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Senator the Hon Kate Lundy
Chair
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Dear Senator Lundy

SUBMISSION TO INQUIRY INTO DOMESTIC VIOLENCE IN AUSTRALIA

Thank you for the opportunity to provide a submission to the Senate Finance and Public Administration Committees' Inquiry into *Domestic violence in Australia*.

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

Domestic violence is an abhorrent violation of human rights. It often occurs in the home, where one should feel safest. It is perpetrated by a loved one, with whom one should feel safest. It is rarely a one-off event but a pattern of behaviour that tends to persist for years and involve multiple forms of abuse. The effects of domestic violence go beyond those directly involved. It traumatises witnesses of the violence, in many cases children, who may later grow up to be perpetrators or targets of domestic violence themselves.¹

Alcohol is associated with the likelihood of domestic violence occurring and an increase in the severity of the harms that result from domestic violence.² This association has been recognised by the World Health Organization, which has identified action on alcohol misuse as one of several strategies to reduce violence against women.³

There is also recognition of this association nationally. The Council of Australian Government's *National plan to reduce violence against women and their children 2010-2022* (National Plan) includes as part of its first Action Plan (released in 2011) to "foster community initiatives to reduce alcohol and substance abuse",⁴ although it does not specify how this could be achieved. The second Action Plan of the National

Plan, released in June 2014 does not make further references to alcohol in relation to domestic violence apart from stating that 1800RESPECT (a national counselling helpline for domestic, family and sexual violence) would continue to provide support to frontline workers, including those in the alcohol sector.⁵ The insufficient attention paid to alcohol reveals a significant gap in the Australian Government's response to domestic violence.

Australian state and territory police data, where alcohol involvement is recorded, reveals that alcohol is involved in half of all domestic violence incidents.^{6 7 8} Given that the majority of cases of domestic violence are unreported, police data is an underestimate of the extent of alcohol-related domestic violence in Australia each year. When taking into account the traumatic effects that witnesses of domestic violence suffer (in the case of domestic violence it is usually children), the magnitude of harms increases further. It is also important to note that annual police data figures do not take into account the devastating impacts of domestic violence that can be felt for years after the incident or incidents. This equates to a significant number of Australians affected by alcohol-related domestic violence each year, whether they experience it directly, indirectly, or have experienced it previously and are still suffering the aftereffects.

The financial cost of alcohol-related domestic violence is also significant. It is estimated that each alcohol-related assault recorded by police costs \$1,615, bringing the tangible cost of alcohol-related domestic violence to between \$40 million and \$52 million in 2005.⁹ Again, this represents an underestimate so the figure is likely to be much higher.

This submission will address each of the terms of reference, with a focus on alcohol-related domestic violence. FARE acknowledges that alcohol is one of several factors that contribute to domestic violence and does not in any way condone the use of alcohol as an excuse for perpetrators of domestic violence. Although definitions of domestic violence vary, the majority of this submission concerns intimate partner domestic violence perpetrated by men to women.

The prevalence and impact of domestic violence in Australia as it affects all Australians and, in particular, as it affects: i. women living with a disability, and ii. women from Aboriginal and Torres Strait Islander backgrounds.

Domestic violence involves violent, abusive or intimidating behaviour perpetrated by a partner, carer or family member. The abuse can be physical, emotional, financial, and sexual, among other things.¹⁰

Alcohol is involved in a significant proportion of domestic violence incidents in Australia. Where police data is collected, domestic violence is defined as anyone with a domestic relationship with the victim, for example, ex or current spouse/partner, child or sibling. The New South Wales (NSW) Bureau of Crime Statistics and Research revealed that of all domestic violence incidents reported to NSW Police between April 2004 to March 2005 and April 2013 to March 2014, 41 per cent were alcohol-related.¹¹ This equates to 9,948 alcohol-related domestic assaults in NSW between April 2013 and March 2014. According to Victoria Police, in 2012-13, 46 per cent of all family incidents involved or possibly involved alcohol. This equates to 14,015 family violence incidents that definitely involved alcohol.¹² In the Northern Territory, alcohol-related domestic assaults comprise two-thirds (66 per cent) of all alcohol-related assaults in 2013. This equates to 3,137 alcohol-related domestic assaults.¹³

