Research Paper

The interplay between substance use and intimate partner violence perpetration: A meta-ethnography

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A B S T R A C T

Background: The relationship between intimate partner violence (IPV) perpetration and substance use is not well understood. We conducted a meta-ethnography of qualitative studies to explore how substance use features in survivors' and perpetrators' accounts of IPV perpetration.
Methods: Qualitative studies from 1995 to 2016 were identified from PsycINFO, ASSIA and Web of Science, with an update in PsycINFO and ASSIA to December 2017. 7654 abstracts were screened for accounts of heterosexual IPV perpetration, then full-texts were screened for mentions of substance use. Key concepts from 26 qualitative studies (363 female survivors' and 219 male perpetrators' views) were synthesised to develop a grounded theory that put similarities and differences between studies into an interpretive order.
Results: Six themes emerged: five related to the complex interplay between substance use and IPV perpetration in the context of *intoxication*, *withdrawal and addiction*, *impact on relationship* and wider dynamics of *power and control* and *psychological vulnerabilities*; a final theme related to *survivors' agency and resistance* to IPV perpetration. Survivors and perpetrators noted how both intoxication and withdrawal could pre-empt IPV perpetration. Survivors, however, were more likely to see intoxication and withdrawal as part of a pattern of abusive behaviour, whereas perpetrators tended to describe a causal relationship between intoxication and discrete incidents of IPV perpetration. Irritability and frustration during withdrawal from or craving alcohol, heroin and stimulants, and/or a failure or partner refusal to procure money for drugs increased the likelihood of violence. Survivors were more likely than perpetrators to identify abuse in relation to the impact of substance use on their relationship and dynamics of power and control.
Conclusion: The interplay between substance use and IPV perpetration occurs at numerous contextual levels and is perceived differently by perpetrators and survivors. Behaviour change interventions must address the meanings behind divergent narratives about IPV perpetration and substance use.

Introduction

Intimate partner violence (IPV) perpetration involves any behaviour by an intimate partner causing physical, sexual or psychological harm, including aggression, sexual coercion, psychological abuse, financial abuse and controlling behaviours (World Health Organisation, 2012). Whilst heterosexual men and people in same sex relationships experience IPV victimisation (Kubicek, McNeeley, & Collins, 2016; McDonald, 2012), IPV is most commonly directed towards women by men (World Health Organisation, 2012), with one in three women experiencing IPV

globally (World Health Organisation, 2013), and approximately four in ten femicides committed by a male partner (World Health Organisation, 2014). Some population studies report similar rates of IPV victimisation among men and women (e.g. Archer, 2000), but these studies have been criticised for not considering each partner's motive for violence (e.g. self-defence versus maintaining control) or who initiated the violence; and for not including questions on sexual abuse, stalking or controlling behaviours, which are more likely to be perpetrated by men (Kimmel, 2002; Saunders, 2002). Moreover, such studies do not *"capture an on-going systematic pattern of abuse and violence over many years"* more

likely to be experienced by women (Saunders, 2002;). In addition, women are more likely than men to experience sexual violence, severe physical violence or be murdered by their partner (World Health Organisation, 2013; Chermack et al., 2008). Besides the risk of death and serious injury, IPV victimisation also impacts on women's substance use, mental, physical and reproductive health and quality of life (Campbell, 2002; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Sarkar, 2008; Rees et al., 2011; Trevillion, Oram, Feder, & Howard, 2012; Pallitto et al., 2013; Loxton, Dolja-Gore, Anderson, & Townsend, 2017).

While no single factor or theory sufficiently explains IPV (Dixon & Graham-Kevan, 2011), various risk factors have been persistently associated with IPV perpetration including: low income, unemployment, childhood abuse, witnessing IPV as a child, substance use, mental health disorders (including depression, anxiety, personality disorders, bipolar disorder, schizophrenia), anger, hostility, poor executive function, low empathy, relationship conflicts, holding sexist attitudes and attitudes that condone violence, and support for gender specific roles (e.g. Stith, Smith, Penn, Ward, & Tritt, 2004; Capaldi, Knoble, Shortt, & Kim, 2012; Cummings, Gonzalez-Guarda, & Sandoval, 2013; Oram, Trevillion, Khalifeh, Feder, & Howard, 2014; Mancera, Dorgo, & Provencio-Vasquez, 2017; Cafferky, Mendez, Anderson, & Stith, 2018; Fazel, Smith, Chang, & Geddes, 2018). There is division over the significance of gender inequalities and patriarchy as casual factors, relative to specific social contexts and situations (Azam Ali & Naylor, 2013) leading Heise to conclude that our understanding of IPV *"has been severely hampered by the narrowness of traditional academic disciplines and by the tendency of both academics and activists to advance single-factor theories rather than explanations that reflect the full complexity and messiness of real life'* (1998, p. 262). Heise instead proposes an integrative theory that considers the *'inter-play among personal, situational, and socio-cultural factors'* (1998; p. 263–264).

Studies on the link between substance use and IPV perpetration have mainly considered intoxication and the pharmacological effects of the substance. Alcohol and drug use (especially cocaine and methamphetamine) are consistent risk factors for IPV perpetration (eg. World Health Organisation, 2013; Fleming et al., 2015; Choenni, Hammink, & Van de Mheen, 2017; Leonard & Quigley, 2017; Cafferky et al., 2018). A recent meta-ethnography found that marijuana use but not heroin use was also associated with IPV perpetration (Cafferky et al., 2018). The authors suggested that while heroin use may not be associated with IPV perpetration due to its analgesic and sedative pharmacological properties, marijuana withdrawal symptoms have been linked with irritability, anger and aggression which could account for the association with marijuana use and IPV perpetration (Boles & Miotto, 2003). This meta-analysis also reported that alcohol and illicit drug abuse or dependence for males were significantly stronger correlates of IPV perpetration compared with measures of consumption or frequency of use, proposing that those who are intoxicated/under the influence and experience withdrawal more often, were more likely to perpetrate IPV. Interestingly, despite the association between stimulant use and psychosis, irritability and aggression (Kosten & Singha, 1999), no significant difference between stimulant and non-stimulant drug use and their association with IPV perpetration was reported (Cafferky et al., 2018). Gaps in understanding remain regarding *"the specific context which may affect the link between substance use and IPV"* including whether perpetrators were using or withdrawing from substances when the violence or abuse occurred, whether the substance was used socially or with a partner, and the time-sequence relationship between substance use and IPV perpetration (Cafferky et al., 2018;).

Various competing explanations have been proposed to account for this association including *impaired cognitive functioning* due to the pharmacological properties of substances (eg. Leonard & Jacob, 1998), *relationship conflict* as a result of substance use that could lead to IPV (eg. Murphy, O'Farrell, Fals-Stewart, & Feehan, 2001), and *shared risk factors* that studies have found make substance use and IPV perpetration

more likely such as adverse childhood experiences, personality disorders, psychosis and depression (Trull et al., 2018; Choi, DiNitto, Marti, & Choi, 2017; Hughes et al., 2017; Smith-Marek et al., 2015; Oram et al., 2014; Varese et al., 2012; Torrens, Gilchrist, & Domingo-Salvany, 2011; Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, & Alvarez Dardet, 2004). Alcohol and drug disorders increase the risk for poverty and homelessness (Thompson, Wall, Greenstien, Grant, & Hasin, 2017). Lower socio-economic status, including low income and unemployment, can place additional stress on relationships, which could lead to conflict and IPV (Capaldi et al., 2012; Cummings et al., 2013; Stith et al., 2004; Reichel, 2017). Indeed, Cunradi, Caetano, and Schafer (2002) found that, after controlling for alcohol use/abuse, childhood parent-perpetrated violence, approval of IPV, impulsivity, age, and relationship factors; annual household income was the most important predictor of IPV perpetration.

Studies have shown higher rates of IPV perpetration by men who use alcohol and/or drugs than those who do not from general population samples (e.g. Abramsky et al., 2011; Smith, Homish, Leonard, & Cornelius, 2012). Men seeking or receiving treatment for substance use report rates of recent physical IPV towards a partner of around 34–39% (El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007 (past 6 months); Frye et al., 2007; Gilchrist et al., 2015 (past year)) compared to around 5–21% of men in the general population (Graham, Bernards, Wilsnack, & Gmel, 2011 (past 2 years); Smith et al., 2012; Fulu, Jewkes, Roselli, & Garcia-Moreno, 2013; Costa et al., 2016 (past year)). Global estimates suggest that 23–63% of IPV incidents involve alcohol as a contributing factor (World Health Organisation, 2012). Moreover, physical harm is more likely (Wupperman et al., 2009; Moore, Elkins, McNulty, Kivisto, & Handsel, 2011) and more severe when the perpetrator has consumed alcohol (Graham et al., 2011; Shorey, Brasfield, Zapor, Febres, & Stuart, 2015; Testa, Quigley, & Leonard, 2003). Violence severity is significantly higher for incidents in which one or both partners had been drinking (Graham et al., 2011). Such findings have led a recent review of quantitative studies to conclude that *"while neither a necessary nor a sufficient cause, excessive alcohol use does contribute to the occurrence of partner violence and that contribution is approximately equal to other contributing causes such as gender roles, anger and marital functioning"* (Leonard & Quigley, 2017;). However, the authors highlight that *"the potential causal processes in the context of interventions to reduce and eliminate partner violence"* (p.8) should be examined to inform interventions for people who use substances. In short, while evidence from quantitative studies confirms substance use as a risk factor for IPV perpetration, how and why it is so, is not well understood (Choenni et al., 2017). Qualitative studies can offer insight into the context and motives that culminate to produce the statistical correlations between substance use and IPV perpetration. Where most data tend to derive from survivors' accounts, perpetrators' accounts reveal some additional complexities in terms of the different meanings attributed to both substance use and violence and their place in relationships that are abusive (Neal & Edwards, 2015). Interventions to reduce IPV perpetration by men who use substances should consider the various and complex ways that substance use can contribute to IPV perpetration (Graham, Wilson, & Taft, 2017). To address this need for intervention development, we conducted a meta-ethnography of qualitative studies to explore how substance use features in survivors' and perpetrators' accounts of IPV perpetration.

