

FARE submission to the Victorian Royal Commission into Family Violence



May 2015





About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

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.

In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's *Global Strategy to Reduce the Harmful Use of Alcohol*¹ for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

¹ World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization.

Contents

Summary	5
Recommendations	6
Alcohol and family violence: Understanding the significance	8
Alcohol is a significant contributor to family violence in Victoria	8
The Victorian Government’s response to alcohol-related family violence	10
Policy responses.....	12
1. Regulate the availability and promotion of alcohol in Victoria	12
2. Develop and fund comprehensive models of care for victims of alcohol-related family violence	20
3. Develop and fund programs targeted at perpetrators	26
4. Educate young Victorians on alcohol and family violence.....	29
5. Systematically collect data on alcohol-related family violence and undertake evaluations of existing programs.....	32
Relevant research and experts in the field of alcohol and family violence	36
Relevant research	36
List of experts in the field of alcohol’s involvement in family violence.....	37
Recommendation	37
References	38

When a strike at government liquor stores in Norway reduced the availability of alcohol by ten to 15 per cent, the rate of “home quarrels” dealt with by the police dropped by about one-quarter.

Norway (1978)

Horverak, Ø. (1983). The 1978 strike at the Norwegian wine and spirits monopoly. *British Journal of Addiction*.

Fitzroy Valley introduced restrictions which limited the types of alcohol and the times when alcohol could be sold. An evaluation found that these measures contributed to reduced rates and severity of intimate partner violence and better care of children.

Fitzroy Valley, Western Australia (2007)

Kinnane, et al. (2010). *Fitzroy Valley alcohol restriction report: An evaluation of the effects of a restriction on take-away alcohol relating to measurable health and social outcomes, community perceptions and behaviours after a two year period*. University of Notre Dame for the Drug and Alcohol Office of Western Australia.

The State of South Dakota 24/7 Sobriety Program requires people arrested or convicted for repeat drink-driving offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet. An evaluation found a nine per cent reduction in intimate partner violence arrests after the implementation of the program.

South Dakota, USA (2005 to present)

Kilmer, et al. (2012). 'Efficacy of Frequent Monitoring with Swift, Certain, and Modest Sanctions for Violations: Insights from South Dakota 24/7 Sobriety Project', *American Journal of Public Health*.

Summary

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide a submission to the *Royal Commission into Family Violence* (Royal Commission).

Family violence is an abhorrent violation of human rights, and alcohol is a significant contributor to family violence in Victoria. It is encouraging to see that family and intimate partner violence is rightfully a prominent issue on government agendas across Australia.

Last year, the *Australian Senate Finance and Public Administration Committee* held an *Inquiry into Domestic Violence in Australia*. The Committee is due to release their Inquiry report on 18 June 2015.¹ Last year the Queensland Government also established a Special Taskforce to review intimate partner and family violence in Queensland. The Taskforce released its final report, *Not now, not ever*, on 28 February 2015.²

In responding to the Terms of Reference for the Royal Commission, this submission draws on the literature of what is known about alcohol-related family violence. This includes evidence on the relationship between alcohol and family violence and the actions that can be taken to reduce alcohol-related family violence.

In Victoria, alcohol is at least partially implicated in up to 46 per cent (or 27,849) of incidents of reported family violence incidents.³ Victorians need action by the State Government to prevent and reduce alcohol-related family violence and address harmful opinions that excuse alcohol-related family violence and reinforce gender inequalities.

Implementing alcohol availability controls and other policies that reduce alcohol-related violence are vital to preventing and reducing the severity of family violence and associated harms. Doing so is one way of making an immediate and positive impact on the incidence of family violence, while enhancing the safety and wellbeing of children affected by family violence.

In this submission FARE makes 17 recommendations to the Royal Commission on how the Victorian Government should work to reduce the incidence of alcohol-related family violence. This submission discusses these recommended reforms under five key areas:

1. Regulate the availability and promotion of alcohol in Victoria.
2. Develop and fund comprehensive models of care for victims of alcohol-related family violence.
3. Develop and fund programs targeted at perpetrators.
4. Educate young Victorians on alcohol and family violence.
5. Systematically collect data on alcohol-related family violence and undertake evaluations of existing programs.

This submission concludes with a list of experts and relevant research in the field of alcohol and family violence. The Royal Commission should consider the research referred to in this submission in preparing its recommendations. Further, the Royal Commission should also consider asking the experts on alcohol and family violence referred to in this submission to appear before the Inquiry.

Recommendations

The Royal Commission should recommend that the Victorian Government:

1. Amend the *Liquor Control Reform Act 1998* (the Act) to:
 - a) Introduce tighter controls on the density of liquor licences in Victoria, including:
 - i) Elevating harm minimisation as the only primary object of the Act.
 - ii) Ensuring that approval processes for new on and off-licence premises consider existing levels of alcohol-related harms and community views.
 - iii) Interventions that limit or reduce the density of liquor licences in areas with significant levels of alcohol-related harms through the introduction of saturation zones and licence buy-backs.
 - b) Introducing the following restrictions to the hours that alcohol is available for sale for both on-licence premises (bars, pubs and clubs) and off-licence premises (bottle shops):
 - i) Introduce a closing time of no later than 3am for on-licence venues (with a 1am lockout).
 - ii) Maintain the freeze on granting new licences for trading after 1am in the local government areas of Melbourne, Port Phillip, Stonnington and Yarra.
 - iii) Limit off-licence trading hours to between 10am and 10pm.
 - iv) The removal of all 24 hour liquor licences.
2. Amend the *Liquor Control Reform Act 1998* (the Act) by:
 - a. Applying liquor promotion controls for on- and off-licence premises with equal weight.
 - b. Banning alcohol promotions from appearing on shopper dockets.
 - c. Restricting price-based promotions, such as bulk purchase discounts, and other promotional activities and practices which encourage the consumption of alcohol in risky volumes.
 - d. Prohibiting alcohol promotions and advertisements from appearing on public property.
3. Build on the existing Common Risk Assessment Framework to develop a comprehensive, integrated Model of Care for alcohol-related family violence.
4. Provide adequate and ongoing funding to alcohol and other drug services and family violence services to meet demand.
5. Improve the Referral Protocol and Code of Practice to recognise and appropriately respond to the role of alcohol in family violence for victims and perpetrators.
6. Pilot a project for perpetrators that require people arrested or convicted for alcohol-related offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet with “swift, certain and modest sanctions” for people who are found to consume alcohol.
7. Fund intensive programs targeted at perpetrators and ensure these programs are evaluated to inform future practice.

8. Support better integration between perpetrators and alcohol and other drug (AOD) services where appropriate.
9. Provide support for families of people accessing AOD or perpetrator programs to ensure their safety.
10. Ensure that school-based education campaigns on respectful relationships acknowledge the role of alcohol in family violence.
11. Provide adequate, ongoing funding to programs that educate school students on alcohol and respectful relationships.
12. Formally evaluate school-based education campaigns on alcohol and respectful relationships to assess their effectiveness in changing negative attitudes and behaviours.
13. Improve data collection on family violence and the involvement of alcohol, and publically report on this data to inform policy and research.
14. Ensure that plans and programs for family violence are appropriately evaluated so that they can inform future practice.
15. Enhance the Victorian Commission for Gambling and Liquor Regulation (VCGLR) and VicHealth's liquor licence map further by including incidence of alcohol-related harms data, including family violence, on the map to better inform decision-making by VCGLR on future liquor licence applications.
16. Include measures, statistics and data on alcohol-related family violence in the *Family Violence Index*.
17. The Royal Commission should consider the research referred to in this submission in preparing its policy responses; further, the Royal Commission should consider asking the experts on alcohol and family violence referred to in this submission to appear before the Inquiry.

Alcohol and family violence: Understanding the significance

Alcohol is a significant contributor to family violence in Victoria

Alcohol is associated with both the likelihood of family violence occurring and the severity of harms that result from this violence.⁴ Alcohol consumption of both the perpetrator and the victim is a factor that contributes to physical violence.⁵ This association has been recognised by the World Health Organization (WHO) and the Council of Australian Governments.^{6,7}

WHO has gathered a body of evidence on the relationship between alcohol use and intimate partner violence and concluded that:⁸

- Alcohol use and intimate partner violence may both be linked to the same underlying factors (such as low socio-economic status or 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 intimate partner 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 intimate partner violence can result in increased alcohol consumption by the victim as a coping mechanism.
- Intergenerational effects may occur, with children who are witnesses to their parents' violence being more likely to have problematic drinking later in life.

WHO has also examined the relationship between alcohol and child maltreatment, concluding that:

- Alcohol affects physical and cognitive function which reduces self-control and increases the propensity to act violently, including towards children.
- Harmful alcohol use can impair responsible behaviour and decrease the amount of time and money that can be spent on a child.
- Harmful parental alcohol use is associated with other factors that increase the risk of child maltreatment such as mental health issues and antisocial personality characteristics.
- Experiencing child maltreatment is associated with problematic alcohol use later in life, to cope or self-medicate. Globally, having a history of child sexual abuse accounts for four to five per cent of alcohol misuse in men and seven to eight per cent of alcohol misuse in women.
- Child maltreatment associated with alcohol misuse is not confined to any one socio-economic group or cultural identity.⁹

In Victoria, alcohol is at least partially implicated in up to 46 per cent of reported family violence incidents (27,849 incidents). Between July 2012 and June 2013 there were 60,055 incidents of family violence reported to Victoria Police, of which:

- 14,015 incidents (representing 23.1 per cent of all family violence incidents) were reported as having definite involvement of alcohol.
- 13,834 incidents (representing 23 per cent of all family violence incidents) were reported as having possible involvement of alcohol.¹⁰

Regrettably, the number of family violence incidents with definite alcohol involvement has increased by 85 per cent between 2003-04 (when the corresponding figure was 7,567) and 2012-13. This increase was also found when controlling for changes in population, with a 59 per cent increase from 153.4 definite alcohol-related family incidents per 100,000 people to 244.2 per 100,000 over the same time period.

Family violence is not a gender neutral issue. Women are more than three times more likely than men to experience intimate partner violence.¹¹ Gender inequality and the attitudes that are supportive of it are consistently associated with violence against women. Violence against women is one avenue for men to assert their dominance over women.¹²

The impacts of family violence on women are numerous and devastating. These negative impacts include injury, physical health disorders, psychosomatic disorders, poor mental health, suicidal ideation and the development of habits that are harmful to health such as alcohol misuse.¹³ VicHealth found that intimate partner violence within relationships was responsible for more preventable ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors, including high blood pressure, obesity and smoking.¹⁴

In Victoria, a carer's alcohol use was involved in one third (33 per cent) of all substantiated child protection cases between 2001 and 2005 (see Table 1).¹⁵ Data reported in *The hidden harm: Alcohol's impact on children and families* (2015) examined the seriousness and level of intervention required for child protection cases that involved alcohol in Victoria between 2001 and 2005. *The hidden harm* found that child protection cases between 2001 and 2005 which received further and more serious interventions were more likely to involve alcohol:

- Alcohol was involved in 25 per cent (2,717) of substantiated investigations which did not require further intervention.
- Alcohol was involved in 34 per cent (6,523) of cases of interventions where the most serious act was a protective intervention.
- Alcohol was involved in 42 per cent (3,531) of cases which required an order from the Children's Court.¹⁶

The range and magnitude of alcohol's harm to others (2010) estimated the cost of alcohol-related child maltreatment in Australia to be \$675 million. This estimate includes the costs of child protection services, out-of-home care services, intensive family support services and morbidity costs. When the intangible or indirect costs are included, this figure is likely to be much higher.¹⁷

Table 1: The involvement of alcohol in child maltreatment is significant.

	Child abandoned	Parents deceased or incapacitated	Physical harm	Sexual harm	Emotional harm	Neglect	Total
Alcohol involved (n)	245	245	2,554	385	6,661	2,681	12,771
Alcohol involved (%)	38	55	27	12	39	35	33

Data source: Laslett, AM, . Mugavin, J. Jiang. H., Manton, E., Callinan, S., MacLean, S., and Room R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research and the Foundation for Alcohol Research and Education.

Implementing alcohol availability controls and other policies that serve to reduce alcohol-related violence is vital to preventing and reducing the severity of family violence and associated harms. Doing so is one way of making an immediate and positive impact on the incidence of family violence while enhancing the safety and wellbeing of children affected by family violence.

