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Women's experiences of alcohol-related severe intimate partner violence: Findings from formative research in South Africa

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Trigger warning: This article contains descriptions of severe intimate partner violence which some individuals may find distressing

Abstract

Introduction: Intimate partner violence (IPV) is a threat to the health and well-being of women globally. Harmful alcohol use is identified as a risk factor for both the perpetration and experience of IPV and for the severity of such violence. Severe intimate partner violence (SIPV) is extreme physical, emotional, and sexual violence within intimate relationships that causes significant harm to survivors. This paper aims to explore the role of male partner alcohol use in women's experiences of SIPV in South Africa.

Methods: We conducted a qualitative study, using six focus group discussions and 20 in-depth interviews with 62 demographically diverse adult women from three provinces in South Africa (Gauteng, KwaZulu-Natal, and the Western Cape) who experienced SIPV.

Findings: Women reported alcohol-related SIPV; their abuse included controlling and coercive behaviour restricting their movement and ability to participate in daily activities, economic abuse, severe physical and sexual IPV, and attempted femicide. Women framed men's alcohol consumption as a 'right' tied to masculinity, frequently intersecting with expressions of dominance, control, aggression, and the perceived role of the male provider. Alcohol was often portrayed as an enabler that reinforces a sense of power and control, both in individual behaviour and in interactions with intimate partners.

Conclusions: Alcohol-related severe intimate partner violence has profound and damaging impacts on women, manifesting in controlling, coercive, and violent behaviours. The intersection of alcohol misuse and masculinity reinforces power imbalances and perpetuates cycles of violence, embedding gendered power dynamics within intimate relationships. Addressing both alcohol misuse and gender-based inequality is critical in efforts to combat alcohol-related intimate partner violence.

Background

Gender-based violence (GBV) and femicide, the most extreme form of GBV, are threats to the health and well-being of women globally and a key barrier to the achievement of the Sustainable Development Goals, which aim to improve health and well-being and eliminate violence against women and girls. Globally, an estimated 27% of ever-partnered women aged 15 to 49 years report having experienced physical and or sexual intimate partner violence (IPV) in their lifetime, with 13% experiencing it in the year before they were surveyed (World Health Organization [WHO], 2019).

South Africa has exceptionally high levels of intimate partner violence (IPV) and intimate partner femicide (IPF). Three women are killed per day by an intimate partner, equating to 5.6/100 000 female population, which is almost

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five times the global rate (Abrahams et al., 2024). The high rates of IPV and femicide strongly suggest that many women experience severe intimate partner violence (SIPV) – a concept used to describe extreme forms of abuse within intimate relationships, characterised by physical (e.g. beating with hands, fists, or objects, kicking, and strangulation); emotional (humiliation, intimidation, belittling and threats to harm or kill); and sexual violence (rape, sexual coercion, sexual assault, sexual degradation or humiliation); and controlling behaviours (stalking, excessive monitoring of movements and phones). Severe intimate partner violence typically involves aggressive acts that pose a high risk of femicide or attempted femicide, e.g., the use of weapons, dangerous objects, burning, causing injuries requiring hospitalisation, or attempted strangulation (Bendlin & Sheridan, 2019), or sexual violence (being raped or otherwise forced to have sex), that usually involve an instillation of fear (Wilson, 2024).

Alcohol has increasingly been recognised as a risk factor for and consequence of gender-based violence, particularly, IPV (Devries et al., 2014; García-Moreno et al., 2013; Greene et al., 2021; Stanesby et al., 2018). There is also substantial evidence that alcohol misuse increases the frequency and severity of intimate partner violence (Graham et al., 2011; Klostermann & Fals-Stewart, 2006; Thompson & Kingree, 2006). Research conducted across 28 countries found that women were two-and-a-half times more likely to experience IPV if their partner drank alcohol (Greene et al., 2021); while data from five prevention research studies on violence against women and girls, conducted in South Africa, Ghana, and Rwanda, found that men who drink heavily and episodically (five or more drinks in one sitting) have a three-and-a-half times higher likelihood of physically abusing their female partner; while women who report frequently seeing their partner drunk have a nearly six times higher chance of experiencing IPV (Ramsoomar et al., 2021).

