

Public awareness: A general population survey on the public's perception of alcohol-  
related crime in Ireland

Erin Byrne

16429402

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Student name: Erin Byrne

Student number: 16429402

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**ABSTRACT**

The negative effects of alcohol related consequences not only have an effect solely on the drinker themselves, but others around them can be affected by these consequences. This study assessed the public perception and experiences of such crimes in relation to age gender location and binge drinking rates. 200 participants completed a within-participant cross-sectional online survey which distributed across several social media sites. The results of this study found that most participants felt that alcohol misuse was a problem and that violent crimes were the biggest cause for concern in their area. Females were found to have higher levels of alcohol misuse as a concern than males, 18-25 year olds were more likely to witness or be involved in a verbal or physical assault and binge drinkers were also more likely to be involved in a verbal or physical assault. The implications of this study could lead to the potential influence in legislation reform. High levels of community concern for alcohol – related crime could provide policy makers with implementing new strategies to reduce harm in city entertainment precincts.

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## INTRODUCTION

There is strong evidence found that links alcohol to a number of different health and social problems, and therefore, creating a considerable level of interest both nationally and internationally in developing interventions with the aim of reducing alcohol consumption levels that are associated with harm. Several cultures and social practices have a connection with the use of alcohol, especially in Ireland, as it provides perceived pleasure to many individuals who use it. The modern Irish society has become associated for a preference for strong drink, in both popular culture and in practice. Despite this, there is another side of alcohol that tends to be overlooked within Ireland. For instance, the harm it causes to the lives of its users, the associated diseases it can trigger and the large scale of violence and injuries that are associated with it. Furthermore, the pain and suffering experienced by the users and the individuals around them as a result of its use. Even though there is a large known health, social and economic risk that is associated with the harmful intake of alcohol, it has remained a relatively low priority in public policy, including in public health policy and in crime prevention, with the 1<sup>st</sup> mention of alcohol consumption in Irish drug strategy legislation only being introduced in 2009 (Griffiths, Strang & Singleton, 2016).

### **Associated harms**

In 2018, the World Health Organisation reported that one of the leading risk factors regarding population health was the harmful consumption levels of alcohol, leading to a direct effect on many health-related areas (World Health Organisation [WHO], 2018). Alcohol has been ranked by the European Union as the third highest risk factor for ill health and untimely death (Hope, 2008), accounting for 3.3 million



deaths per year or 5.9% of all global deaths (WHO, 2014). Statistics released by WHO has shown that the levels of alcohol consumption and abuse within Ireland are remarkably higher compared to most other countries worldwide (WHO, 2014; 2018). Within Ireland, alcohol is seen as a central aspect to the Irish culture, playing an intricate role in not only activities, but in Irish society in general (Hope & Mongan, 2011). In 2014, Ireland was ranked as having the 2<sup>nd</sup> highest rates for binge drinking worldwide (WHO, 2014). Between the years 1970-2006 when alcohol consumption rates were dropping globally, the alcohol consumption rates in Ireland doubled, making it one of the largest increases seen by researchers (Byrne, 2010). In 2013, there were 1,055 alcohol related deaths in Ireland, averaging at 88 deaths a month or three deaths per day, with males accounting for 73.8% of deaths and females accounting for 26.2% of deaths (Mongan & Long, 2016).

### **Economic burden**

Alcohol consumption bears a substantial economic burden (Anderson & Bamberg, 2006; Bamberg, 2006). Developing an understanding of the economic cost of alcohol consumption could potentially be used as a valuable source of evidence to be used by policymakers, researchers and public health planners, especially with regarding the formation of alcohol-related policies (Thavorncharoensap, Teerawattananon, Yothasamut, Lertpitakpong, & Chaikledkaew, 2009). The economic burden of alcohol consumption in Ireland is costly, with €1.5 billion of tax payer's money being used for alcohol-related discharges from hospitals (Mongan & Long 2016). It has also been estimated that alcohol-related crime in Ireland costs €686 million and alcohol-related road accidents costs €258 million (Hope, 2008) with the overall cost of alcohol misuse to Irish society in 2013 being €2.35 billion (Hope, 2014).

### **Demographic profile**

The risks that have become associated with high levels of alcohol consumption tends to differ across groups, including those that are defined by their different demographic variables such as age, location, and gender. Within Ireland, The Healthy Ireland Survey was conducted in 2015 and found that “drinking to excess on a regular basis is commonplace throughout the population”. The results also suggest that the frequency of drinking tends to rise with age, before falling again amongst those over the age of 65 (Department of Health, 2015). They found that 39% of drinkers aged 15-24 reported drink weekly, with this figure rising to 63% in the 55-64 year olds and dropping down to 59% of those aged 65 and over (Department of Health, 2015). However, several large national surveys conducted outside of Ireland, such as the National Epidemiologic Survey on Alcohol and Related Conditions, as well as the and the National Survey on Drug Use and Health had reported that individuals aged 18–25 were at high risk of developing problems with alcohol use (such as alcohol use disorders) and causing unintentional injury when drinking (Delker, Brown & Hasin, 2016).

Research into alcohol consumption rates and gender have consistently shown results that support the idea that adult males tend to consume higher amounts of alcohol and develop more alcohol-related problems than females (Substance Abuse and Mental Health Services Administration, 2009) Notably, male drinkers also tend to experience more behavioural problems caused by their drinking habits than female drinkers (Wilsnack, Wilsnack, Kirstjanson, Volgeltanz-Holm, & Gmel, 2009). However, research has found that overall alcohol consumption is rising worldwide, with researchers now a finding a consistently narrowing gender gap, although it is important

to highlight there are discrepancies present within nations and societies (Moinuddin, Goel, Saini, Bajpai, & Misra, 2016).