The Victorian Government's response to alcohol-related family violence

Victorian Governments have for some time recognised the role of alcohol in family violence in its strategies, education programs and community engagement concerning family violence. Victorian Government strategies that recognise alcohol as a contributing factor in family violence include:

- *Victoria's vulnerable children: Our shared responsibility. Strategy 2013-2022*
- *Victoria's action plan to address violence against women & children 2012-2015*
- *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*
- *Policing alcohol harm in Victoria*
- *Strong culture, strong peoples, strong families: Towards a safer future for Indigenous families and communities 10 year plan*
- *Victorian homelessness action plan 2011-2015*

Despite this recognition, responses and solutions addressing alcohol's contribution to family violence have not been sufficiently addressed in Government policies and programs to date. WHO has identified action on alcohol misuse as one of several strategies to reduce violence against women.¹⁸ Government action has not adequately addressed this need, and when policies do exist they often do not focus on prevention. Strategies that aim to reduce alcohol-related violence will enhance the safety and wellbeing of children and women affected by alcohol-related family violence.

According to FARE's *Annual alcohol poll 2015*, over a quarter of Victorians (28 per cent) have experienced alcohol-related violence.¹⁹ One in three (34 per cent) Victorians view alcohol as the drug that causes the most harm to Australians. Most Victorians think that that alcohol-related problems will remain the same or get worse in next five to ten years (70 per cent), and that more needs to be done to reduce alcohol-related harms (74 per cent). More than half believe that governments are not doing enough to address alcohol-related harms (54 per cent), and that the alcohol industry makes political donations to influence policy (55 per cent).

More needs to be done by the Victorian Government to:

- Translate recognition of alcohol's contribution to family violence into actions that reduce alcohol-related family violence in the state.
- Directly report on progress against alcohol-related family violence outcomes served by these initiatives and their strategies.
- Ensure that these various strategies and initiatives are interrelated and coordinated to avoid victims of abuse falling through 'gaps' between service delivery agencies.

Policy responses

Implementing strategies that aim to reduce alcohol-related violence are vital to preventing and reducing the severity of family violence. The policy responses in this submission focus on five areas of reform to the Victorian Government's policies and programs which address alcohol's contribution to family violence. These are:

1. Regulate the availability and promotion of alcohol in Victoria.
2. Develop and fund comprehensive models of care for victims of alcohol-related family violence.
3. Develop and fund programs targeted at perpetrators.
4. Educate young Victorians on alcohol and family violence.
5. Systematically collect data on alcohol-related family violence and undertake evaluations of existing programs.

Each of these policy responses are elaborated upon in the sections below.

1. Regulate the availability and promotion of alcohol in Victoria

Responds to:

- > Term of reference 1.a. 'The prevention of family violence'.
- > Term of reference 2: 'Investigate the means of having systematic responses to family violence...'

The Victorian Government's jurisdiction over alcohol availability and promotion is outlined in the *Liquor Control Reform Act 1998* (the Act). The Victorian Commission for Gambling and Liquor Regulation (VCGLR) is the independent statutory authority which regulates Victoria's gambling and liquor industries. The regulatory remit of VCGLR includes the availability and promotion of liquor. The availability of liquor is regulated through the approval of liquor licences (as stipulated under section 44, 47 and 48 of the Act) and liquor outlet trading hours (as defined in section 3(1) of the Act). The promotion of liquor is regulated through enforcement of section 115A of the Act and its accompanying guidelines for intervening in cases where inappropriate alcohol promotions are conducted by licensees.²⁰

Under the Act, the Objects include contributing to minimising the harms that may result from alcohol, as well as furthering the commercial development of the liquor, licensed hospitality and live music industries. The implication is that harm minimisation and commercial development are considered equally.

Availability

In Victoria, alcohol is more available than ever in both the quantity and spatial density of liquor outlets, and the trading hours in which liquor is sold from licensed outlets.²¹ Recently, supermarkets in Victoria such as ALDI and Costco have been able to sell alcohol in stores.²²

Victoria is the "liquor outlet density capital of Australia" as the jurisdiction in Australia with the greatest number of liquor outlets.²³ In 2012-13 there were 19,978 active liquor licences in Victoria. This has increased by 21 per cent over ten years.²⁴

As defined in section 3(1) of the Act, the standard trading hours for licensed premises in Victoria for general licences, on-premise licences, and restaurants and café licences are 7am to 11pm from Monday to Saturday and 10am to 11pm on Sunday. The standard trading hours for packaged liquor licences in Victoria are 9am to 11pm from Monday to Saturday and 10am to 11pm on Sunday. Under section 11A, licencees may apply for a late night licence, which allows approved licensed premises to trade from 1am up to 7am or for 24 hour periods. As at August 2014, 952 liquor licences were approved for late night (on-premises) trading; of which 52 per cent were approved to trade to 3am.²⁵ Currently, there is a moratorium on applications for liquor licences to trade past 1am. This moratorium applies to the local government authorities of Melbourne, Port Phillip, Stonnington and Yarra and is due to expire on 1 July 2015.²⁶

To coincide with the unprecedented levels of alcohol's availability in Victoria, the incidence and rates of alcohol-related harms have also increased over time in Victoria. Five indicators of alcohol-related harms in Victoria demonstrate this increase:

- Alcohol involvement in family incidents increased by 85 per cent between 2003-04 and 2012-13 to 14,015 incidents. In that same period, the trend per 100,000 population increased by 59 per cent.
- Alcohol treatment episodes increased by 28 per cent between 2003-04 and 2012-13 to 21,460 episodes. In that same period, the trend per 100,000 population increased by ten per cent.
- Alcohol-related ambulance attendances increased by 146 per cent between 2003 and 2011 to 8,349 attendances. In that same period, the trend per 100,000 population increased by 112 per cent.
- Alcohol-related hospital admissions increased by 53 per cent between 2002-03 and 2010-11 to 29,694 admissions. In that same period, the trend per 100,000 population increased by 33 per cent.
- Alcohol-related assaults increased by 30 per cent between 2002-03 and 2010-11 to 6,768 assaults. In that same period, the trend per 100,000 population increased by 13 per cent.²⁷

Research evidence, including Australian research and case studies, has consistently found that increased trading hours leads to increased harms.^{28,29,30} Increased outlet density (both hotel, on- and off- licence types) also contributes to increased alcohol harms,^{31,32} including family violence^{33,34} and child maltreatment.³⁵

The association between trading hours and general assaults is significant. Newcastle, NSW introduced a 3am closing time and 1am lockout (later amended to 3.30am and 1.30am) for all on-licensed premises in 2008 which resulted in a 37 per cent reduction in night-time alcohol-related assaults,³⁶ with no evidence of geographic displacement.³⁷ These positive effects were sustained, with an evaluation five years later finding on average a 21 per cent decrease in alcohol-related assaults per hour.³⁸

In Sydney, NSW, restrictions on alcohol availability were modelled on the example set by the Newcastle restrictions. In January 2014, the State Government introduced 3am cessation of alcohol service; a 1.30am lockout; and a freeze on new liquor licences and approvals for existing licences in the Sydney central business district (CBD) and Kings Cross area. There was also 10pm close imposed for off-licence alcohol across NSW. An evaluation found that between January and December 2014 following the reforms, the incidence of assaults was significantly reduced in both Kings Cross (down 32 per cent) and Sydney CBD (down 26 per cent).³⁹ The study also found that there was a 40 per cent

reduction in the incidence of assaults in a sub-section of the restricted areas. The impacts of the state-wide 10pm close for off-licence outlets is yet to be evaluated.

The effects of trading hours on family violence has been evidenced internationally and in Australia. In 1978, where a strike at government liquor stores in Norway reduced the availability of alcohol by ten to 15 per cent, the rate of “home quarrels” dealt with by the police dropped by about one-quarter.⁴⁰ In Australia, alcohol restrictions have been introduced in some communities which have experienced demonstrable harms from alcohol. Fitzroy Valley in Western Australia introduced restrictions in 2007 which limited the types of alcohol and the times when alcohol could be sold. An evaluation found that these measures contributed to reduced rates and severity of intimate partner violence and better care of children.⁴¹

The association between alcohol outlet density and family violence is also significant. A study of the effects of changes in the number of off-licence alcohol outlets in neighbourhoods in the Melbourne region between 1996 and 2005 found that adding a new outlet in a postcode increased the family violence rate in police statistics by an average of 28.6 per cent.⁴²

A study released in May 2015 examining associations between alcohol sold through off-premise outlets (liquor stores) in Australia and the incidence of traumatic injury in surrounding areas further demonstrates this link. The study found that a ten per cent increase in chain outlet density (such as Dan Murphy’s and BWS) is associated with a 35.3 per cent increase in intentional injuries (assaults, stabbing and shooting) and a 22 per cent increase in unintentional injuries (such as falls, crushes, or being struck by an object).⁴³

A study in Sydney, New South Wales (NSW), investigated the relationship between liquor licence concentrations and assault rates in local government areas (LGAs). The study found that the concentration of hotels, on-premises, and clubs were predictive of intimate partner violence rates in LGAs. The study also found that “the concentration of hotel licences in an LGA, particularly at higher density levels, was strongly predictive of both intimate partner and non-intimate partner assault rates”.⁴⁴

Research published in *Using geocoded liquor licensing data in Victoria* in 2011 found that people living in disadvantaged areas in and around Melbourne had access to twice as many bottle shops as those in the wealthiest areas. For rural and regional Victoria, there were six times as many packaged liquor outlets and four times as many pubs and clubs per person.⁴⁵ Given the interrelationship between alcohol misuse, family violence and socio-economic disadvantage, this is concerning.

WHO has highlighted that neighbourhoods which have higher densities of alcohol outlets (both on and off-licences) also have greater child maltreatment problems. These neighbourhoods are also more socially disadvantaged with fewer resources available to support families. This situation can lead to increased stress for families and restrict development of social networks that can prevent child maltreatment.⁴⁶

Understanding that the concentration of alcohol outlets is higher in disadvantaged communities is important when determining appropriate policy options. A review by Michael Livingston in 2012 suggested that the increased access to alcohol in disadvantaged communities may help explain some of the socio-economic disparities in health outcomes. The review also suggested that it might be harder for disadvantaged communities to influence planning and zoning decisions, thereby hindering their ability to prevent the continuing proliferation of outlets.⁴⁷

In Victoria, community members are able to object to a liquor licence in cases where the licence applicant is required to display a public notice. The burden of proof is on community objectors to

appropriately demonstrate that the proposed licence would have a negative impact on themselves as well as the amenity of their area.⁴⁸ However, community objectors do not necessarily have the capabilities (in terms of time, financial costs, and research capacity) that are required to meet the burden of proof. These barriers to effective engagement and input may be elevated for disadvantaged communities.

Policy proposals

Decreasing the availability of alcohol in communities reduces and sustains the reduction in alcohol harms over time. This effect can extend to reductions in the incidence of family violence and child maltreatment. Governments can reduce the availability of alcohol through tighter outlet density controls and interventions, and reduced trading hours for all licence types.

Tighter outlet density controls and interventions

To address outlet density, saturation policies need to be introduced. In England and Wales, regulatory bodies have introduced policies such as saturation zones where limitations are imposed on the introduction of new licences in areas that already have a high density of existing licences. Operational saturation zones in the United Kingdom have been determined based on existing outlet density, crime data and family violence statistics.^{49,50} Buy-backs could also be initiated in areas where there are deemed to be too many outlets. Supermarkets should also be prohibited from selling alcohol within their stores, to avoid increasing outlet density, and to avoid normalising and facilitating the sale of alcohol that will be largely consumed at home.

To support the harm minimisation Object, an assessment framework must be developed and implemented for liquor licensing decisions. This framework should take into account and prioritise the potential impact on community safety and wellbeing. This is particularly important for disadvantaged communities who are often powerless to stem the proliferation of outlets in their area, and who experience disproportionate levels of health and social harms including family violence.

It is also vital to encourage community participation in decisions around licensing matters, in order to balance representations made by the licence applicants. This can be achieved by reducing the burden of proof for objectors and by enhancing access to information and resources for objectors. Understanding that the concentration of alcohol outlets is higher in disadvantaged communities is important when determining appropriate policy options, especially because people in these communities may face additional challenges when objecting to liquor licences.

Trading hours

The trading hours of alcohol in Victoria must be reduced in order to decrease alcohol harms. Communities and local governments that have introduced restrictions to address the trading hours of alcohol in their area have benefited from significant reductions in general assaults as well as family violence. The positive impacts were immediate and often sustained over time.

To reduce trading hours, policies such as those implemented in Newcastle and Sydney should be implemented in Victoria. This includes limiting off-licence trading hours to between 10am and 10pm, a closing time of no later than 3am for on-licence venues (with a 1am lockout) and banning all 24 hour licences. The current freeze on granting new licences for post-1am trading in the LGAs of Melbourne, Port Phillip, Stonnington and Yarra must be maintained to support these measures.

