

ABSTRACT

SOCIAL WORK

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THE EFFECTS OF DRUG AND ALCOHOL ABUSE ON INTIMATE PARTNER  
VIOLENCE

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The purpose of this research is to identify the correlation between the presence of drugs and/or alcohol and intimate partner violence. This research analyzes whether or not alcohol and drugs have a cognitive impact on the perpetrator to lead to them abusing their significant other. The research conducted in this study supports the idea that the presences of drugs and/or alcohol in the perpetrator's system impairs their cognitive ability to control themselves in the heat of the moment. This study is aimed to assist with treatment options once the findings identify that drugs and alcohol negatively affect the perpetrator's cognition.

THE EFFECTS OF DRUG AND ALCOHOL ABUSE ON INTIMATE PARTNER  
VIOLENCE  
ALTERNATIVE MODELS OF SPECIAL EDUCATION:

A CONCEPTUAL PAPER

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## CHAPTER I

### INTRODUCTION

Intimate partner violence (IPV) is defined as, physical, sexual, or psychological harm by a current or former partner or spouse (Centers for Disease Control & Prevention, 2016). According to Caetano, Schafer, & Cunradi (2001), “Intimate partner violence does not have a stigma for who it affects. People of every race, religion, class, gender and ethnicity can experience intimate partner violence.” Intoxication resulting from drug or alcohol abuse has often been linked to intimate partner violence (Klostermann, 2006). This raises the question regarding the use of drugs and alcohol and its effect on abusive behavior in relationships. Does the detection of drugs or alcohol in a person’s system offer a viable excuse to commit abuse upon their intimate partner? This social change will analyze the negative cognitive affects that drugs and alcohol abuse has on intimate partner violence (Klostermann, 2006).

#### Statement of the Problem

“Substance abuse has been found to co-occur in 40-60% of IPV incidents” (Soper, 2014). However, there are gaps in the literature regarding the effects of drugs and alcohol on intimate partner violence. Correlation between the two has been identified; yet, according to El-Bassel, Gilbert, Wu, Go, and Hill, (2005) “Research has not fully

acknowledged the fundamental relationship between drug use and intimate partner violence.” Intimate partner violence is a major public health and human rights issue (Wilson, Graham, & Taft, 2014). Therefore, it is imperative to identify the causes to reduce the occurrences.

This paper is intended to help with finding solutions to ensure that people of the community are safe. Findings from this study are expected to support the idea that the presence of drugs and alcohol play a role in provoking intimate partner violence. “Meta-analyses suggest that alcohol plays a causal contributing role in aggression” (Bushman, 1997). This research is envisioned to apply to all races and help alleviate some of the occurrences of intimate partner violence nationally. Testa (2005) explained, “A large proportion of incidents of physical and sexual violence involve alcohol or drug use by [the] perpetrator.” Therefore, the major focus of this study will be geared towards the actions of the perpetrators and how their use of drugs and/or alcohol influences their partner abuse.

### Purpose of the Study

Research has shown that there is a high correlation between intimate partner violence and drug and alcohol abuse. In 2005, Testa stated in an article “Substance abusers are more likely to perpetrate and to experience physical and sexual violence”. This article goes on to prove that intimate partner violence and drug and alcohol abuse are somehow linked. Perpetrators and victims who abuse alcohol and drugs often fail to properly address their issues that ultimately lead them to being unable to properly interact with their intimate partner; who they are ideally with everyday (Hart, 2013). Hopefully,

this research will assist in proving that drugs or alcohol abuse causes the perpetrators to be unable to control their urges to abuse their partner.

It is hoped that this research will contribute to preventive measures for victims who do choose to remain with their abusive partner. Understanding the components that attribute to the abuse may aid in determining which preventive measures, if any, can be applied for perpetrators and victims of intimate partner violence. “Studies find excessive alcohol use to be strongly associated with perpetrating partner violence” (World Health Organization, 2013). In 1995, Rusbult and Martz reported that “more than 40% of the women who seek aid at spouse abuse shelters return to live with their partners.” Therefore, identifying the different factors may possibly assist the victims by providing adequate support in the event that they decide to remain in the relationship.

