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# The tripartite tragedy: Alcohol and other drugs, intimate partner violence and child abuse

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## Abstract

The relationship between alcohol and other drugs (AOD) misuse and intimate partner violence (IPV) is well established. However, there is a pressing need for knowledge translation in relation to the association between AOD, IPV and child abuse and neglect. A substantial number of research studies and literature reviews on the relationship between AOD and IPV have appeared over the past several decades. However, heterogeneity across the literature reviews and findings, as well as in methodological differences and limitations, may contribute to interpretive difficulties that confound conclusions and/or create confusion among the researchers, practitioners and policy makers who turn to this literature for guidance in their research, treatment and policy decisions. To address this issue, this paper examines the evidence on the topic of AOD and IPV through a focused review-of-reviews methodology to compare and synthesise the overall patterns of findings derived from several reviews that have investigated the literature on the relationship between AOD and IPV. The results derived from the review-of-reviews are synthesised and integrated to present an understanding of the association between AOD and IPV in reference to child abuse and neglect. The limitations for research and practice are discussed, placing particular focus on knowledge translation in relation to child welfare policy and parents and children involved with child protection authorities.

Intimate partner violence (IPV), while a complex phenomenon, is a preventable (Campbell, 2002) public health concern (Abramsky et al., 2011) that is of global significance (Devries et al., 2013). The term 'violence' (derived from the Latin word 'vis') refers to the use of constraint, force, physical superiority and domination on another person (Casique & Furegato, 2006). The World Health Organization (WHO) categorises violence into three broad domains: self-inflicted, interpersonal and collective (Krug, Mercy, Dahlberg, & Zwi, 2002). As an interpersonal problem, WHO defines IPV as 'any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship' (Krug, Mercy, Dahlberg, & Zwi, 2002, p. 89). The use of the term 'IPV' recognises that this form of violence can be perpetrated by both men and women, with no limitations on marital status or sexual orientation (Ali & Naylor, 2013). Further, the term aids in distinguishing violence between sexual partners (i.e., IPV) from other types of violence such as child abuse and neglect, youth violence, elder abuse, self-inflicted and collective violence (Ali & Naylor, 2013).

Family stress factors such as alcohol and other drugs (AOD) and IPV contribute considerably to the risk of child abuse and neglect (Choenni, Hammink, & van de Mheen, 2017; Murphy, Harper, Griffiths, & Joffrion, 2017). The presence of these adverse health behaviours in a family environment significantly damages the mental and physical health of all family members – women, men and children (Murphy et al., 2017). For example, systematic and meta-analysis reviews indicate that for men, perpetrating IPV is associated with increased AOD misuse, rates of depression, suicidal thoughts, stress, anxiety, low self-esteem and increased use of health services (Coben & Friedman, 2002; Oram, Trevillion, Khalifeh, Feder, & Howard, 2014). For women, the experience of IPV is associated with a range of mental health issues (e.g., depression, PTSD, anxiety, self-harm and sleep disorders) and poor physical health (e.g., somatic disorders, chronic disorders and chronic pain, gynaecological problems) (Dillon, Hussain, Loxton, & Rahman, 2013). Further, a meta-analysis of IPV-related trauma indicated that children's exposure to IPV was longitudinally associated with child externalising and internalising problems (Vu, Jouriles, McDonald, & Rosenfield, 2016).

The presence of these family stress factors unquestionably devastates the lives of children and their families and increases the likelihood of child removal and placement in out-of-home care (Murphy et al., 2017). Children living with parents/caregivers who use violence in their relationship is 'increasingly recognised as a distinct form of child maltreatment [ . . . ] with outcomes similar to other types of abuse and neglect' (McTavish, MacGregor, Wathen, & MacMillan, 2016, p. 504). There is no doubt that living in a family environment characterised by the presence of AOD and IPV is detrimental for a child's development, yet out-of-home care

may also be traumatic for the developing child (Doyle, 2007; Murphy et al., 2017). However, these points warrant further investigation and debate.

A substantial number of studies and literature reviews have explored the statistical and clinical association between AOD and IPV (Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Abramsky et al., 2011; Ali & Naylor, 2013; Devries et al., 2014; Graham, Bernards, Wilsnack, & Gmel, 2011; Macy, Renz, & Pelino, 2013; Ragavan, Iyengar, & Wurtz, 2014). However, there is a pressing need for knowledge translation in relation to the association between AOD, IPV and child abuse and neglect. The strong emphasis on translational research is described elsewhere (Hameed, 2018). Generally, the core concept of translational research is translating research into effective practices and policies (Woolf, 2008). Further, the heterogeneous nature of studies addressing the association between AOD and IPV may reflect the differences between the studies, problems with the methods and measures, and the limitations of the literature reviews. This leads to a lack of clarity in the conclusions that can be drawn from the literature. Thus, researchers, practitioners and policy makers who use these studies and literature reviews to guide their professional actions may draw erroneous interpretations, form mistaken beliefs and/or experience confusion in their efforts to support and help parents with AOD and IPV issues. This extends to the children affected by these adverse experiences who may also be subject to abuse and neglect.

In response to the high levels of concern for children affected by family stress factors such as AOD and IPV, this paper has two objectives. First, it employs a review-of-reviews methodology to explore the overall pattern of the association between AOD and IPV. Second, it synthesises and integrates this information to relate it to families experiencing AOD, IPV and child abuse and neglect. The discussion focuses on knowledge translation and the needs of parents and children involved with child protection authorities.

## Review-of-reviews

First, this paper reviews the vast literature related to the relationship between AOD and IPV employing a focused review-of-reviews approach. This approach optimises the ability to capture a vast body of literature and is an accepted practice in medical, social and health-related literature (Biddle & Asare, 2011; Smith, Devane, Begley, & Clarke, 2011). According to the guidelines of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) (Moher, Liberati, Tetzlaff, & Altman, 2009), a protocol was developed detailing the specific objectives, search methods, criteria for review selection and approach for data extraction. Second, this paper synthesises and integrates this information to relate it to families experiencing AOD, IPV and child abuse and neglect, with an emphasis on knowledge translation.

### *Literature search procedures*

Using the PRISMA guidelines, three methods were employed to obtain relevant reviews from 1970 to (and including) June 2017. To identify published reviews, the following search strategies were conducted: (1) a comprehensive search of the electronic databases Scopus, Medline, PubMed, Ovid, PsycInfo, PsychLit, PsychARTICLES and Drug; the search strategy used the following terms: 'alcohol use/abuse/misuse', 'drugs', 'illicit drugs', 'IPV', 'partner aggression/violence', 'domestic violence', 'family violence', 'reviews'; (2) a manual bibliographic search of reference lists of previously published papers and selected journals – the references of the retrieved studies were cross-checked for applicability; (3) in some cases, the first author of the retrieved studies was contacted directly. These strategies ensured the inclusion of a majority of potentially eligible studies (see Figure 1).