The increasing recognition of alcohol's role in IPV and its severity has led to several calls to address harmful alcohol use in the prevention and treatment of IPV (Ramsoomar et al., 2021) and calls for more intentional programming to address alcohol use synergistically IPV (Levtov, 2024; Murray et al., 2020). Previous research has demonstrated that expressing behaviours and attitudes traditionally associated with masculinity such as dominance, aggression, and engagement in risky behaviours, is often seen as a standard of masculinity and is positively correlated with higher alcohol consumption among men. In contrast, adherence to conservative femininity norms, such as prioritising family life and caregiving roles, is generally associated with lower alcohol consumption among women (Gaitskell, 2001; Morrell et al., 2012; Patro-Hernandez et al., 2020).

To extend our understanding of the role of male partner alcohol use in women's experiences of SIPV, we conducted interviews with women who had experienced SIPV. We aimed to explore how these women perceived their male intimate partners' use of alcohol in relation to the violence they experienced.

Methods

We conducted a qualitative study, including six semi-structured focus group discussions (FGDs) and 20 semi-structured in-depth interviews (IDIs) with 62 demographically diverse adult women who had experienced SIPV. The women were interviewed in three South African provinces: Gauteng, KwaZulu-Natal, and the Western Cape. We purposively recruited participants from a range of help-seeking services for domestic violence, including the domestic violence and sexual offences magistrate's courts, non-governmental organisations (NGOs) offering domestic violence services, victim empowerment programmes, social work offices, shelters, and safe houses.

Inclusion Criteria

Participants were eligible if they were currently married, cohabiting, or in a non-cohabiting relationship with a male intimate partner, or if they had a relationship with a male partner/husband that had ended in the last year, but who they still feared, were intimidated by, stalked by, or contacted by in a threatening manner. All participants had experienced some form of severe physical, emotional, economic, or sexual IPV from their partner and many had sought advice or help for this from informal sources (friends or family members) or from formal services (e.g. Courts, the police, an NGO, a social worker, a shelter, or a helpline).

Recruitment Process

During November and December 2023, trained research assistants approached IPV help-seeking services with an overview of the study and requested approval to recruit participants. Following approval from the various help-seeking services such as management at the Domestic Violence Court, women's NGOs, shelters, and safe houses, the research assistants approached potential participants following their consent to be contacted, and invited them to participate in the study.

Data Collection

Women were invited to the study sites where they were taken through the informed consent process. The 20 women recruited through the Domestic Violence Court were interviewed twice in-depth, and 14 of them attended an FGD. A further 42 women were recruited from three provinces and participated in six FGDs discussing alcohol and IPV (as part of a series of seven to eight FGDs on related topics). All the IDIs were conducted by trained fieldworkers, steered by an IDI and FGD guide. The IDIs explored the woman's relationship with her partner, her experiences of IPV, and the role of alcohol in conflict and IPV. The six FGDs explored women's and their intimate partner's drinking, including details about how often and how much they drank, the contexts in which they drank, and the partner's alcohol-related behaviour. The FGDs and IDIs were conducted in English, Setswana, Sepedi, isiZulu, isiXhosa, and Afrikaans. The IDIs explored the women's experience of SIPV and the role of alcohol in this experience. Both the IDIs and FGDs ranged from 60 to 90 minutes in duration.

Ethics

Ethical approval for the study was granted by the South African Medical Research Council's Human Research Ethics Committee (SAMRC HREC; EC032-9/2023). All participants were given pseudonyms to ensure confidentiality and data were stored in password-protected files.

Data Analysis

The IDIs and FGDs were transcribed and translated into English and verified against the audio recordings by LR, MM, CP, and RJ. We conducted an inductive thematic analysis guided by SW, which involved reading and re-reading the data to become familiar with its content. During this stage, LR, MP, and CP systematically went through the data and assigned short codes to sections that appeared to be meaningful or relevant. Authors LR, MM, and CP read and extracted alcohol-related references for analysis (Braun & Clarke, 2012). After coding the data, researchers looked for patterns and similarities among the codes. These patterns allowed us to generate broader themes representing key ideas or concepts in the data. This was followed by refining and reviewing themes and sub-themes, guided by thematic analysis processes (Creswell, 2013). These included three broad themes and sub-themes related to the types of violence women experienced: frequency, contexts and patterns of male intimate partners and women's alcohol use, and alcohol's effect on male partners' behaviour, namely increased conflict, aggression, and IPV.

Findings

Participant Characteristics

The majority of the participants were South African-born, and three were originally from other African countries (Zimbabwe, Malawi, and the Democratic Republic of Congo). They ranged in age between 18 to 52 years, and most had completed high school. Eleven women had completed tertiary education. All but 10 participants had children, 33 were currently married, 25 were in a relationship, and four were not currently in a relationship.