All components of intimate partner violence are important to address. For instance, there are a many different influences that encourage whether or not the victim remains under the control of the abuser. With reference to Rusbult and Martz’s findings in 1995, it is stated that some victims want to stay with their partner because they are dependent financially or emotionally. However, the purpose of this study is to support the relationship between intimate partner violence and drug and alcohol abuse, as well as assisting with providing a plan that is designed to reduce the occurrences, and eventually stop intimate partner violence (Klostermann, 2006). If drugs and alcohol do have a direct correlation with intimate partner violence, this study will assist in preventing intimate partner violence by addressing the risk factors and utilizing different methods to reduce those risks.



### Significance of Study

Recognizing the relationship between intimate partner violence and alcohol and drug abuse will hopefully contribute to having different treatment styles. This research is intended to provide support to perpetrators who have not recognized that alcohol and drug abuse may be the triggers that get them to the point of abusing their companion. Instead of treatment specifically focused on intimate partner violence, Klostermann, (2006), believes that behavioral couple's therapy for alcoholism and substance abuse will address different ways to cope with their emotions in the event that conflict arises. It is hoped that addressing alcohol and drug abuse alongside intimate partner violence could become a technique applied when treating couples that have violence and substance and alcohol abuse within their relationship. In 2006, Klostermann's research recognizes that the social worker is expected to help the clients identify triggers that influence one or both of the partners to inflict harm on their intimate partner and to assist with applying appropriate communication skills.

## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this review of literature was to discuss the prevalence of intimate partner violence with the presence of drugs and/or alcohol. This chapter outlines the history of drug and alcohol abuse, as it relates to intimate partner violence. The review covers intimate partner violence and confronting it as a public health issue (Wilson, Graham, & Taft, 2014). This review also explores the possibility of drugs and alcohol having a negative cognitive affect on the perpetrator's actions during phases of the abuse cycle and the 3-part cycle that abusive relationships go through, which are tension-building phase, crisis phase, and then the honeymoon phase (Boehme, 1998).

#### Historical Perspective

The presence of substance and alcohol abuse has had a major impact on intimate partner violence for over two decades. In 1991, in the United States, Surgeon General Koop declared violence a public health epidemic, ushering in a surge of funding for primary and secondary prevention, as well as research to study the many faces of this social problem (Ruglass, 2012). Many studies have shown that the uses of drugs or alcohol by either one or both partners of the relationship have higher chances of experiencing intimate partner violence than partners who do not abuse alcohol or

substances. Caetano, Schafer, & Cunradi (2001) research suggests that, “Compared with other cases, alcohol-related violence is associated with more severe injuries and with more chronic cases of violence”. Testa (2005) stated, “It is a possibility that intimate partner violence leads to the use of illicit drugs, [and] is supported by qualitative studies documenting that women initiate or increase their illicit drug use to cope with the pain of experiencing intimate partner violence. For decades, there has been a correlation with alcohol and substances influencing intimate partner violence.

Alcohol use or abuse has been identified as an independent risk factor for current and previous intimate partner violence victimization among men and women in emergency department studies controlling for demographic and drug use (Lipsky, Field, Larkin, & Caetano, 2005). The previous studies ultimately address that alcohol and drugs have a direct affect on the occurrences of intimate partner violence. Over time, as drugs and alcohol become more accessible, intimate partner violence subsequently increases (Lipsky, Field, Larkin, & Caetano, 2005). When intimate partner violence became a widespread epidemic, the seemingly most common factor was heavy alcohol consumption. Decades later, substance abuse, alongside alcohol, is the most common influences on intimate partner violence (Lipsky, Field, Larkin, & Caetano, 2005).

### Intimate Partner Violence and Public Health Issue

Intimate partner violence (IPV) is a major issue in society for many reasons. According to Garcia-Moreno, Guedes, & Knerr, (2012) “IPV can result in physical, sexual, psychological, and economic abuse from the individual they are currently with or a previous partner.” Intimate partner violence happens to heterosexual couples as well as

same sex couples. Forms of physical violence include punching, kicking, grabbing, and throwing of objects that are intended to physically harm ones partner (Benedictis, Jaffe, & Segal, 2014). Sexual violence is engaging in any sexual activity without having consent from the other person involved. Name-calling, constant yelling/screaming, threatening, or making-fun of their spouse is the most common forms of verbal or nonverbal psychological abuse through IPV. Economic abuse entails depriving the spouse of any economic resources such as money or credit cards as well as not allowing their partner to have access to food, water, shelter, or clothes (Benedictis, Jaffe, & Segal, 2014).

