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ARTICLE

Sex, drugs, and coercive control: Gendered narratives of methamphetamine use, relationships, and violence

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Abstract

While many of the motives people provide for using drugs transcend gender, there are also notable gendered differences. These differences in motive talk aid in stigma management, shape gender performances, and can encourage or constrain behavior. Using data from a photoethnography with 52 people who use methamphetamine in rural Alabama, we find that men and women articulate their motives for drug use in distinctly gendered ways. Most notably, men emphasized the benefits of sex on meth while most of the women did not. Men's stories of meth as a sex drug shaped how they interacted with women often leading them to use violence and coercion to control when, where, and with whom women used meth. Women were less likely to say that increased sexual feelings was their primary motive for using meth. They drew on gendered themes of femininity (e.g., motherhood, home keeper) when explaining their drug use. They also sought ways to resist coercive control that were intertwined with their gendered narratives of drug use. The findings point to the importance of gendered narratives in shaping interactions, and significantly, how narratives can contribute to harm and reinforce gender inequality in drug markets.

KEYWORDS

coercive control, methamphetamine, narrative criminology, photo-ethnography

Cultural narratives about illegal drug use typically portray those who use them as being solely consumed by the drug (Furst et al., 1999). Tales of mothers who abandon their children for crack, children who steal from their parents to buy meth, or women who sell sex for heroin are prevalent in stories about those who use drugs (e.g., Linnemann, 2010). Consequently, those who use drugs often seek to distance themselves from these stigmatized others by articulating socially acceptable motives for drug use. Men say they use amphetamines so that they can work longer hours at demanding jobs (Lende et al., 2007). Women say they use methamphetamine to have the energy to take care of their home and children (Boeri, 2013; Miller et al., 2015). The way people talk about motives for drug use becomes a means for them to create desired identities by distinguishing acceptable drug use from unacceptable use, to show that they are functional users and fundamentally different from dysfunctional ones (Copes, 2016). This type of speak has been referred to as aligning actions (Stokes & Hewitt, 1976), accounts (Scott & Lyman, 1968), neutralizations (Sykes & Matza, 1957), and vocabulary of motives (Mills, 1940), and it is thought to be a way people construct pro-social identities based on broader cultural beliefs (Maruna & Copes, 2005). Thus, unravelling the motives that people express for their questioned behavior gives us insights into cultural expectations and personal identities.

Motive talk, however, can be more than simply a means to explain past behavior when questioned (i.e., as retrospective excuses and justifications). It can also be important for guiding future behavior. That is, the way people talk about personal motives can encourage or constrain specific behaviors. This notion is consistent with recent developments in narrative criminology (Presser & Sandberg, 2015). What makes this approach different from previous uses of stories within criminology is that it challenges the idea that stories or narratives are used only retrospectively. Although narrative criminologists acknowledge that stories allow people to make sense of, justify, or excuse behavior, they also suggest that stories can shape, motivate, and encourage action.

Borrowing these insights from narrative criminology, we illustrate how motivational narratives surrounding drug use are more than simply a means for identity work. Using data from an 18-month photo-ethnography with both men and women who use methamphetamine (meth) in rural Alabama, we show that motives for meth use are gendered and that these gendered accounts aid in stigma management (e.g., justify coercive control by men), facilitate gender performances, and influence the ways men and women interact. Specifically, the men talked of meth as a “sex drug” that enhances sexual performance and pleasure. Men’s stories of meth as a sex drug in part shaped how they interacted with women—often leading them to justify their desires to control (sometimes violently) when, where, and with whom women used meth in attempts to stop them from having sex with other men. Women were less likely to say that enhanced sexual feelings were the primary motive for using meth than were men. Nevertheless, they too sought to control their relationships and interactions (with men) in ways that were intertwined with their narratives of drug use. Women drew on gendered themes of emphasized femininity when trying to gain a sense of control over their drug use and to resist those who sought to control them. The findings point to the importance of gendered narratives in explaining drug use and in shaping interactions among men and women. They also suggest that narratives supportive of hegemonic masculinity can contribute to harm and reinforce gender inequality in drug markets.

1 | NARRATIVES, MOTIVES, AND BEHAVIOR

Scholars have examined people's accounts of their motives for questioned behavior from various (sometimes opposing) theoretical perspectives. Some scholars have adopted a positivist perspective, taking the motives offered by people to be an accurate reflection of "reality." Such work often entails questionnaires that include various predefined motive options (e.g., Boyd et al., 2006). Others adopt a constructionist approach (see Presser & Sandberg, 2015). Here, narratives about motivations are seen as more than simply an account of why people acted as they did. Rather, motivational narratives are seen as being situationally created, in various ways and for varying purposes. Constructionists come in various guises and include narrative psychologists, who emphasize the creative construction of coherence and rationality in narrative (e.g., McAdams, 1993), and ethnomethodologists, who focus on narratives as impression management and moral persuasion (e.g., Garfinkel, 1967). Those adopting this latter perspective suggest that when explaining questioned behavior people tend to rely on culturally available storylines to align their actions with cultural expectations (Scott & Lyman, 1968). Doing so allows people to show how their actions (and the motives for these actions) are appropriate for the specific context. Finally, cultural structuralists similarly explore how narratives are socially constructed but emphasize how narratives are made from, or determined by, broader structural and cultural discourses. Narrative theory, to which we now turn, has borrowed from each of these perspectives.

Narrative theory prioritizes stories when analyzing people's experiences. Ricoeur (1984) neatly conceptualized three basic relationships between narrative and experience (or reality): 1) narrative as an objective representation of experience; 2) narrative as a subjective interpretation of experience (i.e., revealing what happened but through a subjective lens); and 3) narrative as shaping experience. We, like other narrative criminologists, adopt this third position (Presser, 2010; Presser & Sandberg, 2015). For narrative criminologists, narratives are "constitutive" or all-encompassing. That is, narratives allow people to explain past behavior when questioned (e.g., as retrospective excuses and justifications), but crucially, they can also encourage or constrain specific behaviors (Presser & Sandberg, 2015). Narrative criminology "takes stories to be social forces in their own right, rather than merely stores of information *about* social forces" (Presser & Sandberg, 2019, p. 133). The assumption is that people draw on cultural stories when making sense of their lives and then situationally act out these stories (Presser, 2009). As such, the stories become ways to manage stigma by constructing personal and social identities, but they also facilitate specific actions when people act out their personal narratives.

Additionally, narrative theorists assume that motives (as a form of narrative) vary according to the sociodemographic, cultural, and situational characteristics of those providing such accounts (Scott & Lyman, 1968). Personal narratives are embedded in, and emerge from, cultural discourses. These are the broader structural and cultural constraints on, or enablers of, the production of meaning (Fairclough, 2003; Foucault, 1972). On the one hand, discourses are enabling in that they "make available positions for subjects to take up" (Hollway, 1984, p. 236). At the same time, however, language is used under cultural, historical, and institutional contingencies (Moita-Lopes, 2006). As such, each of us has a limited repertoire of language from which to select (consciously or subconsciously) to explain our actions and present ourselves (Brookman, 2015; Swidler, 1986). Cultural expectations of gender norms and roles are powerful enablers and constrainers of narrative production. For example, the notion that two distinctly different genders exist—gender dualism (Cameron, 1998)—informs and shapes people's beliefs and behaviors, as well as the ways in which they articulate them (Miller et al., 2015). As Miller et al. (2015, p. 72) suggested,

“Given the centrality of gender dualism in the discursive construction of social life it should come as no surprise that gender-based categorizations are thus particularly entrenched features of narratives.”

Because gender (in similar ways to social class and race) both enables and constrains narrative production, certain discourses can, by virtue of one’s gender, be told credibly, whereas others cannot. Additionally, what counts for appropriate gendered stories varies by social location and context. For stories to be effective at constructing identity or managing stigma, they must be believable and honored (i.e., accepted) by the listener (Scott & Lyman, 1968). The gender and social position of the storyteller and listener shape whether certain stories will be honored; accordingly, men and women draw on different stories when explaining behaviors. Furthermore, gender is performed or accomplished in and through speech or narratives (e.g., see West & Zimmerman, 1987). As such, motivational narratives of questioned behavior (e.g., crime or drug use) not only account for these actions but also aid in performing gender (Klenowski et al., 2011). Similarly, people use gendered narratives to construct symbolic boundaries to show similarity and status with the in-group, while distancing themselves from an out-group (Copes, 2016).