Gender difference in alcohol consumption rates in Ireland has also been researched. A survey of lifestyle, attitudes and nutrition in Ireland (SLAN) was conducted in 2007 and found that Irish men drank more frequently than women, with 45% of men stating they drank 2-3 times a week compared to 29% of women (Morgan et al, 2007). The Healthy Ireland Survey reported similar results, reporting that men tend to drink more frequently than women, with 60% of men who drink reporting that they do so at least weekly, compared to 46% of women (Department of Health, 2015). A global study conducted in 2014 by the World Health Organisation has also reported that 62.4% of Irish men and 33.1% of Irish women that had consumed alcohol, engaged in binge drinking behaviour, ranking Ireland as having the 2<sup>nd</sup> highest rate of binge drinking worldwide (WHO, 2014).

### **Deviant behaviour**

The negative effects of alcohol related consequences not only have an effect solely on the drinker themselves, but others around them can be affected by these consequences (Hope, 2008). Surveys conducted in Australia found that in a year period almost 75% of the adult population had reported that someone else's drinking had negatively affected them (Laslett et al., 2010). Within this area of research, there is a large amount of evidence which consistently supports idea that, within certain societies and situations where high levels of alcohol consumption is common, crime committed tend to involve individuals who had been drinking just prior to committing the crime or who were intoxicated at the time. A study conducted in 2003 found that offenders are

heavier drinkers compared to non-offenders (McMurrin, 2003). There was a 10% rise in offenders under the influence of alcohol between 1995-2003 in the United Kingdom, rising from 41%-51% (Meier, 2010) and between 2008-2009 it was estimated that over 970,000 violent offences had been committed when the individual was under the influence of alcohol (Walker, Flatley, Kershaw, & Moon, 2009). Worldwide, the implications stemming from alcohol inebriation and abuse continues to be a public health concern. Research has been found that suggests alcohol intoxication is a key factor in numerous different areas of crime (McClelland, & Teplin, 2001).

With the rise of alcohol consumption rates, there has also been an increase in alcohol-related health and social harm in Ireland (Hope & Mongan, 2011). There is a general awareness within Irish society about that harm alcohol causes others and how it has become an important health and social problem in Ireland (Hope, 2014). Several national surveys carried out in Ireland have reported that many people have personally experienced negative consequences because of other people's behaviours when drinking. One national survey conducted in 2006 found that, over 50% of the respondents had reported that they were felt concerned regarding another individuals alcohol use, with 40% of individuals reporting experiencing either injury, harassment or intimidation due to their own or someone else's alcohol consumption (Alcohol Action Ireland [AAI], 2006). A national lifestyle survey conducted on college students (CLAN) in Ireland reported that nearly 60% of male students and over 50% of female students had reported experiencing harm because of another individual's alcohol use (Hope et al., 2005). These findings were further supported by another national survey on alcohol related harm conducted in the Irish community which found that 60% of the individuals

interviewed reported being some way negatively affected by another individuals drinking (AAI, 2011).

### **Alcohol consumption and criminal behaviour**

A large quantity of scientific based literature has previously established a strong link between alcohol use and engaging in criminal behaviour, particularly in certain violent crimes, such as domestic violence, assaults and homicides (Martin, 2001; McClelland, & Teplin, 2001; Carpenter & Dobkin, 2010). Drinking by the individual committing the crime, by the victim or by both has been frequently found to be a contributing factor in homicide cases. One study conducting a meta-analysis of 23 independent studies, analysed data collected from over 28,000 homicide cases across nine different countries, found that nearly 50% of all homicide offenders were reported to be under the influence of alcohol at the time of the offense (Khuns, Exum, Clodfelter, & Bottia, 2014). Researchers have reported finding a strong link between domestic violence and alcohol use within in the general population, with evidence suggesting that alcohol use leads to not only an increase in the occurrence of the assaults, but also the severity of domestic violence (Testa, Quigely, & Leonard, 2003; Brecklin, 2002). In the case of sexual assaults, researchers have found that approximately 50% of all reported assaults had involved alcohol used by the victim, perpetrator, or both before that assaults were committed (Abbey, 2011; Messman-Moore, Coates, Gaffey, & Johnson, 2008).

### **Offending patterns**

Alcohol related crime also has a massive impact on Irish society as alcohol has been recorded by the Garda PULSE system as being identified as a major contributory

factor in approximately 97% of public order offences (Hope, 2008). Alcohol Action Ireland (2013) published statistics on alcohol related crime and found that almost half of the perpetrators in homicide cases were reported as being intoxicated at the time the offence was committed. In addition, a national study conducted on domestic violence in Ireland had reported that over 25% of all domestic abuse cases that were reported to the garda had stated that alcohol was involved (Watson & Parsons, 2006). Records have reported that between the years 1990-2006 in Ireland, 7,078 people were killed on Irish roads with nearly 2,500 of these involving alcohol use (Hope, 2008).

The Sexual Abuse and Violence in Ireland (SAVI) study reported that over 10% of men and over one quarter of women had experienced some degree of sexual abuse in their adulthood, with alcohol reported and being involved in almost 50% of the cases (McGee et al., 2002). This has been consistent with other global studies (Abbey, 2011; Messman-Moore, Coates, Gaffey, & Johnson, 2008). Another study regarding sexual assaults in Ireland conducted by the Rape Crisis Network Ireland found that 76% of defendants were reported being intoxicated at the time of the assault (Hanely, Heaver & Scriver, 2009).