Themes

We organised the findings into three overarching themes: (a) the different forms of alcohol-related severe intimate partner violence (SIPV) that participants experienced, (b) the frequency, contexts, and patterns of alcohol consumption, and (c) how participants understood the role of alcohol in their experiences of SIPV. Within each of these broad themes, we further organised the findings into specific subthemes.

Different Forms of Severe Intimate Partner Violence

Physical Abuse and Near Femicide

All participants reported experiencing multiple forms of SIPV, often over a prolonged period. They spoke of experiences of various forms of physical violence, including beatings, choking, burning, and being hit with a weapon or an object by an intoxicated partner:

> *He was drunk, walked in, you know, switched on the light, he was in a rage, he pushed me with me his fist like this* [gestures the push], *my mouth was broken into two, I was bleeding like, I was I thought I was gonna die, the way I was bleeding* (Mary, 52 years).

At least three participants described near-death experiences, perpetrated by their intoxicated partners:

> *It was not the first* [time]*, at first, he slapped me…he took me to a deep hole where he said he wanted to bury me. He was holding a rope telling me that he wanted to end this whole thing between him and me but the only way to end it was for me to die and then kill himself* (Katlego, 44 years).

Another participant described being strangled by her drunken husband until she lost consciousness, and how during one drunken violent episode when he (her husband) strangled her, she described, '*I would faint and I would come back, he would be talking, some things I can't even remember*' (Rethabile, 42 years).

Participants also described sexual intimate partner violence (marital rape). Rethabile described how her drunken husband raped her after having beaten her:

> *I'm like ok for peace let me do it* [give in]. *Then he raped me, he was like, 'Look at me, look at me'. Ooh and my eyes were painful* [from an earlier beating] *while he was doing what he was doing* [rape] (Rethabile, 42 years).

Emotional Abuse

There were several accounts of emotional and psychological violence including humiliation, bullying, belittling, and insulting:

> *When we were in a restaurant, he had been drinking, and he was like verbally, you know, when…when somebody is just so used to just ridiculing you? Either you become his zombie, you always, you will apologise, and say sorry* (Mary, 52 years).

Women also described how alcohol-related verbal abuse, including humiliation, belittling, and insulting often worsened when their partner was intoxicated**.** One participant explained that when her partner was not drunk, *'…he is fine, he is a full man. But when he drinks, my god, let me say he has given you R1 000, he is going to go around the neighbourhood and tell everyone just how much he has given you* [money]*',* emphasising the humiliation and shame she was subjected to by his drunken behaviour. As part of the cycle of being in an alcohol-related abusive relationship, participants also experienced intimidation and received death threats, though these were not always issued when the abuser was drunk *'[h]e used to tell me that he would kill me, pack his bags, and run away. I believed he meant what he was saying'* (Sesi, 31 years). Controlling behaviour, including restricting the woman's mobility for work and socialising, monitoring her whereabouts, checking her phones, and stalking were commonly reported by participants. On controlling forms of abuse, some women reported technology-facilitated forms of abuse which

included being asked to send their partners their GPS location, having their cellphone messages and their call logs checked, especially when their partner returned home drunk and '*wanted to pick a fight*'.

> *He would check my phone, and who I was talking to and thinks I was cheating. He would go through my pictures and ask where we were because he didn't know, and then want to strangle me* (Rose, 35 years).

A significant form of emotional abuse highlighted in narratives about cheating and infidelity involved the connection between alcohol use and infidelity. Many women reported that their partner's drinking, particularly in social settings like taverns or bars, contributed to his infidelity. These drinking environments were seen as spaces where men often engaged in socialising and where they could easily meet women, including sex workers or those exchanging sex for drinks: '*I found him once with women drunk, some of these women were my friends.'*(Rose, 35 years); another participant said she was: *'200 % sure that he gets with other women when he is out drinking at the tavern.* (Mo, 36 years). Other participants in the FGDs described being subject to accusations of cheating when their partner was drunk: *'[t]hey* [intimate partners] *use alcohol as an excuse for fights. They will provoke you, say you are cheating, until there is fight'* (FGD participant, Pretoria).

Economic Abuse

Women commonly reported economic abuse by their partners such as the partner controlling finances, monitoring bank accounts and financial transactions, fraudulently obtaining their money or assets, and pressuring them to earn more. However, a common theme that ran throughout the narratives was the diversion of money intended for basic household needs into alcohol, both for themselves and others, especially in taverns. This often led to debt and the inability to meet basic needs. Some women described how their partners would often spend their own entire earnings on alcohol, leading to conflicts and arguments: *'[t]here was a time when he would get paid and would not bring anything to the house. He left on Friday and came back on Sunday and he came back with nothing'* (Onesisa, 39 years old).