As a result of gendered discourse, men and women often present different motives when explaining their actions, including drug use. For example, one primary motive people give for using meth is to boost their energy (Brecht et al., 2004; DuPont et al., 2008; Lende et al., 2007). Although this motive for meth use is common among men and women, there are subtle, yet important, differences expressed as to what this additional energy enables them to achieve. Men suggest that the additional energy that they gain from meth (or other amphetamines) use enhances their ability to work long hours in certain types of occupations (Lende et al., 2007; Pedersen et al., 2015). Whether they are truck drivers, factory workers, or college students, men report that they use meth to perform better at their work (DuPont et al., 2008). Women similarly describe the benefits accrued from the increased energy that meth affords but refer instead to their enhanced abilities to perform household or caretaking duties (Boeri, 2013). By pointing to the functional use of the meth (i.e., increased performance), both men and women can provide seemingly acceptable motives for drug use, manage the stigma associated with it, maintain symbolic boundaries among types of users, and perform gender while doing so (Copes et al., 2016).

Some motives for meth use are more common for men than they are for women. Of note are differences in the frequency and ways in which men and women speak of meth as a drug that enhances sexual pleasure, provides a route to weight loss, and is a means to cope with emotional trauma (Brecht et al., 2004). Men are much more likely to mention the sexual enhancements of meth than are women, which is especially true among men who have sex with men (Kurtz, 2005; Semple et al., 2002). Women are more likely than men to account for their meth use as a way to cope with emotional trauma (Carbone-Lopez et al., 2012) or to control their weight (Boeri, 2013; Brecht et al., 2004).

Although these motives can be viewed as the objective reasons people use meth, they can also be seen as social constructions. These stated motives may be attempts to manage the stigma associated with using meth by providing culturally accepted and gender appropriate reasons for using. As such, these stories become a means to present a positive sense of self to others. Once these stories and accounts are accepted as part of people’s personal narratives, they can then encourage or constrain actions and beliefs (Presser & Sandberg, 2015). Thus, the motives people give for using meth can be interpreted as ways to account for their actions (including coercive control and other forms of interpersonal violence), as reflections of cultural beliefs, and as guides for action.

2 | DRUGS, VIOLENCE, AND COERCIVE CONTROL

Narratives are intertwined with one another. Thus, narratives of gender, class, and race combine with narratives relating to other social positions to create personal identities. For example, narratives of drug use motives, personal relationships, and gender performances are intertwined. Men incorporate conceptions of masculinity and drug use to facilitate their use of violence and coercive control against women. Correspondingly, women incorporate ideas of femininity in their narratives to facilitate resistance strategies (Copes et al., 2021; Crossman & Hardesty, 2018). The recent and burgeoning literature on coercive control in interpersonal relationships is of relevance here as it explicitly recognizes this form of abuse in the context of intimate relationships and is viewed, mainly, as a gendered phenomenon (Anderson, 2009).¹

Coercive control refers to the use of force or threats aimed at maintaining dominance over one's partner (Stark, 2007). Although the form of coercive violence varies based on relationships and settings, the general aim of such control is to limit a partners' ability to make decisions, which pressures them to remain in the relationship and engage in behavior they would not otherwise do. This type of control manifests when a power imbalance allows one partner (typically a man) to implement tactics designed to restrict their partner's liberty, autonomy, and equality (Mitchell & Raghavan, 2021). Such control need not involve violence, but violence is one among many tactics used to ensure control in a relationship (Stark, 2009). Other common tactics include micro-regulation, surveillance, isolation, intimidation, manipulation, exploitation, degradation, and deprivation (Mitchell & Raghavan, 2021). Experiencing coercive control can erode a person's autonomy and sense of self (Mitchell & Raghavan, 2021).

A particularly damaging aspect of coercive control is that often, especially when physical violence is not used, it can be easily excused or justified by drawing on gendered narratives about relationships. The use of gaslighting, reframing, or accounting allows abusers to claim that they are doing nothing wrong and that their actions are harmless or typical among people in relationships. These explanations frame the victim as simply misunderstanding the situation. Abusers can frame their behavior as acts of care that the victims once valued, which suggests the victims are complicit in the abuse (McKeon et al., 2015). Thus, narratives allow the abuser to define their coercive actions as normal, minor, and innocuous and their victims as overly sensitive or dramatic. This narrative erasing the harm of coercive control effectively makes it invisible, leaving the victim unheard and unseen (Mitchell & Raghavan, 2021). This likely contributes to the perpetuation of coercive control.

Even though it is generally agreed that coercive control is linked to structural gender inequalities, there is some debate about the precise relationship. Anderson (2009, p. 1451), for example, suggested that there is limited understanding of the ways in which "structural gender inequalities, gender performances and accountability, and gendered identities interact to facilitate or challenge coercive control." Anderson advocated for a multilevel theory of gender that explores the complex and variable relationships of social structure, interaction, and identity. In a similar manner, although focused specifically on the gendering of drug use, Miller and Carbone-Lopez (2015, p. 694) argued that to understand "the place of gender in women's (and men's) experiences with drugs means that gender—as a micro-, meso-, and macro-level feature of the social world—must be central to the questions we ask." This intersectional analysis is best achieved by comparing the influence of gender on both men's and women's experiences (Anderson, 2009). Accordingly,

¹ See, however, Stark and Hester (2019) for a review of coercive control in same-sex and LGBT relationships.

our aim is to explore how gendered stories of meth use influence the ways that men and women interact and shape their behaviors. Specifically, we look at how gendered motives for using meth aid in gender performances and stigma management (when accounting for drug use and coercive control) and ultimately shape interactions. Our findings point to the importance of understanding how narratives both explain prior actions (and in turn aid identity construction) and encourage or constrain future behaviors.

3 | METHODOLOGY

To explore people's motives for using meth and how they shape interactions among men and women, we rely on data collected from an 18-month photo-ethnography of people who used meth in rural Alabama. The broad aim of the project was to understand how people who used meth made sense of their lives and navigated their drug use within the context of economic marginalization, drug use, and rural life. The ethnography consisted of formal interviews (with 28 women and 24 men), informal observations, and photography. We used photographs made by a professional documentary photographer as well as photographs made by the research participants.

All participants were active users of meth who were living in small towns in northern Alabama at the time of the interviews. We defined active users as those who had used meth more than five times in their life and at used least once within a month of the first interview (although some did desist during the project). We relied initially on a primary recruiter to locate participants and subsequently introduced snowball sampling to reach larger numbers of people. The recruiter was a 29-year-old woman who was born and raised in the area and had strong personal contacts with people who used meth. At the time of the study, she was living in public housing that was known for meth use and distribution. She was well liked and respected among the residents, which aided her ability to recruit for us. Her role as recruiter consisted of setting up interviews before we arrived and vouching for our credibility. The interviews took place at her home, participants' homes, public parks, or other private areas, and we invited participants to decide where they would like interviews to take place. We also relied on snowball sampling to extend the sample beyond the recruiter's initial social networks. The initial recruiter helped us to locate 30 participants. We recruited the remaining 22 participants via snowball sampling.

We paid recruiters \$40 for each person they successfully recruited (i.e., people who completed an interview). We compensated participants by giving them a \$30 Visa gift card for taking part in formal interviews. Participants were neither compensated for informal interviews nor were they paid to appear in photographs. Once we gained the trust of participants, approximately ten people invited us to their home to simply "hang out" and meet other people. This portion of the project included interviews and appointment ethnography, where the first and third authors scheduled times to come and meet with participants (Lindegard, 2017).