Methods

Design

A systematic review was conducted using a meta-ethnographic design and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Fig. 1) (Moher, Liberati, Tetzlaff, & Altman, 2009). Although many ways to synthesise qualitative research exist (Barnett-Page & Thomas, 2009), meta-ethnography pursues an interpretivist
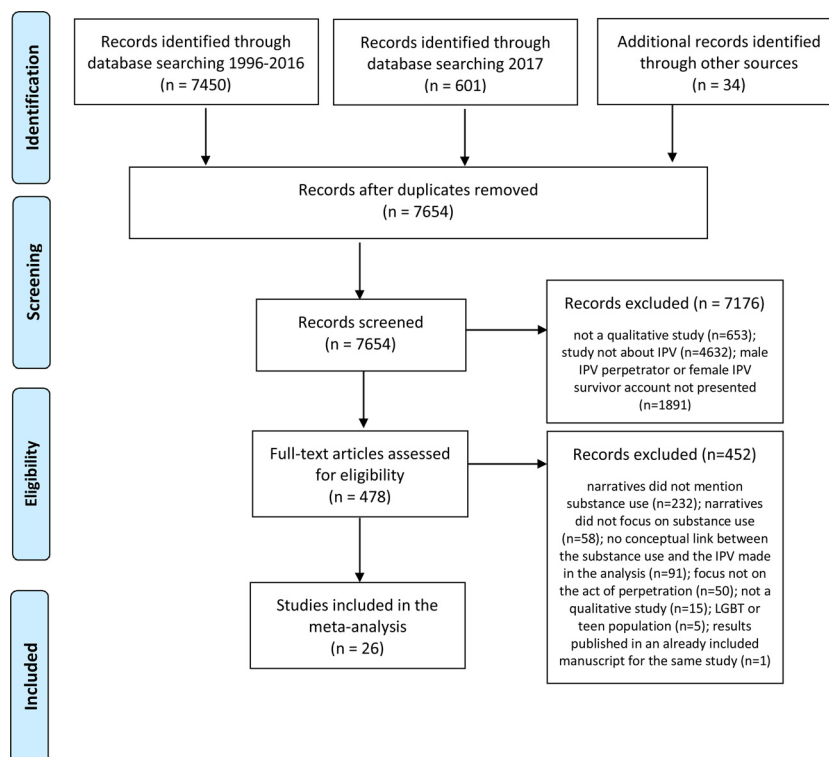
Fig. 1. PRISMA Diagram.

paradigm, allowing flexibility in the search process, and offering a coherent overarching frame, comparing and 'translating' studies from different epistemological traditions (Noblit & Hare, 1988).

Search strategy

Electronic databases (PsycINFO, ASSIA, Web of Science) were searched (January 1995–December 2016) for English-language studies including a substantial qualitative component to survivor and/or perpetrator accounts of IPV perpetration, with an update in PsycINFO and ASSIA to December 2017 (see Table 1). In addition, seven experts were contacted, and key author and forward and backward citation tracking was conducted.

Screening and eligibility

An adapted PICo (i.e. population, phenomenon of interest and context) (Tombor et al., 2015) was used to identify studies including heterosexual adult (≥18 years old) IPV survivors and/or perpetrators where the interplay between substance use and IPV perpetration was explored. Abstracts were screened for primary qualitative studies or studies that had a qualitative component (e.g. mixed-methods studies) that included survivor or perpetrator accounts of IPV (as opposed to, for

example, coping with IPV or help seeking for IPV). FD screened the texts, with 10% of abstracts randomly and independently checked by PR to ensure inter-rater consistency. Disagreement was resolved by GG and DG. Thereafter, potentially eligible full-texts were screened for mentions of substance use (Fig. 1). If manuscripts included survivor or perpetrator narratives but also others' perspectives, they were included, but only survivor or perpetrator accounts were included in the analysis. Table 2 describes the proportion of each sample that had experienced or perpetrated IPV where known. Data were managed using *EndNote* software (EndNote, 2016).

Data extraction and analysis

Data extraction and analysis followed "translation-based" meta-ethnography, "translat[ing] multiple qualitative studies into one another's terms" (Noblit & Hare, 1988, p.10), to build a "line of argument" to develop "a grounded theory that organises similarities and differences between studies into an interpretive order" (Noblit & Hare, 1988, p.64).

Table 2 describes the aims, sample and methods for the studies included in the meta-ethnography. FD, PR, JH and GG independently mapped studies' aims, context, methods, sample, and perspective, alongside relevant participant quotes and authors' key concepts and

Table 1
Search terms.

IPV act - OR	Qualitative Research - OR	IPV actor - OR
Intimate partner violence; Intimate partner abuse; Sexual$; abus$; Sexual$; aggress$; Sexual$ assault; Rape; Physical$ violen$; Physical$ assault; Physical$ abus$; Physical$ aggress$; Domestic violence; Domestic abuse; Emotional$ abus$; Psychological$ abus$; Psychological$ aggress$; Dating violence; Spous$ abuse; Coercive control; Control$ behavio$r; Spous$ assault; Husband abuse; Husband aggress$; Intimate terrorism; Common couple violence; Situational couple violence; Violent resistance; Intimate homicide; Domestic homicide	Qualitative study; Qualitative Ethnograph$; Narrative; Account; Participant observation; Grounded theory; Interpretative; Phenomenological Analysis; Case stud$; Focus group; Thematic analysis; Framework analysis; Framework approach; In-depth interview; Semi-structured interview; Mixed-method$ Not RCT Not experimental study	Perpetrator$; Victim$; Offender$; Batterer$; Abuser$

Table 2
Studies included in the meta-ethnography.

	Aims	Country	Sample	Recruitment	Methods	Perspective
Abdul-Khabir et al. (2014)	'Explore methamphetamine-using women's experiences with IPV and reproductive health concerns.'	USA	30 female methamphetamine users. Participants reported IPV (n = 19, 63%) as survivors (50%), perpetrators (40%), and/or both (27%)	Community advertising and at three addiction treatment centres Methamphetamine users	Semi-structured short interview	None stated
Boonzaier and Rey (2003)	How women give meaning to their experiences of violence.	South Africa	15 female survivors	Advertisements in Mitchell Plain (township)	Narrative interviews	Feminist poststructuralism
Brazier (2009)	'Explore how Fist Nations women's experiences of intimate partner abuse are embedded in and shaped by the historical and current socio-political context organising their everyday lives'.	Canada	35 female survivors	Snowball sampling techniques in 14 First Nation reserves	In-depth interviews	Critical realist
Dhar (2014)	'To get an in-depth understanding of the causes and concerns relating to domestic violence in the rural Indian context.'	India	15 female survivors	Social networking	In-depth interview	Phenomenology
Ezard (2014)	To explore alcohol use among conflict-displaced populations.	Thailand	32 women, 67 men (unknown whether survivors or perpetrators). All men and 12/32 women drank	Health services and chain referral in a refugee camp	Interviews	Grounded theory, feminist
Galvani (2006)	'Explored women's views and experiences of alcohol's role in their partners violence to them'	England	20 female survivors	Accessed via women officers of the police Domestic Violence Unit	In-depth interviews	Grounded theory, feminist
Gilbert et al. (2001)	'Explored how partner violence may be related to psycho-pharmacological effects of drugs and to conflicts over procuring and splitting drugs'	USA	68 female survivors	Recruited from 3 methadone clinics	Focus groups	Goldstein's tripartite model, gender theory, trauma theory
Gilchrist et al., (2015)	'Examine factors associated with IPV by male substance users'	Spain	17 male perpetrators	Recruited from substance use treatment	Mixed method – surveys and in-depth interviews	None stated
Go et al. (2003)	'Examine the pathways by which gender norms may influence marital violence'	India	23 men and 25 women (unknown whether survivors or perpetrators)	Participants in an ongoing multi-site, randomized, community cohort HIV prevention intervention trial	Interviews and focus groups	Ecological framework
Hamilton and Goeders (2010)	'Explore accounts of perpetrated violence among meth-using women'	USA	30 female methamphetamine users. 80% (n = 24) reported experiencing violence in their lifetimes: 67% (n = 20) had violence perpetrated against them, and 57% (n = 17) had perpetrated violence	Recruited from residential treatment	In-depth interviews	Phenomenology, biopsychosocial
Hayashi (2016)	'Explores the experiences and determinants of IPV from the perspective of methamphetamine-using men and women'	USA	20 male (9 survivors of physical or sexual IPV) and 20 female (16 survivors of physical or sexual IPV) methamphetamine users. All participants reported experiencing psychological abuse	Community outreach, newspaper advertisements, flyers in health care offices and domestic violence agencies, "word of mouth", walk-ins, and participant referrals	In-depth interviews	None stated
Hearn (1998)	'Explores men's accounts of their violence towards known women'	England	75 male perpetrators of violence to known women	Men who had been arrested for violence, recruited from men's programmes, probation, prison, welfare agencies and also not recruited through agencies	Interviews	'Pro-feminism'
Ludwig-Barron et al. (2015)	Explores methamphetamine-using women's narratives of being taken hostage	USA	4 female methamphetamine users who had experienced hostage-taking	Participating in an HIV behavioural intervention trial. Recruited through (a) street outreach in neighbourhoods with high concentrations of methamphetamine users; (b) known meeting places of methamphetamine users; (c) snowball sampling techniques; and (d) referrals and brochures placed at health clinics, health service agencies, and community organizations	Interviews	'Theory of Gender and Power'
Macy et al. (2013)		USA	15 female survivors	Recruited from substance use treatment	Interviews	None stated

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Table 2 (*continued*)