Women are more than three times more likely than men to experience intimate partner violence. According to the most recent Personal Safety Survey by the Australian Bureau of Statistics (ABS) in 2012,

17 per cent of women aged 18 and over (1,479,900 women) had experienced violence by a partner since the age of 15 compared to 5.3 per cent of men (448,000 men).¹⁴ These gender discrepancies persist when alcohol is involved. The National Drug Strategy Household Survey 2010 (NDSHS 2010) found that of the people who reported experiencing abuse by someone affected by alcohol in the year prior to the survey, women were significantly more likely than men to experience alcohol-related domestic violence; that is, verbal abuse (30.2 per cent compared to 10.7 per cent), physical abuse (39.6 per cent compared to 11.4 per cent) or being 'put in fear' (21.1 per cent compared to 6.3 per cent).¹⁵ This is consistent with findings from a report commissioned by FARE, *The Range and Magnitude of Alcohol's Harm to Others*, which revealed that women experienced disproportionately higher levels of harms such as lost productivity, financial impacts and emotional distress, as a result of the drinking of someone close to them. For example, young women (27 per cent) were more than twice as likely as young men (11 per cent) to report that the drinking of at least one household member, relative or intimate partner had negatively affected them in the previous 12 months.¹⁶

Both domestic violence and problems with alcohol disproportionately affect Aboriginal and Torres Strait Islander communities, and both are likely to stem from the same underlying issues of intergenerational grief and loss.^{17 18 19} Therefore it is not surprising that the involvement of alcohol in domestic violence is particularly prevalent in Aboriginal and Torres Strait Islander communities. At the more severe end of the spectrum, the majority (87 per cent) of intimate partner homicides among Aboriginal and Torres Strait Islander peoples between 2000 and 2006 were alcohol related, compared to 44 per cent in the general population.²⁰

The impacts of domestic violence on women are numerous and devastating. They include premature death and injury, poor mental health, and the development of habits that are harmful to health such as alcohol misuse.²¹ A report by VicHealth found that compared to common risk factors such as high blood pressure and smoking, intimate partner violence is responsible for more preventable ill-health and premature death in Victorian women of reproductive age.²²

The factors contributing to the present levels of domestic violence.

The World Health Organization has gathered a body of evidence on the relationship between alcohol use and intimate partner violence.²³ They include that:

- Alcohol use and domestic violence may both be linked to the same underlying factors (i.e. low socio-economic status, impulsive personality);
- Heavy alcohol use may cause or exacerbate relationship stress which increases the risk of conflict;
- Alcohol use affects cognitive and physical function, resulting in perpetrators of domestic violence using a violent resolution to relationship conflicts, rather than a non-violent resolution;
- Excessive drinking by at least one partner can aggravate existing relationship stressors such as financial problems, thus increasing the probability of violence;
- Alcohol use is often used by perpetrators as a justification to violence, or excuse for the violence;
- Experiencing domestic violence can result in increased alcohol consumption by the victim as a coping mechanism; and
- Intergenerational effects may occur, with children who are witnesses to their parents' violence being more likely to have problematic drinking later in life.

Alcohol is implicated in a significant number of domestic violence incidents. For example, domestic violence incidents inflicted by men on women were approximately eight times higher on the days when the man consumed alcohol, compared to the days that he did not drink.²⁴ Alcohol is also associated with the severity of the violence. Compared to a physical assault where alcohol is not involved, alcohol-related physical assault from a partner is more likely to result in the victims sustaining an injury and experiencing anxiety or fear for personal safety.²⁵

Characteristics of the physical environment in relation to the availability of alcohol has a demonstrable impact on the prevalence of domestic violence. It is well-established that alcohol availability affects alcohol consumption and the harms associated with it, and domestic violence is no exception. Research in Melbourne has found that there is a strong association between domestic violence (involving family members, not just partners) and the concentration of take-away liquor outlets in an area, in that a 10 per cent increase in off-licence (take-away) liquor outlets is associated with a 3.3 per cent increase in domestic violence. Increases in domestic violence were also apparent with the increase in general (pub) licences and on-premise licences.²⁶ Recently in Western Australia, a study was undertaken examining the links between licensed outlets and violence. The study concluded that for every 10,000 additional litres of pure alcohol sold at a packaged liquor outlet, the risk of violence experienced in a residential setting increased by 26 per cent.²⁷

Recommendation

1. That the Inquiry acknowledges that alcohol is a risk factor for domestic violence occurring and increases the severity of the harms that result from domestic violence. Alcohol should be recognised as a contributing factor to domestic violence in national, state and territory strategies to prevent violence against women and children.