Figure 1 demonstrates that the search included 2627 records, which was then reduced to 1340 articles after removing duplicates. These papers were then searched: by reading the title first ($n = 1340$) and subsequently, if necessary, the abstract ($n = 92$) and the paper ($n = 72$). This yielded 44 potentially relevant papers, of which a total of 25 review papers fulfilled the inclusion criteria. In reviewing this body of literature, the study's goal was to highlight the patterns in the findings rather than present an exhaustive analysis of all the reviews.

### *Inclusion criteria*

Reviews were included in the study according to the following inclusion criteria: (1) they have been published in full and had undergone peer review; (2) they were not dissertation papers, editorials, letters, conference proceedings, books or book chapters; (3) they were reviews of the literature (meta-analytic, systematic, narrative and focused reviews) on AOD and IPV with no restrictions on sexual orientation; (4) they included study participants of at least 18 years of age; (5) the reviews were available in English.

This paper excluded the following research: (1) individual quantitative and/or qualitative studies because these had been included in the selected review papers; (2) non-AOD-related IPV such as sexual abuse and psychiatric disorders; (3) extreme forms of IPV (e.g., homicide, filicide); (4) unpublished papers and/or reviews that had not undergone peer review. Figure 1 also presents the reasons for exclusion of studies. Given the present research is a focused review, only AOD-related IPV reviews were included. The paper also provides a discussion that synthesises and integrates the findings to relate them to child abuse and neglect, with an emphasis on knowledge translation.

## Results

Table 1 provides a descriptive summary (e.g., review type, types of IPV, direction of violence, couples, number of studies, main findings) of 13 review papers synthesising the substantial accumulated body of research evidence on the association between alcohol use and IPV (reviews related to other drugs are synthesised in a narrative form). Of these 13 papers, 7 focused on heterosexual couples (Clements & Schumacher, 2010; Devries et al., 2014; Foran & O'Leary, 2008; Langenderfer, 2013; Norton & Morgan, 1989; Stith, Smith, Penn, Ward, & Tritt, 2004; Tang & Lai, 2008), and 3 on men who have sex with men, and/or women who have sex with women (Finneran & Stephenson, 2013; Klostermann, Kelley, Milletich, & Mignone, 2011; Lewis, Milletich, Kelley, & Woody, 2012). Further, a systematic and meta-analytic review focused on the prevalence and risk factors of IPV during pregnancy in studies exclusively conducted in African countries (Shamu, Abrahams, Temmerman, Musekiwa, & Zarowsky, 2011).

Table 1 presents the results from the meta-analytic reviews, demonstrating that there is a small to moderate effect size for the association between alcohol and IPV (M→F violence perpetration: $r = .23$; 95% confidence interval [CI] = .21–.24; $p < .05$; F→M violence perpetration: $r = .14$; 95% CI = .08–.20; $p < .05$) (Foran & O'Leary, 2008). Examining physical violence and/or sexual violence victimisation, Deveries et al. (2014) reported that 9 of 12 estimates (data from seven longitudinal studies) demonstrated increased odds of alcohol consumption and subsequent IPV

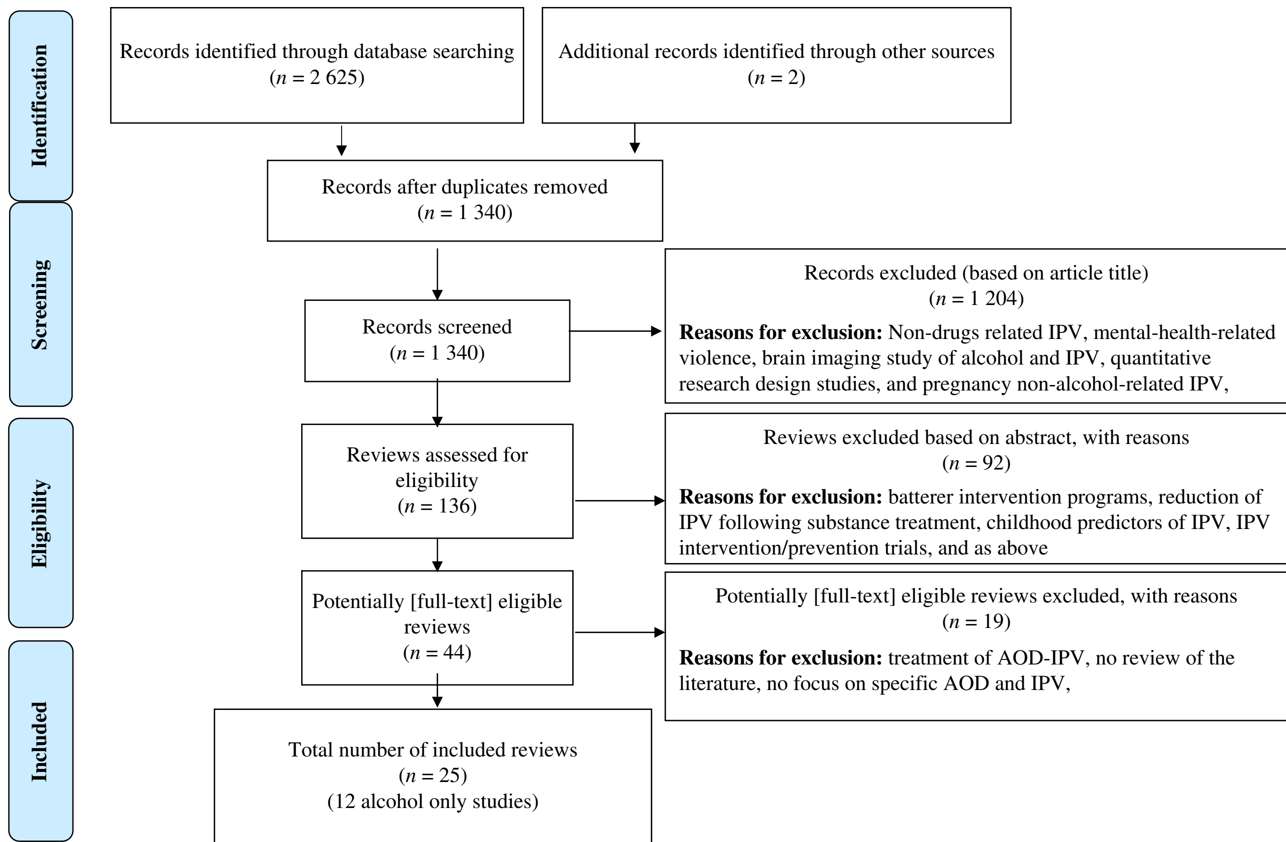


**Fig. 1.** PRISMA flow diagram.

(pooled odds ratio [OR] = 1.27; 95% CI = 1.07–1.52). In contrast, 14 of 15 estimates (nine longitudinal studies) demonstrated a reverse direction of increased odds of IPV and subsequent alcohol use (pooled OR = 1.25; 95% CI = 1.02–1.52). However, the magnitude of these effect sizes may reflect the types of sample, study designs and measurement, particularly alcohol measures, which were often non-standardised self-report questionnaires.