	Aims	Country	Sample	Recruitment	Methods	Perspective
	Investigate the relationship between partner violence and substance abuse among women in substance use treatment services					
Matamonasa-Bennett (2015)	'Explore the social/cultural factors in the intersections between alcohol and IPV'	USA	9 men with experiences of IPV, 5 of whom had perpetrated IPV, 2 were victims	Great Lakes reservation community. Participants recruited via flyers at local mental health facility that offered IPV treatment and at public and cultural events both on and off the reservation. Early participants also referred other men to participate	Semi-structured interviews	Ecological feminism
Mathews et al. (2015)	Explores the views of incarcerated men who killed their partner on their violence and relationships with women	South Africa	20 males who killed their partners and family/ friends of both survivor and perpetrator (number not stated)	Recruited from prison	Longitudinal interviews (3-4 with each man)	Feminism, structuralism, psychoanalytical
Menon (2009)	Explores the role of patriarchal structures, mainly family structures, in relation to IPV	India	80 female survivors	Recruited from services that work with survivors of domestic abuse	Mixed method – survey data & interviews	Typologies, feminist
Nemeth et al. (2012)	Examines acute, situational factors and chronic stressors that triggered severe intimate partner violence, which lead to man's detention.	USA	17 dyads (17 male perpetrators and their female partners)	Males in detention for IPV perpetration and telephone calls to his female survivor	Recorded phone conversations	Grounded theory
O'Brien et al. (2016)	'Investigate the substance-related experiences of system-involved IPV survivors' who had been mandated to child protection programmes	USA	22 female survivors (majority had history of substance use)	Recruited from court and/or child protection services mandated IPV parenting program	Mixed method -questionnaire and in-depth interviews	Typologies, grounded theory
Radcliffe et al. (2017)	"To better understand cross cultural constructions of IPV perpetration amongst men in treatment for substance use'	Brazil and England	40 male perpetrators (20 from England and 20 from Brazil)	Recruited from substance use treatment	Semi-structured interviews	Thematic narrative analysis
Satyanarayana et al. (2015)	'Explored the intersection among alcohol consumption, gender roles, intimate partner violence (IPV) and mental health from the perspective of heavy drinking men who also perpetrate IPV and survivors'	India	10 male perpetrators and 10 female (unrelated) survivors	Perpetrators were heavy drinkers presenting to outpatient services of a general hospital for treatment of alcohol dependence. Survivors were females whose partners (not those in male sample) were receiving alcohol treatment from the hospital	In-depth interviews	Interpretative phenomenological
Watt (2012)	'Describes the experience of male perpetrators of IPV to understand their perspective.'	USA	9 male perpetrators	Recruited from prison	Interviews	Phenomenology
Watt et al. (2017)	Mixed-methods study '(i) to examine experiences of physical IPV among methamphetamine users; (ii) to identify factors associated with being a victim or perpetrator of IPV; and (iii) to qualitatively examine the broader context of IPV in this population'	South Africa	17 male (4 perpetrators and 1 survivor) and 13 female (8 survivors) methamphetamine users	Chain referral sampling	Mixed method - questionnaire and in-depth interviews	Content analytic approach, to identify inductive themes
Wilson et al. (2017)	'Explores the dynamics of drinking and IPV from the perspectives of women with lived experience of alcohol-related IPV'; 'Alcohol's role in initiation and escalation of IPV'.	Australia	18 female survivors	Recruited via posters in public spaces, social media, dissemination through professional networks, and from an existing GP study of domestic violence survivors	Interviews	Constructivist grounded theory
Wood (2004)	'Understand men's perspective on violence in their relationships with women'. 'All of the men had volunteered to participate in STOP, a 13-week program to change men who abuse partners.'	USA	22 male perpetrators	Recruited in prison. Enrolled in IPV perpetrator programme	Ethnographic methods & interviews	Grounded theory, narrative approach
Wright et al. (2007)	'Explore women drug users' experiences of abuse from intimate partners when being injected with illicit drugs.'	England	45 women who inject drugs (not all identified as survivors)	Recruited from needle exchange programs, pharmacies, drug services and primary care setting, women's only drop-in sessions, women's only drug services and specialist services.	Interviews	Grounded theory

Table 3
Themes: First, second, third order constructs.

First order constructs	Second order	Third order
1. INTOXICATION 1.Intoxication is seen as the cause of a disruption to self which leads to violence E.g. from survivors – O'Brien et al., 2016, p. 68, p67; Gilbert et al., 2001, p523; Brazier, 2009, p115; Boonzaier & Rey, 2003, p.1012; Matamonasa-Bennett, 2015; Dhar, 2014, p. 543; Wilson et al., 2017; Galvani, 2006, p531. E.g. from perpetrators – Radcliffe et al., 2017, p.68; Satyanarayana et al., 2015, p40; Mathews et al., 2015, p10; Watt, 2012, p90, p80; Gilchrist et al., 2015), Wood, 2004, p565-6; Watt et al., 2017, p102 2.Intoxication is seen to enable a violent part of the self E.g. from survivors – Go et al., 2003, p 400; Galvani, 2006, p648.e.g. from perpetrators– Hamilton & Goeders, 2010, p14; Ezard, 2014, p688; Gilchrist et al., 2015, p248-9; Radcliffe et al., 2017, p68 3. Violence is about more than intoxication e.g. the quantity, mixture of substances, environment, 'bilateral violence' E.g. from survivors – O'Brien et al., 2016, p68; Galvani, 2006, p6; Ludwig-Barron et al., 2015; Brazier, 2009 p115; Abdul-Khabir et al., 2014, p5; O'Brien et al., 2016, p68; Galvani, 2006, p648-9; Brazier, 2009; Galvani, 2006, p649. E.g. from perpetrator - Radcliffe et al., 2017, p68; Matamonasa-Bennett, 2015, p29Radcliffe et al., 2017Radcliffe et al., 2017, p68; Matamonasa-Bennett, 2015, p29	i. Survivors are seen to perceive a change in character as a way of 'splitting off the good from the bad' – as a coping mechanism. ii. Perpetrators are seen to use intoxication as a socially-available narrative or psychological device for reconciling (especially where inconsistent with traditional ideals of masculinity) or excusing violent behaviour. iii. Survivors are seen to blame perpetrators' intoxication, but also see the violence as part of him. This is often seen in conjuncture with controlling traits, emplaced in societal structures, for example, as part of intimate terrorism (Wood, 2004). iv. Perpetrators are seen to have started to take responsibility when they consider the violence as coming from them rather than intoxication v. Some authors talk about 'alcohol…plus factors'	a. Survivors and perpetrators both talk about substances as changing perpetrators' behaviours, but where perpetrators are more likely to wholeheartedly blame substances, survivors see this as part of a wider pattern of behaviour that intoxication can exacerbate. b. A 'disinhibited self' narrative is used by survivors and perpetrators to reveal violent traits that are already there c. There are levels to the disinhibition ('opening up') – a little is even perceived by survivors to reveal good qualities, whilst too much can expose violent qualities – survivors reflect on this 'balancing act'. d. The distinction between a 'disinhibited' and 'different' 'self' caused by intoxication can get blurred (Gilchrist, Blazquez, Segura, Geldschläger, Valls, Colom et al., 2015). e. Authors often conceptualise 'triggers' like intoxication as excuses, but participants see it as more than this, and a real part of the situatedness of IPV perpetration
2. WITHDRAWAL & ADDICTION 1. Violence is seen to occur when perpetrators are 'coming down' E.g. from survivors - Gilbert et al., 2001, p525; O'Brien et al., 2016, p67-8; Ludwig-Barron et al., 2015, p.847; Hamilton & Goeders, 2010, p15; Wright et al., 2007, p421. E.g. from perpetrators – Watt, 2012, p90 2. Violence is seen to occur when survivor refused/failed to procure/raise money for drugs E.g. from survivors - Wright et al., 2007, p421; Macy et al., 2013, p892; Gilbert et al., 2001, p529; Dhar, 2014, p548. E.g. from perpetrators - Watt, 2012, p90 3. The survivor's addiction/dependency is used to coerce sexual relations and sex work E.g. from survivors – Abdul-Khabir et al., 2014, p6; Hamilton & Goeders, 2010, p17-8; Macy et al., 2013, p892. E.g. from perpetrators - Watt et al., 2017, p103 4. Economic abuse in using of family resources to buy substances and taking more than fair share of substances E.g. from survivors - Boonzaier & Rey, 2003, p1022; Satyanarayana et al., 2015; Brazier, 2009, p107-8; Ezard, 2014, p689; Gilbert et al., 2001, p527, 529; Wright et al., 2007; Macy et al., 2013. E.g. from perpetrators - Watt, 2012, p86; Gilbert et al., 2001, p527; Radcliffe et al., 2017, p.67 5. Survivors' addictions make them susceptible to staying in abusive relationships E.g. Brazier, 2009, p113; O'Brien et al., 2016, p67; Macy et al., 2013, p890-1; Nemeth et al., 2012, p945; Hamilton & Goeders, 2010, p15	i.Withdrawals are seen to heighten emotional state making perpetrators susceptible to violence. ii. Survivor's addiction is used to coerce sex/reproduction iii. Survivor's addiction is used as source of emotional abuse iv. There is an expectation on women to raise money through sex work v. Economic abuse perpetrated where family resources spent on drugs and perpetrator expects bigger quantities or to use first vi. When couples use substances together, the need for both love and drugs can become blurred vii. Where survivors rely on their perpetrator for substances, it can make it very hard to leave the relationship and perpetration can continue	a. Physical/emotional violence is seen to happen when the perpetrator is in withdrawals, especially if the survivor has failed to procure or raise money for drugs. b. Survivors' addictions can be used against them to coerce unwanted sexual relations, including reproduction c. Love, drugs and abuse can become enmeshed for couples who use drugs. This can also make them particular hard to escape, especially where survivors rely on the perpetrator of substances.
3. IMPACT ON RELATIONSHIP 1. Survivors have to be vigilant to their partners' moods, exacerbated by their substance use E.g. Ezard, 2014, p124; Satyanarayana et al., 2015, p40; Brazier, 2009, p117; O'Brien et al., 2016, p68 2. Survivors link their partners substance use to spending family finances on substances and thus constraining their lifestyle choices E.g. from survivors - see above 'economic abuse', and, Boonzaier & Rey, 2003, p1002; Brazier, p106-7; Menon, 2009, p128; Ezard, 2014, p688; Satyanarayana et al., 2015, p40. E.g. perpetrator identifies the 'burden' when both partners are substance users (Radcliffe et al., 2017). E.g. Perpetrators down play this overburden – as 'nagging'	1.Survivors are frightened of and have to constantly monitor their partners volatile moods in light of substance using habits – this constitutes a form of abuse in itself 2. Substance use exacerbated inconsistencies in love and affection 3. Some authors believe overburden of family and marital responsibilities is an abuse (Boonzaie & de la Rey, 2003), where others see it as a 'cost' or 'complication' (Brazier, 2009) of partner's drinking	a. Survivors develop a 'hypervigilence' to the unpredictability and uncertainty to which way perpetrators would 'swing'. They have to vigilant to his mood, and act accordingly to keep self and children safe b. As a result of perpetrator's substance use, survivors are 'overburdened' with household chores, as well as having to provide emotionally and financially for the family, and deal with the burden of stigma c. Survivor's discuss the emotional burden of living with somebody who wants to give substances up, but never does, and the constant hope that goes with it which makes it more difficult to leave abusive relationships

Table 3 (*continued*)

