my drink. [A: Oh no] Ya. And like they, what they found in it is called date rape. And they put that in there. So you got to be careful when you leave your drink around as well. That's one of the reasons why I wanted to get off it. Because you don't know who's put what in your drink, or what's gonna happen. (Sarah)

In this quote, Sarah vividly describes an embodied state of being with alcohol, drinking to the point of 'get[ting] paralysed' and being unable to walk. She reinforces a disruption of a body-mind dualism by following her inability to walk with her inability to locate herself in a

particular space, saying she 'wouldn't know where I was, half the time'. Sarah extends – and also explains – her disembodiment in space with her loss of time, moving from 'sitting on a bench' to waking up in someone else's house.

Britney uses similar imagery of being 'absolutely legless' evoking images of being propped up and Beth uses much the same language of paralysis and being physically reliant on others when she describes some of her own drinking behaviour as a teenager. She evokes an almost visceral reaction with a particular 'flavour' of spirit when she says, 'I drank vodka when I was a teenager. And I, I got extremely paralytic on. And they had to carry me and I was sick everywhere and I *hate vodka*.'

Sarah's account is salient as it links the intrapersonal, the interpersonal, and the social levels of her narrative, introducing other characters into her story: her mates and groups of people from unnamed occasions, her friend and two people (whom she does not name as men) on a single occasion, as well as characters who are implied into the story: ambulance staff, forensic scientists, perhaps police. She narrates how for women, being with another person is not necessarily a protective factor and can attract multiple other people. A hermeneutic of empathy might focus on a 'false sense of security' – surely a misnomer where every woman's human right is entitled to feel safe from attack regardless of her location or state of being.

3.4.   Threats of untreated trauma within histories of heavy drinking

Britney described events where men did enact physical and sexual violence against her during her street drinking periods and times when she would start drinking with friends on the way to an event, but drink so much that she lost memory and consciousness.

> And we used to go in. And still be drink – well, well, you know, come out absolutely legless, but I thought that was fine. I thought that was fine. You know. Except, we were together, we don't care. [inhales through nose] But erm, ya. But it just, it's just – It was just at the stage where, where I was *left*. [softly] I was left on me own. At a place. And

> that's when it *started*. But I still didn't realise. Because I was like, you know. My, 'cause I mean, I was nearly gang-raped (3s) by five, five or six, but I can't remember but I know it was about five or six, I was went to a party with my friends (3s) 'Course I was drinking. Passed out. Ss- Woke up to these men pawing at me. (Britney)

Britney shared details of what men had done to her on different occasions where she had lost consciousness. She shared the shame she felt and the powerlessness of not feeling able to go to the police after the first attack and her feelings of hopelessness and anger when her next attacker did not face prosecution. Her story disrupts narratives of causation or differentiations between models that situate lived experience of distress as *either* a mediator or moderator of illness (Grant, Compas, Stuhlmacher, Thurm, McMahon, & Halpert, 2003; Hatzenbuehler, 2009; Pitoňák, 2017). She says, 'And that's when it started,' meaning that's what she identifies as when her problems with drinking started. At this point, it is especially useful to compare a hermeneutic of doubt with a hermeneutic of empathy. One interpretation could be that Britney's problems with alcohol preceded her attacks, where she was drinking to the point of unconsciousness. Another interpretation could be that drinking to the point of unconsciousness should not prompt other human beings to sexually assault one who is unconscious, and so a direct connection made between the narratives of alcohol use must be reflexively analysed and understood through a dominant repertoire that reinforces sexualisation and victim-blaming of women who drink.

Although Britney no longer drinks in public, she expresses some distress about young people who currently engage in drinking outside. In her interview she describes drinking heavily at home now and is explicit about how she remembers using alcohol to cope with the distress she felt following another violent attack from another woman.

> But I always remember getting up that morning because I was still shocked that this girl was going to stick that bottle in me face. So, erm, I remember getting up. And I was still – my head was all over the place. And I couldn't – and the *hurt* that, you know, she was going to do that to me. I just went and got this bottle of wine. And this about this was 8 o'clock. I'll never forget that. Eight o'clock Sunday morning and I went – no breakfast

nothing – I just brought the bottle of wine and "kk" [mimes opening a screwtop bottle], poured it into a glass, drank it, sitting down there, crying – 'cause I remember *blubbing*. But er and then but, crying but drinking it and feeling that the pain was lessening. Lessening. And that's when I realised – but I didn't realise because I was in denial, that me drinking. And it got worse, and it got worse, and I got myself into precarious – *more* situations through the drink. Even down to the fact that, my friends didn't want to go out with me because I was drinking. (Britney)