Further, utilising data from 19 studies conducted in China ($N = 49{,}201$), Tang and Lai (2008) found the average lifetime and year prevalence of M→F IPV was (respectively) 19.7% and 16.8% for any type of IPV, 42.6% and 37.3% for psychological IPV, 14.2% and 6.7% for physical IPV, and 9.8% and 5.4% for sexual IPV. Similarly, a meta-analysis of 19 studies based in African countries yielded an overall prevalence of IPV in pregnancy of 15.23% (95% CI = 14.38–16.08%) (Shamu et al., 2011). However, consistent with findings from other review papers, alcohol alone was neither a sufficient nor a necessary factor in predicting IPV (Room & Rossow, 2001). For example, male perpetrator risk factors included career–life stress ($r = .26$), emotional/verbal abuse ($r = .49$), forced sex ($r = .45$), illicit drug use ($r = .31$), attitudes condoning marital violence ($r = .30$), marital satisfaction ($r = -.30$) and traditional sex role ideology ($r = .29$), while alcohol use accounted for a moderate association with IPV ($r = .24$) (Stith et al., 2004). In contrast, while female perpetrator risk factors included low marital satisfaction ($r = -.25$), female victimisation risk factors included violence towards male partners ($r = .41$), female depression ($r = .28$), fear of partner violence ($r = .27$) and alcohol misuse ($r = .13$) (Stith et al., 2004).

Overall, these reviews support the proposition that substance consumption in general, and alcohol consumption in particular, contributes to a wide range of adverse consequences, including injury (Cherpitel, 1993, 1994, 2007; Cherpitel et al., 2003; Vitale & Mheen, 2006; Zeisser et al., 2013; Zerhouni et al., 2013), IPV (Abel, 1977; Bennett, Holloway, & Farrington, 2008; Boles & Miotto, 2003; Foran & O'Leary, 2008; Hoaken & Stewart, 2003; Moore & Stuart, 2005; Moore et al., 2008; Norton & Morgan, 1989; Parker & Auerhahn, 1998; Sønderlund et al., 2014; Tyner & Fremouw, 2008), homicide (Darke, 2010; Kuhns, Wilson, Clodfelter, Maguire, & Ainsworth, 2011; Kuhns, Wilson, Maguire, Ainsworth, & Clodfelter, 2009), self-harm and suicidal behaviour (Cherpitel, Borges, & Wilcox, 2004) and child abuse and neglect (Goldberg, Lex, Mello, Mendelson, & Bower, 1996; Stover & Kiselica, 2015). However, the consensus is that these relationships are exceedingly complex (Boles & Miotto, 2003), interactional and multifactorial (moderated by various individual and environmental factors) (Hoaken & Stewart, 2003).

The quantitatively oriented results are also consistent with findings from the narrative (qualitative) focused reviews that found alcohol–IPV association is moderated (and likely mediated) by various other factors such as low education and socioeconomic status, growing up in rural areas, poor marital quality/high degree of marital conflict (Tang & Lai, 2008), anger/hostile attribution and cognitive-social biases (Clements & Schumacher, 2010). Qualitative findings demonstrate that the association between AOD and IPV varies in multiple ways and is exacerbated by complicating factors, including sociocultural factors (e.g., norms, social environment, gender habitus, living in poor area, unemployment) (Haritavorn, 2013; James, Johnson, & Raghavan, 2004) and pre-existing aggressive tendencies (Hamilton & Goeders, 2010). In fact, rather than considering AOD as a causative factor for violence in

**Table 1.** Descriptive summary and main findings of relevant review papers pertaining to alcohol (only) and IPV

| | | | | | Characteristics of the reviewed studies | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Authors | Review type* | Alcohol measure | Types of IPV† | Direction of violence | Couples‡ | Study designs/ samples | No. of studies | Overall *n* | Searched period (years) | Overall findings (alcohol–IPV association) |
| Choenni, Hammink, and van de Mheen (2017) | 2 | NS | Various (both V and P) | M→F and F→M | 1 | Clinical and general population | 69 | NS | 2000–2013 | • Alcohol use is reported to be associated with IPV; however, other factors at the individual and community level influence this association |
| Devries et al. (2014) | 1 and 2 | Self-reports | Physical or sexual violence (V) | M→F | 1 | Longitudinal, cross-sectional | 51 | NS | Up to June 2013 | • Alcohol–subsequent IPV (pooled OR = 1.27; 95% CI = 1.07–1.52; $I^2$ = 0%; *p* = 0.437)<br>• IPV–subsequent alcohol use (pooled OR = 1.25; 95% CI = 1.02–1.52; $I^2$ = 0%; *p* = 0.751) |
| Finneran and Stephenson (2013) | 2 | NS | Physical, psychological/ sexual violence (P) | M→M | 2 | Cross-sectional, population, clinical, and convenience samples | 28 | 18 560 | 1990–2011 (only studies conducted in the USA) | • Rates of IPV (M→M) is similar or higher than the rates of IPV observed in other populations (e.g., heterosexual)<br>• While alcohol consumption contributes to IPV in M→M relationships, other correlates pertain to mental health issues (e.g., depression) and sociodemographic factors (race, income, education, age, employment, HIV status) |
| Langenderfer (2013) | 2 | Self-reports | Physical and psychological abuse (P and V) | M→F and F→M | 1 | Community and national samples | 8 | NS | 2009–2012 (only US studies) | • Male-specific IPV rates ranged from 4% to 78.1%<br>• Female-specific IPV rates ranged from 7% to 80%<br>• Wide overall rates may reflect different types of IPV measures; consistent and inclusive measures of IPV must be utilised |
| Lewis et al. (2012) | 3 | NS | Physical, sexual, threats, and emotional violence (NS) | F→F | 3 | Various | NS | NS | NS | • Alcohol and drug use are more prevalent among homosexual women, and this contribute to increase risk of IPV<br>• Homosexual-related stress may also contributes to both alcohol/substance use and IPV<br>• Protective factors include social and community support |
| Klostermann et al. (2011) | 3 | NS | Partner aggressive behaviour (NS) | M→M and F→F | 2 and 3 | NS | NS | NS | NS | • Current limited evidence suggests that homosexual men and women experience more problematic drinking behaviour, higher rates of IPV and greater tendency to experience negative factors associated with treatment-seeking behaviours than heterosexual couples |
| Shamu et al. (2011) | 1 and 2 | NS | Physical, sexual, and emotional abuse during pregnancy | M→F | 1 | 17 cross-sectional and 2 cohort design | 19 | 10 095 | 2000–2010 (only African-based studies) | • IPV during pregnancy ranges from 2% to 57% in African countries<br>• Risk factors include HIV, history of violence, alcohol abuse, risky sexual behaviours, low socioeconomic status and young age |

(*Continued*)