Recommendations

The Royal Commission should recommend that the Victorian Government:

1. Amend the *Liquor Control Reform Act 1998* to:
 - a) Introduce tighter controls on the density of liquor licences in Victoria, including:
 - i) Elevating harm minimisation as the only primary object of the Act.
 - ii) Ensuring that approval processes for new on and off-licence premises consider existing levels of alcohol-related harms and community views.
 - iii) Interventions that limit or reduce the density of liquor licences in areas with significant levels of alcohol-related harms through the introduction of saturation zones and licence buy-backs.
 - b) Introducing the following restrictions to the hours that alcohol is available for sale for both on-licence premises (bars, pubs and clubs) and off-licence premises (bottle shops):
 - i) Introduce a closing time of no later than 3am for on-licence venues (with a 1am lockout).
 - ii) Maintain the freeze on granting new licences for trading after 1am in the LGAs of Melbourne, Port Phillip, Stonnington and Yarra.
 - iii) Limit off-licence trading hours to between 10am and 10pm.
 - iv) The removal of all 24 hour liquor licences.

Promotion of alcohol

The promotion of alcohol by licensees in Victoria is regulated by the *Guidelines for responsible liquor advertising and promotions* (Liquor Promotion Guidelines).⁵¹ Alcohol promotions by licensed premises take the form of:

- signs, banners, flyers, posters
- newspaper or internet advertisements
- websites and social media site (such as Facebook or Twitter), including comments on a licensee's social media site or website made by third parties, and advertisements and promotions made by promoters engaged by the licensee
- text messages (SMS).⁵²

VCGLR has the power to ban inappropriate advertising or promotions.⁵³ Such action may also result in the VCGLR seeking to vary, suspend or cancel a liquor licence. If a venue does not comply with a banning notice, they are committing a criminal offence and can face penalties over \$17,000.⁵⁴ The Liquor Promotion Guidelines are based on 16 Principles which guide decisions around the appropriateness of a liquor promotion.⁵⁵ These principles focus on:

- Excessive consumption of liquor and antisocial behaviour (Principles 1, 2, 3 and 4): Promotions which are prohibited include those which encourage or reward the purchase of, or drinking of, large amounts of liquor in a single session or transaction.

- Discounting promotions (Principles 5, 6 and 7): Promotions which are prohibited include those which involve extreme discounts (for instance, \$1 shots of spirits) or excessive periods of free drinks (such as \$50 entry and free drinks all night).
- Promotions which objectify or degrade any person or section of the community (Principles 8, 9 and 11): Promotions which are prohibited include those which target women by offering free or reduced price alcohol combined with incentives to dress provocatively or remove their clothing.
- Association with risky behaviours (Principle 10): Promotions which are prohibited include those which use images or messages associating the consumption of liquor with risky or dangerous activities (including sky diving, motor racing, drink driving, speed boating).
- Illegal activities (Principles 12 and 13): Promotions which are prohibited include those which link the consumption of liquor to drink driving or to breaking the law.
- Underage drinking (Principles 14 and 15) and the likelihood of placing any group at risk of harm (Principle 16): Promotions which are prohibited include those which use characters, imagery, designs, motifs, interactive games, merchandise or media that are likely to appeal to minors.⁵⁶

Alcohol is heavily promoted across Australia in the public domain, on the internet and at the point of sale (POS) for liquor products. In the Guidelines, liquor promotions are not prohibited from being advertised on public property (including public transport), nor in public spaces where children may be exposed to the advertising materials (such as schools and public sporting facilities). POS marketing is an area of liquor promotion and advertising which VCGLR has the remit to regulate for the public benefit. POS refers to promotional materials that are found within or on the exterior of a licensed store or venue at the point where an alcohol purchase will be made (for instance, happy hours, free gifts with purchase, prominent signage, competitions, price discounts for bulk purchases, and sale prices).

The excessive promotion of alcohol and the use of price-based promotions encourages consumers to increase their consumption of alcohol. Low alcohol prices result in higher consumption. This includes heavier drinking, occasional drinking and underage drinking.⁵⁷

POS promotions have been found to encourage the purchase of increased volumes of alcohol⁵⁸ and are likely to affect overall consumption patterns of underage, harmful, and regular drinkers.⁵⁹ POS marketing is being increasingly used, to the point that it has been coined as “ubiquitous” and “aggressive”.⁶⁰ From January to April 2009, liquor outlets in Sydney alone hosted an average of 30 POS promotions per outlet.⁶¹

Alcohol promotions influence the age at which young people begin drinking alcohol, as well as their levels of consumption.⁶² The prolific nature of POS marketing is concerning. It results in young people (including minors) being regularly exposed to advertisements and promotions that depict alcohol consumption as a fun, social and inexpensive activity.⁶³

VCGLR takes a passive approach to the identification of inappropriate alcohol promotions conducted by licensed venues. It relies on public complainants to draw VCGLR’s attention to the inappropriate promotional conduct of licensed venues in Victoria. The existing Liquor Promotion Guidelines are also weak in their application to both on- and off-licence premises, their restriction of price-based promotions, and their restriction of alcohol promotions on public property (such as trains, trams, buses and public transport shelters).

Policy proposals

The Victorian Government has acknowledged in *Victoria's action plan to address violence against women & children 2012-2015* that alcohol is a contributing factor to the incidence of family violence and other harms. The Victorian Government has also declared its interest in alcohol harm prevention, as outlined in *Reducing the alcohol and drug toll: Victoria's plan 2013-2017* and *Policing alcohol harm in Victoria*.

In light of this recognition of alcohol harms and the need to prevent them from occurring, the Victorian Government should do more to restrict liquor promotions in the state.

The Government's interests in alcohol harm prevention would be well served by policies that:

- apply liquor promotion controls for on- and off-licence premises with equal weight
- ban alcohol promotions from appearing on shopper docketts
- restrict price-based promotions
- divest government revenues away from alcohol advertising channels.

Applying liquor promotion controls for on- and off-licence premises with equal weight

The Liquor Promotion Guidelines focus on activities which take place at on-licence premises. This is despite the fact that most Australians consume alcohol in a domestic setting⁶⁴, with 80 per cent of all alcohol purchased from off-licence venues. The current Liquor Promotion Guidelines fail to appropriately regulate promotions within the contemporary advertising market. To ensure that harmful liquor promotions serve to prevent alcohol harms across the community, liquor promotion controls should be applied with equal weight for on- and off-licence premises.

Restricting price-based promotions

Price-based promotions which result in alcohol being made available for as little as 29 cents a standard drink are also not effectively regulated for both on- and off-licence premises under the current promotion policy. This is problematic because lower prices are associated with increased consumption and harms. To prevent alcohol harms, including family violence, price-based promotions, such as bulk purchase discounts, and other promotional activities and practices which encourage consumption of alcohol in risky volumes should be restricted. Consultation with the community and public health experts should occur to ensure harm minimisation is held as the key objective in the Liquor Promotion Guidelines.

Banning alcohol promotions from appearing on shopper docketts

Shopper docketts are coupons or vouchers for free or discounted alcohol printed at the bottom of supermarket shopping receipts. Following a six month investigation into shopper docketts by the NSW Office of Liquor, Gaming and Racing in 2013, the agency found that shopper docketts were "likely to encourage the misuse and abuse of liquor"⁶⁵. Victoria should heed the lessons learned by its counterparts in NSW, and ban alcohol promotions from appearing on shopper docketts.

Divesting government revenues away from alcohol advertising channels

The Victorian Government needs to align its policies on the promotion of liquor with its strategies that concern alcohol harms and family violence. The Government should not profit from or facilitate the promotion or advertising of alcohol companies and retailers. To do that, the Government should prohibit alcohol promotions and advertisements from appearing on public property. Prohibiting liquor

advertisements from being displayed on public property would reduce the presence of alcohol advertising that perpetuates sexist attitudes and behaviours towards women. This would also reduce the exposure of children to liquor promotions.

Recommendations

The Royal Commission should recommend that the Victorian Government:

2. Amend the *Liquor Control Reform Act 1998* by:
 - a. Applying liquor promotion controls for on- and off-licence premises with equal weight.
 - b. Banning alcohol promotions from appearing on shopper docketts.
 - c. Restricting price-based promotions, such as bulk purchase discounts, and other promotional activities and practices which encourage the consumption of alcohol in risky volumes.
 - d. Prohibiting alcohol promotions and advertisements from appearing on public property.

2. Develop and fund comprehensive models of care for victims of alcohol-related family violence

Responds to:

- > Term of reference 1.b. 'Early intervention to identify and protect those at risk of family violence and prevent the escalation of violence'.
- > Term of reference 1.c. 'Support for victims of family violence and measures to address the impacts on victims, particularly women and children'.
- > Term of reference 3: 'Investigate how government agencies and community organisations can better integrate and coordinate their efforts'.

Alcohol and family violence

Alcohol is associated with both the likelihood of family violence occurring and the severity of harms that result from this violence.⁶⁶ Alcohol is at least partially implicated in up to 46 per cent (or 27,849) of incidents of reported family violence incidents in Victoria.⁶⁷ Alcohol consumption of both the perpetrator and the victim is a factor that contributes to physical violence.⁶⁸

It is important to understand the complex association between victimisation and alcohol problems. Alcohol is often used as a form of self-medication, to cope with the abuse itself and associated effects such as isolation, lack of support and feelings of self-blame or shame.⁶⁹ The risk of being a victim of intimate partner violence increases with increasing levels of alcohol consumption.⁷⁰ Victims who are intoxicated are more likely to be blamed for the violence than victims who are sober.⁷¹ Both family violence and problems with alcohol disproportionately affect Aboriginal and Torres Strait Islander communities, with both likely to stem from the same underlying issues of continued social disadvantage⁷² and intergenerational grief and loss.⁷³

Problematic alcohol use by a victim of family violence can pose barriers to them seeking help. Problematic alcohol use tends to exclude women from family violence support services and refuges, and can increase the likelihood of a woman losing custody of her children.⁷⁴ Other issues that prevent women from seeking support or disclosing family violence include fear of a lack of access to support services,⁷⁵ especially in rural and remote communities; and issues of anonymity within the community and kinship groups.⁷⁶

There are a range of risk factors that increase the likelihood of child maltreatment. These risk factors include the parent's own history of child maltreatment, parental mental health issues and use of alcohol and other drugs (AOD), and relationship risk factors.^{77,78} Being a victim of, or witness to, family violence has serious emotional, psychological, social, behavioural and developmental consequences for children.⁷⁹ These problems from child maltreatment may precipitate life experiences and conditions that create a cycle of violence from one generation to another.⁸⁰

Parents' consumption of alcohol can impede their capacity to take care of their children.⁸¹ Alcohol use by parents and carers is generally considered problematic when it is at levels that impair the judgement or alter the mood of parents, placing the child at risk of abuse or neglect.⁸² If both parents are experiencing problems with alcohol, the risk of maltreatment is higher.⁸³

Children can also be affected by alcohol exposure before birth. There is strong evidence internationally^{84,85,86} and emerging evidence from Australia⁸⁷ that children with Fetal Alcohol Spectrum Disorders (FASD) are disproportionately represented in the child protection system. Children born

with FASD most often come from heavy drinking families. Three quarters (75 per cent) of children in a USA study with FASD have a biological father who was a heavy drinker and have extended families with heavy alcohol consumption.⁸⁸ Where issues with alcohol do occur they are often associated with other problems that families are likely to be experiencing, such as poverty, violence, housing and employment issues.⁸⁹

Victoria's response to family violence

Victoria has developed a range of progressive and innovative platforms for addressing family violence in the state. As noted by the peak body in the state for family violence services, Domestic Violence Victoria (DV Victoria): "Victoria has been at the forefront of innovation in family violence reform over the past decade which has positioned Victoria as a world leader in not only responding to family violence, but early initiatives in preventing violence before it occurs".⁹⁰ Victoria's family violence reforms are commendable for their benefit to Victorians, for their influence in Western Australian and NSW family violence reforms, and for their contributions to the development of the *National plan to reduce violence against women and their children 2010–2022*.

Since the release of *Victoria's action plan to address violence against women & children 2012-2015* (Action Plan), the government has sought to improve system reporting on family violence and responses to the needs of family violence victims. To that end, the Government developed the Common Risk Assessment Framework and the Family Violence Referral Protocol. In addition, Victoria Police developed its *Code of practice for the investigation of family violence* (the Code of Practice). Other family violence training programs funded by the Victorian Government include:

- *Working with culturally and linguistically diverse (CALD) Communities*, which educates practitioners on preventing family violence in ways that work for different community contexts.⁹¹
- *Reducing violence against women and their children community of practice*, which helps practitioners who implement projects to prevent violence against women and their children share information and knowledge.⁹²
- *Strengthening hospital responses to family violence*, which is a pilot project aligned with CRAF to support hospital personnel to identify and respond to family violence experienced by hospital patients.⁹³ This pilot project is due to be finalised in mid 2015.