Data presented here come from the semistructured interviews, unstructured interviews, and observations (with accompanying note taking). The semistructured interviews focused on topics such as the participants' perceptions of their using career (initiation, persistence, and plans for desistance), ways they defined themselves as meth users, relationships with others (e.g., family, friends, and other users), and the social organization of the meth market in the area. We also incorporated photography into data collection with photo-elicitation interviews (PEIs).

3.1 | Photographs in research

Photo-elicitation is an interview technique where the interviewer introduces photographs (or other images) into interviews to encourage responses and insights from participants (Collier, 1957). It is thought that using images in interviews will be more likely to generate concrete information, trigger memory, and evoke an emotional, multilayered response from participants than traditional interviews (Collier, 1957; Gariglio, 2016; Harper, 2002).

Images for PEIs can either be researcher driven (created or collected by researcher) or participant driven (created or provided by participants). We used a combination of these approaches (see Copes et al., 2018). We initially began using only researcher-driven photographs. These photographs were taken with an aim to represent the lives of the participants through standards and ethics of photojournalism, which include not coercing people into having their photographs taken (through financial inducements or excessive persuasion) and ensuring that photographs are not contrived or staged. Although this helped us capture the lives of participants (as we saw them) and stimulate discussions, we also wanted to facilitate participants' agency in how they were portrayed. Accordingly, midway through the project, we began asking participants to provide us with photographs or other images that represented important moments and aspects of their lives. The participant-driven photographs allowed participants to introduce ideas they found important and to visually represent themselves in the research (Barthes, 1978). It should be noted that we did not analyze the photographs themselves. Rather, we used them to stimulate discussions in interviews.

When conducting the PEIs, we began by creating a photo kit. This photo kit consisted of no more than 20 photographs that we showed participants. The photos were a mixture of those the photographer made and those participants gave to us. We showed the photographs to participants on an Apple® iPad™ for convenience and portability. We gave them digital copies of the photographs used in the interview (as well as others of themselves) at their request.

Although it goes against convention, we have chosen to include photographs here. We think it is important to include them for two primary reasons. First, we believe that photographs aided our ability to connect with participants and them with us (Affleck et al., 2013). We found that the use of photographs helped us build rapport with some participants. The photographs became a shared experience and helped participants be more comfortable with us and share their stories. The collaborative process of making photographs with participants, showing the photographs to them, and having them share photographs with us was a large part of data collection, even beyond their use in PEIs. As such, the photographs are intimately connected to data collection.

Second, we think that including photographs in published research can help remove some of the stigma surrounding those who use drugs. Photographs not only provide context to the participants' stories, but they also draw readers into the lives of those being studied. For marginalized groups, photographs can bring social problems to the surface and allow us to see what might be overlooked (Becker, 2007). Photographs have the potential to show aspects of participants' lives that might otherwise remain hidden and can make what at first seems foreign appear common and domestic (Wilkins, 2017); that is, photographs bring us into people's lives in a way to show what we have in common. By showing similarities in the lives of people, we can shrink the social distance between those we study and those who are distant from them. Photographs can aid in humanizing those being studied. Indeed, incorporating photographs with the words of participants (and authors) in research can better "edify the significance in the humanness and affectivity of research participants" (Russell & Diaz, 2017, p. 433).

We recognize that care must be taken when using photographs in published work. Decontextualized images may reinforce negative cultural stereotypes more than counter them because photographs can prompt multiple meanings in the viewing process (Becker, 2007; Clarke-Ibáñez, 2004; Copes et al., 2019; Schwartz, 1989). We contextualize (and caption) each photograph to show how they aid in understanding the concepts relating to motives and behaviors. We indicate whether the included photographs were used in PEIs when relevant and whether they were researcher or participant driven.

3.2 | Ethical considerations

Ethical approval to undertake the research was obtained from the institutional review board (IRB) at the lead author's university. In compliance with this approval, the consent process consisted of providing an explanation of the study (including the risks and benefits) and informing participants that the interviews were voluntary and would be kept confidential. Because many of the participants were in vulnerable positions as a result of their drug use and other circumstances, we provided them with a list of resources, including contact details of health clinics, rehabilitation centers, suicide hotlines, and domestic violence shelters.

The IRB approval included the photographic elements of the research project (i.e., the photographing of willing participants and the option for participants to send images to the research team). All those who agreed to be photographed signed a release form for themselves and for their minor children if relevant. We only include photographs of those who consented to being photographed. Participants could withdraw their consent regarding photographs at any time. We explained to all potential participants that they could be part of the study without engaging in any way with photographs. In addition, we asked participants for their consent to be photographed each time that we met (rather than relying on a one-time catchall consent). A total of 33 people agreed to being photographed for the project, and six of them sent photographs or other images of their own. We acknowledge that those who know the participants will be able to determine their identity from any photographs used in publications or presentations (even with the aliases used throughout). Accordingly, we described such possibilities to participants during the consent process and reminded them before photographing them. In addition, we shared a draft of the manuscript with three people included in photographs for their feedback.

3.3 | Data analysis

We recorded formal interviews and then transcribed them for analysis (redacting identifying information); only two participants asked us not to audio record the interviews. We also, however, relied on observations and informal interactions with a core group to inform the project. We did not audio record these interactions. Instead, we took notes during and after our visits. Although we did not specifically ask participants to tell us stories, many of the questions in the semistructured interviews lent themselves to storytelling. Thus, stories are not the unit of analysis, as is common in some styles of narrative analysis. Instead, we focus on themes relating to motivations of meth use and how these shaped interactions among people.

The first and fourth authors coded interview transcripts based on the larger questions (e.g., motives for use and relationships with others) using inductive coding. When analyzing interviews, we first broadly coded for a variety of themes (using NVivo®), including motives for using meth

and relationship characteristics. This straightforward category included all forms of talk about why they began and continued using meth. After this initial coding, we refined the concepts to create the axial codes that make up the results of the current analysis. Such a style of coding is consistent with standards of qualitative research techniques (Corbin & Strauss, 2008; Kvale & Brinkmann, 2009). Caution should be taken if generalizing beyond the sample as findings may be heavily contingent on the context of the interview setting and the social position of the interviewers and the participants.

3.4 | Reflections on positionality

There is currently a rich discussion on the importance of positionality in qualitative research with vulnerable groups (Shaw et al., 2020). This work suggests that the backgrounds of those conducting the research and those they are studying can influence the way data are collected and analyzed. We acknowledge that the lenses through which we gathered and interpret the findings are influenced by our personalities and backgrounds. The lead researchers (first and third authors) are White male professors (although a White female student did accompany us on many occasions), which may have affected the way participants spoke and interacted with us. Although our current social standing differed from those who took part in the study, our similar backgrounds (working class families, from the South) and race may have helped in gaining access to and developing rapport with participants (as evidenced by their allowing us to enter their homes, meet their families, photograph them, and “hang out” casually with them). This level of access and interaction aided our ability to gather detailed and personal data about the participants’ lives, views, interpersonal relationships, and drug habits.

Our interpretation of the data included two White men from the southern United States (the first and fourth authors) and a White woman from the United Kingdom (the second author). The latter was not connected to the data and the communities from which they emerged and asked questions of it that the data gatherers perhaps took for granted. Arguably, our varying backgrounds ensured that we probed the data in different ways. That our data accurately report our participants’ experiences is supported by feedback from the three participants who read earlier versions of the article.

All demographic categories were self-identified by the participants. Interviewees were between 19 and 57 years of age, with a mean age of 34. We interviewed 28 women and 24 men, of which 47 self-identified as White, 3 as Black, and 2 as Hispanic. Our sample comprised men and women at varying stages in their drug use, people who identified as straight and as gay, people of different ages, those with secure housing and those without it, and people who used different types of drugs (e.g., stimulant and opiate users) and different routes of administration (e.g., smoking, snorting, and injecting).

4 | “METH IS A SEX DRUG”

The motivations for using meth were varied among the participants. When speaking about their motives, participants pointed to the sensation of the initial high, the ability to stay focused on tasks, the potential to have energy to get things done, or the means to emotionally cope with loss or other tragedies in their lives. For the most part, these reasons for using meth were found equally

among the men and women participants and were consistent with previous research on the topic (see Boeri, 2013; Carbone-Lopez et al., 2012; Lende et al., 2007).