The women also explained how their partners' alcohol spending was tied to their desire to display masculine prowess among their peers. This often involved buying expensive drinks for others and spending beyond their financial means on alcohol.

> *With mine even if R10 000 was deposited in his account, it would be for only alcohol. He will just make a party, if he finds you sitting there* [at the tavern] *he will be the one that buys for everyone. He will be the* moreki [buyer] *in the group. He can drink R1 500 a day. He can consume R5000 in three days* (Anele, 38 years).

Frequency, Pattern, and Contexts of Drinking

Frequency and Patterns of Drinking

Most participants reported that their partners drank alcohol, some daily as described by Martha (42 years), '*Monday to Sunday',* and another explained: *'[a]s long as he is not going to work it does not matter, he will continue drinking'* (Mkatheni, 39 years). The women also described their partners' pattern of heavy and episodic drinking, especially on weekends: *'[e]very weekend he gets drunk that's when the abuse starts'* (Graca, 27 years).

In terms of their own drinking, some women reported they did not drink at all, or that they did so occasionally. Among those who reported drinking alcohol, several explained that they often did so with friends, and sometimes with their partners. However, unlike the men, they tended to either drink at home alone or at a friend's house and less frequently at taverns, unless they were with their partners: *'[w]hen we drink together,* [outside the home], *he keeps an eye on me to see that other men are not hitting on me'* (Ayanda, 32 years). Some women would drink to the point of intoxication but often had to hide this behaviour from their partners: *'[m]y partner is strict. He does not want me to see him drunk.'* (Gugu, 34 years). Participants described how their partners viewed their drunkenness as morally questionable, as in their partners' minds, 'good women' were not expected to get drunk, highlighting prevailing gender expectations which not only stigmatise women, but also contribute to an environment where women's alcohol use is seen as a violation of norms, triggering abuse or violence from intimate partners.

The Role of Drinking Venues

Women frequently described how their partners' drinking outside the home, especially at taverns or bars, led to tensions and challenges in their relationships. These venues, which served as both drinking and socialising spaces, became triggers for conflict as they were seen as potential sites for infidelity. Women reported that their partners often encountered other women, including sex workers or those seeking drinks in exchange for sex, further complicating trust and creating difficulties in the relationship: *'[w]hen he goes Friday he comes home early hours. In bars and taverns, there are women with wigs* [sex workers] *there who need men to buy them alcohol'* (Mango, 36 years). Participants also described how their partners' long hours spent at taverns would often result in entire weekends spent away from home and family, as well as significant amounts of money being squandered on alcohol for themselves and others.

> *He would get paid and would not bring anything to the house. He left on Friday and came back on Sunday, and he came back with nothing. And he would have to borrow money to go back to work* (Onesisa, 39 years).

Another participant described how her partner's drinking and long hours spent at the tavern resulted in conflict: *'[w]e fight a lot especially because there is a baby now so he can't drink all the money. He must buy what the baby needs'* (Gugu, 34 years). These behaviours contributed to emotional and financial strain on the relationship, and highlight how the male partner's prioritisation of alcohol over family responsibilities contravenes the woman's clear expectation that he should shift his priorities from drinking, to being a more responsible provider as a parent.

Alcohol's Role in SIPV experiences

Women perceived and experienced their male partner's alcohol use as playing a significant role in their experiences of SIPV. Participants' personal and group narratives described how alcohol use by their intimate partner, directly and indirectly, contributed to violent behaviour. They commonly referred to alcohol as triggering conflicts related to finances, infidelity, child care, a desire to control the woman's movements, and men's drinking. In some instances, conflicts escalated into violence and women framed the man's alcohol use as a reason for the conflict, often rationalised as alcohol-related disinhibition:

> *The problem is that he is quiet person but when he is drunk, abuse would start, and we would know that over the weekend we are going to get asked to pack* [our bags], *the child and I, because he would come back, drunk and he would start fights* (Bontle, 35 years).

Participants also mentioned the lingering effect of past incidents, which resurfaced during periods of intoxication, causing old conflicts to reignite: *'[w]hen drunk, and when ignored he wants you to talk and is persistent in looking for something to argue about, even old problems* (Pekgang, 45 years old). One participant recalled a day when she went to a salon (hair and beauty parlour), and her partner passed the place but kept quiet about it until he returned home drunk, and then fought with her about her being there: '…w*hen he got home, we fought about the man at the salon, and he threw the child on the ground. The child is not well from that incident'* (Onesisa, 39 years).