First order constructs	Second order	Third order
(Radcliffe et al., 2017, p67; Hearn, 1998, p130-1 3. Survivors describe a reliance on perpetrators giving up substances to end the violence. This can mean survivors stay in abusive relationships longer, hoping that change will come. E.g. from survivor – Brazier, 2009 p117. E.g. from perpetrator - Hearn, 1998, p75		
4. POWER & CONTROL <u>1.Perpetrators try to control partner's drinking</u> E.g. Hearn, 1998, p130-1 <u>2. Violence is used as a control tactic</u> when women were perceived to have acted with impropriety – e.g. drinking and socialising with other men E.g. Mathews et al., 2015, p10-2; Watt, 2012, p90 <u>3. Survivors are coerced to drink/use drugs</u> E.g. Brazier, 2009, p111-2; O'Brien et al., 2016, p67; Gilbert et al., 2001, p530 – or administer in certain way - E.g. from survivors - Wright et al., 2007, p419; Brazier, p.114; Macy et al., 2013, p891 <u>4. Intoxication brought out controlling tendencies</u> E.g. Dhar, 2014, p543; hold her captive (Brazier, 2009, p111); often linked to sociocultural gender roles - 'male Indian ego' (Dhar, 2014); ideas of 'respect' (Radcliffe et al., 2017, p69; Mathews et al., 2015). Survivors saw these controlling tendencies linked to traditional gender norms and wider sociocultural oppressions. Perpetrators perceive a betrayal of their superiority - Satyanarayana et al., 2015; Boonzaier & Rey, 2003; Gilbert et al., 2001, p.521; Gilbert et al., 2001, p531	i. Gendered ideals and traditional gender roles foreground control tactics ii. Perpetrators control women's drinking – killing is seen as the 'ultimate means of taking back control' (Mathews et al., 2015, p.1) iii. Perpetrators coerce/force survivors to drink/take drugs which is linked to wider power dynamics e.g. cannot be disentangled from the colonial context that make drinking a highly political and stigmatised matter iv. Authors identify intimate terrorists and situational couple violence v. Sexual jealousies and fears of infidelity are used by authors to frame and justify perpetrators accounts of violence vi. Where both partners use substances, it was common for authors to view perpetrators as controlling preparation and administration of substances vii. The 'love and abuse' narrative (above) insects with 'control', as authors saw some perpetrators not wanting survivors to leave the relationship and refused them access to treatment	a. Controlling or coercing survivor's drinking/drug use through violence/abuse is part of a bigger picture of control b. Perpetrators become more controlling, with heighted sense of gender roles, when intoxicated c. Behaviour has to be seen in light of violent socioeconomic powers, where controlling women is often a way of controlling wider inequalities and structural violence faced by perpetrators d. Dependency on supply/administration of substances makes relationships hard to escape, but there are also elements of care, affection and love that complicated simple renderings of 'power and control'.
5. PSYCHOLOGICAL VULNERABILITIES <u>1.Increased risk of abuse and violence if perpetrator's mood was negative pre drinking.</u> E.g. from survivor - Galvani, 2006, p.650. E.g. from perpetrator - Hearn, 1998, p.75 <u>2.Perpetrators (male and female) attributed/blamed their violence on (anger resulting from) negative experiences in childhood</u> E.g. Hamilton & Goeders, 2010, p.324; Wood, 2004, p.556 <u>3.Impact of trauma on perpetrator's mental health.</u> E.g. from perpetrators - Mathews et al., 2015, p.115, describing symptoms of PTSD *"flashbacks"* and *"nightmares"*. E.g. from survivors - describing symptoms of depression- O'Brien et al., 2016, p.68 <u>4. Perpetrator's drug-induced hallucinations and paranoia contributed to IPV</u> E.g. from survivors - Gilbert et al., 2001, p525. E.g. from perpetrators -Watt et al., 2017, p102	i. Multiple psychopharmacological factors are attributed to IPV perpetration ii. Blaming behaviour on external attributions provides perpetrators with legitimate, reasonable justifications of why they – their real selves – were not abusers iii. Negative mood/poor mental health impacts intimate relationships and response to anger/stress iv. IPV as a defence/response to anxiety and anger from emotional insecurities shaped by negative childhood experiences v. Unresolved PTSD potentially intensified/caused IPV. vi. Substance use seen as a way of coping with emotional pain and mental health issues vi. Interrelationship between "gender ideals and psychological vulnerabilities" provides context for violence regardless of trauma experienced "as a means to take back control" (Mathews et al., 2015, p.119)	a. Impact of unresolved trauma for perpetrator (anger/emotional instability) means that substances can be used to mediate mental health, leading to IPV perpetration b. Survivors attribute anger and negative mood (depression) to increased likelihood of IPV, with and without the use of substances ('maladaptive coping skills') c. Perpetrator's drug-induced (crack, methamphetamine) paranoia resulted in increased violence
6. SURVIVORS' AGENCY & RESISTANCE <u>1. Survivors discuss strategies for moderating and mediating violence</u> E.g. Wilson et al., 2017, p121, p115; Boonzaier & Rey, 2003, p1026; Satyanarayana et al., 2015, p40 <u>2. Survivors employ ways of coping</u>, such as using alcohol/drugs to 'numb' the fear and pain of abuse. E.g. Menon, 2009; Galvani, 2006; Wilson et al., 2017, p 119 <u>3. Survivors sometimes use violence.</u> E.g. from survivors - Gilbert et al., 2001, p258; Ezard, 2014, p689; E.g. from perpetrators - Radcliffe et al., 2017, p67; Mathews et al., 2015, p688 <u>4. Survivors refused to give perpetrators money for substances</u>, but were often abused as a result E.g. physically (Dhar, 2014, p5; Galvani, 2006; Watt et al., 2017, p103); emotionally (Go et al., 2003, p394) <u>5. Survivor resisted what they perceived to be unequal share of substances</u> E.g. Radcliffe et al., 2017, p67 – resulted in physical assault	i. Violence is resisted by moderating risks ii. It is less socially or culturally accepted for women to fight back, so resistance can often take subtle forms iii. Resistance can be through avoiding/refusing to give perpetrator money for substances iv. Survivors remove their children from danger v. Substances can be used to 'numb' pain/cope with stress of volatile/unpredictable violence vi. Perpetrators are seen to perceive resistance as antagonism or 'nagging'	a. Resistance occurs in cultural sensitive ways, and is sometimes subtle – e.g. resistance does not necessarily take a responsive form but can be in terms of preventive measures b. Survivors can practice ways of moderating their partner's substance use in order to reduce IPV perpetration c. Survivors can turn to alcohol and drugs themselves to 'numb' the fear/pain of violence, but also the fear of expecting violence d. Attempts to resist male partners' demands can be perceived by perpetrators as antagonism and lead to IPV perpetration-

interpretations (Glaser & Strauss, 1967). Each researcher then began building *third order* interpretations (i.e., the meta-ethnographers' interpretations), taking participant (*first order* interpretations) and research output author (*second order*) interpretations together (Table 3). First order interpretations are presented in italics and second order interpretations are presented within quotation marks in the results.

Studies were coded according to six themes that emerged across studies, with regular meetings to discuss and debate meanings. This generated data comprising relevant participant quotes and meanings (first order), output authors' (second order) and meta-ethnographers' (third order) interpretations (Table 3). Table 3 describes the first, second and third order interpretations for each of these six themes which are discussed in detail in the main text. From this constant comparative method, theoretical saturation was reached. Vis-à-vis Glaser and Strauss (1967), the data started to "fit" and "work" together as a whole (Noblit & Hare, 1988; p.62–3; p.75).

Methodological quality

A comprehensive quality assessment was undertaken on the included studies according to Tracy's (2010) 'Eight Big-Tent Criteria for Excellent Qualitative Research': worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence. Two reviewers (from PR, FD, GG, DG, JH) independently assessed the quality of included studies. Differences were resolved through discussion or, if needed, a third reviewer. Studies were not excluded based on quality (Fig. 2).

Results

Study selection

Searches from January 1995 to December 2017 resulted in 7654 unique records; 478 were eligible for full-text assessment. Twenty-six studies were included after assessment, including one book (Hearn, 1998), four dissertations (Brazier, 2009; Hayashi, 2016; Menon, 2009; Watt, 2012) and 21 manuscripts (Abdul-Khabir, Hall, Swanson, & Shoptaw, 2014; Boonzaier & Rey, 2003; Dhar, 2014; Ezard, 2014; Galvani, 2006; Gilbert, El-Bassel, Rajah, Foleno, & Frye, 2001; Gilchrist et al., 2015; Go et al., 2003; Hamilton & Goeders, 2010; Ludwig-Barron, Syvertsen, Lagare, Palinkas, & Stockman, 2015; Macy, Renz, & Pelino, 2013; Matamonasa-Bennett, 2015; Mathews, Jewkes, & Abrahams, 2015; Nemeth, Bonomi, Lee, & Ludwin, 2012; O'Brien et al., 2016; Radcliffe, Flavia Pires Lucas d'Oliveira, Lea, Dos Santos Figueiredo, & Gilchrist, 2017; Satyanarayana, Hebbani, Hegde, Krishnan, & Srinivasan, 2015; Watt, Guidera, Hobkirk, Skinner, & Meade, 2017; Wilson, Graham, & Taft, 2017; Wood, 2004; Wright, Tompkins, & Sheard, 2007) (Fig. 1).

Study and sample characteristics

These 26 studies report on the views of 860 participants overall. The accounts of 363 female survivors and 219 male perpetrators are included from the studies that described the numbers of IPV perpetrators or survivors from their total sample. Twelve studies were conducted in North America (Abdul-Khabir et al., 2014; Brazier, 2009; Gilbert et al., 2001; Hamilton & Goeders, 2010; Hayashi, 2016; Ludwig-Barron et al., 2015; Macy et al., 2013; Matamonasa-Bennett, 2015; Nemeth et al., 2012; O'Brien et al., 2016; Watt, 2012; Wood, 2004); five in Asia (Dhar, 2014; Ezard, 2014; Go et al., 2003; Menon, 2009; Satyanarayana et al., 2015); five in Europe (Galvani, 2006; Gilchrist et al., 2015; Hearn, 1998; Radcliffe et al., 2017; Wright et al., 2007); three in South Africa (Boonzaier & Rey, 2003; Mathews et al., 2015; Watt et al., 2017); one in Brazil (Radcliffe et al., 2017) and one in Australia (Wilson et al., 2017).