One notable exception to this convergence of motives was how the men and women spoke about the sexual benefits associated with meth use. Whereas it was common for men to prioritize the heightened sexual experiences derived from using meth, women were less likely to do so. Despite these differences between the men and women in overall perceptions of the sexual effects of meth, it was the men's narratives about meth as a "sex drug" that shaped how participants interacted with one another in the context of meth use. As such, men's narratives about meth and sex became the dominant one.

Most of the men, but not all, emphasized sexual enhancement from meth use as a primary motive for using. The belief that meth heightened sexual pleasure was exemplified by Chico, who said about the drug, "It's about sex, sex, sex! It's a sex drug, plain and simple. That's what it is—designed to fuck. And, every time you do a shot you don't fuck you done wasted another shot. It's true!" Speaking about what he liked most about using meth, Marcus said, "The high is good. The sex! That's pretty much it." According to Ryan, meth "makes you more prone to do a lot of sexual activities." Fred's response to this question typified this belief:

Sex is wonderful. I mean hell it's better than Viagra you can go six and half hours before you get off. I mean you know that's good. And, I call it my old lady.² I call meth my old lady. I love it. They ought to make it legal. I guarantee you if they put it on the market for a sex drug it would sell like crazy. And you ain't gonna have to call the doctor after four hours!

Fred was so enthusiastic about touting the sexual benefits of meth that he promptly showed us where he kept some of his pornographic material after raising the issue (see Image 1).

The belief that sex and meth were intimately interconnected led these men to doubt the credibility of contradictory accounts. They accused those with counter views of being dishonest. According to Chico:

Anybody does it and says it don't make them horny, they lying. They lying. They lying and that's just the way it is. That's what it's designed for: to trick your brain to release more dopamine than it normally would and it floods it. That's your pleasure to your brain. That's what methamphetamine's for. You should try it!

It was common for some men to reject accounts from others who suggested that they did not experience a boosted libido from using meth. They suggested that women did not want others to know they enjoyed sex too. Fred, for example, did not believe women when they said such things. As he said, "Well, I'm gonna have to say that nine times out of ten the woman's wanting it anyway. ... I think it does women just about like it does men. They pretend it don't, you know that." Fred resisted women's narratives that ran counter to his belief that women also experienced heightened sexual arousal when using meth, going so far as to suggest they were being untruthful.

Although women did speak of the sexual enhancements of meth, sex was not one of the primary motivations they gave for using meth. Only five of the 28 women (Tara, Cindy, Michelle, Bella, and

² A few of the men anthropomorphized meth as women. Although this is an interesting aspect of their stories, unpacking the symbolism of doing so is beyond the scope of this article.



IMAGE 1 Fred, 53, searches his room for his collection of pornographic DVDs. Fred would regularly spend hours smoking methamphetamine and watching porn. “I mean hell, it’s better than Viagra,” he said. “You can go six and half hours before you get off. I mean, you know, that’s good. I call it my old lady. I call meth my old lady. I love it.”

Misty) said that meth’s ability to enhance their sexual pleasure was a leading motive for using. In our first interview with Misty, she said, “[Meth] brings out your sexuality more. It makes you more freaky, you’ll do more freaky stuff. . . . It does up your sex drive. That is why me and my husband do it together, it ups our sex drive more and it lasts longer. . . . So that’s why we do it together.” She continued, “I seem to have multiple personalities and they all stay on the inside. And each drug brings out a different personality. Like the dope [meth] brings out your porno personality to me.” Bella, who had sexual relations with women, said that when high on meth she liked to “move stuff around, clean, talk, stay on your phone, sex. Do sex constantly, constantly, constantly, or masturbate.”

When discussing the relationship between meth and sex, women were much more likely than men to say that meth had little or no effect on their desire for sex. Among the women who said that sex was enhanced while on meth, none cited sexual enhancement as a primary motivation for their use. In fact, some of the women said that meth at times diminished their desire for sex. Such statements were not made by any of the men. We observed a conversation between Michelle and her sister Jennifer discussing whether meth increased their sex drive (see Image 2). This conversation highlighted the contrasting views of meth and sex for women. For Michelle, meth increased her libido; for Jennifer, it did not. As Michelle said, “It turns me into a nympho. . . . I’m going for hours and hours.” She continued, “Your sexual encounters are so much better on ice [meth]. You go for hours.” Jennifer said meth did not increase her desires for sex: “I’m not overly into [sex]; I don’t have to have it. I’m perfectly fine without it.”



IMAGE 2 Michelle, 36, left, and her sister Jennifer, 38, argue over whether methamphetamine increases their sex drives. “It turns me into a nympho,” Michelle said. “Your sexual encounters are so much better on ice. You go for hours.” Jennifer offered a different experience with methamphetamine and sex, however. “If I am high on meth, I don’t want to do anything,” she said, although her boyfriend regularly coerced her into engaging in sexual activity that she did not like.

We should note that some women questioned the claim that meth made men more virile. These women offered counter-narratives to the dominant narrative told by men. Specifically, they said that in their experience men may want sex but that they were often impotent. As Willow said, “Dope dick is actually a thing.” Tara said of her ex-husband, “When my old man would use meth, he could only stay hard but it would only be up for ten minutes and then it would get limp and it would not get back up at all.” These accounts of men’s impotence were discussed exclusively among women and stood in sharp contrast to the claims of heightened masculine virility shared by many of the men. These women’s counter-narratives challenged claims of masculinity that centered on hyper-sexuality and highlighted that even though most of the women accepted narratives connecting meth and sex, some women did directly challenge men’s claims of virility.

5 | RELATIONSHIPS, COERCIVE CONTROL, AND METH

Meth use can put a significant strain on people’s relationships. Participants described tumultuous relationships with romantic partners. For the most part, they said that their romantic relationships were complex with moments of good times, periods of boredom, and frequent episodes of conflict and antagonism. During the research we noticed the instability and volatility in our participants’ relationships. It was rare that both parties were faithful to one another through the term

of their relationship. Arguments and fights were commonplace. The women said that these arguments typically were about the men seeking to control their behavior. Overall, the relationships were patriarchal, with men dominating the relationships and exerting coercive control over the women.³ Perhaps for these reasons few couples remained together for the duration of our study. We suggest that men's narratives that meth is a sex drug helped shape their controlling and violent behavior and women's responses to such situations. Specifically, the men spoke about the desire to control where, when, and how women used meth and to limit the interactions women had with others (both men and women alike). Such control seemed at least partly borne out of a sense of fear that their partners would have sex with other people. When speaking of how and why they controlled women, men drew on storylines and plots consistent with hegemonic masculinity (i.e., men as protectors and men as sexually virile). The women spoke of their partners' controlling behaviors but emphasized how they sought to "manage" these men by establishing interaction strategies that helped to increase their autonomy. These strategies often drew on gendered themes of emphasized femininity.

5.1 | Men seeking to control women

Narratives about meth being a sex drug affected the way men interacted with women, specifically their romantic partners. These narratives and associated beliefs that women would have sex with other men when under the influence of meth contributed to these men's attempts to control women's interactions with others. Men accounted for these controlling behaviors by drawing on the narrative that meth is a sex drug and pointed to their fears that their partners would be intimate with others if they did not curtail both their meth use and socializing habits. In discussing infidelity, some men framed the issue as other men taking advantage of "their" women, whereas others described their women being inherently deceptive and promiscuous, especially when on meth. Often these two narratives were intertwined. Broadly, these narratives emphasized control over women's sexual behavior and of their interactions with others.

5.1.1 | Controlling sexual behavior

Some of the men sought to control women's sexual behavior. This was done by coercing them into having sex at times or in ways the women did not want. A pattern of coerced sex was so common for Alice that when describing her new residence, she mentioned the lack of pressure as a nice change. She sent two photographs taken at this new place (see Image 3). When describing the photographs, she said that she was glad to be living at a place where the men did not want to use meth simply for sex. As she said, "People don't get weird or anything, nobody here thinks that after you do a shot you're going to want to take your clothes off, so nobody looks at me weird like they're waiting for something to happen." She said this was not the case when she lived with Ryan, Chico, or Dwight, who each pressured her to have sex.