We chose this longer quote from Britney for four reasons. It provides intimate detail, which vividly illustrates that moment of agentic use – distinct from 'choosing' – of alcohol as a mode of affect regulation. Her 'head was all over the place' and at eight o'clock in the morning she poured a glass of wine and drank it whilst crying, 'blubbing' then 'feeling that the pain was lessening'. Placing that account within Britney's broader narrative, there is a tension in how this event would be described as a first time or a turning point in Britney's more focused narrative of alcohol use and associated harms. It is presented as the first time and starting point at which Britney begins to drink alone in her home, which is differentiated from her public drinking with friends and others, but similar in the volume of consumption. We also present this story of drinking alone at home as a contrast to stories in the data where safety is not sought or preserved at home, like Sarah's agentic escape from a home where there was violence; furthermore, it illustrates a further tension as the safety of the home-space is arguably disrupted by the presence of/dependence on alcohol. Finally, but perhaps most poignantly, this account is representative of the ways in which these women spoke of their own (drinking) behaviour as being the cause of or route to 'precarious' situations.

Sarah: […] And it hurts. But at end of the day, at the end of the day, I put myself in that situation. So, ya.

A: Is that, is that how you think about it? That you put yourself in that situation?

Sarah: Ya.

A: How do you –

Sarah: It's all self-inflicted. There's no – it's not really anybody's fault, apart from meself's. But, like, it's also what's happened to you in the past but you can't forget about

it. It's not like, like, if something traumatic is happened to ya, it's hard to let go, unless you've got a substance to use but then again, you come back to reality, it's back there again. Ya.

In this excerpt, Sarah has been talking about her feelings and how she felt judged and 'discriminated against' by passers-by who would see her when she was drinking on street benches in busy streets. She makes a claim of personal responsibility for being in 'that situation', which may signal a maturity and process of self-reflection which she has developed from experience or from discourses of the drug and alcohol support groups and services, and the people with whom she regularly interacts who are also doing personal development work in groups and with keyworkers. But this excerpt of the interview came much later in the interview, after Sarah's stories about what had been done to her at home and the lack of resources she had growing up. We highlight this within a social constructionist approach as this had prompted AT to question in the interview the individuation that was imposed on Sarah's interpretation that her actions alone were the sole cause of the feelings she had when she was drinking on benches and the ways people behaved towards her. For Sarah, there is space in her interpretation to expand her narrative from the intrapersonal to the interpersonal in two ways. First, in how she changes footing, using second-person 'you' which reinforces that she is not the only person who can be found in such circumstances. Second, her account expands to the interpersonal in the context of (not) apportioning blame or claiming responsibility. She does this with her use of a passive voice, 'it's also what's happened to you in the past […] like, if something traumatic is happened to ya' reinforcing the feeling that people are acted upon whilst at the same time erasing that other people are performing those actions which have had such profound effects and consequence. Whilst AT did not want to challenge that interpretation further in the interview or a sense of agency or connection it may have carried for Sarah, we want to add our interpretation that actions *are* enacted by people – individually and collectively as institutions, and that those actions can

and do have lasting effects which can be catalysts which prompt others to turn to or stay within the effects of alcohol or other substances.

4. Discussion

These four themes help to illustrate and explain our super-ordinate theme 'Constellations of Safety and Hazards for Women Drinking in Public and Private'. In this section, we extend the existing literature by developing some of our observations and the observations of our participants, by situating them within and against existing evidence and theory. We are able to extend the literature on street drinking, as well as understandings of some women's motivations and stressors related to drinking heavily in interpersonal and intrapersonal socio-psychological contexts, as well as certain political, cultural, and socioeconomic contexts (e.g. low income, restricted social opportunities, and austerity).

In London, and across Britain, economic recession followed by a decade of austerity policies have impacted people who have traditionally relied on state-provided income, social care, and housing services, with a measurable increase in homelessness (Loopstra et al., 2016). In particular, women are disproportionately affected by cuts in public spending, are more likely to experience poverty related to being in-and-out-of-work, whilst also affected by weakening of mechanisms to support claims against non-compliance with equality legislation (Durbin et al., 2017) In analysing and presenting these data, we are mindful of the particular economic and social context, where policies of austerity have acutely affected services provided and limited the availability of certain types of support. These include options for recreation, personal and professional development of young people like Sarah, and access to timely –

and ongoing – mental health provision for women struggling with emotional distress from a range of experiences such as illustrated in this data. These cuts have been particularly dramatic with addiction services in the UK, with a decrease in trained practitioners and specialist services (Drummond, 2017; Mohammadi, 2014).

The three women in this analysis reported having to negotiate space and personal safety. We apply Boomsma and Steg's (2014, p.193) definition of social safety as 'the protection or the feeling of being protected against danger caused by or threatened to be caused by human actions in the public sphere and can refer to both actual safety and perceived safety […] and may reflect both cognitive and affective responses to risks'.