Nine studies included male IPV perpetrators (Gilchrist et al., 2015; Nemeth et al., 2012; Radcliffe et al., 2017; Satyanarayana et al., 2015;

	Worthy topic	Rich rigor	Sincerity	Credibility	Resonance	Significant contribution	Ethics	Meaningful coherence
Abdul-Khabir, Hall, Swanson & Shoptaw (2014)	yellow	yellow	yellow	yellow	yellow	red	green	yellow
Boonzaier & de la Rey (2003)	green	yellow	yellow	green	green	green	green	green
Brazier (2009)	green	green	green	green	yellow	green	yellow	green
Dhar (2014)	green	green	green	yellow	yellow	yellow	yellow	green
Ezard (2014)	green	green	green	green	green	green	green	green
Galvani (2006)	green	green	green	green	green	green	green	green
Gilbert, El-Bassel, Rajah, Foleno, & Frye (2001)	green	green	green	green	green	green	green	green
Gilchrist, Blazquez, Segura, Geldschläger, Valls, Colom et al. (2015)	yellow	green	green	yellow	green	green	green	green
Go, Johnson, Bentley, Sivaram, Srikrishnan, & Celentano (2003)	yellow	yellow	yellow	yellow	yellow	green	yellow	green
Hamilton & Goeders (2010)	yellow	yellow	yellow	yellow	green	green	yellow	green
Hayashi (2016)	green	green	green	yellow	green	green	green	green
Hearn (1998)	green	green	green	green	green	green	green	green
Ludwig-Barron, Syvertsen, Lagare, Palinkas & Stockman (2015)	yellow	green	green	yellow	green	green	green	green
Macy, Renz & Pelino (2013)	green	green	green	green	green	green	green	green
Matamonasa-Bennett (2015)	green	green	green	green	green	green	green	green
Mathews, Jewkes & Abrahams (2015)	yellow	yellow	yellow	green	green	green	green	green
Menon (2009)	green	yellow	yellow	green	yellow	yellow	yellow	green

	Worthy topic	Rich rigor	Sincerity	Credibility	Resonance	Significant contribution	Ethics	Meaningful coherence
Nemeth, Bonomi, Lee & Ludwin (2012)	yellow	yellow	yellow	red	yellow	yellow	red	yellow
O'Brien, Ermentrout, Rizo, Li, Macy & Dababnah (2016)	green	green	green	yellow	green	green	green	green
Radcliffe, Flavia Pires Lucas d'Oliveira, Lea, Dos Santos Figueiredo & Gilchrist (2017)	green	green	green	green	green	green	green	green
Satyanarayana, Hebbani, Hegde, Krishnan & Srinivasan (2015)	green	yellow	red	yellow	green	yellow	green	yellow
Watt (2012)	yellow	yellow	yellow	green	green	green	yellow	green
Watt, Guidera, Hobkirk, Skinner & Meade (2017)	green	green	green	yellow	green	green	green	green
Wilson, Graham & Taft (2017)	green	green	green	green	green	green	green	green
Wood (2004)	green	green	green	green	green	yellow	yellow	green
Wright, Tompkins & Sheard (2007)	green	green	green	green	green	green	green	green

Low quality: red
Moderate quality: yellow
High quality: green

Fig. 2. Quality assessment of studies included in the meta-ethnography.

Watt, 2012; Wood, 2004; Watt et al., 2017), males who had committed femicide (Mathews et al., 2015) or who had perpetrated violence against known women, including partners (Hearn, 1998). In three of these studies, methods included recorded telephone conversation transcripts between men in prison and their female partners (Nemeth et al., 2012), interviews with family members and friends of the perpetrator and deceased victim (Mathews et al., 2015) and interviews with females whose partners were receiving alcohol treatment but not from the same marital dyad as the perpetrators interviewed (Satyanarayana et al., 2015). In three studies, men also identified as

survivors (Hayashi, 2016; Matamonasa-Bennett, 2015; Watt et al., 2017). Fifteen studies included female IPV survivors (Abdul-Khabir et al., 2014; Brazier, 2009; Hayashi, 2016; Menon, 2009; Boonzaier & Rey, 2003; Dhar, 2014; Galvani, 2006; Gilbert et al., 2001; Hamilton & Goeders, 2010; Ludwig-Barron et al., 2015; Macy et al., 2013; O'Brien et al., 2016; Wilson et al., 2017; Wright et al., 2007; Watt et al., 2017). Female survivors in two of these 15 studies also self-identified as perpetrators (Abdul-Khabir et al., 2014; Hamilton & Goeders, 2010). The remaining three studies included samples where the exact number of survivors or perpetrators was not stated (Ezard, 2014; Go et al., 2003), and 'men with experiences of IPV' (Matamonasa-Bennett, 2015;), including perpetrating and witnessing IPV (Table 2).

Male perpetrators were recruited from drug or alcohol treatment (Gilchrist et al., 2015; Radcliffe et al., 2017; Satyanarayana et al., 2015), were methamphetamine users (Hayashi, 2016; Watt et al., 2017), had been arrested, detained or who were on probation or incarcerated (Hearn, 1998; Mathews et al., 2015; Nemeth et al., 2012; Watt, 2012; Wood, 2004) or from men's programmes, welfare agencies or not engaged with services (Hearn, 1998).

Eight studies recruited female survivors from drug treatment and/or needle exchange facilities (Abdul-Khabir et al., 2014; Gilbert et al., 2001; Hamilton & Goeders, 2010; Macy et al., 2013; Wright et al., 2007) or who were methamphetamine users (Hayashi, 2016; Ludwig-Barron et al., 2015; Watt et al., 2017). O4ne study recruited female survivors from a mandated court and/or child protective services IPV parenting programme, where the majority of women had a history of substance use (O'Brien et al., 2016); two studies involved survivors from domestic violence services (Galvani, 2006; Menon, 2009), and four recruited survivors from the community (Brazier, 2009; Boonzaier & Rey, 2003; Dhar, 2014; Wilson et al., 2017).

Quality of studies

Three studies included low quality ratings for some criteria. Abdul-Khabir et al. (2014) scored low quality for *'significant contribution'* as the findings were from a pilot study and based on very short interviews of 15–20 minutes. Nemeth et al. (2012) scored low quality for *'credibility'* and *'ethics'* due to a lack of description and their covert use of recorded telephone conversations between male imprisoned perpetrators and their female partners. Findings for *'sincerity'* from Satyanarayana et al. (2015) were rated low quality due to an over-reliance on the analytic possibilities of computer software, with no reflexivity of the researchers' position in the process (Fig. 2).

Key themes

Six themes emerged across studies: five related to the interplay between substance use and IPV perpetration in the context of *intoxication*, *withdrawal*, *impact on relationship* and wider dynamics of *power and control*, and *psychological vulnerabilities* and a final theme around *survivors' agency and resistance* to IPV.

Theme 1: intoxication

Intoxication related to alcohol and stimulant drugs (methamphetamine and cocaine) was linked to IPV perpetration in all studies. Survivors generally viewed intoxicated violence within a pattern of their partners' violent behaviour linked to power and control (Galvani, 2006; Gilbert et al., 2001; Ludwig-Barron et al., 2015; Macy et al., 2013; Nemeth et al., 2012; Wilson et al., 2017; Wright et al., 2007; Hayashi, 2016), while perpetrators isolated the event, blaming their behaviour on intoxication (Gilchrist et al., 2015; Go et al., 2003; Hearn, 1998; Mathews et al., 2015; Radcliffe et al., 2017; Satyanarayana et al., 2015; Watt, 2012; Watt et al., 2017). Attributing violence to intoxication served to account for a new (violent) (Dhar, 2014; Gilbert et al., 2001; Gilchrist et al., 2015; Matamonasa-Bennett, 2015; Mathews et al., 2015; Radcliffe et al., 2017; Watt et al., 2017; Wilson et al., 2017) or

disinhibited (violent) self (Gilchrist et al., 2015; Go et al., 2003; Radcliffe et al., 2017).

Survivors talked about their partners, and perpetrators talked about themselves, turning from a *'good husband to a bad husband'* [survivor (Boonzaier & Rey, 2003); perpetrator, problematic alcohol user (Mathews et al., 2015)], *'Dr. Jekyll to Mr. Hyde'* [survivor (Gilbert et al., 2001)], and *'a warrior to a beater'* [perpetrator, problematic alcohol user (Matamonasa-Bennett, 2015)]. Under the influence of alcohol, male partners had turned into *'dictators'* [survivor (Dhar, 2014)], *'monsters'* [survivor (Boonzaier & Rey, 2003)]. Perpetrators also believed alcohol *'converts you into a monster'* [perpetrator, alcohol and cocaine user (Gilchrist et al., 2015)] or *'another person'* [perpetrator, in treatment for alcohol (Radcliffe et al., 2017)]].

Second order interpretations of these perceived changes in self were analysed as both psychological processes – often associated with psychic "splitting" in which binary thinking of good/bad predominates (Boonzaier & Rey, 2003) – and socially-acceptable narrative devices (Radcliffe et al., 2017), used by survivors to cope with the contradiction of loving/being in a relationship with someone who was also violent and by perpetrators to reconcile their behaviour to themselves or to others, including the interviewer (Gadd, 2002).

The other way survivors and perpetrators accounted for their partners'/own change in character, from non-violent to violent, was by describing intoxication from alcohol and stimulants as disinhibiting existing violent traits.

> *'When he drinks, that violent urge is there in him'* [survivor (Go et al., 2003), p.400]
> *'Alcohol, it brings out the worst in me, you know'* [perpetrator (Radcliffe et al., 2017), p.68]

Some perpetrators and survivors who were dependent on stimulant drugs, reported that these drugs 'transformed' themselves or their partners respectively (Gilbert et al., 2001; Radcliffe et al., 2017; Watt et al., 2017). While excessive substance use could lead to violence, survivors reported that some substance use could lead to emotional closeness, 'opening up' on behalf of their partners (Macy et al., 2013., Galvani, 2006) and greater confidence on their part (Wilson et al., 2017). However, there was a 'fine balance' between just enough and too much intoxication and women reported the need to moderate those boundaries (Galvani, 2006). Intoxication from stimulant drugs such as methamphetamine and (crack) cocaine were *"directly related to impulsivity, irritability, and/or paranoia"* [survivor methamphetamine user (Abdul-Khabir et al., 2014, p.5)] associated with *"jealousy"* and *"possessiveness"* (Gilbert et al., 2001; Ludwig-Barron et al., 2015; Watt et al., 2017). Several studies of survivors and perpetrators recruited from substance use treatment or who were substance dependent, reported *'bilateral violence'* or female partners *'fighting back'* when they too were intoxicated on methamphetamine or cocaine (Abdul-Khabir et al., 2014; Gilbert et al., 2001; Hamilton & Goeders, 2010; Hayashi, 2016), although it was often unclear whether this violence was *bi-directional* or *violent resistance:*

> *'When I'm using (methamphetamine), especially when we come down, we're 'at each other's throats'—verbally. It doesn't get physical no more, but it used to be physical. I used to pull knives and end up in jail. I was out of control, in that state of mind'* [survivor (Abdul-Khabir et al., 2014) p.5]
> *'I'd probably start him off more you know, probably I'd retaliate more, but because I'd had a drink if he started, I'd give it as much back with the mouth, so then he'd start being abusive like'* [survivor (Galvani, 2006), p.649]

Fewer studies reported similar findings for bilateral violence when both partners were under the influence of alcohol (O'Brien et al., 2016; Watt, 2012).

Both perpetrators and survivors explained this change metaphorically, using terms and phrases like *'tipping point'* [survivor (Nemeth

et al., 2012)], *'set him off'* [survivor (Wilson et al., 2017)], *'flicks a switch'* [perpetrator, in treatment for heroin/alcohol (Radcliffe et al., 2017)], *'snaps'* [survivor (Brazier, 2009)] and *'flipping out'* [survivor (Ludwig-Barron et al., 2015)].