### **Biological theory**

Alcohol has been found to be the most common psychotropic contributor to aggressive behaviour, with alcohol use being involved in approximately 35% -60% of all reported violent crimes in many parts of the world (Denson, Blundell, Schofield, Schira, Kramer, 2018). Previous national research has shown that alcohol consumption can be linked to numerous different forms of violence, ranging from homicide, to domestic abuse (Foran & O'Leary, 2008, Murdoch & Ross, 1990; Room & Rossow,

2001; WHO, 2006). Several meta-analyses conducted to research placebo-controlled experiments have constantly shown a small to moderate effects of acute alcohol use on aggressive behaviour in laboratory based studies (Bushman, 1993; Bushman & Cooper, 1990)

A conceptual basis for understanding how alcohol can impact aggressive behaviour was developed and proposed by Finkel in 2012 (Denson, DeWall, & Finkel, 2012; Finkel & Hall, 2017). This led to the proposal of a biological based theory called I<sup>3</sup> (i-cubed). According to I<sup>3</sup> theory, there are three main processes that lead to onset of aggression: instigation, impellance, and inhibition. Instigating factors are described as certain things that arouse some aggressive predispositions in most individuals, such as being provoked or experiencing some form of social rejection from your peers. Impelling factors are described as situational or dispositional variables that can lead to an enhancement of the severity of aggression, like having a long history of prior conflict with a certain individual. Finally, inhibition factors refer to certain factors that can prevent aggression, such as having a high level of self-control. The I<sup>3</sup> theory suggests that alcohol consumption causes a reduction in the level of self-control possessed by the individual, and can thereby promotes an aggression response when instigating and/or impelling factors are present.

### **Perception of crime**

Gathering an understanding of the publics perceptions of crime is an incredibly valuable source of information for policy makers. This is due to the fact it gives them an understanding of how the public perceives certain issues such as the seriousness of crimes, the level of fear towards crime, the attitude towards the severity of penalties,

and specific crime issues that are affecting that country at the time (Lu, 2015). This information can all influence the actions proposed by legislators, who aim to respond to their voters' concerns. Public support for policies that help to regulate health-related behaviours has been found to be greatest for those policies that: don't force individuals to choose; have already been implemented within society; or that target the younger population. Therefore to be able to be accountable to the public and propose a selection of policy responses regarding alcohol use, governments are required to develop some level of understanding of what strategies are most effective with the public, what needs the public have, and their attitudes towards possible policy reform (Diepeveen, Ling, Suhrcke, Roland & Marteau, 2013)..

### **Current study**

It is evident from the research presented that alcohol-related crime has a extensive effect, not only involving individuals who are directly involved, but also impacting the entire community, in turn, influencing their perception of safety and security. Perception and experience of alcohol-related crimes has been examined by researchers in Australia before who investigated the relationship between age, gender, and location with the perception of alcohol-related crime (Tindall et al., 2016). This area of research has never been conducted in Ireland before, but should be investigated as reported previously, Irish binge drinking rates are significantly higher compared to Australia (WHO, 2014) and we have a high level of crime associated with alcohol consumption (Hope, 2008).

Therefore, the purpose of this study is to explore the question; Does gender, age and levels of alcohol consumption rates influence the individual's perception of alcohol



related crime? This study aims to 1) gather an understanding of the population's perspective on alcohol related crime in Ireland 2) explore the relationship between age and perception of alcohol related crime, 3) investigate if there is a gender difference within perceptions of alcohol related crime, and 4) explore whether binge drinkers have a different perspective compared to non-binge drinkers. There are three hypotheses for this study 1) males will have a higher perceived perception and experience of alcohol related crime compared to females 2) 18-25 year olds- will have a higher level of negative perceptions of alcohol related crime compared to 26-60 year olds and 3) those who binge drink will have a negative experience and perspective of alcohol related crime compared to non – binge drinkers.

## METHODS

### Participants

The total participants that were recruited through convenience sampling were 208 individuals (139 females, 69 males). The criteria to be eligible to partake in this study include being over the age of 18 and being an Irish citizen, therefore 8 participants (5 female and 3 male) were excluded on the basis that they were not Irish citizens. There are two reasons for the age restriction of participants, 1) the legal drinking age in Ireland is 18 and 2) as this topic could be seen a sensitive issue as it is discussing crimes the individuals, or people they know, may have experienced. Also, participants who are illiterate or are unable to give their own consent due to mental or physical disabilities are also excluded from partaking as this would breach both the National College of Ireland and the Psychological Society of Irelands ethical guidelines. This left 200 participants (135 female, 66 male) who partook in this study. The age range of participants was 18-60 ( $M= 26.85$ ;  $SD= 10.34$ ).

### Design

This study used a quantitative within group cross-sectional design. Data was collected using both snowball and convenience sampling. The predictor variable in this study is the individual's consumption rates, area, and gender and the criterion variable are their perceptions of crime.