³ Our emphasis here is on participants who were involved in heterosexual relationships. We also, however, encountered several same sex relationships where one of the women tried to enact control over their partners in a way that mirrored men's patriarchal control.



IMAGE 3 Participant-made photographs by Alice, 22, who lived in a variety of places, and in many she felt unsafe as men would pressure her to have sex for drugs. She eventually moved to a house where several younger adults lived, including Bill (23) and Dale (23), the two men pictured in the selfies here. She felt safe in this house because “nobody here thinks that after you do a shot, you’re going want to take your clothes off.”

Jennifer’s story exemplified men’s attempts to coerce sex when using meth. Jennifer said that although meth did not make her want to have sex, it led to her boyfriend wanting to have sex in ways that she did not like and coercing her into complying:

I didn’t mind him wanting me like that. I mean, it kind of made me feel good ‘cause I was enjoying it with him. And, I had not enjoyed it with someone in a long time. . . . But he would want to see me, like, get gang banged. . . . It just wasn’t something I was comfortable with. And then trying freaky sex stuff, like handcuffs and nipple clamps and all that stuff and I’m just like, “Oh my god, this is just too much for me!”

When we first interviewed Misty, she spoke of the positive sexual relationship with JC. Approximately 1.5 years later (after being clean from meth for more than a year), she told us that she did not enjoy the type of sex she had with JC. She contrasted sex with JC with that of her current boyfriend:

Like the guy I’m with now, our sexual relationship is nothing like that. It’s like more intimate, more loving, and I don’t know. With JC it was just like street sex, like prostitute sex. . . . Like I don’t know how to explain it. . . . Now it just makes me sick to think, “Oh, did I really do that to him? Did he do that to me?” It’s really nasty.

Misty's punctuation of her statement with "It's really nasty" likely had multiple meanings, but in the context of the conversation, she was highlighting her displeasure with the type of sex she had with JC during this time. Like many women in such relationships, Jennifer and Misty often acquiesced to their partner's demands.

5.1.2 | Controlling social interactions

Men's attempts at controlling women also included trying to dictate the people with whom they could interact. Several women said that their partners did not like them interacting with other men while they were not around. Misty said that her husband did not want her to use while he was in jail. She said, "He knows when we're high we like to have sex. He's afraid if I get high while he's in jail I'm gonna have sex." Chico confirmed Misty's beliefs:

You don't let your girl go off with your buddies to the store and shit like that, you don't do that, that's just crazy. Like I said, it's definitely all about sex whether it be by yourself, with somebody, or with an animal [laughs].

Mono said he knew that some men did not like when their girlfriends hung out with him. In one interview, he said, "The other day I heard this girl say, 'Justin don't like me hanging around you.'" He believed that it was because Justin feared she would be unfaithful.

5.1.3 | Controlling meth use

In addition to controlling the people with whom they interacted, men in the study frequently sought to control women's use of meth, including when, where, how and with whom they used, as well as how much they used. One of the most common forms of control exhibited by men was for them to dictate the amount of meth that women used. Some men sought to limit the amount of meth their partners used and policed their route of administration. The men who sought to restrict their partners' drug use said it was both to protect the women from the ravages of drug use and to mitigate the likelihood that the women would have sex with other men. Alice reported that her ex-boyfriend Ryan sought to control her meth use by forcing her to use less meth than he did. She said, "He, oh my god, was very controlling. I couldn't have any more than he did." JC pressured Misty to stop using meth altogether while he was incarcerated (although she continued to use). This control was apparent in one interaction with JC and Misty. JC had recently been released from jail and was reuniting with Misty. JC decided to smoke meth but would not let Misty smoke with him. While he was smoking, Misty had an anxious look and stared at JC (see Image 4). The following conversation took place:

Heith: [Misty], you seem a little anxious. Is that because he might do too much or because you kind of want to do it too?

Misty: 'Cause I want to do it too, but he won't let me do it.

JC: Because she's, that's my wife. It's harder for me to not do it then it is for her, she's good at not doing it. And she hasn't been doing it so why do it?



IMAGE 4 Misty, 32, anxiously watches her husband, JC, 26, smoke methamphetamine. At the time, JC refused to let Misty get high with him, limiting Misty's use as a means of also controlling her sexuality. "[Meth] brings out your sexuality more," Misty said. "It makes you more freaky, you'll do more freaky stuff."

Eventually another man, Paul, came into the house and was invited to smoke. Paul questioned JC about not letting Misty smoke, and only then did JC give his permission for her to use. When we showed the photograph (Image 4) to Misty during a photo-elicitation interview, she reinforced the initial conversation, saying, "He didn't want me to do it. He makes me do it behind his back."

Other men sought to increase the amount of meth their partners used. The women whose partners encouraged more drug use believed that this was to make them both dependent on meth *and* on their partners for providing it. Tara described a time when her husband forced her to use more than she wanted and with a large-sized needle she feared (see Image 5):

Tara: When we ran out of syringes that's when he went to the co-op and started using animal syringes. And I was like, "No! Those are huge, I refuse to do it, just let me smoke it or like snort it." He's like, "No, you can't." So I got locked in the bathroom, he hit me over the head with a flashlight until I did one.

Heith: Why do you think he was so determined to make you use?

Tara: He didn't want me outta his sight.

Heith: Yeah, but even if you smoked it you'd still be high, right?

Tara: Right, that's what I told him. I said, "I'm high, why do I need even more?" He'd say, "Cause you're going to do the same thing I do."



IMAGE 5 Tara, 36, was forced by her husband to cook meth and shoot up using large-gauge needles. “When we ran out of syringes, that’s when he went to the co-op . . . and, I was like, “No! Those are huge. I refuse to do it.” She continued, “So I got locked in the bathroom, and he hit me over the head with a flashlight until I did one. It was the biggest hole I had ever seen in my arm, and there was so much blood because, I mean, an animal syringe!”

Heith: So pretty much, control? Trying to control everything.

Tara: Yes control, but when I did it and saw the biggest hole up in my arm.⁴

Tara said that her husband always wanted her to use the same amount of meth as he did even though his appetite was much greater than hers. These stories of men seeking to control women’s drug use point to different means of control (some increasing and others limiting meth use), although all were plotted with gendered expectations of masculinity. These narratives of masculine protection allowed men to account for their violent and controlling behavior. By drawing on these narratives, the men attempted to minimize their violence by defining it as common and expected. Such narratives likely facilitated coercive violence over women by describing their harmful actions as normal and expected.

This control extended to the route of administration as well. Alice spoke of being pressured to use in certain ways by men. Her entry into meth use began with Ryan. When they first met, she did not use drugs of any kind, but Ryan regularly used synthetic cannabinoids (known as spice) and occasionally used meth. Ryan convinced her that he would use meth one last time if she would join him for her first time. After that, they would break the pipe as a symbolic gesture:

⁴Tara’s disturbing account of coercion and violence occurred several years before her telling it to us. For those times women spoke of current ongoing violence, we offered them resources on where to get legal and social support. At no time did we witness any acts of violence during data collection.

Ryan promised me, after begging me for hours, that if I would try this abnormal thing with him he wouldn't let me get addicted to it and as soon as we were finished with it we'd go outside and smash the pipe. . . . We never smashed the pipe.

Not long after, Ryan was sent to jail and Alice moved in with another man, Chico. Alice said that Chico pressured her to use a needle, even possibly shooting her up while she was passed out. After his release from jail and hearing that Alice used a needle with Chico, Ryan demanded that they also use the needle together. She believed he wanted this because "he thinks that since I was with Chico the first time I shot up, that me and Chico have a special bond, which is not true." Men's desire to use the needle with Alice was not exclusive to only Chico and Ryan as it occurred several times with other men during the duration of the project. Bill was a long-time smoker of meth, but after Alice moved into the same house he was staying at, he began using the needle with her. Alice told us that she thought it was his attempt to get closer to her. This suggests that some men believed there was increased intimacy between couples who shared drug experiences. This potential for intimacy while using may be one reason the men forbade the women to use meth when they were not around.