In 2013-14, the Victorian Government made a \$90 million investment in initiatives that serve its Action Plan.⁹⁴

Common Risk Assessment Framework (CRAF)

CRAF was developed to better identify and respond to family violence.⁹⁵ The focus of CRAF is on supporting women and children who are victims of family violence. CRAF serves those professionals who may encounter and work with people who experience family violence.

This includes (but is not limited to) professionals from the following sectors:

- alcohol and other drugs (AOD)
- child FIRST and family services
- women family violence specific services
- housing and homelessness services

- Indigenous services.⁹⁶

CRAF helps these professionals to “make appropriate referrals if family violence is detected or suspected”.⁹⁷ An evaluation of CRAF found that people in the sector were highly engaged with the Framework, with demonstrated significant changes to practices as a result of the training. The evaluation found that most participants were asking questions about family violence (72 per cent), incorporating risk assessment into their work (68 per cent), doing safety plans (84 per cent), referring clients to other services (74 per cent).⁹⁸ The limitation of CRAF is that it works one way: filtering referrals from other support providers (such as AOD) through to family violence service providers.

The referral protocol

The family violence Referral Protocol (the Referral Protocol) aims to leverage effective referral pathways to better protect women and children and reduce the incidence of family violence. The Referral Protocol operates between Victoria Police and family violence services funded by the Victorian Department of Human Services (DHS). The Referral Protocol “provides guidance on how Victoria Police, DHS and the service agencies it funds can work together to strengthen the collective response to family violence”.⁹⁹ The Referral Protocol outlines approaches for:

- Formal and informal referrals by police for victims of family violence to family violence services.
- Assessing the risk to any child or children or young person present at a family violence incident, and referring that child to appropriate support services.
- Formal and informal referrals by police of perpetrators of family violence to services and emergency accommodation if required.
- Referral by family violence support agencies for police assistance.¹⁰⁰

Alcohol and factors that contribute to family violence are complex and often interrelated. This complexity means that victims and perpetrators of family violence require access to multiple support services. The array of these support services is reflected in the CRAF stakeholder list above.

Alcohol cannot be ignored as a contributing factor when considering policy responses to family violence, given the fact that it is involved or possibly involved in nearly half of reported family incidents in Victoria (46 per cent in 2012-13).¹⁰¹ Disappointingly, the Action Plan does not include AOD treatment as a key part of the plan, and expresses a weaker recognition of the intersection between the AOD and family violence sectors compared to *Reducing the alcohol and drug toll: Victoria’s plan 2013–2017*.

The CRAF and the Referral Protocol do not consistently or sufficiently address the role of alcohol in family violence; nor do they adequately address how service providers should assess the contribution of AOD misuse to family violence perpetration and use AOD treatment services as a mechanism to deal with the effects of violence.¹⁰² AOD services have a key role to play in supporting those who have experienced alcohol-related family violence to get as much help as possible from family violence support services. The continued marginalisation of AOD services in family violence response frameworks will only hinder the prevention of alcohol-related family violence.

The demand for services in the AOD sector is high. As noted by Victorian Alcohol and Drug Association (VAADA) in 2013, the implications of this are that in addressing family violence: “The AOD treatment sector has been significantly under resourced in a range of areas which impedes its capacity to maximise the benefits of AOD treatment”.¹⁰³ The increase in demand for services and the inability of

these services to keep up with demand is exacerbated by the uncertainty of funding provided by all levels of government.

There is a lack of clarity as to improvements in client outcomes from existing coordination structures. The evaluation of CRAF focused on service provider engagement. Its findings of increased sector engagement and identification and reporting of family violence are positive indicators of better service integration. However, a subsequent evaluation has not been undertaken to understand whether the increased engagement and service integration has produced better outcomes for clients of AOD and family violence services.

The Referral Protocol has not been evaluated. As a result, like with the CRAF, the impact of the Referral Protocol on the experience of those who come into contact with the family violence system is not unclearly accounted for.

The Action Plan has three streams of action (prevention, early intervention, and response), each with two areas of focus. What it lacks are clear objectives with measurable performance or progress indicators. Without performance or progress indicators, the reporting on the Action Plan's impact on outcomes for people experiencing family violence are unclear and restricted to limited updates in annual reports for the Victorian Department of Health and Human Services.

Legal responses to alcohol's role in family violence can discourage victims from reporting family violence. A study by Hirschel and Hutchison¹⁰⁴ found that the likelihood of a perpetrator being arrested for intimate partner 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 Code of Practice and the Referral Protocol acknowledge alcohol as a risk factor in family violence. These resources do not contain advice on how police should respond to alcohol's involvement in family violence incidents in a manner that does not discourage victims from reporting family violence to police.

Policy proposals

The role of alcohol in family violence must be addressed in frameworks, programs, pilots and protocols for victims of family violence. Coordination and collaboration is better for clients and practitioners to address the problems of family violence and related alcohol misuse. At present, the AOD and family violence sectors are not adequately supported to collaborate in addressing a victim's family violence and AOD problems in tandem. At the end of the day, better coordination and collaboration between AOD and family violence sectors serves to enhance the safety and wellbeing of victims of family violence, especially children affected by family violence.

CRAF – Model of Care

The limitation of CRAF is that it works one way: filtering referrals from other support providers (such as AOD) through to family violence service providers. CRAF would be greatly enhanced if its training and materials were built up to work both ways in addressing the role of alcohol in a person's experience of family violence. That is, in terms of supporting professionals in the identification of family violence; and in supporting family violence services on how to identify and respond to client needs where alcohol is involved in their experience of family violence. A 'no wrong doors' approach to support services must be provided by all the sectors so that victims are not turned away from services.

In the United Kingdom, work has been undertaken between AOD and family violence services to improve coordination. The Stella Project in the UK was established in 2003 to provide more inclusive services for victims and perpetrators of family violence who have AOD problems. The project improved cross-sectoral knowledge and service delivery for victims and perpetrators of family violence as well as their children.¹⁰⁵ In 2010, the Stella Project was expanded to include sexual violence and mental health in its work. This expansion reflected the broader needs of women who experience sexual violence and use AOD as a coping mechanism in response to the trauma associated with family and sexual violence.

The National Centre for Education and Training on Addiction (NCETA) at Flinders University has developed best practice principles on the implementation of initiatives to address issues relating to family violence experienced by AOD clients.¹⁰⁶ These principles are explained in the following publications by NCETA:

- *Breaking the silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia*
- *Can I ask...? An alcohol and drug clinician's guide to addressing family and domestic violence.*

While the focus so far has been on inter-sectoral collaborations, it is equally essential to consider coordination within sectors. For example, a woman experiencing family violence may access a number of services (for instance, multiple hospitals) to treat injuries as they occur, and more than one family violence support organisation. Inter- and intra-sectoral coordination allows better understanding of an individual's situation and avoids requiring people to repeat stories they may find traumatic.¹⁰⁷

To that end, the Victorian Government should expand the *Strengthening hospital responses to family violence* pilot project beyond the Royal Women's Hospital and Bendigo Health, and should extend the project to beyond 2015.¹⁰⁸

A more formalised process, such as a Model of Care is needed to enable various sectors to work together to determine the most appropriate support mechanisms for the client. CRAF is a well-established platform which could be repurposed into a Model of Care. This would provide improved referral pathways between services, a shared understanding of the issues through cross-agency training and good communication and information sharing between services. Management commitment at the highest level is essential for change to be successful.¹⁰⁹ Systems need to support safe and effective practice¹¹⁰ with safety considerations at the forefront of all support services.

The Model of Care proposal is discussed in further detail in FARE's *Policy options paper: Preventing alcohol-related family and domestic violence*.¹¹¹ In consultations to expand and improve CRAF's response to alcohol-related family violence, the Victorian Government should consult with relevant stakeholders. This should include VAADA - the peak body representing AOD services in Victoria, DV Victoria and other key players in the Victorian family violence policy and service provision space.

Funding

It is essential that services are available for clients of AOD and family violence services. Presently, funding does not match demand for services. In order to encourage awareness and reporting on family violence, the government needs to anticipate an increase in demand for family violence and AOD support services. These vulnerable clients require services provided by agencies which receive adequate and ongoing funding to provide thorough and consistent support.

Improving the Referral Protocol and Code of Practice

The legal system needs to recognise and appropriately respond to the role of alcohol in family violence for victims and perpetrators. The Referral Protocol and the Code of Practice should go beyond just acknowledging alcohol as a risk factor in family violence. These resources should contain advice on how police should respond to alcohol involvement in family violence incidents in a manner that does not discourage victims from reporting family violence to police.

There is also the need for the Referral Protocol and Code of Practice to recognise that a victim's drinking may be a coping mechanism for abuse and regardless of alcohol use, the victim's protection and safety must be the first priority. There is also the need for the Referral Protocol and Code of Practice to recognise that arresting or prosecuting victims or blaming them for contributing to the violence will lead to future reluctance to contact police.¹¹²

Recommendations

The Royal Commission should recommend that the Victorian Government:

3. Build on the existing CRAF to develop a comprehensive, integrated Model of Care for alcohol-related family violence.
4. Provide adequate and ongoing funding to alcohol and other drug services and family violence services to meet demand.
5. Improve the Referral Protocol and Code of Practice to recognise and appropriately respond to the role of alcohol in family violence for victims and perpetrators.

3. Develop and fund programs targeted at perpetrators

Responds to:

- > Term of reference 1.d. 'Perpetrator accountability'

Alcohol is viewed by some as an excuse for abusive behaviour. Findings from the VicHealth National Community Attitudes Survey (NCAS)¹¹³ and The Line surveys¹¹⁴ reveal that alcohol is viewed by some as a mitigating factor in perpetrators' accountability for intimate partner abuse. The social expectations around alcohol consumption and violence are also important to understand as they link into how perpetrators use alcohol and perceive their accountability for their actions.

The use of alcohol by perpetrators in intimate partner violence situations is complex. As noted before, the social drinking of both the victim and perpetrator is often a factor or circumstance that leads to physical violence.¹¹⁵ Alcohol is associated with both the likelihood of family violence occurring and the severity of harms that result from this violence.¹¹⁶ When a perpetrator is drinking, they are less aware of the physical force they may be using, they are less concerned about consequences, and display increased emotionality which can lead to greater likelihood of violence occurring.^{117,118} Some perpetrators of intimate partner violence use their consumption of alcohol as a control mechanism to indicate to the victim that they are at risk of being abused.¹¹⁹

A key component of an integrated family violence system is timely and appropriate responses to men who use violent and controlling behaviour. Since April 2009, the Australian Government has committed \$3 million for research into perpetrator interventions. In addition, a further \$4.6 million of funding was provided in reward and incentive payments to states and territories who promote best practice perpetrator interventions.¹²⁰

In light of these commitments, the Victorian Government released its *Framework for comprehensive assessment in men's behaviour change* (the Framework) in October 2009.¹²¹ The release of the Framework coincided with the release of *Enhancing access to men's behaviour change programs: Service intake model and practice guide* (the Service Intake Model).¹²² The DHHS Service Intake Model and Framework are funded as part of the Departments' integrated family violence services for men.

The Framework aims to achieve consistent, common practice among men's behaviour change programs. The four areas of focus in the Framework are:

- initial and continuous identification of risks, threats and dangers to the safety of women and children
- facilitating men's entry into the health and community service system
- assessing men's suitability for participation in a men's behaviour change program
- ongoing review of men's participation in a men's behaviour change program.¹²³

The Service Intake model aims to achieve an enhanced intake response for men's behaviour change programs by agencies and service providers funded by the Department. The men's behaviour change peak body, *No To Violence*, has set minimum standards for intake practices. This includes referral, assessment and waitlist management practices. However, these minimum standards allow for considerable variation among program providers. It is intended that the Service Intake model will foster more common and consistent approaches to service intake practices.¹²⁴

In Victoria, perpetrators may be ordered by the Magistrate to attend a behaviour change counselling program to change their violent and abusive behaviour. It is not clear whether Magistrates can order perpetrators to adhere to sobriety conditions if it is established that the perpetrator in question committed acts of violence against their partners or former partners while consuming alcohol.

Existing programs do not adequately address alcohol or provide guidance on coordination between men's behaviour change/family violence service providers and AOD support service providers. Best practice perpetrator treatment programs are available in Victoria. References to alcohol in the Framework and Service Intake Model are light and limited to the context of:

- referral pathways¹²⁵
- risk factors when assessing a perpetrator's suitability for perpetrator programs¹²⁶
- whether the effects of alcohol would make it difficult for the perpetrator to get value from the program.¹²⁷

What is missing from, and should be built into, these programs are effective arrangements to coordinate responses and two-way collaboration with AOD treatment services and men's behaviour change programs. Magistrates should order perpetrators of alcohol-related family violence to engage AOD support services and comply with sobriety conditions, as well as engage with men's behaviour change services.