Women also commonly reported that alcohol-related male-on-male aggression was sometimes redirected at them. Some women reported that when their partners got into arguments with male peers at a tavern (or elsewhere), they returned home and '*took out*' their frustration and anger on them, or the children. One participant explained how men would get into arguments with their friends at the tavern: *'[t]hey get into arguments with their friends at the tavern, but they don't fight them rather they come back home and fight us'* (Gugu, 32 years). Some women explained that men redirected their aggression and anger toward them because they feared other men's strength and saw their partners as easy outlets for their anger and frustration. *'[t]hey fear their peers. They take out all their anger and frustration on us'* (Nosipho, 29 years).

Discussion

This study employed a qualitative approach to explore how women who experienced severe intimate partner violence perceived their intimate partner's alcohol use in relation to their experience of violence. Specifically, we explored their perceptions of how much and how often their partners drank, how alcohol use and the contexts in which they drank interacted with and potentially exacerbated the severity and nature of the violence they experienced. We found that the prevalence of alcohol use among male partners of women experiencing SIPV, particularly through heavy episodic drinking, mirrors a pattern of drinking seen in South Africa (Parry, 2010; Trangenstein et al., 2018; Vellios & Van Walbeek, 2018; WHO, 2019). Findings also highlight how women perceive their partner's alcohol use as creating a risk for IPV (Ramsoomar et al., 2021), resonating with previous research showing that alcohol use increases both the frequency and severity of IPV (Cafferky et al., 2018; Graham et al., 2011; Klostermann & Fals-Stewart, 2006). The multiple forms of alcohol-related violence that women described included severe physical violence (beating with fists, hands, objects and strangulation), some resulting in near femicides which are significant in a country where femicide rates are five times the global average (Abrahams, 2021). This necessitates further research and interventions to explore alcohol's role in the risk of femicide in South Africa. Notwithstanding physical violence and femicide risk, women also described severe forms of emotional violence, including alcohol-related controlling behaviour, belittling, humiliation, and instillation of fear, as well as shame at their partners' drunken behaviour. Previous research has found that women frequently endure feelings of shame, humiliation, and embarrassment due to their partner's or husband's drinking (Nascimento et al., 2019; Wilson et al., 2017). However such harms are often hidden, and consequently, many are seldom recognised and addressed in interventions (Postmus et al., 2020).

The findings that alcohol use is often linked to a range of conflicts that frequently escalate into violence are consistent with the existing evidence (Gibbs et al., 2020; Kyegombe et al., 2022) that alcohol can impair judgment, lower inhibitions, and increase aggression, making conflicts more likely to become physical or verbal. Our study also highlights alcohol's role in economic IPV, most notably the diversion of money intended for basic household needs to alcohol, and women viewing their partners as being unable to provide financially for them and their families. Women's reports of their partner's spending money on alcohol, which leads to them no longer being able to fulfil their role as main providers for the household and meet childcare costs, highlights a paradox in that men drink as a masculine entitlement and yet through drinking they fail to conform to traditional gender roles and expectations of a 'good man'. Indeed, some descriptions were of men unable to provide at home, yet over-spending on alcohol, in a provider role, to keep up appearances of successful masculinity with male peers. This highlights the intersection of excessive alcohol spend with expressions of masculinity. In a low-to-middle-income country such as South Africa, which has the highest levels of inequality globally, alcohol-related economic abuse may serve to disempower men and further disempower women (World Bank, 2023).

Notably, though not always overtly, findings also emphasise the link between drinking and expressions of masculinity, supported by a substantial body of evidence (De Visser & Smith, 2007; Lemle & Mishkind, 1989; Patro-Hernandez et al., 2020).

This intersection manifested through subscription to norms, entitlements, and behaviours associated with traditional masculinities (heavy drinking, multiple partners, dominance, flirting, and aggression) and risk behaviours associated with greater alcohol use, such as fighting with women. It also involved men feeling paradoxically

emasculated, by not wanting to take on their peers in a fight and instead directing the aggression towards women.