5.2 | Justifying violence and coercive control

Regardless of whether men sought to inhibit or increase meth use among their partners, they sought to control women directly through drug use and explained this behavior through narratives of protectiveness. Women experienced these men's actions as coercive control and violence. Nevertheless, the men's narratives tapped into dominant cultural discourses that enabled them to justify their violence, namely, cultural expectations of women's fidelity and men's right to use force to ensure that women meet these expectations.

The heightened jealousy and desire to control their partners' interaction patterns and drug use contributed to the use of violence by these men against their women partners. One of the apartment complexes where we did much of our research banned both JC (Misty's husband) and Rebecca's husband because of their violent actions. The women spoke of domestic abuse from their partners, ranging from threats to physical and sexual assaults. One day we unexpectedly ran into E.S., and she had a black eye (see Image 6). When we asked what happened, she said that her husband was upset that she used drugs with another man.

Rebecca's husband was evicted from their housing complex following a domestic violence arrest but would sneak home through the woods behind their apartment. She sent a photograph of his empty recliner to represent things that caused her anxiety (see Image 7). She was ambivalent about his return—wanting him to return and yet still anxious about him doing so. "I know that my life would be better without him, but then again I know the type of person that he can be; he's just not willing to be." Rebecca continued, "We could have a completely different life together if he would just put some type of effort in it." Such statements from women who feel they must save their husbands or partners are widespread among those who experience abuse from their partners (Ferraro & Johnson, 1983; Meyer, 2016).

Tara's previous story illustrated how her ex-husband used violence to control her meth use. She told us that she was able to abstain from using meth for about four months when he began threatening her again. According to her, she relapsed because:



IMAGE 6 E.S., 25, with a black eye. Women often spoke of domestic abuse from their partners—ranging from threats to physical and sexual assaults. When asked how she received the black eye, E.S. said that her husband was upset that she used drugs with another man.

I was afraid of getting beat up. It was more of the fear of, if I didn't do what he says then something bad gonna happen to me or something to the kids. . . . It was like he did not want to do it without me doing it. It was like that was not an option, I mean it was not an option for him. I had to do it when he did, if I didn't it could get bad. One day, I had ran, [my daughter] was using the bathroom—I remember it so well—she was using the bathroom and I ran in there to lock the bathroom door and when I did he busted through the bathroom door and snapped me over the head and I had enough. I don't remember much of it, but I remember the indentation in my head.

Misty said that when JC was sober, he was a good husband and father; however, when “JC mixes his [meth] with pills and stuff and it makes him violent. You know, I've carried a lot of black eyes and knots on my head being beat up with him with doing that.” Such ideas of excusing violence by blaming alcohol or drugs are common among those who experience interpersonal violence from their romantic partners (Copes et al., 2021; Ferraro & Johnson, 1983; Lim et al., 2015).

Alice also experienced violence at the hands of men seeking to control her. After Ryan had been released from jail, he and Alice began using again. One night they went to a hotel room and Ryan began questioning her about what had happened while he was away. She told Ryan about her relationship with Chico and how the two of them used with needles, which led Ryan to get angry and belittle her. She sent a photograph of a dark, shadowy figure, which she described as a self-portrait. “I am in the dark where I felt like I belonged,” she said (see Image 8). The way women accounted for their victimization was consistent with prior research on why women remain in abusive relationships (Ferraro & Johnson, 1983; Lim et al., 2015; Weiss, 2011). These accounts are grounded in



IMAGE 7 Participant-made photograph by Rebecca, 26, of her husband's recliner. Rebecca's husband had been recently kicked out of their housing complex following a domestic violence arrest, but he would sneak home through the woods behind their apartment. He demanded—often under threat of violence—that Rebecca bring home either money or drugs and forbade her from interacting with others. “I know that my life would be better without him, but then I again I know the type of person that he can be; he's just not willing to be,” Rebecca said. “We could have a completely different life together if he would just put some type of effort in it.”

grander narratives of gender norms and expectations of women (e.g., to nurture others, to support family, and to be faithful).

We note that not all of the men engaged in violence or sought to control others. Mono, Fred, and the men who stayed with Alice, for instance, never spoke of violence and none of the women accused them of coercive or violent behavior. Nevertheless, most of the men in this study pointed out how it was common for (other) men to use violence against women. Dwight spoke about the prevalence of abusive relationships among those he knew in the community. He said people here are “using and abusing each other. There is a lot of people. . . when they get high, they get jealous. They get jealous over nothing. Over simple things. It winds up being abuse.”

5.3 | Women seeking control over their lives

Gender relations relating to coercive control are primarily structured through inequalities in power (Stark, 2007). This power imbalance between men and women provides men with opportunities to exert coercive control that women may not have, which was evident throughout our research. Despite the differing beliefs about the effects of meth between men and women, it was men's narratives that took precedence and women had to strategically comply with or resist these



IMAGE 8 Selfie by Alice, 22. Shortly after Alice left Chico, she reunited with her ex-boyfriend, Ryan. After being questioned and belittled by Ryan about what had happened when she stayed with Chico, she said she took this photograph to show she was “in the dark where I felt like I belonged.”

narratives. Often contrasting narratives from women were dismissed. Such notions draw on ideas of gender that promote hyper-sexuality among men and chastity among women. For instance, Fred’s dismissal of women who said that meth did not enhance their sexual experiences suggested this belief was common knowledge. Such statements likely reinforced men participants’ control over women by minimizing contrasting narratives and allowed some of the men to perpetually justify coercive and violent acts against women. Men’s accounts about meth being a sex drug and their subsequent controlling behavior led women to engage in counter-control strategies and to seek ways to increase control in their lives.

5.3.1 | Managing interactions with men

Many of the women accepted that their partners would regularly become jealous and controlling. In response, they behaved in ways designed to mitigate men’s jealousy, control, and violent behavior (see Hardesty & Ganong, 2006; Lempert, 1996). These strategic behaviors were akin to risk management strategies and principally included being aware of how they spoke to others and being careful not to appear flirty with other men. These steps helped to ensure that their partners would not become jealous and ensured that other men would not get the “wrong” impression. Allie, who helped recruit for us, told us:

I have to be careful of the way I speak to men because they can take the tiniest smile or look the wrong way. And like with JC, when he got really aggressive over there and started hitting on me,⁵ and he was a dope head, and I had to be very careful even when I was calling to talk to him about interviews with y'all about every word I said to him and think is there any way this can sound suggestive or flirtatious or sexual.

The constant need to be on guard and to avoid angering their partners inevitably took its toll on the women, denying them the freedom to be themselves. Their guarded language and decisions to not interact with certain people evidenced the fact that men's control extended beyond the domestic setting and pervaded the women's lives—even when the men were not around (Crossman et al., 2016). This illustrates a type of coercive control that takes away liberty (Stark, 2007).

Such guarded interactions led some to be vigilant to protect against assaults. Rebecca said that she always carried a weapon when she left home:

It is because a lot of people when they're on dope, they are on dope. I mean they're like strung out, staying up three or four days on dope, and when you're a woman and you're in that kind of lifestyle, it is dangerous. Because a lot of men expect sexual favors for dope or they expect you to just be a nasty old whore because you do dope and they expect you to be like that and they'll throw their self on you or try to force their self on you. . . . When a man is that strung out most of the time the only thing that is on their mind is the high, the adrenaline, fighting, or fucking. I mean just basically. So, yeah, you have to be careful. And that's even with guys you know. See I carry a weapon all the time, all the time!

While visiting Misty at her home, she playfully pulled out a large knife, saying that she regularly kept it near her, especially when JC brought strangers to her house (see Image 9). Although she said she never had to use it, she preferred to keep it nearby just in case.