> *'Alcohol, it brings out the worst in me, you know. You know, when you're not drunk, you're calm and you can just ignore someone or walk out. But when you're drunk, something flicks a switch and you become violent.'* [perpetrator (Radcliffe et al., 2017) p.68]

Perpetrators and survivors stressed the particularity of intoxication from different substances. For example, alcohol (Ezard, 2014; Galvani, 2006; Hearn, 1998; Matamonasa-Bennett, 2015; Wilson et al., 2017), and even specific alcoholic drinks (O'Brien et al., 2016) or stimulants, such as methamphetamine (Abdul-Khabir et al., 2014; Hamilton & Goeders, 2010; Hayashi, 2016; Ludwig-Barron et al., 2015; Watt et al., 2017) and cocaine (Gilchrist et al., 2015; Radcliffe et al., 2017), or mixing alcohol with cocaine (Brazier, 2009, p.115) or methamphetamine (Hayashi, 2016, p.92) were seen to have particularly priming effects. No study reported participants describing associations between being under the influence of heroin and IPV perpetration. Methamphetamine was said to induce paranoia and enhance sexual jealousy (Gilbert et al., 2001, p.525; Hayashi, 2016; Watt et al., 2017), acting as an acute trigger for physical violence (Hearn, 1998; Nemeth et al., 2012; Radcliffe et al., 2017; Watt et al., 2017).

Contexts and environments of intoxication

Violent, intoxicated turning points, could, however, usually be understood as part of a pattern when placed in wider context (Ezard, 2014; Galvani, 2006; Hearn, 1998; Menon, 2009; O'Brien et al., 2016; Wilson et al., 2017). These contexts, or *"alcohol plus… factors"* include the particularity of the substance (Galvani, 2006, p.648-9; Brazier, 2009, p.115; Abdul-Khabir et al., 2014, p.5; O'Brien et al., 2016, p.68), gender issues (Ezard, 2014; Hearn, 1998), finances (Menon, 2009, p.128), personal character traits and moods (Galvani, 2006, p.648; O'Brien et al., 2016, p.68) and the environment (Hearn, 1998; Wilson et al., 2017, p.119).

> *'He's into drugs and then when he mixes it with alcohol he snaps'* [survivor (Brazier, 2009) p.115]
> *'I guess he thought it was more debonair if he was drinking wine. So he would behave one way. And if it was liquor, he would get a different…I mean, it was strange […] He usually just had a bad attitude if there was beer around. If it was wine, he felt like he was that connoisseur, all high and mighty and hoity-toity. I never knew what way he would swing, if it would be really fun or if it would be really bad.'* [survivor (O'Brien et al., 2016) p.68]
> *'Well, let's say, for example, a man comes in. He's high. He's drunk… He starts calling you names. "The dinner's not done. What've you been doing hanging out? What've you been doing?" The dinner's not done and as soon as he calls you, whatever, a bitch, and you call him back and goes "what you say?" and that's when it starts. And immediately he starts smacking you or kicking you, strangling you, whatever… In my experiences it's with alcohol. My partner with alcohol, he just really goes off. I mean he's like high. He could kill me'* [survivor (Gilbert et al., 2001) p.525]
> *'I think at home it's more private, isn't it, so they can kick off more in a house than they will in a pub cause if … another man who's not violent, sees another man hitting a woman, they're going to join in and pagger [beat] him, aren't they?'* [survivor (Galvani, 2006) p.450]

Survivors, in the studies reviewed, articulated these contextual factors more often than perpetrators, e.g. women *"were astute in understanding that the alcohol issues, linked to violence, were intimately related to other issues such as financial resources as well as controlling tendencies, family pressures, perpetrator's mood etc"* (Menon, 2009, p.128).

> *'I'm not allowed to have any male friends. I'm not allowed to be around*

other males. He's afraid if I work that… someone's gonna take me away or tell me bad things about him…a lot of it is the drugs [methamphetamine] talking… He's super possessive, that's why I can't even have friends, hell if he could keep me from my family he'd do that too' [survivor (Hayashi, 2016) p.95]
> *'She came to my house and I asked her what is going on. She was confused, and to me it was like she was making me look like a fool more and more. I started beating her up so badly her whole face was swollen, then I just left because I was angry… I really regretted doing that to her, because she told me she was innocent, but my mind told me my own stuff [because of methamphetamine]. And now she is scared of me and I don't like that because I get angry, very easy, not with her only I just get angry. So I don't want her to see me when I have been smoking [methamphetamine]'* [perpetrator (Watt et al., 2017) p.103]

Violence was also contingent on where and *'how you use it [alcohol]'* (survivor (Ezard, 2014) p.688). Survivors from one study stressed that their male partners intoxicated aggression and violence never took place in the presence of witnesses other than their children, *'he can just turn [violent and aggressive] and he doesn't do it in public… [so] no one else would see it'* (Wilson et al., 2017, p.119). However, Hearn (1998) queries how it is that some men suffer a "spatially contingent" loss of control at home but not in public places, pointing to the degree to which intoxication is used selectively to excuse IPV.

Perpetrators were less likely than survivors to locate blame with the substance itself and/or the survivor's perceived disobedience. These included 'arguing back' (Radcliffe et al., 2017), not fulfilling 'wifely' duties like housework and cooking (Gilbert et al., 2001), impropriety e.g. using substances (Hearn, 1998), spending time in bars (Hearn, 1998; Mathews et al., 2015) with other men (Hearn, 1998; Mathews et al., 2015, p.11, p.12, p.10), and 'nagging' about substance use and money (Radcliffe et al., 2017). Where self-reflection and remorse were evident, perpetrators tended to attribute their behaviour to a *'sickness'* (Wood, 2004) or being at *'rock bottom'* (Watt, 2012). These ways of understanding violence distanced perpetrators from the act and, potentially, the painful parts of their lives that could be connected to both violence and substance use. Men who *'feel trapped'* (Ezard, 2014), with no control over *'the future'*, appeared to be controlling the only thing they could, their partners. One perpetrator in a refugee camp noted how an inability to provide financially because of his drinking contributed to his violence: *'She threw me out of the house because she didn't get rations […] So I threw a chair and injured her head'* (Ezard, 2014, p.688).

Theme 2: withdrawal and addiction

For both perpetrators' and survivors' who were receiving treatment for substance use or who were dependent on substances, withdrawal and addiction made survivors vulnerable to IPV as "the addictive properties" of substances can take *"priority over healthy functioning in the relationship, and contribute[d] to a culture of violence in intimate relationships"* (Watt et al., 2017, p.103) stating *"crack and relationships don't mix"* (Macy et al., 2013, p891). Irritability and frustration when 'coming down' or 'craving' alcohol (Satyanarayana et al., 2015; Wilson et al., 2017), heroin (Gilbert et al., 2001), methamphetamine (Abdul-Khabir et al., 2014; Ludwig-Barron et al., 2015) and crack (Watt, 2012) increased the risk of violence among perpetrators (and sometimes survivors) who were dependent on substances.

> *'My son's father used to beat me when he didn't have money to get straight. He used to hit me when he was going through withdrawal [from heroin], when I didn't… give him money'* [survivor (Gilbert et al., 2001) p.525]
> *'He was having one of his come-down moments. And he didn't have any more [methamphetamine]. He started flipping out on me for like no reason at all. It was sort of like a hostage situation. He smashed the phone cords out the wall. He wouldn't let me leave the bedroom'* [survivor (Ludwig-Barron et al., 2015, p.852)].

Many substance dependent survivors and perpetrators accounted for aggression and physical violence when money was required to purchase drugs, including when the survivor failed to procure or raise money for drugs (Abdul-Khabir et al., 2014; Dhar, 2014; Gilbert et al., 2001; Macy et al., 2013; O'Brien et al., 2016; Radcliffe et al., 2017; Watt, 2012; Watt et al., 2017; Wright et al., 2007). Three studies found similar results for alcohol (Boonzaier & Rey, 2003; Brazier, 2009; Menon, 2009).

'No, if I don't give him money, then he beats. If I don't give him money for drinking or chewing tobacco, then he beats me' [survivor (Menon, 2009) p.128]

'I had a fight with my girlfriend about money for tik (methamphetamine). My sister brought her money, and I asked for tik money. She came up with all forms of excuses-we have to do this, we have to do that. I wouldn't understand, and that's when I hit her' [perpetrator (Watt et al., 2017) p.103]

'Yea, when he is high [on methamphetamine] he can get angry, and doesn't really know what he's doing, but it's really when he misses his high [misses a vein when injecting] we're IV drug users so if you do a shot and you miss it, then you don't like feel it. … So it's kind of like you go through all of this to get money when you never have any…and we could've used it for something else you know, bills or whatever to take the stress off……and you spend all this time and you wait and you get it and then he missed [the high], he didn't even feel it. So he's angry and frustrated and we're in the bathroom and he just like grabbed me you know and started shaking me and beating on me' [survivor (Hayashi, 2016) p.91–92]

Survivors were also susceptible to economic abuse as perpetrators spent or stole family resources (Boonzaier & Rey, 2003; Brazier, 2009; Dhar, 2014; Satyanarayana et al., 2015; Radcliffe et al., 2017; Wilson et al., 2017; Watt et al., 2017).

Where the female partner was drug dependent, substances could be used as a bargaining tool by perpetrators to coerce or force sex (Ludwig-Barron et al., 2015; Macy et al., 2013; O'Brien et al., 2016; Watt et al., 2017) and sexual acts (Abdul-Khabir et al., 2014; Wilson et al., 2017), and unwanted pregnancies: *'[My partner] told me he didn't like condoms…he wouldn't give me the dope if I didn't listen to him'* (Abdul-Khabir et al., 2014, p.6). Hyper-sexuality and altered rational thinking resulting from methamphetamine use was cited as a justification for coerced or forced sex:

'If the drug [methamphetamine] is in your system… you are just thinking that I want sex and I want it now' [perpetrator (Watt et al., 2017) p.103].

'When he gets high on meth and drinks, he cannot have an erection, so we can be having sex for days before he finally gets an erection…and just cuz he has an erection doesn't mean that anything is going to happen… Even worse, I've been made to be fucking intimate in front of people with him, you know… while he performs anal sex on me. I don't like that, it hurts… he's hurt me to the point where my butt is bleeding. He knows that I don't want to be intimate with him like that at all. He don't care… he does it to me … to show me and everyone that I belong to him and what would happen if I try to leave him' [survivor (Hayashi, 2016) p.98]

Survivors' substance-using status could also be used as a form of emotional abuse, against those demeaned as *'bad mothers'* (Macy et al., 2013; Mathews et al., 2015), *'prostitutes'* (Macy et al., 2013), *'alcoholics'* (Abdul-Khabir et al., 2014), *'worthless'* (Watt et al., 2017) and *'junkies'* (Gilbert et al., 2001). One survivor recounted her partner berating: *'You'll never be anything more than a junkie'; 'you must have slept with the entire world – how else did you get the crack'* (Gilbert et al., 2001, p.526).