IPV is difficult to address because in most cases it is not spoken on unless someone is seriously harmed. Generally, victims of IPV do not show distress signs that their partner is physically, psychologically, or financially abusing them (Garcia-Moreno, Guedes, & Knerr, 2012). When the abuse is finally revealed to doctors, family members, or friends, it is typically once the abuse has become extensive and life threatening. In the past, victims were not given the opportunity to receive help from the violent relationship without wondering whether or not they will be safe from their intimate partner. Finding new outlets that provide protection is imperative in order to catch the abuse before it increases and causes severe physical, sexual or psychological abuse (Garcia-Moreno, Guedes, & Knerr, 2012).

The gap between the reports of intimate partner violence and the occurrences of intimate partner violence could be a result of the physical, verbal or nonverbal, and sexual intimidation caused from the perpetrator of the abuse. By bridging disparity, it will result in more victims being saved and minimizing the occurrences of intimate partner

violence. The issue is that victims are abused by their intimate partner without a safe outlet that ensures their safety and well-being (Garcia-Moreno, Guedes, & Knerr, 2012).

### Negative Cognitive Affect of Drug and Alcohol Abuse

The biggest question is whether or not alcohol and drug abuse is an enhancer to an already abusive person or does it truly make an individual abusive. Testa (2005) claim that substance abusers are more likely to perpetrate and to experience physical and sexual violence. In some cases it is believed that alcohol and drug abuse is used as an excuse to release their anger against their partner (Gelles, 1974; Kantor & Asdigian, 1996). Often, perpetrators have unaddressed issues that are either personal or problems that have not been addressed in their relationship. With these issues not being properly addressed the intimidation with their partner becomes a continuous cycle of phases.

The first phase is tension building and during this phase, there is friction between the perpetrator and the victim that may last for weeks, months, or years (Boehme, 1998). The tensions will be shown in the relationship through silence, rude comments, being passive aggressive, and consumption of alcohol/ drugs (Walker, 1979). The victim either attempts to appease the perpetrator or experience denial and self-blame. The silent treatment, ignoring, and passive aggressive treatments eventually fade, which leads to the second phase of the abuse cycle: acute/crisis phase. During this phase, the perpetrator has the alcohol or drugs in their system and begins acting on their frustration. The abusive partner becomes either one or a combination of physically, sexually, financially, or psychologically abusive towards their partner (Walker, 1979). This leads to many serious injuries to the victim. A study found that, "Female trauma patients demonstrate a higher

prevalence of severe IPV than the general population (Weinsheimer, Schermer, Malcoe, Balduf, & Bloomfield, 2005).” Although the physical injuries may not be as severe as others, the emotional effect is often long lasting. This phase shows the perpetrators abusive pattern that decreases his stress but changes his partner’s behavior (Boehme, 1998).

The honeymoon cycle is the final phase that is often compensated through apologies, excessive gifts, and intimacy. This is considered the calm after the storm in which the victim usually forgives the perpetrator for their abusive acts and reminds the victim of the earliest period when the batterer behaved in a loving manner (Walker, 1979). The goal is to gain a clear understanding of whether or not alcohol and drug abuse is an unveiling truth to the nature of the abuser or if the presence of drugs and alcohol during an intimate violence report is a coincidence. Once the couple begins to get along, the cycle begins again with tension building (Boehme, 1998).

Again, intimate partner violence can happen in any demographic. Drugs and alcohol are a factor when assessing whether or not they directly correlate with intimate partner violence (Boehme, 1998). They are either someone’s excuse to abuse their partner physically, verbally, psychologically, or financially, or drugs and alcohol encourage them to abuse their partner in the heat of the moment. It is believed, however, that the abuser’s lack of cognition, due to drug or alcohol abuse, inhibits their ability to control their actions when going through phase two of the abusive cycle (Boehme, 1998).