5.3.2 | Managing meth use

Women also sought to control both the meth use of men (to manage erratic and violent behavior) and to control their use (in ways that sometimes ran counter to their male partners' wishes). During their efforts to resist their controlling partners, these women drew on gendered themes that related to women's compliance with roles that accommodate the interests of men, themes that are associated with emphasized femininity (Connell, 1987). This often meant drawing on their roles as mothers and caretakers to explain their decisions on when, where, and how much to use meth. These narratives often directly contrasted those of men's and served as counter-narratives, similar to their rejection of men's stories of meth increasing sexual virility.

Some women believed that the root cause of most of their relationship problems was connected to their partners' excessive use of meth that led them to become erratic and potentially violent. Misty, for example, expressed her concerns at JC using too much meth as this coincided with him either leaving her for other women or sexually assaulting her. Accordingly, Misty, and women in similar circumstances, sought to limit their partners' meth use. Whereas men were prone to adopt forceful, often violent, means to control their partners (as outlined in the previous section),

⁵ In this context, Allie is referring to JC flirting with her and not physically hitting her.



IMAGE 9 Misty, 32, playfully brandishes a knife she kept hidden in the couch cushions. Although she said she never had to use the knife, she preferred to keep it nearby when her husband JC brought strangers to their house.

women tended to take a subtler approach. One way they did this was to draw on gendered ideals of motherhood and fatherhood to reduce the extent of meth use by men in the home. By referencing parenthood and family, the women were able to use the men's conceptions of fatherhood and masculinity as a resource to control drug use in the home. It gave women a means to encourage men to stop using meth or to leave the home. Misty told us that her son's father [Jeremy] was a long-time meth user and abuser. She told us:

[My son] walked in on his daddy using. His real daddy used to be a big dope head and he would shoot up, well me and him got back together. ... Well he down here, they shooting up and [my son] walked in on the bathroom with him. Jeremy told him, 'Well your daddy is a diabetic, this is why.' And I said, 'Well you gotta go, you can't do this in the house with him so you gotta go.'

Tara tried to get her husband to stop using meth by giving him an ultimatum. As she described:

I tried to get him to stop all the time. I mean it was constantly on my mind: "Will you please stop." I said, "Just stop." He said, "No, it's my favorite; I'd marry it if I could." I'm like, "Well, you have an ultimatum, me and the kids or meth."

Eliza had three of her children living with her while selling meth from her house. She made it clear to all who came in that no one could use in front of the children. Those who wanted to use



IMAGE 10 Misty, 32, plays with her son Michael, who wears a Lucha Libre mask. Misty said that her meth use was driven largely by pressure from her husband, JC. She said she tried to stop many times but was unable to resist the pressures until a conversation with her son Michael sparked her desire to change. “What made me really, really leave JC,” Misty said, “well, my son looked me in my face and told me, ‘One thing that’s gonna kill you is you gonna die by JC’s hands.’ I had to get out. He saved me, he’s my little hero.”

were made to go to a back bedroom or to a shed in the back yard. Protecting children was seen as a viable reason to not use meth for both men and the women. Thus, bringing up children was an effective mechanism to limit the men’s use. Women had difficulty dictating when men used in the home, other than when they drew on these themes of motherhood, parenting, and protecting children. For the most part, the men accepted women denying them the ability to use meth when children were around.

Emphasizing family was also a means for women to have control over their drug use. At times they brought up family to stop binges or not use. On one occasion when we met with Michelle and Justin, they were on a meth binge. Justin wanted the binge to continue, but Michelle made it clear that her daughter was coming home, and they would not continue once she arrived. She told him: “I won’t do it when my daughter is in the house.” Justin replied in a disappointed tone: “No. No drugs in the house while the daughter is in the house.” During this conversation, we asked Justin and Michelle where they kept the drugs when the daughter was home. Justin said they kept them outside usually in the car, not because they feared the daughter would find the drugs but “just out of respect” to the family.

Misty said that her meth use was driven mainly by pressure from JC. She said she tried to stop many times but was unable to resist the pressures of JC and of meth. It was a conversation with her son that sparked her desire to change. In response to being shown a photograph of Michael in a mask (see Image 10), Misty said:

What made me really, really leave JC, well my son looked me in my face and told me “One thing that’s gonna kill you is you gonna die by JC’s hands.” I had to get out. He saved me, he’s my little hero.

Although early in her drug-using career she said that meth helped her be a good mother, this comment from her son made her reevaluate whether she was in fact being a good mother. The prioritizing of her children provided a means to resist JC and was a justification that he understood. Her narrative of desistance drew heavily on themes of motherhood, and at the time of our last interview with her, she had not used meth for almost two years.

On other occasions, women drew on themes of motherhood to justify their drug use. By emphasizing their role as caretakers, women said that they often needed the energy from meth to carry out their household duties. This provided an accepted excuse for use when their partners sought to stop them from using. Rae’s boyfriend wanted her to not use meth as much. Her reply to him was:

I gotta do this, I gotta do that, there is not enough time in the day. Like I said, I work a lot and when I get home I am exhausted and I don’t want to have to sit here and go through paper work, and do laundry, and bathe the dogs and do all this.

Eliza said that, at the request of her boyfriend, she did not use often but justified her use by pointing to the difficulties of raising three children. Rebecca also said that meth use helped her to maintain her house. She said that when using meth, “I want to get up and clean house, I feel good.” Having a clean home was important for her because her husband often demanded, with the threat of violence, that she maintain a clean house. Although he did not like her using, especially when he was not around, she said meth gave her the energy to take care of her daughter and clean her home.

Not all attempts at controlling their meth use drew from gendered performances, but they were still in response to coercive control. In fact, some women simply used more and then hid this from their partners. They said that they felt forced to be secretive and not reveal to their partners the full extent of their meth use because their partners would become controlling and possibly violent. Recall Misty’s statement that JC made her hide her use from him. When we asked Rebecca to take photographs representing the places where she felt safe, she sent us one of her bathroom (see Image 11). She chose to photograph this spot because it was a place she could escape to smoke meth without her husband knowing (she would turn on the exhaust fan to remove odors).

5.3.3 | Exploiting sexuality

Although many of the married women, or those with children, drew on narratives of caretaking and motherhood, those who were not in committed relationships drew instead on narratives of women’s sexuality. Specifically, these women spoke of how they used sexuality to get men (or other women) to give them things, including drugs for free or at limited cost. Some chose to present themselves as sexually available (even if they were not). They used men’s constructions of masculinity (i.e., their heightened emphasis on sex) and beliefs about meth as a sex drug as a tool to manipulate them. When asked if she paid for meth, Jennifer replied:



IMAGE 11 Participant-made photograph by Rebecca, 26, of her bathroom. Rebecca's bathroom was her safe place, where she could smoke meth while hiding her use from her husband and child. The photograph also represented what she liked to do when using meth: "I want to get up and clean house, I feel good."

No, and that's the thing about it. We don't use our sexuality to do anything, but people just give things to us. ... There's still those couple of freaks out there where you show them some boobs, they'll let you get high but that's about as close to doing stuff like that that we do.

Echoing this, Lee said, "I've never had sex for money, never. I mean there's people out there that would like to be with me and I just hustle them out of whatever they give to me."

Another way that women used sexuality, while resisting the stigma of promiscuity, was by engaging in serial monogamy. That is, some unmarried women partnered with men who sold (or manufactured) meth and stayed with these men for extended periods. Doing so allowed them to avoid the stigma of having sex for drugs, while having consistent access to meth. It also allowed them to play the role of the good romantic partner. We do not wish to minimize these relationships or suggest that they were not "real" relationships. Rather, these relationships were akin to disposable ties found among those who rely on quickly formed relationships to cope with poverty and insecure housing (Desmond, 2012). In the moment, these bonds were real, meaningful, and often passionate. In these relationships, the women often played traditional roles, taking care of the household and caring for the children of their partners. Alice, for instance, often found herself taking on caregiver roles in the places she lived. While at the home of Eliza, she took over housecleaning and childcare. After leaving this home to live with Bruce, she became a surrogate mother to his two young children. Although these roles as romantic partners and caretakers were emotional at the time, they were often fleeting.