### Materials

The questionnaire used in this study was one created by Tindall and colleagues (2018) based on existing surveys. This survey consisted of 13 questions overall, 4 demographic questions were asked; age, gender, nationality and living area (urban or

rural) and 9 perception and experience of crime questions. There are some aspects of this survey that needed to be edited to make it applicable to an Irish population. A question about the participants nationality will be added to the questionnaire to ensure no participant from Australia is partaking in the study. In question one, clarification for what entertainment precinct was added to ensure participants know exactly what that implies. Also, there was an edit to Question 5 to clarify what 6 standard measures of drink was in Ireland to ensure there was no confusion.

#### *Lifetime risk of harm*

To determine the participants alcohol-consumption lifetime risk of harm, they were asked how frequently they consumed alcohol ( never, monthly or less, two to four times a month, two to three times a week, four to six times a week, everyday) and the number of standard drinks they would typically consume in one sitting (1-2, 3-4, 5-6, 7-9, 10 or more). To measure their alcohol consumption acute risk of harm, participants were asked how often they would consume 6 or more standard drinks on one occasion (never, less than monthly, monthly, weekly, daily or almost daily).

#### *Perception and experience of crime*

To measure their perception and experience of crime and safety in their local entertainment precinct, participants were asked 5 questions, do they believe alcohol misuse is an issue (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree), their estimation of what proportion of crime is alcohol related, was alcohol that's consumed at a licenced premises a contributor to crime (strongly disagree, disagree neither agree not disagree, agree, strongly agree), which form of crime was a concern (people verbally abused/insulted/intimidated, people assaulted or injured,

fighting, noise/disturbance, people begging, vandalism/theft, alcohol consumption, drink driving, none of the above, do not know), had they visited a licenced premises after 22hrs in the last year (yes or no) and if they had witnessed or been involved in a verbal argument or physical assault in that time (yes or no).

### **Procedure**

Once permission from the National College of Irelands board of ethics to ensure both the National College of Irelands and the Psychological Society of Irelands code of ethics was met the study was granted permission. For the pilot study, a smaller sample of 10 participants were selected to complete the survey to ensure that the questions asked are comprehensible (Appendix A). This was needed to ensure that any edits that needed to be made or issues that needed to be addressed could be conducted before the main study was released . Participants were asked an additional 6 questions to ensure that there are no issues with the survey for participants, these questions are: 1. Are the instructions on how to complete the survey clear? (yes/no); 2. Were the questions that were asked easy to understand? (yes/no); 3. Was it clear to you how to indicate your responses? (yes/no); 4. Were the instructions clear as to how to change (or “correct”) your answers? (yes/no); 5. Do you feel that your privacy will be respected and protected to the best of the researcher’s ability? (yes/no); 6. Do you have any suggestions as to how to improve this survey? (adding or deleting questions, more clarification from the instructions, ways to improve the format of the questions)? Once the participants had completed the survey and additional pilot study questions had been answered, all results were checked and any issues that aroused were fixed before the main study was conducted.

Once the pilot study was completed changes were made to the survey under the suggestion and guidance of the thesis supervisor, a question asking if participants lived in urban or rural setting was added to the survey, clarification was also made to the term entertainment precinct as it was unclear to participants what this meant and a 'drink driving' option was added into question 11. There are some aspects of this survey that needed to be edited to make it applicable to an Irish population. A question about the participants nationality will be added to the questionnaire to ensure no participant from Australia is partaking in the study. In question one, clarification for what entertainment precinct was added to ensure participants know exactly what that implies. Also, there was an edit to Question 5 to clarify what 6 standard measures of drink was in Ireland to ensure there was no confusion.

Once these suggested edits were complete, the completed questionnaire was launched. This survey was conducted on google forms and posted to a number of social media platforms: Facebook, Reddit, Twitter, Snapchat and Instagram. Participants were given a consent form (Figure 1) describing the nature of the study and what they were required to do. It also included information on their right to withdraw from the study at any time and provided instructions on how to do this as well as informing them of their confidentiality. Contact details of both the researcher and supervisor were provided in case they had any questions regarding the survey and the use of their responses. Participants were only able to continue to the survey if they agreed that they were over the age of 18 and understood the nature of the study. The survey consisted of 13 questions, 4 demographics (age, gender, nationality and area of residency) and 9 crime perception questions. Participants were required to complete all questions before they

were able to submit their completed survey. There was no time-limit set for participants to complete the survey.

Once all questions were completed, participants were then shown a debriefing form (Figure 2). They were thanked for the participation and again were informed about the nature of the study and about the confidentiality of their data. They were informed that they have the option to go back through the survey and change any answers they want. Participants were also informed that it was their final opportunity not to submit their results in order to withdraw from the study. Contact details of the researcher and supervisor again were given if they have any questions regarding the study or wish to obtain a copy of the results. Contact details for mental health centres were provided for participants who may have developed feelings of distress regarding the questions asked after completing the survey. Once they have read through the debriefing form, they were then able to submit the completed survey.

### **Data analysis**

Statistical analysis was conducted using the the IBM SPSS Statistic Data Editor for Windows. Descriptive statistics was run on both categorical and continuous variables to gather frequencies and measures of variance. Participants were categorised into either '18 to 25 years' and '26 years and over', the estimates of the proportion of crime believed to be related to alcohol were categorised as 0 to 69% (0 - <70) and 70 or more % (70+), amount of drinks consumed in one sitting were categorised as binge drinkers (6+) and non-binge drinkers (less than 6) and types of crime were grouped as either violent (fighting, verbal abuse, assault) non-violent (drink driving, begging, noise disturbance, vandalism and public drinking) and unsure. To test for all three hypotheses,

a chi square analysis was conducted looking at the relationships between gender and perceptions, age and perceptions, and binge drinking and perceptions.