Policy proposals

System responses to perpetrators of alcohol-related family violence should be focused enhance on the safety and wellbeing of victims of family violence, especially children affected by family violence. To that end, the Victorian Government should enforce perpetrator compliance with sobriety requirements and fund better coordination and collaboration between AOD services, men's behaviour change programs and family violence services. Both of these actions will complement the provision of support to families of people accessing perpetrator programs to ensure their safety.

Enforce perpetrator compliance with sobriety requirements

Since 2005, the State of South Dakota in the United States has run the *24/7 Sobriety Program* to enforce sobriety orders imposed on repeat drink-driving offenders.¹²⁸ The program required people arrested or convicted for repeat drink-driving offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet. Those who with contravened the sobriety order with a positive test result were met with "swift, certain and modest sanctions".

As well as a 12 per cent reduction in repeat drink-driving offences, an important side-effect of this program was the nine per cent reduction in intimate partner violence arrests. What the South Dakota experience tells us is that 'frequent alcohol testing with swift, certain, and modest sanctions for violations can reduce problem drinking and improve public health outcomes'.¹²⁹

Victoria should pilot a court-ordered management program that mirrors South Dakota's *24/7 Sobriety Program* and targets repeat offenders of family and intimate partner violence. This pilot should enforce zero alcohol use as a condition to remain in the community and avoid being incarcerated. To monitor compliance with this program, the perpetrator should be required to take two alcohol breath tests a day, or wear a continuous alcohol monitoring bracelet. Contravention of sobriety requirements should be met with swift, certain and modest sanctions. The *24/7 Sobriety Program* targets a critical opportunity to reduce the risk that a perpetrator's consumption of alcohol will result in behaviour that puts women and children at significant risk of injury and death.

This pilot should be formally evaluated to assess its effectiveness in terms of:

- reducing the incidence and severity of violence against women
- developing a sustainable program that can be scaled up and rolled out in other jurisdictions
- reducing recidivism among family violence offenders with alcohol issues.

Evaluations of programs are discussed in further detail in section 5.

Support and fund better integration between men’s behaviour change programs and AOD services where appropriate.

To mitigate the risk of further violence, perpetrators of family violence should have access to integrated treatment programs for alcohol problems.

The Framework and Service Intake Model are components of Victoria’s progressive and innovative platforms for addressing family violence in the state in an integrated fashion. What they lack is a well-developed systemic response to the involvement of alcohol in perpetrations of family violence.

According to VAADA, AOD treatment for perpetrators of family violence may provide some stability for the perpetrator that enhances the efficacy of other interventions.¹³⁰ These platforms should receive ongoing, adequate funding to enhance both AOD and men’s behaviour change service providers’ efforts in identifying and addressing the role of alcohol in family violence.

Provide support for families of people accessing perpetrator programs to ensure their safety

Care needs to be taken to ensure the safety of family members when a perpetrator undertakes any program. Treatment for alcohol problems increases the risk for family violence due to the discomfort of physiological or psychological withdrawal heightening a perpetrator’s anxieties and irritability.¹³¹ Therefore, the treatment of alcohol problems needs to occur only when full attention is given to the dimensions of their situation.

Responding to perpetrators of family violence requires a long term multifaceted approach that addresses the social and health environment of the individual and acknowledges the increased risk of further violence.

Recommendations

The Royal Commission should recommend that the Victorian Government:

6. Pilot a project for perpetrators that require people arrested or convicted for alcohol-related offences to take two alcohol breath tests a day or wear a continuous alcohol monitoring bracelet with “swift, certain and modest sanctions” for people who are found to consume alcohol.
7. Fund intensive programs targeted at perpetrators and ensure these programs are evaluated to inform future practice.
8. Support better integration between perpetrators and AOD services where appropriate.
9. Provide support for families of people accessing AOD or perpetrator programs to ensure their safety.

4. Educate young Victorians on alcohol and family violence

Responds to:

- > Term of reference 1.a. 'The prevention of family violence'.
- > Term of reference 2: 'Investigate the means of having systematic responses to family violence...'
- > Term of reference 3: 'Investigate how government agencies and community organisations can better integrate and coordinate their efforts'.

It is vital to educate young men and women to prevent the reinforcement of gender inequality. School-based education is a form of public education that targets children and young people. This is one way of challenging and changing social norms in order to prevent the emergence of undesirable attitudes and behaviours.¹³² In the area of family violence, the need for public awareness has been recognised by the Council of Australian Governments (COAG). On 4 March 2015, COAG announced a \$30 million joint commitment to deliver a national awareness campaign aimed at reducing violence against women and their children.¹³³

At present, the Victorian Government sponsors the following education programs for young people around issues pertaining to family violence:

- '*Respectful Relationships Education in Schools*' by Our Watch¹³⁴
- '*The Line*' campaign by Our Watch, which targets youth and is a primary prevention social marketing campaign aiming to change attitudes and behaviours that condone and excuse violence against women.

Education on family violence targeted at school children is important because it supports one of the central principles of effective prevention: starting early. Childhood and especially adolescence is a critical period for shaping the quality of relationships later in life. Successful education at these stages of life is likely to prevent the emergence of negative relationship behaviours such as violence.¹³⁵

The Victorian Government funded the *Respectful Relationships Education in Schools* (RREiS) project in support of the Action Plan. The project supports up to 30 schools around Victoria to implement the new Department of Education and Training resource, *Building respectful relationships: Stepping out against gender-based violence*.^{136,137} This resource comprises two units (one for Year 8 students and one for Year 9 students) with eight sessions in each unit. The topics examined include gender and power and how these shape relationships and violence; understanding consent and respect; and encouraging respectful behaviour for self and others. The implementation of these units can be tailored to the school's needs and the contexts in which the units are used.

Alcohol as a contributor to family violence is not adequately addressed in alcohol education programs and family violence/respectful relationships programs. Our Watch's campaign *The Line* acknowledges alcohol's contribution to violence against women, and research findings around young people's perceptions on alcohol as an excuse for violence have been used on infographics to share on social media.¹³⁸ However there is no specific message communicating that alcohol is never an excuse for violence. There is also no information provided around how individuals can seek help from police and established AOD organisations if they are experiencing, or have experienced, alcohol-related abuse, or if they themselves are consuming alcohol to cope with the trauma they are experiencing.

With school-based education, references to alcohol are largely confined within the context of sexual assault. In the Victorian RREiS project there is a focus on the unacceptability of taking advantage of a

girl or woman who is under the influence of alcohol. However, there is no information about the role of alcohol in family violence.

Alcohol is viewed by some as a mitigating factor in perpetrators' accountability for committing violent acts. NCAS found that one in ten Australians believe that intimate partner violence can be excused if the victim is affected by alcohol; and nine per cent believe that intimate partner violence can be excused if the perpetrator is affected by alcohol.¹³⁹ Young people are also likely to see alcohol as an excuse for violence. Research conducted to inform *The Line* campaign revealed that in young people aged 14 to 24 years, 15 per cent consider it acceptable for a guy to pressure girl for sex if they are both drunk. *The Line* research also found that one in four (24 per cent) do not think that it is serious if a guy who is normally gentle slaps his girlfriend during an argument while he is drunk.¹⁴⁰

Public and school education around the unacceptability of alcohol as an excuse or justification for violence is urgently needed to challenge these views. School-based education projects also need to challenge the use of alcohol as a weapon by perpetrators who put the onus of responsibility on victims to avoid harm. Public and school education campaigns on family violence are often inconsistently or insufficiently funded. Consequently, they are often only of limited duration and unlikely to produce sustained, long term effects.

Policy proposals

Addressing the role of alcohol in family violence

Alcohol as a contributor to family violence should be addressed in both school-based alcohol education programs and in family violence or respectful relationships programs. The Australian Women's Health Network states that the primary aim of anti-family violence campaigns should be to: change attitudes, behaviours and beliefs that normalise and tolerate gender-based violence and violence against children. These campaigns should be victim-centred, hold perpetrators to account and emphasise equality.^{141,142} This education approach is urgently needed to address the concerning number of Australians who condone, excuse and justify family violence if alcohol is involved.

All education campaigns regarding alcohol and family violence should provide advice to the audience on avenues of support where they can seek help. This support would serve the interests of young people who are experiencing, or have experienced, alcohol-related abuse; or if they themselves are consuming alcohol to cope with the trauma they are experiencing or have experienced.

Funding education on alcohol in family violence

School-based campaigns that address the role of alcohol in family violence should be well-funded, ongoing, multifaceted, and form part of a wider strategy of legislative change and reform.^{143,144} Campaigns and programs must be formally evaluated to assess their effectiveness in changing negative attitudes and behaviours, both in the short and long term. Evaluations of programs are discussed in further detail in section 5.

Recommendations

The Royal Commission should recommend that the Victorian Government:

10. Ensure that school-based education campaigns on respectful relationships acknowledge the role of alcohol in family violence.
11. Provide adequate, ongoing funding to programs that educate school students on alcohol and respectful relationships.
12. Formally evaluate school-based education campaigns on alcohol and respectful relationships to assess their effectiveness in changing negative attitudes and behaviours.

5. Systematically collect data on alcohol-related family violence and undertake evaluations of existing programs

Responds to:

- > Term of reference 4: 'Provide recommendations on how best to evaluate and measure the success of strategies, frameworks, policies, programs and services put in place to stop family violence'

There are two main types of data collection methods for family violence and alcohol harms. These are service data (which includes police data and child services data), and survey data (which is usually self-report).

Progress against alcohol and family violence-related strategies and frameworks are described in special evaluation reports, annual reports for the responsible state government department. Presently, the Victorian Government and its agencies collect alcohol harms data on the incidence of:

- family incidents (Victoria Police Law Enforcement Assistance Program)
- the presence of children at reported family incidents (Victoria Police Law Enforcement Assistance Program)
- alcohol involvement in family incidents (Victoria Police Law Enforcement Assistance Program)
- alcohol treatment episodes (Australian Institute of Health and Welfare Alcohol and Other Drug Treatment Services National Minimum Data Set)
- alcohol-related ambulance attendances (Turning Point Alcohol and Drug Centre in collaboration with Ambulance Victoria; via The Victorian drug statistics handbook: patterns of drug use and related harm in Victoria for the period July 2010 to June 2011)
- alcohol-related hospital admissions (Victorian Department of Health)
- alcohol-related assaults (Victoria Police Law Enforcement Assistance Program)
- alcohol-related serious or fatal road injuries (VicRoads).

In December 2013, a liquor licence map was launched by VicHealth, VCGLR and the Emergency Services Telecommunications Agency. The map is an interactive online tool that geo-codes information on the state's individual liquor licences.¹⁴⁵ This tool "provides decision-makers and the community with information at a glance about licence density, and has the potential to improve ambulance response times to alcohol-related accidents and injuries".¹⁴⁶ The map can be used by local councils, government agencies and researchers, to:

- plan and assess liquor licence applications
- research and develop ways to reduce alcohol-related harm in the community
- target high-risk areas for compliance and enforcement action.

What is missing from this tool is geo-located information on the incidence of alcohol harms from ambulance services and police.

In May 2015, the Victorian Government presented *Measuring the toll: The family violence index (Measuring the toll)*.¹⁴⁷ This document declares the government's intention to launch a world-first Family Violence Index to better understand the scale of family violence in Victoria.¹⁴⁸ The index would use data collected from the fields of crime, justice, health, education and the community sector. While it is encouraging to see plans to develop such a tool for tracking and monitoring family violence, the proposal neglects to recognise the involvement of alcohol in family violence. Consequently, what is missing from the index's evidence base (as proposed in *Measuring the toll: The family violence index*) is the inclusion of data on alcohol-related family violence.

Collecting data

Collecting data on family violence is complicated and limited. The data collected for Victoria provides an indication of how many victims and perpetrators of family violence come into contact with Victoria Police and family violence support services or self-report their experience of family violence in surveys.

Due to family violence being a largely 'invisible' problem, self-report is important in providing an indication of the nature and extent of alcohol-related family violence. Survey data for Victoria is collected by the National Drug Strategy Household Survey and the Australian Bureau of Statistics (ABS) Personal Safety Surveys. It is important that these surveys are complemented with data collected through service sectors, such as police and health service data. As many as half of family violence occurrences go unreported.¹⁴⁹ Having a cross-section of different data is important to mitigate limitations such as underreporting.