For these three women drinkers in our sample, particularly as women drinking alone, they report continued vigilance against a lack of protection from micro-aggressions (unwanted solicitation from men) or safety (from being removed from a venue or public space by potential attackers). Whether in outdoor or indoor spaces, these negotiations reinforce a position of women as a power minority and may have a negative impact on their ability to develop social connection and social capital. The hypervigilance that is demanded of these women drinkers may have consequences for their mental health, coping, emotion regulation, social and interpersonal, and cognitive processes, in ways that have modelled the long-term impact of distress experienced by people in minority groups and distress related to stigma more specifically in the psychology literature about sexual-minority women (Pitoňák, 2017).

What our data disrupts in the current literature is an assumption that 'culturally normalised, positive expectancies about the effects of alcohol may further reinforce motives to cope by drinking' (Pitoňák, 2017, pp 68-69). The three women in this small sub-sample have reverted to abstinence or are continuing to attempt to maintain abstinence from alcohol. The experiences they recounted to us do not frame the effects of alcohol as positive. In contrast or

perhaps in tandem, these women's stories included additional stressors with which to cope such as having to negotiate access to a state-provided income, housing, and mental health treatment.

Evidence has shown, people who feel high levels of perceived public stigma believe that others negatively evaluate and discriminate against individuals with mental health problems, which they go on to internalise as self-stigmatisation, feeling shame and devaluing themselves simply for experiencing psychological distress (Corrigan, 2004). Our data highlights how women like Beth or Britney, who have used alcohol as a way of coping with distress or emotion regulation, may feel a double stigma of struggling to self-regulate their emotions, their behaviour, and their alcohol consumption. In contrast, Sarah's data extends this tension by disrupting this double-deficit model by illustrating her realisation of a certain amount of self-efficacy in having remained abstinent from alcohol even through continued adversity.

Our findings add a gendered lens to understanding safety, risk, and rational choice as they intersect with how some people use alcohol. This is important given the extent to which much research in this field assumes lived-experience to be 'gender-neutral', or homogenises women as a single, knowable category (Parker & Reckdenwald, 2008). The complexity of seeing women in East London's street spaces as both subjects-at-risk and subjects-of-risk (i.e. potential victims and possible offenders; Moloney et al., 2015) challenges black-or-white thinking about ideas such as safe public spaces or safe alcohol use. The complexity and intersectionality of the diverse and often contradictory experiences, behaviours, and identities of these three street-drinking women reinforces the importance of promoting and understanding diversity in the services and infrastructure which are set up to support these groups.

We began this research understanding there is a paucity of research that has sought to understand individual experiences and motives of people who drink in public spaces. The analysis presented here has focused on the particular experiences of three women, drinking on the street in an east London context. Our findings have highlighted a number of important issues, in particular those related to safety and risk management. These issues are important because, in the main, past research around street drinking has tended to focus on enforcement actions to reduce or divert street drinking. For the women we met, such interventions might actually interfere with their ability to manage and minimise their own risks when street drinking.

Future research in this area should focus on developing more sophisticated understanding of street drinking amongst wider groups, to better inform policy and social interventions which ostensibly aim to reduce some aspects of the potentially anti-social nature of street drinking, in such a way that does not adversely impact on those who might be most at risk of harm.

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6.   Figures and Tables

Table 1: Super-ordinate theme: 'Constellations of Safety and Hazards for Women Drinking in
Public and Private'

Sub-ordinate themes	
Women drinking outdoors to be away from violent family members at home	Physical assault by [anonymised] Drug-taking by carers

	Coercion to commit crime
	Comparative safety of outdoor spaces
	Physical and psychological 'freedom'
	Feeling of freedom of outdoor space as well as feeling of release from drink
Women's awareness of geo-temporal factors to moderate risk of being victimised when alone	Social influence informs normalisation of drinking on public transport
	Feeling safe in groups of friends
	Isolation and darkness of parks
	Feeling safe on streets with lights
	Feeling safe on streets with passers-by
	Tension of feeling judged by passers by
	Approaches by unknown men
Women identifying risks of accepting drinks from strangers	Weighing risk of 'running out' with risk of associating with unknown men
	Feeling of withdrawal
	Drinks provided with no financial cost
	Power dynamics of men with money and women wanting to drink
	Offers of drink contingent on company
	Offers of drink contingent on relocating to private space (men's homes)
Threats of untreated trauma within histories of heavy drinking	Heavy drinking that bookends violence
	Home space feels unsafe with presence of alcohol
	Feelings of intrapersonal responsibility
	Constructing the interpersonal
	Interpretations of omissions of the social structure