## RESULTS

### Descriptive Statistics

A descriptive analysis was conducted on all variables. A table providing the frequencies and valid percentages is provided below, N = 200.

*Table 1 – Categorical variables*

Variable	Frequency	Valid Percentage
<b>Gender</b>		
Male	34	67
Female	134	33
<b>Area</b>		
Urban	164	82
Rural	36	18
<b>Visited after 22h</b>		
Yes	190	95
No	10	5
<b>Alcohol Misuse</b>		
Strongly agree	72	36
Agree	95	47.5
Neither agree nor disagree	24	12
Disagree	7	3.5
Strongly disagree	2	1
<b>Frequency of consumption</b>		
Never	3	1.5
Monthly or less	45	22.5
Two to four times a month	97	47.5
Two to three times a week	5	2.5
Four to six times a week	49	24.5
Everyday	1	.5
<b>Standard amount of drinks</b>		



1-2	22	11
3-4	52	26
5-6	72	36
7-9	42	21
10	12	6
<b>6+ drinks on one occasion</b>		
Never	22	11
Less than monthly	62	31
Monthly	78	39
Weekly	38	19
<b>Alcohol contributes to crime</b>		
Strongly Agree	14	7
Agree	89	44.5
Neither agree nor disagree	63	31.5
Disagree	31	15.5
Strongly disagree	3	1.5
<b>Types of crime</b>		
People verbally abused/insulted/intimidated	30	15
People assaulted/injured	85	42.5
Fighting	23	11.5
Vandalism/Theft	3	1.5
Drink driving	57	28.5
Do not know	2	1
<b>Witnessed a verbal/physical assault</b>		
Yes	116	58
No	84	42

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Descriptive statistics, including means (M), 95% confident intervals, Std. Error Mean, standard deviations (SD), and range are provided in Table 2. The average age of the participants was 26.8 ( $SD = 10.34$ ). The average perceived percentage of crime that was alcohol related was 45% ( $SD = 20.03$ ).

Table 2 – Continuous variables

	Mean (95% Confidence Intervals)	Std. Error Mean	Median	SD	Range
Age	26.5 (25.1-27.88)	.71	21	9.94	18-60
Percentage of crime	45.7 (42.93–48.54)	1.42	40	20.02	0-100

## Inferential Statistics

### Gender

Before running the analysis, a Bonferroni test of significance was set at 0.05. A chi-square test of independence was performed to examine the relationship between gender and perceptions of crime. A table was created listing the value ( $X^2$ ), degrees of freedom (df) and p values (p) (Table 3). There was a significant relationship found between gender and perception of alcohol misuse  $X^2(4 N = 200) = 20.08, p = .000$  with females reporting higher levels of concern (44.8%) than males (18.2%). There was also a significant relationship found with gender and how often 6 standard drinks were consumed in one sitting  $X^2(3, N = 200) = 15.08, p = .002$ , with males drinking more frequently both monthly (45.5%) and weekly (30.3%) than females with (35.8%) monthly and (13.4%) weekly. There was no significant relationship found with any other variables.

Table 3

Question	X <sup>2</sup>	df	p
<b>Visit after 22h</b>	2.519	1	.13
<b>Alcohol misuse is</b>			
<b>an issue</b>	20.82	4	.00
<b>Frequency of</b>			
<b>drinking</b>	3.58	5	.61
<b>Amount</b>	12.03	4	.02
<b>6+ standard</b>			
<b>drinks</b>	15.08	3	.00
<b>Alcohol</b>			
<b>contribution to</b>			
<b>crime</b>	4.25	4	.37
<b>Percentage</b>	2.78	2	.25
<b>Types of crime</b>	1.25	2	.54
<b>Witness verbal</b>			
<b>assault</b>	2.07	1	.15

### Age

A chi-square test of independence was performed to examine the relationship between age and perceptions of crime. A table was created listing the value (X<sup>2</sup>), degrees of freedom (df) and p values (p) (Table 4). There was a significant relationship found between age and amount of drink consumed X<sup>2</sup>(4, N = 200) = 24.73, p = .000 with the majority of 18-24 year olds drinking 5-6 drinks in one sitting (39%) and the majority of 25-60 year olds drinking 3-4 drinks (39%). A significant relationship was found between age and consumption of 6 or more drinks in one sitting X<sup>2</sup>(3, N = 200) = 14.42, p = .002, with 18-25 year olds drinking less frequently overall weekly (23.4%) and compared to 26-60 year olds weekly (35.6%). A significant relationship was found

between age and witnessing/involved in a physical/verbal assault in the last 12 months  $X^2$  (1, N = 200), = 29.26,  $p = .000$  with the majority of 18-25 year olds saying yes (70.2%) compared to 26-60 year olds (28.8%). No other significant relationship was found between age and the other variables.