The adequacy of policy and community responses to domestic violence;

The effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence; and,

How the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children.

The factors that contribute to domestic violence are complex and often interrelated. As demonstrated above, alcohol is one factor that is associated with domestic violence and cannot be ignored when considering policy responses. Policy and community responses to alcohol-related domestic violence are presented below in three categories: service delivery and integration; alcohol harm prevention policy and surveillance; and surveillance and data collection.

Service delivery and integration

The idea that the alcohol and domestic violence sectors should collaborate is a relatively new one. Work is needed to develop best practice strategies and this should commence as a matter of urgency. At a rudimentary level, domestic violence agencies need to communicate that they acknowledge the possibility of co-existing alcohol issues among both victims and perpetrators and take these issues seriously, and vice versa for alcohol treatment agencies. A 'no wrong doors' approach to support services must be provided by both domestic violence sectors and alcohol treatment sectors so that victims are not turned away from services. For example, a woman seeking refuge from domestic violence should not

be turned away because of problems with alcohol. Instead a formalised process is needed, whereby domestic violence and alcohol treatment services work together to determine the most appropriate support mechanisms for the victim, whether based in the alcohol treatment service or the domestic violence service.

Integration between services could take the form of domestic violence services displaying posters and other resources on alcohol misuse in waiting areas, bathrooms and interview rooms, and staff of alcohol agencies receiving basic domestic violence awareness training. At a more advanced level, agencies must arrange partnerships to plan the best methods of service delivery to ensure that no one falls through the cracks in seeking support from either field. This involves agency cross-training, writing policies and procedures that incorporate both domestic violence and alcohol, and procedures for screening.²⁸ The Stella Project in the United Kingdom provides a blueprint on how the integration of domestic violence and alcohol treatment service delivery can be implemented. The Stella Project was established in 2003 through a partnership between the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance. The project addresses the overlapping issues of domestic violence, sexual violence, alcohol and other drug use, and mental health and works to improve cross-sectorial knowledge and service delivery for victims and perpetrators of domestic violence as well as their children.²⁹

Safety and sensitivity considerations must be at the forefront of all support services. When supporting women who have problematic alcohol use and who experience domestic violence, agencies must be mindful that alcohol can increase a woman's dependence on an abusive partner, impair her judgment, and reduce her capacity to implement safety strategies. She may also be reluctant to disclose the true extent of her alcohol use over fears of the legal ramifications including losing custody of her children.^{30 31} It is important to also acknowledge that women who are receiving treatment for their own alcohol problems are at particular risk of elevated domestic violence because the perpetrator may be concerned about losing control over her. He may also stall or prevent her access to treatment. A study from the United States (US) found that women who were currently experiencing domestic violence were much less likely than women who were not experiencing domestic violence to complete substance misuse programs.³² When providing alcohol services to the perpetrators of domestic violence, it is essential to note that alcohol withdrawal is likely to increase irritability and agitation which may lead to increased rates and severity of domestic violence.

The focus of domestic violence and alcohol treatment and interventions should also involve other family members where appropriate, who may be negatively impacted, or who may be able to provide support. Children living with both domestic violence and alcohol problems in the family are subject to these harms and therefore require higher levels of support that consider their complex needs. This means not only providing coping and safety mechanisms for the short and medium term but also providing early intervention for future harms they may experience. Children who live with domestic violence are likely to experience mental health issues,³³ are at particularly high risk of being perpetrators or victims of abuse themselves, and are likely to develop their own alcohol and drug problems.³⁴

While the focus so far has been on inter-sectorial collaborations, it is equally essential to consider coordination *within* sectors. For example, a woman experiencing domestic violence may access a number of services such as multiple hospitals to treat injuries as they occur, and more than one domestic violence support organisation. Inter- and intra-sectorial coordination allows better understanding of an individual's situation and avoids requiring people to repeat stories they may find traumatic.³⁵