**Table 1.** (*Continued*)

| | | | | | Characteristics of the reviewed studies | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Authors | Review type* | Alcohol measure | Types of IPV† | Direction of violence | Couples‡ | Study designs/ samples | No. of studies | Overall $n$ | Searched period (years) | Overall findings (alcohol–IPV association) |
| Clements and Schumacher (2010) | 3 | NS | Physical aggression (P) | M→F | 1 | Various | NS | NS | NS | • Alcohol–IPV association is likely to be moderated by other factors such as empathic accuracy, facial affect recognition, and anger/hostile attribution biases<br>• These are consistent with the multiple threshold model that highlights that individuals' dispositional cognitive and social tendencies interact with alcohol intoxication to increase the risk of IPV |
| Foran and O'Leary (2008) | 1 | Self-reports | Physical aggression (P and V) | M→F and F→M | 1 | Clinical and community | 50 | 24 158 | 1980–2006 | • Male physical aggression perpetration ($r = .23$; 95% CI = .21–.24; $p < .05$)<br>• Female physical aggression perpetration ($r = .14$; 95% CI = .08–.20; $p < .05$) |
| Tang and Lai (2008) | 2 and 3 | Self-reports | Physical/ psychological/ sexual violence (P) | M→F | 1 | Population, clinical and community samples | 19 | 49 201 | 1987–2006 (only studies conducted in China) | • IPV risk factors include low education and socioeconomic status, growing up in rural areas, smoking, alcohol and illicit drug use, poor marital quality/conflicts, sexual jealousy and extramarital affairs, status/power disparity between partners, extended family structure, patriarchal beliefs, wife-beating myths, and political/legal sanctions of violence |
| Stith et al. (2004) | 1 | Self-reports | Physical abuse (P and V) | M→F and F→M | 1 | Various | 94 | Various | 1980–2000 | • Large effect sizes found between alcohol and perpetration of physical abuse and emotional abuse, forced sex, illicit drug use, attitudes condoning marital violence, marital satisfaction |
| Norton and Morgan (1989) | 2 | Self-reports and blood test | Interpersonal violence (P and V) | M→F and F→M | 1 | Cross-sectional, case-control and cohort studies | 29 | 10 590 | 1961–1988 | • While some evidence indicates that alcohol is likely to be a causal factor for both violence perpetration and victimisation, it is difficult, from the data available to date to ascertain this causality |
| Room (1980) | 3 | NS | Partner aggressive behaviour (P) | M→F | 1 | NS | NS | NS | NS | • This theoretical review paper argued for the high potential of alcohol as an instrument of domination in intimate relationships<br>• The dominant party uses alcohol as an explanation or excuse for IPV |

M = male; F = female; NS = not specified.
*1 = meta-analytic; 2 = systematic; 3 = focused/narrative.
† P = perpetration; V = victimisation.
‡ 1 = heterosexual; 2 = men who have sex with men; 3 = women who have sex with women.

general, and for IPV in particular, AOD can be conceptualised as triggering violent behaviours, in particular IPV (McMurran, Jinks, Howells, & Howard, 2010).

Further, Room (1980) theorised that alcohol provides a particularly useful explanation and/or excuse for both men and women to engage in IPV. That is, alcohol has a high potential for use as an instrument for domestic domination. This explanation refutes the perspective that sees a relationship between the pharmacological effect of alcohol and violence (see Goldstein, 1985 for a tripartite framework pertaining to the drug–violence nexus). These propositions, which are derived from anthropological data, suggest that the 'connection between alcohol and disinhibition is a matter of cultural belief rather than pharmacological action' (Room, 1980, p. 2). Despite these theoretical explanations, AOD and IPV are among the multiple contributory risk factors for perpetrating child abuse and neglect, leading to an increased likelihood of child removal from original family (Choenni et al., 2017; Murphy et al., 2017).

In relation to the children of parents presenting with AOD and/or IPV issues, a number of systematic reviews indicate that children's awareness and mere exposure to IPV in their parents or caregivers has deleterious consequences (Bair-Merritt, Blackstone, & Feudtner, 2006; Klostermann & Kelley, 2009; MacMillan & Wathen, 2014; Wathen & MacMillan, 2013). Children can be exposed to IPV in many ways (Hamby, Finkelor, Turner, & Ormond, 2011), including seeing and/or hearing the violence or seeing the victims' injuries after a violent episode. IPV is cumulative in its effect and is associated with social, behavioural, emotional and cognitive problems in children, which often persist into adulthood (Gilbert et al., 2009). Intervening with women and men to end IPV has the potential to disrupt intergenerational transmission of IPV, which may avoid some children (particularly boys) becoming victims or perpetrators as adults (Margolin & Gordis, 2004). Further, the mental health effect of IPV on parents results in a toxic family environment for children's development. There is compelling evidence that children exposed to toxic levels of stress experience long-lasting effects on cognitive development, speech and language, and mental and physical health (Bair-Merritt, Blackstone, & Feudtner, 2006; Shonkoff et al., 2012).

Both AOD and IPV can have considerable adverse influences on parenting behaviours and styles, which may lead to child abuse and neglect (Stover & Kiselica, 2015). These adverse experiences increase the likelihood of families' involvement with child protection authorities and have considerable implications in relation to substantiated child abuse and neglect. For example, children of parents presenting with AOD and IPV are more likely to spend longer time in out-of-home care (Brook & McDonald, 2009; Brook, McDonald, Gregoire, Press, & Hindman, 2010). The presence of these family stress factors has considerable implications for the placement of children in child welfare custody as well as for family reunification strategies (Murphy et al., 2017). It is important to acknowledge the interrelationship between AOD, IPV and child abuse and recognise the direct and indirect ways in which children's behavioural, emotional and cognitive development can be harmed. The co-occurrence of AOD, IPV and child abuse and neglect is a tripartite tragedy, which contributes considerably to significant impairments with long-lasting negative effects for all members of the family.

## Discussion

This paper examines the overall pattern of findings on the relationship between AOD and IPV, employing a focused review-of-reviews methodology. Overall, the pattern of findings supports the existence of a moderate association between AOD and IPV (both in relation to perpetration and victimisation). However, the reviewed body of literature supports the proposition that there are also multiple contributory and causal mechanisms linking AOD and IPV, including the characteristics of the individual, the effects of AOD (mainly alcohol), the environment and the cultural expectations surrounding alcohol and IPV. However, while these factors are important to consider when examining IPV, none are identified as a sole cause of IPV.

The findings of the present review are consistent with the broader research literature arguing that both AOD and IPV can have a considerable effect on parenting behaviours and styles that increase the risk of child abuse and neglect (Stover & Kiselica, 2015). Children's exposure and/or awareness of violence between parents/caregivers is increasingly recognised as a distinct form of child maltreatment with deleterious outcomes that are similar to other types of abuse and neglect (Klostermann & Kelley, 2009; MacMillan & Wathen, 2014; McTavish et al., 2016; Seay & Kohl, 2013; Wathen & MacMillan, 2013). The psychological and physical effects of IPV on parents contributes considerably to a toxic family environment, in which the safety of children is compromised.