### Afrocentric Perspective

The concept of the Afrocentric perspective is designed to assist cultures of African descent. Afrocentric worldview insists that African Americans have traditions and cultures that they deeply rely on in order to ensure their survival (Schiele, 1996). However, the Afrocentric perspective completely contradicts the typical European worldview that suggests that African Americans and people of African descent have a pathological view of their current ecological status. According to Schiele (1996), while the United States has a very deep history of racism and cultural oppression, the Afrocentric paradigm addresses the cultural needs of individuals of African descent to encompass that all men are equal and share a common bond. Gender, race, orientation, and spiritual association are not discriminated against in the humanistic values; it focuses on assisting oppressed individuals. The humanistic method values all lives, even if their culture and beliefs differ from their own (Schiele, 1996).

Daniel and Lowe (2014) states, "The Afrocentric worldview focuses on persons of African descent from a strengths and empowerment perspective." The Afrocentric perspective primarily focuses on emphasizing the strengths of a client and those strengths are used to encourage the consumer to engage in better activities and situations. The Afrocentric perspective is important to apply to IPV and the use of drugs and alcohol because it gives social workers the ability to better understand the abuser and victim's cultural values (Daniel & Lowe, 2014). Understanding the client's culture will ultimately give them the benefit of the doubt. Culture and values are important to understanding for both the victim's and the perpetrators because it gives insight on why they abuse drugs as well as enlighten the social workers on why they become abusive (Boehme, 1998).

The strengths perspective allows the therapist to play to the client's strengths and foster self-compassion, as opposed to focusing on the client's weakness or past mistakes, impugning their character, and fostering shame (Simmons, 2009). The biggest client to assist during IPV is the abuser because they often have deeply rooted issues that lead them to abusing drugs or alcohol and eventually abusing their partner. Another way to apply strengths perspective to IPV, as it relates to drugs or alcohol abuse is by seeing the abusers willingness to be strong. According to Simmons (2009), "The problem is not that abusive individuals have power or strength, but how they use their power to overpower others. The key isn't to take away any power they might have, but rather, to help them to act more appropriately with that power."

The Afrocentric perspective, humanistic perspective, and the strengths-based perspective do not stop IPV with the use of drugs or alcohol, however, it gives social workers the ability to see further than the perpetrators being stigmatized as "bad people". In most cases, the abusers are considered a terror of the home; yet, history proves that there is typically an unresolved issue that the abuser has never addressed (Boehme, 1998). Instead of saying that intimate partner abusers misuse drugs and alcohol as an excuse to harm their partner, it is possible to say that the perpetrator has a history of familial abuse which drives the individual to experience Post-traumatic stress disorder and repeat the same behaviors in which they were exposed to in their past. Seeing their strengths ultimately gives the situation room for growth instead of immediately terminating the relationship, which is the normal route (Simmons, 2009).



## Theoretical Framework

The social learning theory is the most commonly applied theory when working with patients who experience intimate partner violence. “Social learning theorists hypothesize that intimate partner violence is initially acquired through social modeling or social referencing during childhood (Osterman, 2010).” IPV is observed in some cultures, such as the Arab culture. Although the Arab culture does not make up a large percentage of the United States, it proves that controlling habits are often learned through the behaviors of their parents or caregivers. For other societies, such as the African American culture, it is typical to see partners experience IPV since it is a reoccurring issue in low socioeconomic communities (Caetano, Schafer, & Cunradi, 2001).

Individuals who abuse drugs typically gain those habits from their social interactions with the people they encounter. Initially, individuals try drugs or alcohol with no intent on making it a habit (Boehme, 1998). Once they continue to use the drugs or alcohol, it becomes a part of their behavior, which eventually turns into an addiction. An addiction untreated becomes a health or mental health condition. If gone untreated, it becomes a formula for disaster when mixed with the abusive behaviors that were acquired during their childhood (Caetano, Schafer, & Cunradi, 2001).

The patriarchal/feminist theory states “Intimate partner violence is a part of a pattern of behavior that includes intimidation, male privilege, isolate, and emotional and economic abuse (Osterman, 2010). This theory confirms the perpetrators intent to exert control over their partner. Individuals who want control over their partners believe that they have the right to unrestricted control over their wives or partners and consider

violence an acceptable means of establishing this control (Osterman, 2010). In some cases, theorists consider drug and alcohol abuse, as it relates to IPV. The violence gives the abuser the courage needed to ensure that they instill the fear in order to exercise their control (Boehme, 1998).