Perpetrators were seen by survivors to force or oblige women to trade sex for money or drugs (Gilbert et al., 2001; Macy et al., 2013; Watt et al., 2017), sometimes castigating them afterwards as a way of manipulating them into doing it again (Macy et al., 2013, p.892). Sex-trading was described as "a double-edged sword" (Macy et al., 2013, p.892), that simultaneously brought perpetrators' approval and disapproval.

'Almost all participants explained that sex was expected when a man provided methamphetamine to a woman, as one man characterised: 'When men and women smoke together, sex is inevitable'. Many participants explained that women should expect physical or sexual violence if they resist sexual advances from men who provided them with methamphetamine. One male participant explained that women should avoid resisting so as to avoid physical assault: 'If [women] don't want (to have sex) they know maybe the guy will hit them, so they might as well do what the guy wants to keep the peace' [perpetrator (Watt et al., 2017) p.103].

In these relationships, where violence, drugs and love have become heavily entangled, sex work was, for some women, perceived to be a way of caring for a withdrawing partner: *'When he was coming off of crack, I knew what he was going through and it was just like the love didn't want him to go through that. I would automatically prostitute, so that he wouldn't have that'* (Gilbert et al., 2001;). Other women in this study explained that they engaged in prostitution to provide drugs for their partner and thus *'keep the peace. So there won't be so many conflicts. That you know they got their wake-up shot in the morning. This way they can't bitch that they can't get up and go to work'* (p. 529).

Theme 3: impact on relationship

Beyond IPV perpetration related to intoxication and withdrawal, substances played a central role in subtle forms of everyday abuse, impacting on intimate relationship in which women described feelings of 'hypervigilance', 'overburden', and 'co-dependency'. Survivors recounted three ways in which 'hypervigilance' manifested itself. First, their partner's unpredictability was enhanced by his intoxication level, summed up as *'living in fear'* (Wilson et al., 2017) as *'after he had been using, I never felt safe'* (O'Brien et al., 2016, p.68). Second, there was an emotional instability associated with perpetrators' substance use that survivors had to bear (Brazier, 2009, p.107). Third, there were inconsistencies in love and affection: *'I never knew what way he would swing, if it would be really fun or if it would be really bad'* (O'Brien et al., 2016, p.68). Being vigilant to perpetrators' moods and intoxication levels as a strategy to avoid or diffuse violence was described as exhausting by survivors and constituting a form of abuse in itself.

Generally, perpetrators' accounts lacked awareness of the impact of their violence on survivors; violence justified in specifically motivated (Hearn, 1998; Mathews et al., 2015) and measured ways by men who claimed they were in control (Radcliffe et al., 2017) and exacting discipline. As one perpetrator surmised: *'she deserves what she gets'* (Hearn, 1998, p.130–131).

With the exception of one case where a perpetrator acknowledged the unpredictability caused by IPV perpetration: *'she got to a point where she accepted the good with the bad'* (Mathews et al., 2015, p.10) – most depicted their violence as discrete incidents (Hearn, 1998; Gilchrist et al., 2015; Go et al., 2003). By contrast, female survivors detailed an overburden (Boonzaier & Rey, 2003) of marital and familial responsibility due to their partner's substance use. Alongside the enduring threat of IPV perpetration this overburden often included an unfair distribution of household chores, childcare duties, earning and managing money (Brazier, 2009; Menon, 2009; Boonzaier & Rey, 2003; Ezard, 2014; Nemeth et al., 2012), managing a stressful lifestyle derived from their partner's substance use and related illnesses, and the social stigma and embarrassment that could accompany these (Ezard, 2014; Satyanarayana et al., 2015).

Both survivors and perpetrators described economic deprivation exacerbated by perpetrators stealing or using household resources to buy substances (Watt, 2012, p.86; Satyanarayana et al., 2015, p.40; Brazier, 2009, p.108; Ezard, 2014, p.689; Watt, 2012, p.86; Watt et al., 2017, p.103). In some cases, the economic disadvantage suffered as a result of their male partner's spending was said by survivors to be the

worst and most insidious aspect of his substance use (Gilbert et al., 2001, p.529). Where both partners used drugs, survivors reported that their partners expected women to provide them with money, prioritising their own need for drugs over them (Gilbert et al., 2001, p.529, Wright et al., 2007):

'I went to post office one day and I've come back and he's poorly. He's asked me for some money and I've told him to fuck off and he beat me black and blue, threw me downstairs and given me black eyes' cos I wouldn't give him no money for no drugs and he just took it all off me and fucked off and left me rattling' [survivor (Wright et al., 2007] p. 421)

Survivors also reported that their partners took more than their equal share of drugs (Gilbert et al., 2001, p.527), and often demanded or expected to use the drugs first, especially when injecting (Gilbert et al., 2001; Wright et al., 2007; Radcliffe et al., 2017). Perpetrators, by contrast, tended to offer alternative explanations for prioritsing themselves.

'We'd just gone and got our heroin and was cooking it up and she was convinced that I'd had more of it and it just started and she was just getting in my face and I just lashed out […] I just grabbed her round the throat and told her to fuck off and pushed her away.' [perpetrator (Radcliffe et al., 2017) p67]

For substance-using couples, there was also a heightened complexity in the forms of abuse experienced in relation to co-dependency. Survivors who relied on their partners for their drug supply (Macy et al., 2013) and/or administration (Wright et al., 2007), appeared particularly vulnerable to abuse and felt the need to stay in abusive relationships.

'We were so much into it [getting high] *that I really didn't care if I got my ass kicked or not, … we always made up … with meth and sex, so it was all good for me at that time… It didn't matter how bad he beat me, but afterwards, the reward was meth and sex… sometimes I would… push that button'* [female survivor/perpetrator (Hamilton & Goeders, 2010) p.15]

Here, a woman described how she prioritized getting high over personal safety. Her account gives voice to the complex ways that substances and violence get entangled in relationships, making it hard for some women to distinguish their dependency on drugs from feelings of dependency pertaining to their partners.: *'I loved him, but then it went from love to an addiction, cause I had to have him. But that went hand-in-hand with my using'* (Macy et al., 2013, p.891).

Some women expressed ambivalence about these relationships, suggesting that, like drugs, the men met their needs (including drug supply, love) and constrained them. Boonzaier and de la Rey described this dynamic as "love and abuse" (Boonzaier & Rey, 2003), where relationships brought intimacy but also abuse. Both survivors and perpetrators depicted this dynamic as *'what we do together'* (Brazier, 2009, p.113; O'Brien et al., 2016, p.67; Abdul-Khabir et al., 2014, p.5) and *'drugs taking over'* (Radcliffe et al., 2017, p.57). But while perpetrators advocated abstinence to solve the issue of IPV perpetration (Matamonasa-Bennett, 2015; Nemeth et al., 2012), survivors were more cautious (Nemeth et al., 2012) and aware of the violence repeating, especially if they did not use substances themselves or had already witnessed their partners' failed attempts to reduce, or abstain from, drug and/or alcohol consumption (Brazier, 2009, p.117; Nemeth et al., 2012; Boonzaier & Rey, 2003, p.1010). In some cases, perpetrators appeared to have prevented their partners entering treatment to maintain their control over them and sustain co-dependency – a point we return to below (Gilbert et al., 2001).

Theme 4: power and control

Ideas of male superiority and expectations of respect permeated the studies (e.g. Radcliffe et al., 2017, p.67–69; Dhar, 2014, p.54; Hearn, 1998; Watt et al., 2017, p.103). Irrespective of whether the perpetrator was a dependent substance user or not, the reported violence was made possible and played out through traditional and unequal gender roles. Perpetrators' needs to control their partners were accentuated by intoxication (Dhar, 2014; Hayashi, 2016; Menon, 2009). Gilbert et al. (2001) describe how survivors' revealed that "a frequent reason for [men's] drug-enhanced irritation was over their [survivors'] failure to cook, clean, or perform other household duties to their partners' satisfaction" (p. 525). Violence appeared also to be motivated by the perceived impropriety of women's substance use that perpetrators thought reflected badly on their inability to control their female partners (Radcliffe et al., 2017). All perpetrators in Wood's study "invoked the narrative that men are dominant and superior" (Wood, 2004, p.566). Likewise, survivors were reported to reject their partners' attribution of violence to alcohol over issues of power and control (Galvani, 2006). Such insights, however, were rarely expressed by perpetrators (Watt, 2012, p.90), who, as noted above, seemingly preferred, or felt more able to subscribe to, uniquely motivated accounts.

Drug using women's dependence on, and their partners' control of, the supply and administration of their drug use meant that relationships were sometimes difficult to escape; a dependency that was open to abuse (Wright et al., 2007; O'Brien et al., 2016; Macy et al., 2013). Some women were physically punished by perpetrators for seeking treatment for their own dependent drug use:

'He can go and do what he want to do and then, you know, I try to better myself but he don't like that. He beat on me, you know, I started the program, he's beating on me' [survivor (Gilbert et al., 2001) p.530]

Gendered power inequalities appeared to be exacerbated by socio-economic deprivation in all studies except one (Wilson et al., 2017).

Theme 5: psychological vulnerabilities

Many studies found an interplay between psychological vulnerabilities, substance use and IPV. Childhood trauma was reported by many perpetrators and survivors (Gilchrist et al., 2015; Hamilton & Goeders, 2010; Hearn, 1998; Ludwig-Barron et al., 2015; Macy et al., 2013; Matamonasa-Bennett, 2015; Mathews et al., 2015; Nemeth et al., 2012; Radcliffe et al., 2017; Watt, 2012; Wilson et al., 2017; Wood, 2004), often resulting in poor mental health that was sometimes self-medicated by the use of substances from an early age. Emotional instability (Brazier, 2009) and *'mood'* (Hearn, 1998) were often related to mental health issues, where perpetrators' behaviour and substance use was affected by depression (Brazier, 2009; Hearn, 1998; Nemeth et al., 2012), post-traumatic stress disorder (PTSD) (Macy et al., 2013; Mathews et al., 2015), and anxiety (Watt, 2012).

Other perpetrators attributed their violence to anger resulting from negative experiences in childhood (Hearn, 1998, p.124; Hamilton & Goeders, 2010, p.324; Wood, 2004, p.556), "outside of the actor's control" (Mathews et al., 2015). Blaming behaviour on external attributions provided perpetrators with seemingly reasonable justifications of why they, "their real selves", were not IPV perpetrators (Wood, 2004). IPV perpetration was explained by both survivors and perpetrators as a response to anxiety and anger, often from emotional insecurities shaped by negative childhood experiences, and mediated by substances.