6 | DISCUSSION

Our findings demonstrate that narratives, whether they be about personal identities or motivational accounts of drug use, are often gendered and can enable and constrain actions. Although people are typically aware of cultural narratives that excuse or justify behavior, access to these stories varies by people's backgrounds and the immediate social setting. The way people describe motives for drug use, or other questioned behavior, is primarily dependent on their position in the social structure, as well as on features of the immediate situation (Scott & Lyman, 1968). Accordingly, men and women participants in our study drew on different themes when discussing motives for using meth and how this effected interactions. Broadly, we found that whereas many of the stated motives for using meth were equally distributed among men and women (e.g., experiencing the high and boosted energy), heightened sexual pleasure was a more salient and persistent motive for men than for women.

Men's interpretation of the experiences of meth exerted the greatest influence on how men and women interacted with one another in these communities. Men's perception that meth was a sex drug was instrumental in shaping their controlling and violent behaviors, which in turn led women to react, either by complying with these beliefs or by resisting them. The findings highlight how masculinity shaped daily interactions and perceptions of experiences among the participants. Notably, our findings highlight the extent to which men's narratives had permeated this specific meth-using community and were drawn on to account for coercive and violent behaviors by both the men who committed the violent acts and the women who tried to avoid falling victim to violence and control.

The ways that men and women spoke about their motives for using meth—or the benefits of using it—can be interpreted as a means of performing gender. This raises the question, why was sexual enhancement a common theme among men but less so among women? We suggest that one reason for the prevalence of this narrative among the men was that all of the men in our study were economically marginalized and lived in rural areas, which limited their ability to perform masculinity through traditional paths, such as through employment or by providing for their families. They could, however, perform a style of “protest masculinity” through talking about their sexual exploits (Bourgeois, 1996; Connell, 1987; Schrock & Schwalbe, 2009). Talk of their sexual prowess was a part of daily banter among the men. Emphasizing sexuality gave them a means to perform masculinity, make sense of their meth use, and excuse their violent and controlling behaviors. By offering these motives, they were able to situate their masculinity in culturally accepted terms. They were able to meld together a coherent connection between meth use and enhanced sexual performance that was generally understandable and acceptable, to varying degrees, to a broad audience, especially other powerless men (and women) in their communities. These narratives also acted as a mean to justify and minimize their violent actions. They framed their violence as an outcome of general expectations of appropriate behavior and as common and unremarkable. By framing their actions as forms of expected behavior, they minimized the harm they did, which in turn, likely facilitated further violence.

Conversely, most of the women downplayed their sexuality in general and especially when speaking about meth use. Although they too were economically marginalized, they could perform femininity through more traditional means (i.e., motherhood and caretaking). Downplaying a link between enhanced sexuality from meth allowed them to resist being labeled overly promiscuous. Additionally, those few women who did say that they experienced enhanced sexual feelings from using meth could justify such behavior by attributing it to the effects of meth rather than

over-sexualized personal failings. This ability to avoid the promiscuous label was important for the women as they were aware of the stigma of being ascribed the status of “dope whore,” a stigma rarely leveled against men. The gendered differences in narratives of meth use allowed both men and women to perform gender in socially acceptable ways. These accounts also reveal the double standards inherent in these communities (and, often, wider society) about gender and sex, most notably the notion that it is acceptable for men to be sexually promiscuous but unacceptable for women. The meth as sex drug narrative drew on larger discourse that afford men privilege and control over women (Stark, 2007).

Men’s accounts of the association between meth and sex did more than simply make sense of their use of meth, perform gender, and manage stigma. Importantly, this crucial meth–sex link allowed them to narrate stories that informed *and* justified how they interacted with women, including their use of coercive control (Anderson & Umberson, 2001). Hence, men’s stories about how women would have sex with men to obtain meth directly informed their accounts of concern that *their* women may leave them or be unfaithful and, in turn, served as a key plotline in their narratives of masculine control over, and ownership of, women. Through the dominant masculine narrative of meth as a sex drug, men justified controlling when and how women used meth and with whom they interacted. The men’s narratives of meth as a sex drug, which were drawn from, and support, broader cultural narratives of men as being sexually driven and women as chaste, allowed them to frame their controlling and violent behavior as rational, especially in the cultural context where they lived. Accordingly, the meth as a sex drug narrative, which prevailed in the community, provided multiple means of performing masculinity among a group of men who were mainly economically marginalized and powerless.

The dominant meth as sex drug narrative also affected how women spoke about their motives for drug use and how they interacted with men. Women can comply with or resist dominant male narratives. We found women participants did both. Regardless of which approach they took, men’s narratives directly influenced women’s behaviors. Although many of the women in the study believed that men controlled aspects of their drug use, they did not passively accept their fate. Instead, these women provided accounts of how they sought to circumvent male control and to (re)gain or increase personal control over their lives, including their drug use and that of their partners. They drew on gendered themes of hegemonic masculinity (at least one form of it) and emphasized femininity to make sense of their drug use and to gain some autonomy in their using patterns. They gave accounts of their role as homemakers or mothers as taking priority over drug use, on the one hand, but also suggested that meth use could help them to be more effective homemakers, on the other. They explained how they appealed to men’s shared understanding of gender roles (e.g., of motherhood) to resist men’s attempts to use drugs in their homes. Women who did not want to use meth, or who did not want their partners to use, emphasized the importance of protecting their children in the home. Directly resisting men was difficult for many of the women, but by appealing to the men’s shared understanding of women’s caring roles, they managed to exert some degree of control over when, and to what extent, meth was used in their homes. Although some women countered the dominant (masculine) narrative that meth was a sex drug, almost all the women worked within it, altering their behaviors accordingly. In this way, this dominant narrative impacted how both women and men in these communities interacted.

7 | CONCLUSION

The motives that people provide for their behavior are reflections of cultural expectations. Motivational accounts are narrative devices that allow people to align their actions with cultural expectations of behavior. Cultural expectations of gender norms and roles are powerful enablers and constrainers of narrative production (Grundetjern & Sandberg, 2012; Scott & Lyman, 1968). By virtue of one's gender, some stories can be told credibly, whereas others cannot. Accordingly, motivational narratives are a means by which people manage stigma, construct identity, and perform gender. Furthermore, evidence is mounting that narratives do more than simply retell the past in ways that might make sense to, or be acceptable to, the teller and receiver. Narratives can also shape action (Presser & Sandberg, 2015). Drawing on insights from narrative theory, our aim here was to examine men's and women's stated motives for using meth and to illustrate how such narratives aided in gender performances, shaped interactions, and provided accounts for controlling and violent behavior.

One strength of our findings is that they are based on the voices of both men and women who use meth. The ethnographic component of the research allowed us to witness the way men and women spoke about meth and how they interacted with one another. Having both men and women in the sample allowed us to hear and see how men promoted a narrative of motivation (i.e., meth was a sex drug) and how women resisted or worked with this narrative. Although we believe this aspect of the research adds to the validity of the findings, care should be taken in generalizing our findings to other groups. Our findings are based on a sample from a single county in rural Alabama. Conceptions of masculinity and femininity, as well as outlets for performing gender in this location, may be different from such conceptions in other parts of the United States (e.g., urban areas or other regions) or other countries.

Our findings provide important insights for understanding how narratives guide behavior and shape harm, especially among already vulnerable groups (e.g., drug using communities or groups where intimate partner violence is common). Importantly, our findings illustrate that narratives are not merely after-the-fact rationalizations. Rather, narratives can propel some people to engage in destructive actions and provide justifications and excuses for doing so. In this instance, the meth as sex drug narrative (i.e., that meth enhanced sexuality and thus men should be wary of women's infidelity) helped to justify men's use of violence and coercive control against women. The broader messages from our research indicate that accessing and unpacking narratives from those who engage in crime or drug use, as well as victims of crime, allows us to better understand how sociodemographic and cultural norms are reproduced (and resisted) within particular communities. Doing so illustrates the intersections among structure, culture, and agency.

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