Table 4

Question	$X^2$	df	p
<b>Visit after 22h</b>	.56	1	.46
<b>Alcohol misuse is an issue</b>	5.79	4	.22
<b>Frequency of drinking</b>	12.41	5	.03
<b>Amount 6+ standard drinks</b>	24.73	4	.000
<b>Alcohol contribution to crime</b>	14.42	3	.002
<b>Percentage</b>	2.4	4	.66
<b>Types of crime</b>	9.47	2	.009
<b>Witness/involved verbal/physical assault</b>	2.83	2	.24
	29.26	1	.000

#### *Binge drinkers*

A chi-square test of independence was performed to examine the relationship between binge drinking and perception of crime. A table was created listing the value ( $X^2$ ), degrees of freedom (df) and p values (p) (Table 6). There was a significant relationship found between binge drinking and amount of times 6 or more standard

drinks were consumed  $X^2 = (3, N = 200), = 50.74, p = .000$ , with 40.6% binge drinkers engaging in this behaviour monthly compared to 27% of non-binge drinkers. There was also a significant relationship found between binge drinking and witnessing/involved in a physical or verbal assault in the last 12 months  $X^2 = (1, N=200) = 14.7, p = .000$ , with 68.3% of binge drinkers saying yes compared to 40.5% of non-binge drinkers. There was a significant relationship found with binge drinking and age  $X^2 (1, N = 200) = 20.71, p = .000$ , with 81% of 18-25 year olds engaging in binge drinking compared to 18.3% of 26-60 year olds.

Table 5

Question	$X^2$	df	p
<b>Visit after 22h</b>	2.39	1	.12
<b>Alcohol misuse is</b>			
<b>an issue</b>	7.08	4	.13
<b>Frequency of</b>			
<b>drinking</b>	16.46	4	.006
<b>6+ standard</b>			
<b>drinks</b>	50.74	3	.000
<b>Alcohol</b>			
<b>contribution to</b>			
<b>crime</b>	8.21	4	.08
<b>Percentage</b>	1.07	2	.56
<b>Types of crime</b>	1.19	2	.55
<b>Witness verbal</b>			
<b>assault</b>	14.7	1	.000
<b>Age</b>	20.71	1	.000
<b>Location</b>	.41	1	.52

## DISCUSSION

The purpose of this study was to explore the question; Do demographic variables and alcohol consumption rates play a role in influencing the individual's perception of alcohol related crime? The aim of this study was to 1) gather an understanding of the population's perspective on alcohol related crime in Ireland 2) explore the relationship between age and perception of alcohol related crime, 3) investigate if there is a gender difference within perceptions of alcohol related crime, and 4) research if there was difference with binge drinkers perception on alcohol related crime compared to non-binge drinkers.

There were 3 hypotheses proposed for this study 1) males will have a higher level of negative experience of alcohol related crime compared to females 2) 26-60 year olds will have a higher level of negative experiences of alcohol related crime compared to 18-25 year olds 3) binge drinkers will have higher rates of negative experiences and perceptions of crime.

### **Overall perception**

Almost nine out of 10 participants reported that they believed alcohol misuse was a concern within their area and just over half of participants felt like alcohol was a contributor to crime, with one third of participants being unsure. Just under 70% of participants indicated that violent crimes (assault, fighting, verbal abuse) were a cause for concern and of night time visitors to entertainment precincts, nearly sixty percent of participants had witnessed or been involved in a physical or verbal assault. These findings have been also been supported within the 2016 study, with almost 90% of

participants agreeing that alcohol misuse was a problem within their entertainment precinct, 98% indicated that violent crimes were a concern and 52% had been involved in or witnessed a physical or verbal assault (Tindall et al., 2016). It should be noted that the discrepancy of violent crimes being a higher concern in the 2016 study could be due to option of drink driving not being provided for their participants, as in the current study drink driving was the second highest chosen option for that question. Such findings suggest that a common views across all demographics that there is a high level of experience of alcohol related crime, as well as a high level of concern.

It can also be noted that the level of concern regarding alcohol-related problems found in this study is similar to those found in studies researching community perceptions of alcohol-related problems (Hubner, 2012; Maclellan, Kypri, Lngley, & Room, 2012). Such findings suggest that it is a shared concern across both countries and communities regarding the harm that can come from alcohol misuse. As with perceptions of the level of public drunkenness, one study conducted in Ireland found that almost 90% of the individuals believed that the current level of alcohol us in Ireland was too high. (Health Research Board, 2012). In the 2010 Alcohol Action Ireland survey, also found that almost nine in ten of the participants agreed with the statement: ‘the current level of alcohol consumption in Ireland is a problem’ (Alcohol Action Ireland, 2010). Such a similar finding between public perception and the occurrence of alcohol-related crime seems to suggest the idea that the general public have developed an accurate understanding of the causes and the general extent of such crime within their communities (Collins & Lapsley, 2008).

## **Gender**

There was one result that showed that there was a gender difference regarding the perceptions of alcohol related crime. One major finding that was highly significant was that over two times the number of females were found to believe that alcohol misuse was a cause for concern compared to males (44.8% vs 18.2%). This could be due to the perceived gender differences in risk perception that has been reported in varied studies. It has been reported that women seem to report having a higher level of concern for risks compared to males, with women tend to have greater sensitivity to and lower tolerance of risk has also becoming part of general cultural lore (Davidson & Freudenberg ,1996).

There were however findings in this study that rejected the null hypotheses (1). There was no significant difference between males and females regarding witnessing or being involved in a physical or verbal assault, with the results reporting a higher level of females reporting yes compared to males. This resulted could be since research has found that in Ireland younger men are more likely to drink alcohol at home or in someone else's home compared to females whose alcohol use is more common within licensed premises (Health Research Board, 2012) therefore resulting in less involvement. It is also important to highlight that this result could potentially be due to the fact the question asked if they had witnessed **or** been involved in a physical or verbal abuse, therefore the data was unable to show which had witnessed and which had been involved. Future research should it present this as two separate questions.