Men's performance of traditional masculinities was linked to expectations that their female partners would subscribe to norms associated with traditional female roles, such as submitting to the man, being monitored and controlled, and being responsible for the home and childcare; but also to views that 'good women' do not get drunk, and their drinking needed to be monitored and controlled. This often served as a trigger for alcohol-related conflicts, which escalated into violence when the woman was perceived to deviate from these expectations. Conflicts often arose when women questioned their male partners' spending on alcohol for themselves and others instead of on household and childcare needs, challenging their performance of their perceived role as providers. These findings contribute to the understanding of how drinking intersects with masculinity and provide a basis on which to hinge prevention efforts on modifying gender norms, beliefs, and attitudes related to both IPV and alcohol use. These could be usefully addressed through gender-transformative programmes, which have been shown to effectively transform masculinities to be less gender inequitable, and reduce men's harmful use of alcohol and perpetration of IPV (Gibbs et al., 2020; Jewkes et al., 2008; Mastonshoeva et al., 2020).

The study findings have several implications for policy and practice. Given the recognised link between alcohol use and SIPV, researchers and practitioners need to be more intentional about the gendered nature of drinking and the alcohol-relatedness of SIPV. This includes integrating gender-transformative elements into alcohol-reduction programmes, and including gender-informed research questions in alcohol research. In terms of programming, screening men with alcohol problems for a history of IPV perpetration, and screening known perpetrators of IPV for alcohol-related problems is important as part of addressing alcohol-related IPV. The path between alcohol-related aggression and conflict that escalates into violence described by participant accounts may lend itself to strategies for reducing alcohol use that particularly focus on simultaneously preventing violence and heavy drinking. Some gender-transformative IPV prevention programmes have shown success in reducing alcohol use, despite not being designed to reduce harmful drinking; these include Stepping Stones, (Jewkes et al., 2008); Stepping Stones and Creating Futures (Gibbs et al., 2020) and *Zindagii Shoista* (Mastonshoeva et al., 2020). There are also promising examples of programmes that synergistically address harmful alcohol use and IPV (Levtov, 2024; Murray et al., 2020; Wechsberg et al., 2011; 2013; 2016).

From a policy perspective, there is an increasing recognition of the need for public health policies to address GBV and alcohol in a complementary manner rather than as separate issues. Notwithstanding policy strides through frameworks such as the National Mental Health Policy Framework and Strategic Plan 2023–2030 (Department of Health, 2023) and the National Strategic Plan on Gender-Based Violence and Femicide (2020), there are still significant challenges in implementing these policies in a coordinated approach, and in implementing alcohol regulations such as licensing and operating hours. Furthermore, considering that women are disproportionately affected by harm from men's drinking, it is crucial to evaluate the impact of broad alcohol policies on the harms experienced by women. A recent review suggests that evaluation research will help determine if more targeted, gender-specific policies and interventions are needed to reduce alcohol-related harm to women (Karriker-Jaffe et al., 2023). Another study critically examines how alcohol policy generally (using examples from Australia, Sweden, and Canada) falls short of addressing the gendered dimensions of alcohol-related violence (Farrugia et al., 2022). The authors argue that by backgrounding masculinities and not explicitly targeting men in proposed interventions, these policies may overlook crucial opportunities for addressing the social and cultural factors that contribute to men's violence (Farrugia et al., 2022). Indeed, significant questions remain about how alcohol policy can be more responsive to the needs of women, particularly those affected by alcohol-related IPV.

Strengths and Limitations

This qualitative study provides a nuanced understanding of the extent of alcohol use among male SIPV perpetrators. The large sample size enhances our understanding of the context and depth of alcohol-related violence, including the various types, triggers and contexts of such violence, as well as women's experiences in a country facing significant alcohol and IPV challenges. It also adds to the limited qualitative evidence base on alcohol-related violence in a low-to-middle-income country like South Africa. However, a limitation is the lack of detailed information about men's alcohol consumption, including the types and quantities of beverages, the socio-cultural contexts, and their perceptions of how these factors may have influenced their violent behaviour. Nonetheless, these findings provide useful insights that can guide related work in larger samples. Future studies should aim to further understand the context, dynamics, motivations, reasoning, and relationship impacts of women's drinking in couples' contexts where there is severe ongoing violence.

Conclusions

Women's experiences of severe intimate partner violence are commonly influenced by their partner's alcohol use. This is often via alcohol-related aggression, conflict, and arguments which escalate into violence and performance of masculinities. Alcohol-related violence is often severe, ranging from severe physical violence and near-femicide, to controlling and coercive behaviour which restricts women's movements and ability to participate in daily activities meaningfully. Planning for prevention, providing services, and gender-informed policy efforts require an understanding of the complexity of the interaction between masculinity, men's alcohol misuse, and their perpetration of severe intimate partner violence in South Africa.

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