## CHAPTER III

### METHODOLOGY

Chapter III will review the methods that were used to conduct the study. This chapter will analyze how the data for this study was found and continue to support the idea that the negative affect on the perpetrators cognitive abilities is due to drug and alcohol abuse. Hopefully providing evidence that substantiates the backbone of this study will assist with an outcome that reduces the incidents of intimate partner violence.

#### Methods of the Study

This study utilized a systematic review to collect, analyze, and synthesize data in order to summarize research evidence. Concentrating on IPV, this review involves two people in a relationship and allows researchers to gather a better understanding of the different dynamics that affects a relationship.

This research was performed using multiple databases, such as Google Scholar, PsycINFO, EBSCO Host and Social Work Abstracts in order to gather more information regarding the relationship between IPV and drug and alcohol abuse. When gathering information, 11 keyword searches were used to find scholarly articles and many produced similar results. The keywords “intimate partner violence” expanded into more descriptive terms. Those results gave a clear understanding on the effects of drugs and alcohol abuse

as it relates to IPV. Each article provided unique information that will go on to prove that drug and alcohol abuse and dependency directly correlates perpetrators who commit intimate partner violence.

### Limitations

This study gave insight on the connection between IPV and its association with drug and alcohol abuse. In some cases, however, there were challenges that limited the study. Many of the studies showed that there were a presence of drugs and alcohol in abuse cases, they did not, however, specify whether or not alcohol or drugs contributed to the abuse or if the presence of drugs or alcohol being brought up is used to excuse the actions of the individual. Some articles did explain that the victims and perpetrators were under the influence, but did not specifically state that perpetrators' abuse derived from alcohol and drug use.

Another issue that limited the study was the racial disparities. The articles that were used showed diverse statistics of which ethnicities contributed to the highest rates of IPV. Majority of the data showed that the African American community experienced the highest rates of intimate partner violence. Other data, however, showed that black and white females experienced IPV at similar magnitudes for all age categories (Rennison, 2001). Determining the true statistics of which race experiences more intimate partner violence may be difficult because some studies are applied to certain areas (i.e. different cities, states, or countries) or conducted in different years. Having multiple articles allows researchers to get a better understanding of IPV with the presence of drug and alcohol

dependency; however, not having clear statistics limits the researcher to assume based off of the majority of the research.

## CHAPTER IV

### PRESENTATION OF FINDINGS

This conceptual paper focused on intimate partner violence and how to confront IPV as a public health issue. It also focused on how drugs and alcohol have a negative cognitive affect on the perpetrators actions during phases of the abuse cycle and the three part cycle that abusive relationships go through. Using a systematic review, the researcher reviewed literature about intimate partner violence and its drugs and alcohol abuse negative cognitive affect. According to World Health Organization (2013) alcohol usage directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships. Unfortunately, victims of IPV may suffer emotionally and physically long after their offenders are gone and are more likely to have a stroke, heart disease or asthma than a woman who have not experienced IPV (University of Nevada Cooperative Extension, 2011).

#### Intimate Partner Violence and Public Health Issue

Findings regarding intimate partner violence and ways to confront IPV as a public health issue revealed that there is a correlation. Overall studies find that for the victim,

health effects and physical injury may lead to pregnancy, suicide, depression or turning to alcohol or drug abuse as a method of coping. The major finding was that violence is also committed by women towards men and within same sex relationships however, variations in methodologies and definitions of violence between surveys make the extent of IPV and differences between countries hard to estimate (WHO, 2013). This brings to a forefront men rarely report intimate partner violence, which makes confronting IPV as a public health issue for both genders one sided because men are afraid of being mocked or ridiculed.

The correlation between IPV and confronting IPV as a health issue does apply to victims within the group. The American College of Obstetricians and Gynecologists (2001) recommends IPV screening of all women, including during pregnancy at the first prenatal visit, at least once per trimester, and at the postpartum checkup. Findings disclose that although IPV can be an embarrassing situation to go through, you are not alone. Having American College of Obstetricians and Gynecologists (2001) as a resource and supporter, acknowledges that IPV as a public health issue is being confronted. These findings also suggest that while there are multiple resources for victims to confront their issue, IPV is a continuous growing number that are not being reported because of intimidation.