The findings regarding types of crime being a concern and percentage of crime that was alcohol related were both not statistically significant. However, it is important to mention that a higher percentage of males selected violent crimes as a cause for concern over females (72.7% vs 66.4% respectively). Less males reported high



percentage of crime being alcohol related than females (12.1% vs 19.4%) but again this could be due to the gender difference in risk assessment. Therefore, the findings for the first hypotheses presented have been partially supported as there is a split in the findings.

### **Age**

Several interesting findings have emerged from this study regarding age and perceptions of alcohol-related crime. A significant relationship was found between age and witnessing/involved in a physical/verbal assault in the last 12 months with over double the amount of 18-25 year olds saying yes compared to 26-60 year olds. Within criminal psychology, one of the most consistent observations reported is the strong link between age and crime, with younger age groups at higher risk of being involved in committing crimes than older individuals. (Hirschi and Gottfredson 1983; Moffitt 1993; Sweeten, Piquero, & Steinberg, 2013). However, it is also interesting to note the findings within this study that could also support this finding. There was a significant relationship found between age and amount of drink consumed with 18-25 year olds drinking more than 26-60 year olds. This could contribute to the finding that the younger group had a higher level of experience with witnessing or being involved in a physical or verbal assault as they are out for longer periods of time, increased levels of intoxication or both.

There were no other significant results found regarding age and questions on perception of alcohol related crime. It important to highlight that although the difference between them wasn't significant there was a percentage difference. Regarding types of crime being a concern, 26-60 year olds reported violent crime as being a bigger concern

compared to 18-25 year olds. Also, regarding alcohol misuse being a cause for concern nine in ten of 26-60 and eight out of ten 18-25 year olds agreed. The reason why there was a higher level of 26-60 year olds with a higher concern rate could potentially be due that concept that older adults tend to be more cautious than younger adults with their cautiousness stemming from the realization that they are more vulnerable to hazardous situations than younger individuals (Ontani, Leonard, Ashford, Bushroe & Reeder, 1996). It could also be potentially due to the findings suggested by the survey conducted by the Health Research Board that show that 26-60+ year olds go drinking more frequently than 18-25 year olds. This finding was supported within this survey as results from 26-60 year olds found that they drank more frequently than 18-25 year old group. Therefore, the second hypotheses were partially supported.

### **Binge Drinkers**

There were some significant results reported when looking at the relationship between binge drinking and perception and experience of crime. Results from the current study highlighted that nearly 70% of binge drinkers reporting they were involved in or witnessing a verbal or physical assault in the last 12 months compared to 40% of non-binge drinkers. Again, as stated previously, this could be caused by the increased level of intoxication or increased time spent in these entertainment precincts. However, it is important to highlight again that the question does not distinguish between witnessing and being involved in the assault, which could provide information on whether binge drinking contributes to alcohol-related crime.

There was no difference between binge drinkers and non-binge drinkers when reporting which crime was a cause for concern, with over 60% of both groups choosing

violent crimes. There was no difference reported in perceived percentage of crime that is alcohol related, with majority of groups choosing less than 70%. There was a slight difference in percentage of binge drinkers who felt that alcohol misuse was an issue, with a higher percentage of non-binge drinkers strongly agreeing compared to binge drinkers. These results could all be influenced by the fact that both groups are engaging in drinking so are exposed to situations, however it is unclear as to why these results were found so future research should consider exploring this area further.

### **Limitations**

There are some limitations that should be discussed before interpreting the results. First, the generalisability of the findings may be limited due to the low response rate for a general population survey. The measurements used to conduct this study consisted of a self-report questionnaire, therefore it could be argued that these measures don't not have a high level of validity as self-report questionnaires pose the risk of not accurately measuring the participants true responses. It should be noted that the study was predominately cross-sectional; therefore, the results of the study do not infer causality. It is recommended that future studies interested in researching this area should take these limitations into account.

### **Future research**

First, the significant relationship between both age and binge drinking against witnessing or being involved in a physical/verbal argument. Future researchers should separate this into two questions to see if age and binge drinking correlate with being involved in an assault or just witnessing an altercation in an entertainment precinct. This could lead to developing a further understanding of what potential risk factors may

influence individuals that could in turn lead to engaging in alcohol-related crime. Secondly, it is recommended that future research could focus on exploring more into binge drinking and perceptions as it is unclear why participants didn't differ on some aspects of their experiences and perceptions. Finally, researchers should acknowledge the limitations that have been previously been discussed when conducting future studies of a similar nature.

### **Conclusion**

The aim of the current study was to explore and develop an understanding of the Irish populations experience and perception of alcohol related crime, focusing on the correlation of age, gender and binge drinking behaviours. In order to achieve this aim, three hypotheses were investigated. First males will have a higher level of negative experience of alcohol related crime compared to females. Second it was hypothesised that 26-60 year olds will have a higher level of negative experiences of alcohol related crime compared to 18-25 year olds. And finally, the third hypothesis that was generated was that binge drinkers will have higher rates of negative experiences and perceptions of crime. The results of the present study were partially consistent with the first hypothesis and provided somewhat novel information about the influence gender has on perceptions. With regards to the second hypothesis, again it was partially supported, providing information on age and perceptions and experiences of alcohol related crime. The third hypothesis was also partially supported but there was very little difference between both binge drinkers and non-binge drinkers.

These findings have a number of important social implications as it appears that there is a high level of concern among individuals regarding alcohol misuse and alcohol

related crime. These findings should be further investigated, and researchers and policy makers should utilise them to the best of their ability in the development of risk assessments, interventions and legislation, as a reduction in alcohol related crime would not only greatly impact the individuals who are directly affected, but also Irish society.