From a clinical perspective, families experiencing these risk factors (i.e., AOD and IPV) are also more likely to experience a range of other risk factors such as poverty and housing issues. For example, within the context of Australia, Aboriginal and Torres Strait Islander families experience a disproportionate level of AOD and IPV, which is often related to past and present individual, family and community trauma (Atkinson, 2002). The effects of colonisation and the legacy of extreme social disadvantage and ongoing trauma are reflected in the high rates of community and family violence and contribute to higher rates of maternal mortality, stillbirth, adverse neonatal outcomes and high rates of children in out-of-home care (Australian Institute of Health and Welfare, 2018).

These adverse experiences increase the likelihood of families' involvement with child protection authorities and have considerable implications for substantiated child abuse and neglect, as well as family reunification. For example, in 2016, the Victorian Government (Australia) implemented amendments to the Children, Youth and Families Act 2005 to 'promote planning, decision making and permanency for vulnerable children and young people'. While this Victorian legislation grants parents 12 months to demonstrate their capacity to care for their children, the findings of the present review highlight that the experience of multiple risk factors further complicates families' abilities to provide a safe and abuse-free home environment for their children. This discussion considers possible implications related to this fast track to permanent care.

## Research and clinical implications and applications: A knowledge translation perspective

### *AOD–IPV relationship*

Overall, the pattern of findings supports the existence of a moderate association between AOD and IPV. While the quantitative studies provided a measure of risk association, other factors such as gang membership, aggressive/impulsive personality, positive attitudes towards violence, age and sex were also significant predictors of IPV. The evidence from several reviews also supports the argument that while risk of IPV increases with increasing AOD-related issues, this risk is culture-specific and related to broader sociocultural factors such as living in a poor area, constant

exposure to AODs, witnessing violence, unemployment and limited resources and social support.

Examining the AOD–IPV relationship in the context of the aforementioned adverse experiences has important clinical implications for child abuse and neglect. For example, interventions and responses for reducing and minimising the effect of AOD-related IPV, in particular in relation to children, have been a central focus of law enforcement, public policy and child protection services (Frederico, Jackson, & Black, 2008; Murphy et al., 2017). In the Australian context, the Victorian legislation for the permanent care of children requires parents/caregivers to demonstrate their capacity to care for their children within a 12-month period. The tripartite tragedy, that is, AOD, IPV and child abuse and neglect, along with the presence of other family stress factors and difficulties are likely to decrease the chance of family reunification. Further, parents experiencing such difficulties and risk factors may not receive the services they need in a timely manner. Understanding how both perpetrators and victims of IPV presenting with AOD-related difficulties can be supported to remove the structural and personal barriers for seeking help and taking protective actions for themselves and for their children would have important implications for policy and practice. Understanding this warrants further investigation and research.

Generally, AOD and IPV are considered antisocial activities that have significant adverse health effects and reflect a systemic or institutionalised problem rather than being purely an individually determined phenomenon (Adames & Campbell, 2005). This conceptualisation of IPV has implications for men and their pursuit of expression of masculinity and normative heterosexuality. More broadly, alcohol-related violence perpetrated by men may help to establish and maintain a gendered identity (Peralta, Tuttle, & Steele, 2010) and domestic domination (Room, 1980). This line of analysis implies that one of the intervention strategies and efforts should focus broadly on the environmental and sociocultural elements that engender IPV rather than on individual or personal factors (Adames & Campbell, 2005). For example, community-level strategies may involve both men and women, family members, local governmental leaders and other community institutions and their leaders (including social service agencies and their service providers) (Adames & Campbell, 2005).

### *Prevention and early intervention*

This focused review-of-reviews clarifies that AOD, in particular alcohol, is one of the many contributing risk factors for IPV. Family stress factors such as AOD and IPV have also been identified as risk factors for child abuse and neglect (Taylor, Marquis, Coall, & Wilkinson, 2017). Children's exposure to AOD and IPV is increasingly recognised as a distinct form of child maltreatment (McTavish et al., 2016). From a knowledge translation perspective, the development and evaluation of efficacious early preventive interventions for families at high risk of AOD misuse and/or engaging in IPV depends on basic risk factor research (Hameed, 2018). Such research would involve efforts to distinguish modifiable versus non-modifiable risk factors, with the former being the direct target of preventive interventions. However, this field of research requires considerable translational work to fulfil the goal of prevention. Given the moderate relationship between AOD (in particular alcohol) and IPV, families who present as experiencing these adverse issues may constitute a high-risk target group for the implementation of focused violence prevention activities with a major focus on evidence-informed strategies to ensure children's safety.

However, currently no one strategy is sufficient to prevent AOD-related IPV. In contemporary society, broad-based, multidisciplinary and culturally relevant strategies are needed to meet the various needs of individuals and communities. Such broad-based, multilevel interventions (e.g., community-based interventions, social marketing campaign activities) may considerably add to change at the individual, family, organisational and community/population levels. In addition, the development of valid and reliable screening measures for AOD-related issues, including IPV, is beneficial for early detection and intervention. It is anticipated that early preventive interventions may disrupt the progression of AOD use to dependence, as well as decrease the risk of engaging in IPV and perpetrating child abuse and neglect. Such speculation is worth investigating in future research.

## Identified research gaps and key areas for future research

This review-of-reviews highlighted the significant and ongoing concerns related to AOD and IPV and identifies several gaps in the literature. For example, an important topic for further research is whether AOD consumption facilitates or provides an excuse for the elevated risks of physical, verbal, psychological and/or sexual IPV. In addition, it is not clear whether styles of AOD consumption (e.g., short-term sporadic consumption versus long-term habitual consumption) differ in how they are risk factors for IPV. The degree to which IPV can be specifically attributable to alcohol only (as opposed to other drugs) also requires further research. Several other areas also warrant further research, for example, measuring the relationship between different facets of alcohol use (e.g., levels of consumption versus patterns of drinking, location of drinking and misusing drugs) and IPV. In addition, the following questions warrant research attention: Does AOD use directly contribute to IPV? Does experiencing IPV increase the risk in AOD use, or is there a bidirectional relationship between AOD and IPV? What is the association between AOD, IPV and harsh parenting behaviours (Gustafsson & Cox, 2012), quality of maternal parenting and co-parenting capability (Casanueva, Martin, Runyan, Barth, & Bradley, 2008), and negative parenting styles or general criminal behaviours leading to child abuse and neglect (Payne, Higgins, & Blackwell, 2010).

In the highly sensitive context of child abuse and neglect, there is a need to develop a stronger evidence base to better understand (1) the potential differences in families experiencing IPV with and without AOD involvement and (2) the effects of AOD-related issues and IPV on service provision, service planning and areas of opportunity for intervention. Further, in relation to the families involved with child protection authorities, it should be examined as to what extent these difficulties and other factors contribute to children requiring out-of-home care intervention. It should also be examined as to what extent these family stress and risk factors contribute to reunification success or failure. Another important avenue for research is discovering what families experiencing these risk factors should do to increase the likelihood of reunification with their child. Filling these research gaps would provide new information about both the nature and extent of AOD involvement in IPV, the effect this has on treatment and service provision, as well as the effect on permanency planning for children involved with child protection authorities.