Legal responses to domestic violence also needs to recognise the role of alcohol. A study by Hirschel and Hutchison³⁶ found that found the likelihood of a perpetrator being arrested for domestic violence was significantly reduced if only the victim was drinking. Furthermore, victims who were drinking were more likely than those who had not been drinking to end up being arrested themselves. This could be due to victims being perceived by police as unreliable witnesses, less coherent, less cooperative or as partly to blame for the aggression. The legal system, including police, need to recognise that a victim's drinking may be a coping mechanism for abuse and regardless of their alcohol use, put their protection and safety first. They also need to recognise that arresting or prosecuting victims or blaming them for contributing to the violence will lead to future reluctance to contact police.³⁷

Recommendations

2. That the Inquiry recommends that alcohol treatment services and domestic violence services be resourced to develop best practice approaches to working collaboratively, to ensure that a 'no wrong doors' policy exists for victims seeking support from either sector.
3. That the Inquiry recommends that alcohol treatment services and domestic violence services involve families in the provision of support, where appropriate, to ensure that witnesses to violence, including children, are appropriately supported.

Alcohol harm prevention policy

Given the strong association between alcohol consumption and domestic violence, it is important to address the broader factors that contribute to the problematic consumption of alcohol. Alcohol is more affordable than it has been in three decades, and more widely available and heavily promoted than it has ever been. Policies and interventions that target the price, promotion and availability of alcohol require attention when developing primary prevention in domestic violence.

As demonstrated earlier, factors that increase the availability of alcohol to individuals (e.g. the density of alcohol outlets in an area, reduced price) are associated with increases in domestic violence. Policies that control the density of alcohol, particularly for off-licence (takeaway) premises, could result in reductions in domestic violence, given the association between the increase in outlet density and increased incidents of domestic violence. Such policies include saturation policies where areas can be deemed to be 'saturated' with liquor licences, resulting in no further licences being granted. The density of outlets should also be a consideration by all state and territory licensing authorities when granting new liquor licenses.

There is evidence to suggest that it is not just the presence versus the absence of alcohol that matters, but also the amount and frequency of consumption.³⁸ For example, Norseman in Western Australia introduced alcohol restrictions in 2008 that were associated with a 15.3 per cent decrease in domestic violence incidents. These restrictions principally targeted the availability of alcohol and included sales per person per day of no more than one five litre cask of red and white Lambrusco wine, one two litre cask of port wine, and one four litre cask of non-fortified wine between the hours of 12pm and 6pm, Monday to Sunday.³⁹

The excessive promotion of alcohol influences the age at which young people begin drinking alcohol, as well as their levels of consumption.⁴⁰ It is not just the amount of advertising but also the type of advertising that should be considered when developing policies on alcohol marketing. Given the gendered nature of domestic violence, it is vital that alcohol advertising and promotion does not

perpetuate sexist attitudes or behaviours towards women. This is in line with the first Action Plan of the National Plan, Strategy 1.1: to “promote positive media representations of women.”⁴¹

Recommendations

4. That the Inquiry note that the increased affordability, availability and price of alcohol is contributing to alcohol harms including domestic violence.
5. That the Inquiry recommends the adoption of primary prevention policies targeting the price, promotion and availability of alcohol as a mechanism to reduce alcohol-related domestic violence.

Surveillance and data collection

Data collection on alcohol consumption and harms provides useful information on the extent of alcohol-related domestic violence which enables researchers and policy makers to develop, implement and track the progress of evidence-based alcohol policies. Data on alcohol-related domestic violence is mostly sourced through self-report surveys such as the NDSHS 2010 and the ABS Personal Safety Surveys. Due to domestic violence being a largely ‘invisible’ problem, self-report is considered a more reliable gauge of the nature and extent of alcohol-related domestic violence. However, it is also important to consider more tangible data. Service sector data including police data, alcohol and drug treatment data and hospital data should all seek to gain information on alcohol’s involvement in alcohol-related domestic violence.

Recommendation

6. That the Inquiry recommends that state and territories collect data on the involvement of alcohol in domestic violence incidents, to provide an indication of the extent of the problem and allow for the effectiveness of policies and programs to be measured.

Conclusion

Domestic violence is a major public health issue that requires immediate responses at the primary prevention and service delivery levels. Alcohol’s relationship with domestic violence cannot be ignored and must form part of a comprehensive strategy to reduce domestic violence in Australia.

Yours sincerely



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