#### Negative Cognitive Affect of Drug and Alcohol Abuse

The common theme in regard to IPV is drugs and alcohol having a negative cognitive affect on the perpetrators actions during phases of the abuse cycle. The World Health Organization (2013) suggests that alcohol use increases the occurrence and

severity of domestic violence and directly affects a person's cognitive and physical ability to function. Findings showed that in the United States, England and Wales, victims believed their partners to have been drinking prior to a physical assault in 55% and 32% of cases (WHO, 2013). Other themes associated with men committing IPV revolved around personality disorder, witnessing violence as a child and young age. On the other hand, women likely to experience IPV were exposed to violence between their parents, sexually abused as a child or have a low level of education (WHO, 2013).

Tension, violent, and honeymoon phase increases in severity as time goes on. Boehme (1998) found that the three-part cycle of violence that many abusive relationships consist of is a common experience. As long as the victim stays, the perpetrator controls her/his life. This finding is important because it illustrates a reoccurring cycle in abusive relationships that victims sometimes do not notice as it is happening to them. The victim isolates herself from others because of embarrassment not realizing that she is showing intimidation and fear in the eyes of the abuser, which causes him to repeat the cycle (Boehme, 1998).

### Summary

In summary, confronting IPV as a public health issue as it is related to drugs and alcohol having a negative cognitive affect on the perpetrator actions during phases of the abuse cycle were found to be common themes found in researching. IPV is an embarrassing situation that victims stay in out of fear of being hurt worst or because they have no one to turn to.



## CHAPTER V

### SUMMARY AND DISCUSSION

The summary will conclude that argument of the presence of drugs and alcohol being an excuse to abuse one's partner. This study has shown the cognitive affects that drugs and alcohol have on an individual. In all, this research validates that the perpetrator's impaired cognition is what leads to the abuse. Unfortunately, intimate partner abuse, mixed with drug and alcohol abuse is a cycle that will continue until domestic violence and substance abuse treatments are in place.

#### Discussion

The literature review and findings of this social change disclosed that intimate partner violence and the affect drugs and alcohol has on the perpetrator's actions during phases of the abuse is a common cycle that creates fear. Specifically fearful in women who are not educated and are prone to abuse from early childhood. Male victims are also damaged from sexual and emotional abuse but are not as vocal in reporting or discussing their issue as much as women because of their fear of being mocked. Although there are resources that are willing to assist victims, they are barely heard. Another key point in the literature review is that IPV is an influence of drugs and alcohol and the violence cycle. Alcohol and drugs affect the user's ability to process information and the ability to

perceive. This increases the risk of the user misinterpreting his partners' behavior and increasing a sense of power over others (Bennett, 1997).

### Implications for Social Work

Alcohol and drugs such as cocaine are a few substances that can influence activity in the brain and create aggression and hyper activity. Intimate partner violence has been a serious issue across the world for decades and can result in fatal injuries and yet many victims are still afraid to speak out. Based on research and articles found, this is a social work issue that can be used to treat both victim and abuser.

Within the field of social work, there are many areas to focus your skills on. However, a common goal is to help improve their client's life whether direct counseling or serving as a liaison between institutions and clients. Social workers should handle victims of IPV by iterating that they are with them in this situation and not to feel alone. Social workers should also acknowledge their strength to come forward and speak. By victimizing a victim, they will feel judged and become reluctant to continue with the sessions, this is why treating them as a strong individual would work best. Social workers should have resources available for their victim at all times. Being aware that victims are already embarrassed, in-depth resources such as domestic violence programs, legal paperwork, safety plans, shelters and schooling should be on hand. Policies must educate the public about domestic violence so that they can know how they should be treated. A course of action for the perpetrator is to meet with him regularly for two reasons; domestic violence and drug abuse. By consecutively meeting with the same social worker the perpetrator is more willing to open up since it is to only one person.

As shown with this research, there are many articles available about intimate partner violence and the affects of drug and alcohol abuse. A recommendation for future research is to develop a program that unites domestic violence and alcohol/drug abuse together and allows the perpetrators to do activities that include female family members that they love so that they are able to re ignite the feeling that they once had for women.

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