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**APPENDICES****Appendix A**

## Alcohol-related Crime Survey - Pilot Study

1. Age \_
2. Gender (male/female)
3. Nationality \_
4. Have you visited a licensed premise in an entertainment precinct after 22:00 h in the last year (yes, no)
5. Do you think that alcohol misuse is an issue (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)
6. How frequently do you consume alcohol (never, monthly or less, two to four times a month, two to three times a week, four to six times a week, everyday)
7. How many standard drinks would you typically consume? (1–2, 3–4, 5–6, 7–9, 10 or more)
8. How often do you consume more than six standard drinks (3 pints/ 6 pub measures of spirits) on one occasion (never, less than monthly, monthly, weekly, daily or almost daily)
9. What percentage of crime would you estimate is alcohol-related (%)
10. Do you think alcohol consumed at licensed premises is a contributor to crime (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)



11. Which of seven forms of crime/disorder do you feel is a concern (people verbally abused/insulted/ intimidated, people assaulted or injured, fighting, noise/disturbance, people begging, vandalism/ theft, alcohol consumption in streets/parks, none of the above and don't know)
12. If you have visited an entertainment precinct after 22:00 h in the past 12 months have you witnessed or been involved in a verbal argument or physical assault in the entertainment precinct in that time (yes, no).
13. Are the instructions on how to complete the survey clear? (yes/no)
14. Were the questions that were asked easy to understand? (yes/no)
15. Was it clear to you how to indicate your responses? (yes/no)
16. Were the instructions clear as to how to change (or "correct") your answers? (yes/no)
17. Do you feel that your privacy will be respected and protected to the best of the researcher's ability? (yes/no)
18. Do you have any suggestions as to how to improve this survey? (adding or deleting questions, more clarification from the instructions, ways to improve the format of the questions)?

## **Appendix B**

### Online Survey Consent Form

You are being asked to participate in a research study titled "Population awareness: A general population survey on the public perceptions of alcohol-related crime in

Ireland". An undergraduate psychology student attending the National College of Ireland will be conducting this study.

#### Purpose of this study

The purpose of this research study is to develop an understanding of the general public's perception of alcohol-related crime in Ireland and to see if alcohol consumption levels of alcohol influences a person's perception. If you agree to take part in this study, you will be asked to complete an online survey. This survey will ask you a total of 12 questions about your demographics, alcohol consumption levels and perception of alcohol-related crime. It will take you approximately 20 minutes to complete however please note that there is no time limit on this survey, so you can take as long as you need to complete it.

Although you may not directly benefit from this research, we hope that your participation in the study may lead to improvements in legislation involving alcohol consumption and provide data for future research in this field.

#### Confidentiality:

There are no known risks associated with this research study; but, as with any online related activity the risk of a breach of confidentiality is always possible. To the best of our ability your answers in this study will remain confidential as you do not need to provide us with any identifiable variables to partake in this study. We will minimize any risks by ensuring all data is stored in an encrypted file only accessible by the researcher and their supervisor.

#### Right to withdraw:

Your participation in this study is completely voluntary and you can withdraw at any time during the survey. However, it is important to highlight that once your completed survey has been submitted it will not be possible to withdraw your survey as all results are de-identified.

#### Dissemination and Reporting:

The results of this study are for a final year project. The finished thesis will be stored in the National College of Irelands library as a hard copy and stored on the college library's thesis software TRAP as a digital copy. It is also important to note that the data collected will be stored for 5 years as part of the National College of Irelands ethics guideline. Once the 5 years is up, all data collected will be destroyed, however, until that happens, your identity will continue to be protected throughout all aspects of reporting, publications and data storage.

#### Contact details:

If you have questions about this project or if you have a research-related problem, you may contact the researcher at [x16429402@student.ncirl.ie](mailto:x16429402@student.ncirl.ie).

By clicking "I agree" below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study

## **Appendix C**

### Debriefing Form

Thank you for your participation in our study! Your participation is greatly appreciated.

#### Purpose of the Study:

We previously informed you at the beginning that the purpose of the study was to investigate the public's perception of alcohol-related crime in Ireland. The goal of our research is to gather an understanding of the level of understanding the Irish public have towards alcohol-related crime and if their level of alcohol consumption influences this perception.

We do understand that due to the sensitive topic that is being discussed, some of the questions asked may have incited some strong emotional reactions. As researchers, we do not provide mental health services and we will not be following up with you after the study. However, we want to provide every participant in this study with a complete list of clinical resources that are available, should you decide you need assistance at any time. Please see information relating to local resources at the end of this form.

#### Confidentiality:

You may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please click back through the survey, and unselect your answers. Again, please be aware that once you complete this survey it is not possible for the researcher to withdraw your data as all data is deidentified.

#### Final Report:

If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

#### Useful Contact Information:

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher at [x16429402@student.ncirl.ie](mailto:x16429402@student.ncirl.ie)

If you feel upset after having completed this study or found that some of the questions or aspects of the study provoked feelings of distress, talking with a qualified clinician may help. If you feel you would like assistance, please contact:

Tallaght Mental Health Centre, Sheaf House, Exchange Hall, Tallaght, Dublin 24 Tel:  
(01) 463 5200

Crumlin Mental Health Centre, St. Columbas, Armagh Road, Crumlin, Dublin 12 Tel:  
(01) 455 9547