For example, considering the Victorian legislation for the permanent care of children, as part of orders for a child's return to their parents, the parents can be required to cease reported AOD misuse and violent behaviours. Families involved with child

protection authorities may face many and varied difficulties and family stress risk factors that further complicate their ability to demonstrate a sufficient capacity to provide a safe and caring environment for their child who has been placed in out-of-home care. Increased knowledge of risk factors and their interrelationships will greatly benefit clinical practice focused on changing parental behaviour and reducing risk to the child, and subsequently increasing the likelihood of reunification success and ensuring the child's safety. However, overall, the care system's response to children affected by parental AOD-related issues and IPV, and children's and families' progress in treatment, is not sufficiently understood.

### *Implications for child welfare policy*

AOD and IPV have a profound effect on individuals, the community, service providers and, more importantly, the children being exposed to or witnessing parental AOD use or misuse and/or IPV. Children exposed to parental AOD misuse and IPV are at a high risk of experiencing various physical and developmental difficulties, including attachment, emotional and behavioural problems (Bair-Merritt et al., 2006; Holt, Buckley, & Whelan, 2008; Lamers-Winkelman, Schipper, & Oosterman, 2012; MacMillan & Wathen, 2014; McTavish et al., 2016; Rizo, Macy, Ermentrout, & Johns, 2011; Seay & Kohl, 2013; Wathen & MacMillan, 2013). However, while children's exposure to parental AOD and IPV is traumatic, it is argued that the extent of trauma depends on the context and the child's comprehension of the experience, rather than on the event itself (Finkenauer et al., 2015). Thus, interventions to address the consequences of abuse and neglect, as well as strategies to keep the child safe within the home, focus not only on the individual child and family but also on the broader system of family, school and community. To implement interventions effectively, it is important to have a sound knowledge about the relationship between AOD and IPV to ensure the collaborative approach and efficacy of child-focused services and the adult-related services attended by parents to manage and treat IPV and AOD-related issues.

Both AOD and IPV have significant implications for child development and contribute considerably to higher risks of perpetrating child abuse and neglect, and thus contribute significantly to families and children being involved with child protection authorities. AOD and IPV are major health and child protection issues facing governments, countries, cultures and all levels and types of societies (Graham et al., 2011; Wilsnack, 2012). Overall, the presence of a range of family stress factors in families involved with child protection authorities complicates parents' ability to demonstrate their willingness to change their behaviour and provide a safe and caring environment for their children.

Thus, there is an urgent need to research systematically the extent to which services and programmes adequately meet the needs of these families and children. However, within the Australian context, there is insufficient research on parents' perceptions of what can be done to address AOD and IPV, in particular within culturally and linguistically diverse communities. This is a crucial point for families involved with child protection authorities. Parental beliefs and opinions about the factors leading to child abuse and neglect, as well as their beliefs about what is needed to provide a safe and caring environment for their children, is central to service provision and attempts at family reunification and preservation. These points warrant further appropriate research.

## Conclusion and summary

The findings of this review-of-reviews support the view that a single risk factor explaining IPV is simplistic and ignores other contributing factors that must also be understood. Thus, IPV is best situated within a multifactorial paradigm. Further, according to the current literature, IPV is a complex interpersonal problem rooted in the interplay of various biological and environmental factors, including consumption of AOD, for which implementing prevention strategies is a desirable aim. Family stress factors, including AOD and IPV, are risk factors for child abuse and neglect. Overall, the presence of these adverse health behaviours considerably disrupts the lives of families, with tragic consequences. Understanding the relationship and dynamics between these adverse family stress factors may assist in targeting treatment and appropriate care responses to both the affected children and their parents/families. However, extensive translational research and knowledge exchange is needed to achieve the aim of intervening early, ensuring positive outcomes for parents, children and the wider community.

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## References

**Abel, E. L.** (1977). The relationship between cannabis and violence: A review. *Psychological Bulletin*, *84*(2), 193–211.

**Abrahams, N., Jewkes, R., Laubscher, R., & Hoffman, M.** (2006). Intimate partner violence: Prevalence and risk factors for men in Cape Town, South Africa. *Violence and Victims*, *21*(2), 247–264.

**Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., . . . Heise, L.** (2011). What factors are associated with recent intimate partner violence? Findings from the WHO Multi-country Study on women's Health and Domestic Violence. *BMC Public Health*, *11*(1), 109–125.

**Adames, S. B., & Campbell, R.** (2005). Immigrant Latinas' conceptualizations of intimate partner violence. *Violence Against Women*, *11*(10), 1341–1364.

**Ali, P. A., & Naylor, P. B.** (2013). Intimate partner violence: A narrative review of the biological and psychological explanations for its causation. *Aggression and Violent Behavior*, *18*(3), 373–382.

**Atkinson, J.** (2002). *Trauma trails. North Melbourne*. Victoria: Spinifex Press.

**Australian Institute of Health and Welfare** (2018). Child protection Australia 2016–17. Child welfare series no. 68. Cat. no. CWS 63. Canberra: AIHW.

**Bair-Merritt, M. H., Blackstone, M., & Feudtner, C.** (2006). Physical health outcomes of childhood exposure to intimate partner violence: A systematic review. *Pediatrics*, *117*(2), e278–e290.

**Bennett, T., Holloway, K., & Farrington, D.** (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior*, *13*(2), 107–118.

**Biddle, S. J., & Asare, M.** (2011). Physical activity and mental health in children and adolescents: A review of reviews. *British Journal of Sports Medicine*, *45*(11), 886–895.

**Boles, S. M., & Miotto, K.** (2003). Substance abuse and violence: A review of the literature. *Aggression and Violent Behavior*, *8*(2), 155–174.

**Brook, J., & McDonald, T.** (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review*, *31*(2), 193–198.

**Brook, J., McDonald, T. P., Gregoire, T., Press, A., & Hindman, B.** (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions*, *10*(4), 393–412.

**Campbell, J. C.** (2002). Health consequences of intimate partner violence. *The Lancet*, *359*(9314), 1331–1336.

**Casanueva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H.** (2008). Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system. *Journal of Family Violence*, *23*(6), 413–427.

**Casique, L. C., & Furegato, A. R. F.** (2006). Violence against women: Theoretical reflections. *Violencia contra mujeres: Reflexiones teóricas*, *14*(6), 950–956.

**Cherpitel, C. J.** (1993). Alcohol and injuries: A review of international emergency room studies. *Addiction*, *88*(7), 923–937.

**Cherpitel, C. J.** (1994). Alcohol and injuries resulting from violence: A review of emergency room studies. *Addiction*, *89*(2), 157–165.