Data collection for alcohol-related child maltreatment is also limited. Police data tends to include incidents of violence, which include both child abuse and intimate partner violence, and they are reported together under the umbrella of 'domestic assault' or 'family incident'. Recording incidents of alcohol-related child maltreatment separately to intimate partner violence would provide greater detail on the interplay between child maltreatment and prevalence of children affected by alcohol-related family violence. Considerable improvement is also needed in the recording of alcohol involvement in incidents and situations, whether in police reports, in child protection investigations, or in records of other involved agencies such as schools and hospitals.

Evaluation

There is a lack of clarity around how well existing strategies, services and programs benefit victims and perpetrators of family violence. The efficacy of family violence programs and systems in Victoria are not clearly or consistently evaluated to measure the outcomes for clients of these services and systems. The only published evaluation of CRAF was an evaluation of the training rollout for the Family Violence Risk Assessment.¹⁵⁰ This evaluation focused on 'practitioner' engagement in terms of the number of family violence service professionals who are using a framework or strategy. What the evaluation does not capture is:

- whether this framework has facilitated better integration of family violence and AOD support services
- whether increased practitioner engagement has led to improved service delivery outcomes for the victims of family violence.

All programs and services related to family violence and AOD support service provision need to be evaluated consistently and regularly to monitor outcomes for clients, and program cost-effectiveness for government.

Policy proposals

Improve data collection

Consistently collected data is crucial to understanding the prevalence of alcohol-related family violence. Such data enables researchers and policy makers to develop, implement and track the progress of evidence-based alcohol policies. Surveillance of trends over time is important for not only policy development but also service planning.

It is also important to consider a tangible range of data sources. Service sector data including police data, family violence services, alcohol and drug treatment data and hospital data should all seek to gain information on alcohol's involvement in alcohol-related family violence.

Privacy and confidentiality is essential to the collection of data about alcohol and family violence: researchers must ensure that they protect data, especially if it is in any way identifiable.

Evaluate strategies, policies and programs

Data collection and surveillance is a fundamental tool in the evaluation process. Evaluation processes should:

- focus on outcomes for clients
- focus on cost-effectiveness for government
- form an integral part of the implementation of any alcohol-related family violence policies.

As part of its annual reporting cycle, DHHS should provide direct reports on progress against the Victorian Government's family violence and alcohol harm prevention objectives.

These objectives are detailed in the following strategies and frameworks:

- *Victoria's vulnerable children: Our shared responsibility. Strategy 2013-2022*
- *Victoria's action plan to address violence against women & children 2012-2015*
- *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*
- *Policing alcohol harm in Victoria*
- *Strong culture, strong peoples, strong families: Towards a safer future for Indigenous families and communities 10 year plan*
- *Victorian homelessness action plan 2011–2015*

Enhance the VCGLR/VicHealth liquor licence map

The VCGLR/VicHealth liquor licence map is an innovative tool which provides the regulatory authority with a partial indication of liquor outlet and alcohol harm dynamics in particular localities.

While the tool geo-locates liquor outlets as an indication of density, it does not provide an indication of the impact of alcohol harms in the area.

This tool should be enhanced to incorporate alcohol harms data from Victorian ambulance services and police to provide greater insights which would inform regulatory, health and policing authorities when:

- planning and assessing liquor licence applications
- researching and developing localised alcohol harm prevention initiatives
- targeting high-risk areas for compliance and enforcement action.

Include alcohol-related family violence data in the Family Violence Index

The proposal for Victoria's Family Violence Index, *Measuring the toll*, does not include the collection on data on alcohol. *Victoria's vulnerable children*, *Victoria's action plan* and *Reducing the alcohol and drug toll* all recognise alcohol's involvement in family violence. In contrast, *Measuring the toll* does not recognise the involvement of alcohol in family violence.

As a result, data, measures and statistics on the involvement of alcohol in family violence are missing from the index's evidence base (as proposed in *Measuring the toll*). This is a concerning omission given the significant involvement of alcohol in family violence.¹⁵¹

The Royal Commission should recommend that the Victorian Government include measures, statistics and data on alcohol-related family violence in the Family Violence Index. Inclusion of alcohol-related family violence information would ensure that the involvement of alcohol in family violence and efforts to prevent it are accounted for and monitored.

Recommendations

The Royal Commission should recommend that the Victorian Government:

13. Improve data collection on family violence and the involvement of alcohol, and publically report on this data to inform policy and research.
14. Ensure that plans and programs for family violence are appropriately evaluated so that they can inform future practice.
15. Enhance VCGLR and VicHealth's liquor licence map further by including incidence of alcohol-related harms data, including family violence, on the map to better inform decision-making by VCGLR on future liquor licence applications.
16. Include measures, statistics and data on alcohol-related family violence in the *Family Violence Index*.

Relevant research and experts in the field of alcohol and family violence

Policies at all levels of government which respond to alcohol and family violence should be based on a credible evidence base. Relevant research by FARE in relation to the Australian context of alcohol's involvement in family violence are described in this section. Australian researchers in this field and their key research articles in this area of interest are also listed in this section.

This research evidence should be referred to by the Royal Commission in its report and recommendations to the Victorian Government.

Relevant research

FARE has released the following publications which examine the role of alcohol in the incidence of family and intimate partner violence and policy responses:

- *The range and magnitude of alcohol's harm to others* (August 2010) (*Harm to others*).
- *The hidden harm: Alcohol's impact on children and families* (February 2015) (*The hidden harm*) – Appendix A.
- *Policy options paper: Preventing alcohol-related family and domestic violence* (February 2015) (*Policy options paper*) – Appendix B.

Harm to others (2010) provides both a broad overview and detailed insight into the public health impacts of alcohol from others' drinking on Australians. The report is informed by a survey commissioned for the study, population surveys and data collected from social and health agencies across Australia. *Harm to others* (2010) addresses a number of critical questions:

- How many Australians are affected by others' drinking?
- Who is affected?
- What is the relationship between those who have been affected and the drinker?
- How are Australians affected or harmed?
- What are the costs for others – in trouble, in time, in money?

The hidden harm report focuses on the findings related to children and families from surveys conducted in 2008 and 2011 for FARE's *Harm to others* research. *The hidden harm* also collates other data from a range of sources to supplement these findings to analyse how Australian children and families have been affected by the drinking of others, especially family members.

FARE's *Policy options paper* proposes policies and programs to Australian governments for the prevention of alcohol-related family and intimate partner violence. The policy and program options proposed in the paper have been developed in consultation with professionals with expertise in public health, child protection and intimate partner violence. This *Policy options paper* uses a public health model of prevention to present policy and program options that range from prevention through to supporting those affected by violence.

List of experts in the field of alcohol's involvement in family violence

Victoria has a concentration of world-class experts in the field of alcohol's involvement in family violence. The Royal Commission should consider asking the experts listed below to appear before the Inquiry and provide their expert insights into the involvement of alcohol in family violence.

Alcohol's harm to others: children

- Dr Anne-Marie Laslett, Research Fellow at the Centre for Alcohol Policy Research (CAPR) at Turning Point Alcohol and Drug Centre in Melbourne, Victoria.

Alcohol's harm to others: Beyond the drinker

- Professor Robin Room, Director of CAPR and Professor of Alcohol Policy Research at the School of Population Health of the University of Melbourne.
- Dr Anne-Marie Laslett, CAPR.

Liquor outlets and violence

- Professor Robin Room, CAPR, University of Melbourne.
- Professor Tanya Chikritzhs, National Drug Research Institute at Curtin University.
- Associate Professor Peter Miller, Principal Research Fellow at the Deakin University School of Psychology.
- Dr Michael Livingston, CAPR and National Drug and Alcohol Research Centre (NDARC) at the University of NSW.

Alcohol and family violence: women's experiences

- Professor Angela Taft, Director of the Judith Lumley Centre at La Trobe University School of Nursing and Midwifery.
- Ms Ingrid Wilson, PhD candidate at La Trobe University.

Recommendation

17. The Royal Commission should consider the research referred to in this submission in preparing its policy responses; further, the Royal Commission should consider asking the experts on alcohol and family violence referred to in this submission to appear before the Inquiry.

References

- ¹ Senate Standing Committees on Finance and Public Administration. (2015). *Current inquiries*. Retrieved from: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration
- ² Queensland Government Special Taskforce on Domestic and Family Violence in Queensland (2015). *Read the report and recommendations*. Retrieved from: <https://www.qld.gov.au/community/getting-support-health-social-issue/dfv-read-report-recommendation/index.html>
- ³ Victoria Police Corporate Statistics Division. (2014). Alcohol involvement in family incidents. Statistics provided by Victorian Police. In FARE. (2014). *The state of play: alcohol in Victoria*, Canberra: FARE, p.16.
- ⁴ Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- ⁵ Babor et al. (2010). *Alcohol no ordinary commodity research and public policy: Second edition*. Oxford University Press.
- ⁶ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: WHO.
- ⁷ Council of Australian Governments. (2011). *National Plan to Reduce Violence against Women and their Children 2010-2022*. Canberra: Commonwealth of Australia, p.15.
- ⁸ World Health Organization. (n.d.). *Intimate partner violence and alcohol fact sheet*. Retrieved from: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf
- ⁹ World Health Organization (2006). *WHO facts on: Child maltreatment and child abuse*. Retrieved from: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf
- ¹⁰ Victoria Police Corporate Statistics Division. (2014). Alcohol involvement in family incidents. Statistics provided by Victorian Police. Cited in FARE. (2014). *The state of play: Alcohol in Victoria*, Canberra: FARE, p.16.
- ¹¹ Australia's National Research Organisation for Women's Safety (ANROWS). (2013). *Violence against women: Key statistics*. Pg 1. Sydney: Australia's National Research Organisation for Women's Safety and the Foundation to Prevent Violence Against Women and their Children. Retrieved from: <http://www.anrows.org.au/sites/default/files/Violence-Against-Australian-Women-Key-Statistics.pdf>
- ¹² United Nations, General Assembly. (2006). *Ending violence against women: From words to action, study of the Secretary General*. Retrieved from: http://www.un.org/womenwatch/daw/public/VAW_Study/VAWstudyE.pdf.
- ¹³ Australian Women's Health Network. (2014). *Health and the primary prevention of violence against women*. Victoria: Australian Women's Health Network.
- ¹⁴ VicHealth. (2004). *The health costs of violence: Measuring the burden of disease caused by intimate partner violence: A summary of findings*. Victoria: Victorian Health Promotion Foundation.
- ¹⁵ Laslett, AM., Mugavin, J. Jiang. H., Manton, E., Callinan, S., MacLean, S., & Room R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research, Foundation for Alcohol Research and Education, p.83.
- ¹⁶ Laslett, AM., Mugavin, J. Jiang. H., Manton, E., Callinan, S., MacLean, S., & Room R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research, Foundation for Alcohol Research and Education, p.87.
- ¹⁷ Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy, Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- ¹⁸ World Health Organization/London School of Hygiene and Tropical Medicine. (2010). Op. cit.
- ¹⁹ Foundation for Alcohol Research and Education (2015) *Annual alcohol poll: Attitudes and behaviours*. Canberra: FARE.
- ²⁰ Victoria Commission for Gaming and Liquor Regulation (VCGLR). (n.d.). *Guidelines for responsible liquor advertising and promotions*. Melbourne: VCGLR. Retrieved from: http://assets.justice.vic.gov.au/vcglr/resources/9f470ae4-b191-46ff-8a58-59211e71e5a6/guidelinesforadvertisingpromotions_lowres.pdf
- ²¹ Foundation for Alcohol Research and Education. (2014). *The state of play: Alcohol in Victoria*. Canberra: FARE
- ²² Heffernan, M. (2 April 2015). Where are our beer caves? Convenience stores want US-style alcohol sales. Sydney Morning Herald. Retrieved from: <http://www.smh.com.au/business/retail/where-are-our-beer-caves-convenience-stores-want-usstyle-alcohol-sales-20150401-1mcui9.html>