'My mother was an alcoholic. . . I was taken from my mother and placed in foster care, which I believe caused the great trauma of my life' (blames traumas he experienced for his violence toward women) [perpetrator (Wood, 2004), p.556]
'I know it's just due to drugs. And when… we're both sober, we didn't have no problems. …I mean I think I have a lot of suppressed anger, also, inside, 'cause of my childhood and everything, so it's kind of just all tied in together' [female survivor/perpetrator (Hamilton & Goeders, 2010), p.324]

Perpetrators in one study also displayed symptoms of PTSD from

combat including "nightmares and flashbacks" (Mathews et al., 2015, p.115). Their response to (perceived) threats could be impacted by these experiences as well as "experiences of adversity in childhood' that both permitted "them to commit acts of violence, and made them… insecure, distrustful and with very low self-esteem" (p.115). Such psychological vulnerabilities, often in the context of a history of trauma, can "undermine [the] ability to have enduring and fulfilled relationships" (Mathews et al., 2015, p.115), especially when mental health needs remain unmet into adulthood (Nemeth et al., 2012, p.945).

Survivors anticipated increased likelihood of IPV when their partners were suffering *'moods'* or poor mental health, whether substances were being used to cope with these (Galvani, 2006 (alcohol); O'Brien et al., 2016 (crack-induced hallucinations and paranoia)) or not (Mathews et al., 2015).

> *'I had to look at his face to see whether he was in a happy mood or a sad mood. If he smiled I used to think, we'll be alright tonight'* [survivor (Galvani, 2006) p. 650]
>
> *'It's like his depression just had him angry. So he didn't know how to cope and he just expressed himself through anger and then the violence'* [survivor (O'Brien et al., 2016) p.68]

Substance use could also be used to sustain the secrecy of other problems including violence: *'I self-medicated myself to the point where I won't, I've never told anybody anything'* [perpetrator (Watt, 2012) p.69].

Theme 6: survivors' agency and resistance

Survivors often (eventually) 'fought back' mostly against physical aggression (e.g. Gilbert et al., 2001; Galvani, 2006; Ezard, 2014; Radcliffe et al., 2017; Mathews et al., 2015; Hayashi, 2016), despite the cultural unacceptability of doing so (Ezard, 2014; Go et al., 2003). However, women's attempts to resist their partners' demands for money to buy substances (Dhar, 2014, p5; Galvani, 2006; Watt et al., 2017; Go et al., 2003) or the unequal splitting of drugs (Radcliffe et al., 2017) were often perceived as antagonistic by male partners and led to physical and emotional IPV.

Survivors discussed strategies for moderating and mediating IPV (e.g., Wilson et al., 2017; Boonzaier & Rey, 2003; Satyanarayana et al., 2015) to stay safe by attempting to manage their partners' substance use or by removing themselves and their children from anticipated violent situations:

> *'Depending on how mad he is and how much he uses [methamphetamine] and drinks [alcohol], he just loses his temper and we argue and he slapped me. But I don't always take that…sometimes when I'm high it just brings down those walls and I fight back. Last time we fought… maybe the fourth time he hit me, I just swung back and that shut him up. If I was clean and sober I wouldn't even spit on him (laughs). I would just leave. I wouldn't be around a person like that. We only have a relationship because of meth and stuff, that's normal, and without those things we don't even have a relationship'* [survivor (Hayashi, 2016) p.92]

Survivors in one study *'actively managed/moderated the cycle and points where violence could erupt [through] four main strategies: preventing (e.g. limiting his drinking); predicting (e.g. recognising signs); responding (e.g. avoiding arguments); and protecting (e.g. removing self and children)'* [(Wilson et al., 2017) p.115]. Survivors reported giving their husbands alcohol to prevent arguments (Ezard, 2014), even showing a preference regarding which substances their partner used: *'[I preferred him] to use prescription medication rather than alcohol because when he used prescription drugs, he really stayed to himself'* (O'Brien et al., 2016, p.67). Some women explained that they shared some of the enjoyment that could come from substance use, and could "split" the 'good husband' from the 'bad husband' as a form of coping (Brazier, 2009; Boonzaier & Rey, 2003). Others used substances to "numb" themselves in anticipation of violence and to reduce the pain of its infliction (Wilson et al., 2017, p.119; Brazier, 2009).

Discussion

Our meta-ethnography revealed differences and similarities in survivor and perpetrator narratives regarding the interplay between substance use and IPV perpetration in the contexts of intoxication, withdrawal and addiction, impact on relationship, wider dynamics of power and control, psychological vulnerabilities, and survivors' agency and resistance. Survivors and perpetrators both explained IPV perpetration in terms of a change or disinhibition in self when under the influence of alcohol or stimulant drugs. There was an increased risk of IPV perpetration when dependent perpetrators were in withdrawal or craving alcohol, heroin and stimulant drugs due to irritability and frustration or over the need to procure money to buy substances. Perpetrators who used substances were more likely to blame their violence on intoxication or their partner's behaviour. Survivors often depicted their partner's intoxication as part of a wider pattern of behaviour, including controlling tendencies and emotional unpredictability. Whilst perpetrators depicted their violence as typically motivated and moderated, the studies exposed assaults that were uncontrolled and brutal, the repetition of which survivors anticipated.

Because IPV perpetration can be shameful for both survivors and perpetrators, their narratives often serve explanatory and defensive functions, rationalising why IPV occurred (Edin & Nilsson, 2014), in terms that reflect the social expectations for men to provide and protect, and for women to serve and respect (Gadd, 2002; Somers, 1994). The defensive nature of IPV is further exacerbated in the context of substance use which is heavily stigmatised. It also contributes to socioeconomic disadvantage, which compounds feelings of shame and disrespect, which, rather cyclically, underlie some men's desire for control. In contexts where both partners were substance users, the vulnerability this cycle instilled was often projected back as disgust onto female partners who were cast as bad mothers, addicts or sexually 'loose'. When some perpetrators discussed their partner's substance use, they described violence as a way of disciplining or even helping them to abstain from substances.

By showing how intoxication is perceived to change perpetrators' behaviours ('new' or 'disinhibited' self), our findings challenge the idea that intimate partner violence or the men who use it fall into discrete categories and types (Holtzworth-Munroe & Gregory, 1994; Holtzworth-Munroe & Meehan, 2004; Kelly & Johnson, 2008). Instead, IPV perpetration is dependent on a series of contextual factors (Krug, Mercy, Dahlberg, & Zwi, 2002), including, but not limited to intoxication, withdrawal and addiction, concomitant impact on the relationship, such as 'overburden' and 'hypervigilance', together with the gendered dynamics of power, control and psychological vulnerabilities that substance use coalesces with.

Notwithstanding its entanglement with intoxication, withdrawal, addiction and psychological vulnerabilities in men who use substances, IPV perpetration and its threat are ways in which men pursue power over female partners often against a backcloth of feelings of powerlessness (Jewkes, Flood, & Lang, 2015). While recognising the complex reasons that women may stay in abusive relationships (Anderson & Saunders, 2003), findings from this meta-ethnography suggest there are also complicating dynamics within relationships in which both partners use substances that may make it particularly difficult for women to leave when they are subject to psychological and physical IPV. Among women who use substances, the need for shelter, lack of financial support, fear of retaliation and not wanting to interfere with their children's wellbeing have been reported as additional reasons for not leaving abusive relationships (David, Hussen, & Kalokhe, 2016).

The relationship between substance use and IPV perpetration differed by substance used (Smith et al., 2012). We have illustrated how substance use both enhances tactics of control and explains a loss of control. The relevance of substance use to IPV perpetration also varies according to its severity and frequency. For perpetrators and survivors who are dependent on substances, the role of substances in IPV

perpetration, are far wider than intoxication. Procuring money for drugs, drug-seeking and administering drugs can become the focus of the relationship when both partners use substances. Abuse and violence often occurs in these contexts. In the studies reviewed, irritability and frustration while in withdrawal and craving from alcohol, heroin and stimulants contributed to arguments, particularly with female partners who used drugs. Some women who used drugs also described being violent when under the influence or when craving or in withdrawal, making it less clear whether their own use of force was always conceivable as 'violent resistance' (Johnson, 2008). In addition, drug using survivors and perpetrators discussed increased likelihood of violence when survivors failed to procure or raise money for drugs or refused to give perpetrators money for drugs. In such instances, unequal gender roles and expectations, together with notions about appropriate female behaviour, foregrounded IPV across these highly diverse samples in which survivors and or perpetrators of IPV use substances (Jewkes, Morrell et al., 2015, p.S115). Likewise, drug-induced paranoia and fears of infidelity were used by perpetrators to justify IPV in ways that extended men's more everyday invocations of sexual jealousy and distrust as reasons for checking up on partners. The studies reviewed revealed that, where both partners used illicit drugs, it was common for perpetrators to also control the preparation and administration of drugs. This kind of control and its capacity for unfairness could lead to arguments that were concluded with violence.

Implications for intervention

Few interventions exist to reduce IPV perpetration among men who use substances. Our findings support the need for tailored integrated interventions that concurrently address the complex ways that substance use and IPV perpetration intersect (Gilchrist et al., 2003; Gilchrist & Hegarty, 2017) in relation to social, psychological and environmental factors (Heise & Moreno, 2002). While acknowledging that power and control are implicated in IPV perpetration, perpetrator interventions for men who use substances should address other key risk areas including intoxication and withdrawal, anger and emotional dependency, jealousy and assessment and treatment of mental disorders. Given the potential pathway from trauma to mental health, substance use and IPV perpetration, a trauma-informed approach is recommended, where *"service delivery is influenced by an understanding of the impact of interpersonal violence and victimization on an individual's life and development* (Elliott, Bjelajac, Fallot, Markoff, & Glover Reed, 2005, p.462). There is a need for interventions with substance-using perpetrators to explore a continuum of control, considering each incident in relation to its contextual specificity. Given the consensus between survivors and perpetrators that violence occurs during a change in self that exposes a more 'monstrous' side, interventions should work on reframing these narratives to change attitudes and subsequently behaviour. Interventions with perpetrators should focus on how they describe their own and, where relevant their partner's, substance use as these descriptions often justify and sustain IPV perpetration. Such an approach would enhance self-responsibility and willingness to change (Walker, 2017).

Conclusions

This is the first meta-ethnography to explore the interplay between substance use and IPV perpetration across 26 studies. Narratives offer a way of understanding motives and situations of IPV perpetration without having to take what is said at face value. Because acts of IPV perpetration are socially stigmatised, many such narratives serve defensive functions for their tellers. Since survivors' accounts offer different perspectives on IPV perpetration to perpetrators, our research supports the need for dyadic research with both partners, while acknowledging how ethically challenging this is.

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