**Cherpitel, C. J.** (2007). Alcohol and injuries: A review of international emergency room studies since 1995. *Drug and Alcohol Review*, *26*(2), 201–214.

**Cherpitel, C. J., Bond, J., Ye, Y., Borges, G. D., Macdonald, S., Stockwell, T., . . . Cremonte, M.** (2003). Alcohol-related injury in the ER: A cross-national meta-analysis from the Emergency Room Collaborative Alcohol Analysis Project (ERCAAP). *Journal of Studies on Alcohol*, *64*(5), 641–649.

**Cherpitel, C. J., Borges, G. L. G., & Wilcox, H. C.** (2004). Acute alcohol use and suicidal behavior: A review of the literature. *Alcoholism: Clinical and Experimental Research*, *28*(5 Suppl.), 18S–28S.

**Choenni, V., Hammink, A., & van de Mheen, D.** (2017). Association between substance use and the perpetration of family violence in industrialized countries: A systematic review. *Trauma, Violence, and Abuse*, *18*(1), 37–50.

**Clements, K., & Schumacher, J. A.** (2010). Perceptual biases in social cognition as potential moderators of the relationship between alcohol and intimate partner violence: A review. *Aggression and Violent Behavior*, *15*(5), 357–368.

**Coben, J. H., & Friedman, D. I.** (2002). Health care use by perpetrators of domestic violence1. *The Journal of Emergency Medicine*, *22*(3), 313–317.

**Darke, S.** (2010). The toxicology of homicide offenders and victims: A review. *Drug and Alcohol Review*, *29*(2), 202–215.

**Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., . . . Heise, L.** (2014). Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction (Abingdon, England)*, *109*(3), 379–391.

**Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., . . . Rosenfeld, L. C.** (2013). The global prevalence of intimate partner violence against women. *Science*, *340*(6140), 1527–1528.

**Dillon, G., Hussain, R., Loxton, D., & Rahman, S.** (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, *2013*, 1–15.

**Doyle Jr, J. J.** (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, *97*(5), 1583–1610.

**Finkenauer, C., Buyukcan-Tetik, A., Baumeister, R. F., Schoemaker, K., Bartels, M., & Vohs, K. D.** (2015). Out of control: Identifying the role of self-control strength in family violence. *Current Directions in Psychological Science*, *24*(4), 261–266.

**Finneran, C., & Stephenson, R.** (2013). Intimate partner violence among men who have sex with men: A systematic review. *Trauma, Violence, and Abuse*, *14*(2), 168–185.

**Foran, H. M., & O'Leary, K. D.** (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical Psychology Review*, *28*(7), 1222–1234.

**Frederico, M., Jackson, A., & Black, C.** (2008). Understanding the impact of abuse and neglect on children and young people referred to a therapeutic program. *Journal of Family Studies*, *14*(2–3), 342–362.

**Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S.** (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, *373*(9657), 68–81.

**Goldberg, M. E., Lex, B. W., Mello, N. K., Mendelson, J. H., & Bower, T. A.** (1996). Impact of maternal alcoholism on separation of children from their mothers: Findings from a sample of incarcerated women. *American Journal of Orthopsychiatry*, *66*(2), 228–238.

**Goldstein, P. J.** (1985). The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues*, *15*(4), 493–506.

**Graham, K., Bernards, S., Wilsnack, S. C., & Gmel, G.** (2011). Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence. *Journal of Interpersonal Violence*, *26*(8), 1503–1523.

**Gustafsson, H. C., & Cox, M. J.** (2012). Relations among intimate partner violence, maternal depressive symptoms, and maternal parenting behaviors. *Journal of Marriage and Family*, *74*(5), 1005–1020.

**Hamby, S. L., Finkelhor, D., Turner, H., & Ormrod, R.** (2011). Children's exposure to intimate partner violence and other family violence: Nationally representative rates among US youth. OJJDP Juvenile Justice Bulletin - NCJ 232272, 1–12. Washington, DC: US Government Printing Office.

**Hameed, M. A.** (2018). Challenges and opportunities for innovation in child abuse and neglect research within the child welfare system in Australia. *Children Australia*, *43*(1), 57–66.

**Hamilton, A. B., & Goeders, N. E.** (2010). Violence perpetrated by women who use methamphetamine. *Journal of Substance Use*, *15*(5), 313–329.

**Haritavorn, N.** (2013). Surviving in two worlds: Social and structural violence of Thai female injecting drug users. *International Journal of Drug Policy*, *25*(1), 116–123.

**Hoaken, P. N. S., & Stewart, S. H.** (2003). Drugs of abuse and the elicitation of human aggressive behavior. *Addictive Behaviors*, *28*(9), 1533–1554.

**Holt, S., Buckley, H., & Whelan, S.** (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, *32*(8), 797–810.

**James, S. E., Johnson, J., & Raghavan, C.** (2004). "I couldn't go anywhere": Contextualizing violence and drug abuse: A social network study. *Violence Against Women*, *10*(9), 991–1014.

**Klostermann, K., & Kelley, M. L.** (2009). Alcoholism and intimate partner violence: Effects on children's psychosocial adjustment. *International Journal of Environmental Research and Public Health*, *6*(12), 3156–3168.

**Klostermann, K., Kelley, M. L., Milletich, R. J., & Mignone, T.** (2011). Alcoholism and partner aggression among gay and lesbian couples. *Aggression and Violent Behavior*, *16*(2), 115–119.

**Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B.** (2002). The world report on violence and health. *The Lancet*, *360*(9339), 1083–1088.

**Kuhns, J. B., Wilson, D. B., Clodfelter, T. A., Maguire, E. R., & Ainsworth, S. A.** (2011). A meta-analysis of alcohol toxicology study findings among homicide victims. *Addiction*, *106*(1), 62–72.

**Kuhns, J. B., Wilson, D. B., Maguire, E. R., Ainsworth, S. A., & Clodfelter, T. A.** (2009). A meta-analysis of marijuana, cocaine and opiate toxicology study findings among homicide victims. *Addiction*, *104*(7), 1122–1131.

**Lamers-Winkelman, F., Schipper, J. C. D., & Oosterman, M.** (2012). Children's physical health complaints after exposure to intimate partner violence. *British Journal of Health Psychology*, *17*(4), 771–784.

**Langenderfer, L.** (2013). Alcohol use among partner violent adults: Reviewing recent literature to inform intervention. *Aggression and Violent Behavior*, *18*(1), 152–158.

**Lewis, R. J., Milletich, R. J., Kelley, M. L., & Woody, A.** (2012). Minority stress, substance use, and intimate partner violence among sexual minority women. *Aggression and Violent Behavior*, *17*(3), 247–256.

**MacMillan, H. L., & Wathen, C. N.** (2014). Children's exposure to intimate partner violence. *Child and Adolescent Psychiatric Clinics of North America*, *23*(2), 295–308.