-
- 23 Roche, A.M. & Steenson, T. (2014). Liquor licensing in Australia: An overview of the legislative frameworks. Chapter 2 in Manton, E., room, R., Giorgi, C., Thorn, M., eds. (2014). *Stemming the tide of alcohol: Liquor licensing and the public interest*. Canberra: FARE in collaboration with The University of Melbourne, p.11.
- 24 Foundation for Alcohol Research and Education. (2014) *The state of play: Alcohol in Victoria*, p.10. Canberra: FARE.
- 25 Foundation for Alcohol Research and Education. (2014) *The state of play: Alcohol in Victoria*, p.11. Canberra: FARE.
- 26 Victorian Commission for Gambling and Liquor Regulation. (2015). *Restrictions on applications for late night licences*. Retrieved from:
<http://www.vcglr.vic.gov.au/home/liquor/new+applicants/licence+application+requirements/restrictions+on+ap plications+for+late+night+licences/>
- 27 Foundation for Alcohol Research and Education. (2014) *The state of play: Alcohol in Victoria*, Canberra: FARE, p.11.
- 28 Babor et al. (2010). *Alcohol no ordinary commodity research and public policy: Second edition*. Oxford University Press.
- 29 Chikritzhs, T. N., & Stockwell, T.R. (2002). The impact of later trading hours for Australian public houses (hotels) on levels of violence. *Journal of Studies on Alcohol*. 63(5): 591-599.
- 30 Chikritzhs, T. & Stockwell, T. (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction*: 1254-64.
- 31 Liang, W. & Chikritzhs, T. (2010). Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. *Drug and Alcohol Review*. 30, 524-535.
- 32 Morrison, C. & Smith, K. (2015). *Disaggregating relationships between off-premise alcohol outlets and trauma*. Canberra: Monash University, Ambulance Victoria and Foundation for Alcohol Research and Education.
- 33 Donnelly, N., Menendez, P., & Mahoney, N. (2014). The effect of liquor licence concentrations in local areas on rates of assault in New South Wales. *Contemporary Issues in Crime and Justice*. No. 81. Sydney: Bureau of Crime Statistics and Research.
- 34 Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5); 919-925.
- 35 World Health Organization. (2006). *WHO facts on: Child maltreatment and alcohol*. Retrieved from:
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf
- 36 Kypri, K., Jones, C., McElduff, P. & Barker, D. (2011). Effects of restricting pub closing times on night-time assaults. *Addiction* 106(2): 303–310.
- 37 Ibid.
- 38 Kypri, K., McElduff, P. & Miller, P. (2014). Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. *Drug and Alcohol Review*, 33, 323–326.
- 39 Menéndez, P., Weatherburn, D., Kypri, K. & Fitzgerald, J. (2015). Lockouts and last drinks: The impact of the January 2014 liquor licence reforms on assaults in NSW, Australia. *Crime and Justice Bulletin: Contemporary Issues in Crime and Justice*, Number 183. Retrieved from:
<http://www.bocsar.nsw.gov.au/Documents/CJB/CJB183.pdf>
- 40 Horverak, Ø. (1983). The 1978 strike at the Norwegian wine and spirits monopoly. *British Journal of Addiction*. 78(1): 51-66.
- 41 Kinnane, S., Farrington, F., Henderson-Yates, L., & Parker, H., (2010). *Fitzroy Valley alcohol restriction report: An evaluation of the effects of a restriction on take-away alcohol relating to measurable health and social outcomes, community perceptions and behaviours after a two year period*. University of Notre Dame for the Drug and Alcohol Office of Western Australia. Retrieved from:
http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=376&PortalId=0&TabId=211
- 42 Livingston, M. (2011) A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106:919-925.
- 43 Morrison, C. & Smith, K (2015). *Disaggregating relationships between off-premise alcohol outlets and trauma*. Canberra: Monash University, Ambulance Victoria and Foundation for Alcohol Research and Education.
- 44 Donnelly, N., Menendez, P., & Mahoney, N. (2014). The effect of liquor licence concentrations in local areas on rates of assault in New South Wales. *Contemporary Issues in Crime and Justice* No. 81. Sydney: Bureau of Crime Statistics and Research.
- 45 Livingston, M. & Victorian Health Promotion Foundation (VicHealth). (2011). *Using geocoded liquor licensing data in Victoria–The socioeconomic distribution of alcohol availability in Victoria*. Retrieved from:
<https://www.vichealth.vic.gov.au/media-and-resources/publications/report-on-liquor-outlets-and-socio-economic-areas-in-victoria>
- 46 World Health Organization. (2006). WHO facts on: Child maltreatment and child abuse. Retrieved from:
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf
- 47 Livingston, M. (2012). The social gradient of alcohol availability in Victoria, Australia. *Australian and New Zealand Journal of Public Health*. Vol 36 (1). Pp 41-47.

-
- 48 Victoria Commission for Gaming and Liquor Regulation (VCGLR). (2014). Objecting to a liquor licence application. Retrieved from:
<http://www.vcglr.vic.gov.au/utility/community/objections+and+complaints/objecting+to+a+licence+application/>
- 49 Hadfield, P. & Measham, F. (2009). England and Wales. Cited in Hadfield, P. (ed), *Nightlife and Crime: Social Order and Governance in International Perspective*. New York: Oxford University Press Inc., pp.19-50.
- 50 Matthews, S. (2009). *To compare regulatory and planning models which reduce crime in the night time economy*. Sydney: The Churchill Memorial Trust of Australia.
- 51 Victorian Commission for Gambling and Liquor Regulation. (2015). *Responsible alcohol advertising and promotions*. Retrieved from:
<http://www.vcglr.vic.gov.au/home/liquor/standard+licence+obligations/responsible+alcohol+advertising+and+promotions/>
- 52 Victorian Commission for Gambling and Liquor Regulation. (n.d.). *Guidelines for responsible liquor advertising and promotions*. Retrieved from:
http://assets.justice.vic.gov.au/vcglr/resources/9f470ae4-b191-46ff-8a58-59211e71e5a6/guidelinesforadvertisingpromotions_lowres.pdf
- 53 Ibid.
- 54 Victorian Commission for Gambling and Liquor Regulation. (n.d.). *Promotions banned by the VCGLR*. Retrieved from:
<http://www.vcglr.vic.gov.au/home/laws+and+regulations/compliance+and+enforcement/enforcement/promotions+banned+by+the+vcglr>
- 55 Victorian Commission for Gambling and Liquor Regulation. (n.d.). *Guidelines for responsible liquor advertising and promotions*. Retrieved from:
http://assets.justice.vic.gov.au/vcglr/resources/9f470ae4-b191-46ff-8a58-59211e71e5a6/guidelinesforadvertisingpromotions_lowres.pdf
- 56 Victorian Commission for Gambling and Liquor Regulation. (2015). *Responsible alcohol advertising and promotions*. Retrieved from:
<http://www.vcglr.vic.gov.au/home/liquor/standard+licence+obligations/responsible+alcohol+advertising+and+promotions/>
- 57 World Health Organization. (2012). *Addressing the harmful use of alcohol: A guide to developing effective alcohol legislation*. Geneva: WHO.
- 58 Kuo, M., Wechsler, H., Greenberg, P., & Lee, H. (2003). The marketing of alcohol to college students: The role of low prices and special promotions. *American Journal of Preventive Medicine* 25(3): 204-211.
- 59 Meier, P., Booth, A., Stockwell, A., Sutton, A., Wilkinson, A., & Wong, R. (2008). *Independent review of the effects of alcohol pricing and promotion. Part A: Systematic Reviews*. Sheffield: the University of Sheffield.
- 60 Jones, S.C., Barrie, L., Robinson, L., Allsop, S., & Chikritzhs, T. (2012). Point-of-sale alcohol promotions in the Perth and Sydney metropolitan areas. *Drug and Alcohol Review* 31, pp.803–808.
- 61 Ibid.
- 62 Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systemic review of longitudinal studies. *Alcohol and Alcoholism* 44:229-43.
- 63 Pettigrew, S., Roberts, M., Pescud, M., Chapman, K., et al. (2012). The extent and nature of alcohol advertising on Australian television. *Drug and Alcohol Review* 31, pp.797–802.
- 64 Foundation for Alcohol Research and Education. (2014) *Annual alcohol poll: Attitudes and behaviours*. Canberra: FARE.
- 65 Giorgi, C. (2014). *Shopper dockets: The OLGR investigation*. Retrieved from:
<http://drinktank.org.au/2014/05/shopper-dockets-the-olgr-investigation/>
- 66 Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- 67 Victoria Police Corporate Statistics Division. (2014). Alcohol involvement in family incidents. Statistics provided by Victorian Police. In FARE. (2014). *The state of play: alcohol in Victoria*, Canberra: FARE, p.16.
- 68 Babor et al. (2010). *Alcohol no ordinary commodity research and public policy: Second edition*. Oxford University Press.
- 69 Swan, S., Farber, S. & Campbell, D. (2000). Violence in the lives of women in substance abuse treatment: Service and policy implications. Cited in Braaf, R. (2012). *Elephant in the room: Responding to alcohol misuse and domestic violence*. Australian Domestic & Family Violence Clearinghouse Issues Paper no.24.
- 70 Galvani, S. (2010). *Grasping the nettle: Alcohol and domestic violence*. London: Alcohol Concern.
- 71 Aramburu, B., & Leigh, B. (1991). For better or worse: Attributions about drunken aggression toward male and female victims. *Violence and Victims*. 6(1):31–42. Retrieved from:
<http://www.ncbi.nlm.nih.gov/pubmed/1859805>

-
- 72 Closing the Gap Clearinghouse (AIHW, AIFS) (2010). *Reducing the harm from alcohol and other drug related harm: Resource Sheet no 3* produced for the Closing the Gap Clearinghouse – Gray D and Wilkes, E. Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute of Family Studies.
- 73 Gray D. & Wilkes, E. (2010). *Reducing alcohol and other drug related harm*. Canberra: Australian Institute of Health and Welfare, Closing the Gap Clearinghouse.
- 74 Braaf, R. (2012). *Elephant in the room: Responding to alcohol misuse and domestic violence*. Australian Domestic & Family Violence Clearinghouse Issues Paper no.24.
- 75 Keel, M. (2004). *Family violence and sexual assault in Indigenous communities: "Walking the Talk" Briefing No.4*. Australian Institute of Family Studies. Retrieved from:
<http://www.aifs.gov.au/acssa/pubs/briefing/b4.html>
- 76 Bennett, B, (1997). Domestic violence. *Aboriginal and Islander Health Worker Journal*. p14.
- 77 World Health Organization. (2014). *Child maltreatment, Factsheet 150*. Retrieved from:
<http://www.who.int/mediacentre/factsheets/fs150/en/>
- 78 Centre for Disease Control and Prevention, National Center for Injury Prevention and Control (2014). *Child maltreatment: Risk and protective factors*. Retrieved from:
<http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>
- 79 World Health Organization. (2014). *Child maltreatment, Factsheet 150*. Retrieved from:
<http://www.who.int/mediacentre/factsheets/fs150/en/>
- 80 Arney, F., & Scott, D. (2010). *Working with vulnerable families: A partnership approach*. Cambridge, Cambridge University Press.
- 81 Northern Territory Government. (2007). *Ampe Akelyernemane Meke Mekarle "Little children are sacred" Report of the Northern Territory Board of Inquiry into the protection of Aboriginal children from sexual abuse 2007*. Darwin: Northern Territory Government p162.
- 82 Dawe, S. (2008). Identifying parental substance use and misuse in clinical practice. *Family Relationships Quarterly*. Issue 7. Retrieved from:
<http://www.pupprogram.net.au/media/2934/dawe2008frq.pdf>
- 83 World Health Organization. (2006). *WHO facts on: Child maltreatment and child abuse*. Retrieved from:
http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf
- 84 Budde, S. & Harden, A. (2003). *Substance-exposed infants in Illinois 1988-2001: Trends in caseloads, placement and subsequent maltreatment*. Report to the Children and Family Research Center at the University of Illinois at Urbana-Champaign.
- 85 Fuchs, D., Burnside, L., Marchenski, S. & Mudry, A. (2005). *Children with disabilities receiving services from child welfare agencies in Manitoba*. Winnipeg, MB: Center of Excellence for Child Welfare.
- 86 Walker, P. (2012). *Submission to the Inquiry into Foetal Alcohol Spectrum Disorder*. House Standing Committee on Social Policy and Legal Affairs: Fetal Alcohol Spectrum Disorder in the Child Protection System: Opportunities for Prevention and Intervention.
- 87 Walker, P. (2014). *Submissions to the Northern Territory Government select committee on action to prevent Foetal Alcohol Spectrum Disorders: Reducing the harms of FASD in the Northern Territory through prevention and intervention*. Retrieved from:
<http://www.nt.gov.au/lant/parliamentary-business/committees/fasd/Submissions/Submission Number 17 Prue Walker.pdf>
- 88 Gearing, R., McNeill, T. & Lozier, F. (2005). *Father involvement and Fetal Alcohol Spectrum Disorder: Developing best practice*. JFAS International, The Hospital for Sick Children, Toronto.
- 89 Dawe, S., and Harnett, P. in Eds Arney, F., & Scott, D. (2010). *Working with vulnerable families: A partnership approach*. Cambridge, Cambridge University Press.
- 90 Domestic Violence Victoria. (2014). *Submission to the Australian Senate Inquiry into domestic violence in Australia*. Submission 124, p.10. Melbourne: DHS.
- 91 Our Watch. (2015). *Working with culturally and linguistically diverse communities (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/Culturally-and-Linguistically-Diverse-Communities](http://www.ourwatch.org.au/What-We-Do-(1)/Culturally-and-Linguistically-Diverse-Communities)
- 92 Our Watch. (n.d.). *Reducing violence against women and their children community of practice (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/Reducing-Violence-against-Women-and-their-Children](http://www.ourwatch.org.au/What-We-Do-(1)/Reducing-Violence-against-Women-and-their-Children)
- 93 Our Watch. (n.d.). *Strengthening hospital responses to family violence (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/%E2%80%8BStrengthening-Hospital-Responses-to-Family-Violence](http://www.ourwatch.org.au/What-We-Do-(1)/%E2%80%8BStrengthening-Hospital-Responses-to-Family-Violence)
- 94 Victorian Government Department of Human Services. (2014). *Annual report 2013-14*, p.13.
- 95 Victorian Department of Human Services. (n.d.). *Family violence risk assessment and risk management framework*. Retrieved from:
<http://www.dhs.vic.gov.au/for-service-providers/workforce,-careers-and-training/workforce-training/child,-youth-and-family-services-workforce/family-violence-and-risk-assessment,-and-risk-management-training>