**Macy, R. J., Renz, C., & Pelino, E.** (2013). Partner violence and substance abuse are intertwined: Women's perceptions of violence–substance connections. *Violence Against Women*, *19*(7), 881–902.

**Margolin, G., & Gordis, E. B.** (2004). Children's exposure to violence in the family and community. *Current Directions in Psychological Science*, *13*(4), 152–155.

**McMurran, M., Jinks, M., Howells, K., & Howard, R. C.** (2010). Alcohol-related violence defined by ultimate goals: A qualitative analysis of the features of three different types of violence by intoxicated young male offenders. *Aggressive Behavior*, *36*(1), 67–79.

**McTavish, J. R., MacGregor, J. C., Wathen, C. N., & MacMillan, H. L.** (2016). Children's exposure to intimate partner violence: An overview. *International Review of Psychiatry*, *28*(5), 504–518.

**Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G.** (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Annals of Internal Medicine*, *151*(4), 264–269.

**Moore, T. M., & Stuart, G. L.** (2005). A review of the literature on marijuana and interpersonal violence. *Aggression and Violent Behavior*, *10*(2), 171–192.

**Moore, T. M., Stuart, G. L., Meehan, J. C., Rhatigan, D. L., Hellmuth, J. C., & Keen, S. M.** (2008). Drug abuse and aggression between intimate partners: A meta-analytic review. *Clinical Psychology Review*, *28*(2), 247–274.

**Murphy, A. L., Harper, W., Griffiths, A., & Joffrion, C.** (2017). Family reunification: A systematic review of interventions designed to address co-occurring issues of child maltreatment and substance use. *Journal of Public Child Welfare*, *11*(4–5), 413–432.

**Norton, R. N., & Morgan, M. Y.** (1989). The role of alcohol in mortality and morbidity from interpersonal violence. *Alcohol and Alcoholism*, *24*(6), 565–576.

**Oram, S., Trevillion, K., Khalifeh, H., Feder, G., & Howard, L. M.** (2014). Systematic review and meta-analysis of psychiatric disorder and the perpetration of partner violence. *Epidemiology and Psychiatric Sciences*, *23*(4), 361–376.

**Parker, R. N., & Auerhahn, K.** (1998). Alcohol, drugs, and violence. *Annual Review of Sociology*, *24*, 291–311.

**Payne, B. K., Higgins, G. E., & Blackwell, B.** (2010). Exploring the link between self-control and partner violence: Bad parenting or general criminals. *Journal of Criminal Justice*, *38*(5), 1015–1021.

**Peralta, R. L., Tuttle, L. A., & Steele, J. L.** (2010). At the intersection of interpersonal violence, masculinity, and alcohol use: The experiences of heterosexual male perpetrators of intimate partner violence. *Violence Against Women*, *16*(4), 387–409.

**Ragavan, M. I., Iyengar, K., & Wurtz, R. M.** (2014). Physical intimate partner violence in northern India. *Qualitative Health Research*, *24*(4), 457–473.

**Rizo, C. F., Macy, R. J., Ermentrout, D. M., & Johns, N. B.** (2011). A review of family interventions for intimate partner violence with a child focus or child component. *Aggression and Violent Behavior*, *16*(2), 144–166.

**Room, R.** (1980). Alcohol as an instrument of intimate domination. Paper presented at the Annual meeting of the Society for the Study of Social Problems, New York.

**Room, R., & Rossow, I.** (2001). The share of violence attributable to drinking. *Journal of Substance Use*, *6*(4), 218–228.

**Seay, K. D., & Kohl, P.** (2013). Caregiver substance abuse and children's exposure to violence in a nationally representative child welfare sample. *Journal of Social Work Practice in the Addictions*, *13*(1), 70–90.

**Shamu, S., Abrahams, N., Temmerman, M., Musekiwa, A., & Zarowsky, C.** (2011). A systematic review of African studies on intimate partner violence against pregnant women: prevalence and risk factors. *PLoS One*, *6*(3), e17591–e17591.

**Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., . . . Committee on Early Childhood, Adoption, and Dependent Care**. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232–e246.

**Smith, V., Devane, D., Begley, C. M., & Clarke, M.** (2011). Methodology in conducting a systematic review of systematic reviews of healthcare interventions. *BMC Medical Research Methodology*, *11*(1), 15.

**Sønderlund, A. L., O'Brien, K., Kremer, P., Rowland, B., De Groot, F., Staiger, P., . . . Miller, P. G.** (2014). The association between sports participation, alcohol use and aggression and violence: A systematic review. *Journal of Science and Medicine in Sport*, *17*(1), 2–7.

**Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D.** (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior*, *10*(1), 65–98.

**Stover, C. S., & Kiselica, A.** (2015). Hostility and substance use in relation to intimate partner violence and parenting among fathers. *Aggressive Behavior*, *41*(3), 205–213.

**Tang, C. S. K., & Lai, B. P. Y.** (2008). A review of empirical literature on the prevalence and risk markers of male-on-female intimate partner violence in contemporary China, 1987-2006. *Aggression and Violent Behavior*, *13*(1), 10–28.

**Taylor, F., Marquis, R., Coall, D., & Wilkinson, C.** (2017). Substance misuse–Related parental child maltreatment: Intergenerational implications for grandparents, parents, and grandchildren relationships. *Journal of Drug Issues*, *47*(2), 241–260.

**Tyner, E. A., & Fremouw, W. J.** (2008). The relation of methamphetamine use and violence: A critical review. *Aggression and Violent Behavior*, *13*(4), 285–297.

**Vitale, S., & Mheen, D. V. D.** (2006). Illicit drug use and injuries: A review of emergency room studies. *Drug and Alcohol Dependence*, *82*(1), 1–9.

**Vu, N. L., Jouriles, E. N., McDonald, R., & Rosenfield, D.** (2016). Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems. *Clinical Psychology Review*, *46*, 25–33.

**Wathen, C. N., & MacMillan, H. L.** (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Paediatrics and Child Health (Canada)*, *18*(8), 419–422.

**Wilsnack, S. C.** (2012). The GENACIS project: A review of findings and some implications for global needs in women-focused substance abuse prevention and intervention. *Substance Abuse & Rehabilitation*, *3*(Suppl. 1), 5–15.

**Woolf, S. H.** (2008). The meaning of translational research and why it matters. *Journal of the American Medical Association*, *299*(2), 211–213.

**Zeisser, C., Stockwell, T. R., Chikritzhs, T., Cherpitel, C., Ye, Y., & Gardner, C.** (2013). A systematic review and meta-analysis of alcohol consumption and injury risk as a function of study design and recall period. *Alcoholism: Clinical and Experimental Research*, *37*(Suppl.1), E1–E8.

**Zerhouni, O., Bègue, L., Brousse, G., Carpentier, F., Dematteis, M., Pennel, L., . . . Cherpitel, C.** (2013). Alcohol and violence in the emergency room: A review and perspectives from psychological and social sciences. *International Journal of Environmental Research and Public Health*, *10*(10), 4584–4606.

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