-
- ⁹⁶ Victorian Department of Planning and Community Development. (2010). *The Victorian family violence risk assessment and risk management framework: Summary of the evaluation report of the statewide training program*. Retrieved from:
http://www.dhs.vic.gov.au/data/assets/pdf_file/0003/643566/CRAF_Evaluation_Summary_Report_PDF.pdf
- ⁹⁷ Ibid., p.2.
- ⁹⁸ Ibid.
- ⁹⁹ Victorian DHS. (2015). *Family violence referral protocol between DHS and Victoria Police*. Retrieved from:
<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/family-violence-referral-protocol-between-dhs-and-victoria-police>
- ¹⁰⁰ Ibid.
- ¹⁰¹ Foundation for Alcohol Research and Education. (2014). *The state of play: Alcohol in Victoria*. Canberra: FARE.
- ¹⁰² VAADA. (2012). *Addressing violence against women and their children action plan consultation framework*. P.4. Retrieved from:
<http://www.vaada.org.au/wp-content/uploads/2013/03/VAADA-submission-FV-action-plan-FINAL.pdf>
- ¹⁰³ Ibid., p.5.
- ¹⁰⁴ Hirschel, D. & Hutchison, I. (2011). Unravelling the relative contributions of his, her, and their drinking to the likelihood of arrest in intimate partner violence cases. *Journal of interpersonal violence*, 26(15), 3050-3079.
- ¹⁰⁵ Ava Project (2010). *Against violence and abuse: Stella Project*. Retrieved from:
<http://www.avaproject.org.uk/our-projects/stella-project.aspx>
- ¹⁰⁶ Nicholas, R., White, M., Roche, AM., Gruenert, S. & Lee, N. (2012). *Breaking the silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia*. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA, p.15.
- ¹⁰⁷ Council of Australian Governments. (2011). *National plan to reduce violence against women and their children*. Canberra: Council of Australian Governments.
- ¹⁰⁸ Our Watch. (2015). *Strengthening hospital responses to family violence (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/%E2%80%8BStrengthening-Hospital-Responses-to-Family-Violence](http://www.ourwatch.org.au/What-We-Do-(1)/%E2%80%8BStrengthening-Hospital-Responses-to-Family-Violence)
- ¹⁰⁹ Nicholas, R., White, M., Roche, AM., Gruenert, S. and Lee, N. (2012). *Breaking the silence: Addressing family and domestic violence problems in alcohol and other drug treatment practice in Australia*. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide
- ¹¹⁰ Ibid.
- ¹¹¹ Foundation for Alcohol Research and Education. (2015). *Policy options paper: Preventing alcohol-related family and domestic violence*. Canberra: FARE.
- ¹¹² Braaf, R. (2012). *Elephant in the room: Responding to alcohol misuse and domestic violence*. Australian Domestic & Family Violence Clearinghouse Issues Paper no.24.
- ¹¹³ VicHealth. (2014). *Australians' attitudes to violence against women*. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS). Victoria: Victorian Health Promotion Foundation.
- ¹¹⁴ Hall & Partners, Open Mind, & Our Watch (2015) *The Line campaign: Summary of research findings*. P.5. Prepared for Our Watch by Hall & Partners, Open Mind.
- ¹¹⁵ Babor et al. (2010). *Alcohol no ordinary commodity research and public policy: Second edition*. Oxford University Press.
- ¹¹⁶ Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- ¹¹⁷ Fromme, K., Katz, E. & Assaad, J. (1997). Effects of alcohol intoxication on the perceived consequences of risk taking. *Experimental and Clinical Psychopharmacology*. Vol. 5, issue 1, pp. 14 – 23.
- ¹¹⁸ Graham, K., Bernardis, S., Wilsnack, S.C. & Gmel, G. (2010). Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence. *Journal of Interpersonal Violence*. Vol. 26, issue 8, pp. 1503-1523.
- ¹¹⁹ Bennet, L. & Bland, P. (2008). *Substance abuse and intimate partner violence*. Pennsylvania: National Resource Centre on Domestic Violence.
- ¹²⁰ Australian Government Department of Social Services. *The national plan to reduce violence against women - questions and answers*. Retrieved from:
<https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children/the-national-plan-to-reduce-violence-against-women-questions-and-answers>
- ¹²¹ Victorian Government Department of Human Services. (n.d.). *Framework for comprehensive assessment in men's behaviour change*. Retrieved from:
<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/framework-for-comprehensive-assessment-in-mens-behaviour-change>

-
- ¹²² Victorian Government Department of Human Services. (n.d.). *Enhancing access to mens behaviour change program*. Retrieved from:
<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/enhancing-access-to-mens-behaviour-change-program>
- ¹²³ Victorian Government Department of Human Services. (2009). *Men who use violent and controlling behaviours: A framework for comprehensive assessment in men's behaviour change programs*. P.6 Retrieved from:
http://www.dhs.vic.gov.au/_data/assets/pdf_file/0020/581024/framework-assessment-mens-behaviour-change-2009v1.pdf
- ¹²⁴ Victorian Government Department of Human Services. (2009). *Enhancing access to men's behaviour change programs: Service intake model and practice guide*. Retrieved from:
http://www.dhs.vic.gov.au/_data/assets/pdf_file/0017/581030/service-intake-practice-guide-mens-behaviour-change-programs-2009.pdf
- ¹²⁵ Victorian Government Department of Human Services. *Enhancing access to mens behaviour change program*. Retrieved from:
<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/enhancing-access-to-mens-behaviour-change-program>
- ¹²⁶ Victorian Government Department of Human Services. (2009). *Men who use violent and controlling behaviours: A framework for comprehensive assessment in men's behaviour change programs*. P.31 Retrieved from:
http://www.dhs.vic.gov.au/_data/assets/pdf_file/0020/581024/framework-assessment-mens-behaviour-change-2009v1.pdf
- ¹²⁷ Ibid.
- ¹²⁸ Office of the Attorney General, South Dakota. '24/7 Sobriety Program' website. Available at:
<http://apps.sd.gov/atg/dui247/>
- ¹²⁹ Kilmer, B., Nicosia, M., Heaton, P., and Midgette, G. (2012). 'Efficacy of Frequent Monitoring with Swift, Certain, and Modest Sanctions for Violations: Insights from South Dakota 24/7 Sobriety Project', *American Journal of Public Health*, v. 103, no. 1, Jan. 2013, p. e37-e43.
- ¹³⁰ VAADA. (2012). *Addressing violence against women and their children action plan consultation framework*. P.3. Retrieved from:
<http://www.vaada.org.au/wp-content/uploads/2013/03/VAADA-submission-FV-action-plan-FINAL.pdf>
- ¹³¹ Ibid.
- ¹³² Turning Point Social Marketing National Excellence Collaborative. (n.d.). *The basics of social marketing*. Retrieved from:
http://socialmarketingcollaborative.org/smc/pdf/Social_Marketing_Basics.pdf
- ¹³³ The Hon Tony Abbott MP, Prime Minister of Australia. (4 March 2015). *National awareness campaign to reduce violence against women and their children*. Media release. Retrieved from:
<https://www.pm.gov.au/media/2015-03-04/national-awareness-campaign-reduce-violence-against-women-and-children>
- ¹³⁴ Our Watch. (n.d.). *Respectful relationships education in schools (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/Respectful-Relationships-Education-in-Schools-\(Vic\)](http://www.ourwatch.org.au/What-We-Do-(1)/Respectful-Relationships-Education-in-Schools-(Vic))
- ¹³⁵ State Government of Victoria, Department of Education and Early Childhood Development. (2009). *Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools*. Melbourne: State Government of Victoria, Department of Education and Early Childhood Development.
- ¹³⁶ Our Watch. (n.d.). *Respectful relationships education in schools (Victoria)*. Retrieved from:
[http://www.ourwatch.org.au/What-We-Do-\(1\)/Respectful-Relationships-Education-in-Schools-\(Vic\)](http://www.ourwatch.org.au/What-We-Do-(1)/Respectful-Relationships-Education-in-Schools-(Vic))
- ¹³⁷ State Government of Victoria Department of Education and Early Childhood Development. (n.d.). *Building respectful relationships: Stepping out against gender-based violence*. Retrieved from:
<http://www.education.vic.gov.au/school/teachers/health/pages/respectrel.aspx>
- ¹³⁸ Our Watch. (2015). *The Line*. Retrieved from: [http://www.ourwatch.org.au/What-We-Do-\(1\)/The-Line](http://www.ourwatch.org.au/What-We-Do-(1)/The-Line)
- ¹³⁹ VicHealth. (2014). *Australians' attitudes to violence against women*. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS). Victoria: Victorian Health Promotion Foundation.
- ¹⁴⁰ Hall & Partners, Open Mind, & Our Watch (2015) *The Line campaign: Summary of research findings*, p.5. Prepared for Our Watch by Hall & Partners, Open Mind.
- ¹⁴¹ Australian Women's Health Network. (2014). *Position paper: Health and the primary prevention of violence against women*. Australian Women's Health Network.
- ¹⁴² State Government of Victoria, Department of Education and Early Childhood Development. (2009). *Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools*. Melbourne: State Government of Victoria, Department of Education and Early Childhood Development.
- ¹⁴³ Durkin, S., Brennan, E. & Wakefield, M. 2012. Mass media campaigns to promote smoking cessation among adults: An integrative review. *Tobacco Control* 21:127-138.

-
- ¹⁴⁴ Turning Point Social Marketing National Excellence Collaborative. (n.d.). *The basics of social marketing*. Retrieved from:
http://socialmarketingcollaborative.org/smc/pdf/Social_Marketing_Basics.pdf
- ¹⁴⁵ Victorian Commission for Gaming and Liquor Regulation. (2013). *VCGLR liquor licences map*. Retrieved from:
<http://www.geomaps.vcglr.vic.gov.au/>
- ¹⁴⁶ VicHealth. (2014). *Year in review 2013-14*. p.46. Retrieved from:
<https://www.vichealth.vic.gov.au/about/annual-reports>
- ¹⁴⁷ Fiona Richardson MP, Minister for the Prevention of Family Violence. (2015). *Measuring the Toll: the Family Violence Index*. Retrieved from:
<https://4a5b508b5f92124e39ff-ccd8d0b92a93a9c1ab1bc91ad6c9bfdb.ssl.cf4.rackcdn.com/2015/05/150518-Measuring-the-Toll-The-Family-Violence-Index.pdf>
- ¹⁴⁸ Premier of Victoria. (2015). *World first index to measure family violence*. Media release, 17 May 2015. Retrieved from:
<http://www.premier.vic.gov.au/world-first-index-to-measure-family-violence>
- ¹⁴⁹ Birdsey, E. & Snowball, L. (2013). *Reporting violence to police: A survey of victims attending domestic violence services*. Crime and Justice Statistics, NSW Bureau of Crime and Statistics, Issue paper no.91.
- ¹⁵⁰ Victorian Department of Planning and Community Development. (2010). *The Victorian family violence risk assessment and risk management framework: Summary of the evaluation report of the statewide training program*. P.6. Retrieved from:
http://www.dhs.vic.gov.au/_data/assets/pdf_file/0003/643566/CRAF_Evaluation_Summary_Report_PDF.pdf
- ¹⁵¹ Victoria Police Corporate Statistics Division. (2014). Alcohol involvement in family incidents. Statistics provided by Victorian Police. Cited in FARE. (September 2014). *The state of play: Alcohol in Victoria*, Canberra: FARE, p.16.



Foundation for Alcohol Research & Education

PO Box 19, Deakin West ACT 2600
Level 1, 40 Thesiger Court Deakin ACT 2600
Ph 02 6122 8600
info@fare.org.au
www.fare.org.au

ISBN 978-0-9942641-8-3