



Submission in response to the Issues Paper of the Royal Commission into Family Violence (RCFV).

Executive Summary

Alcohol consumption plays a significant role in family violence. The Alcohol Policy Coalition (APC) maintains that any plan to prevent family violence must respond to the role that alcohol plays in the incidence and severity of alcohol-related family violence. Accordingly, the APC recommends:

1. Stronger regulatory controls on liquor availability.
 2. Improved data collection to inform future policy developments.
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Introduction

Alcohol is a significant contributor to family violence,^{1,2} increasing both the likelihood of violence occurring and the severity of harms experienced³. This association has been recognised by the World Health Organization (WHO) and the Council of Australian Governments^{4,5}. Alcohol is also consistently identified as a significant contributor to child protection cases across Australia⁶.

WHO has gathered a body of evidence on the relationship between alcohol use and intimate partner violence⁷. They include that:

- Alcohol use and domestic violence may both be linked to the same underlying factors (i.e. low socio-economic status, impulsive personality);

¹ Donnelly, N., Menendez, P. and 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. 181 (December 2014). Sydney: NSW Bureau of Crime Statistics and Research.

² Livingston M (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5); 919-925.

³ 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. and Wilkinson, C. (2010). The range and magnitude of alcohol's harm to others. Fitzroy, Victoria: AER Centre for Alcohol Policy, Research, Turning Point Alcohol and Drug Centre, Eastern Health.

⁴ World Health Organization (WHO)/London School of Hygiene and Tropical Medicine. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization.

⁵ Council of Australian Governments. (2011). National plan to reduce violence against women and their children. P.15.

⁶ Meredith, V and Rhys Price-Robertson, R., (2011). *Alcohol misuse and child maltreatment*. NCPC Resource Sheet No 27. Melbourne: Australian Institute of Family Studies.

<https://www3.aifs.gov.au/cfca/publications/alcohol-misuse-and-child-maltreatment>

⁷ World Health Organization. Intimate partner violence and alcohol fact sheet.

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf.

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

Police data from Victoria demonstrates the high proportion of reported family violence incidents that involve alcohol. In 2012-13 there were 60,055 incidents of family violence of which 14,015 were recorded as having the 'definite' involvement of alcohol and a further 13,834 incidents with the 'possible' involvement of alcohol. Alcohol is, therefore, at least partially implicated in up to 46 per cent of reported family violence incidences in Victoria⁸.

Increases in the availability of alcohol in terms of trading hours and the density of on-and off-licence outlets contributes to increased alcohol harms,⁹ including family violence and child maltreatment¹⁰. For example, a Victorian study on alcohol outlet density and alcohol harms concluded that a 10 per cent increase in the density of packaged liquor outlets is associated with an approximately 3.3 per cent increase in domestic assaults¹¹.

This is particularly concerning for Victoria as the state that hosts the greatest number of liquor licenses¹², with 19,978 active liquor licences in 2012-13¹³. Between 2003 and 2012

⁸ Law Enforcement Assistance Program (LEAP) data extracted 18 July 2014, Victoria Police.

⁹ Liang, W and Chikritzhs., T (2010). Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. *Drug and Alcohol Review*. 30, 524-535.

¹⁰ World Health Organization. (2006). WHO facts on: Child maltreatment and alcohol. World Health Organization, Geneva. Retrieved from:

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf.

¹¹ Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*, 106(5):919-925.

¹² Roche, A.M. and Steenson, T. (August 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: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, p.11.

¹³ Foundation for Alcohol Research and Education (FARE). (2014). *The State of Play: Alcohol in Victoria*, Canberra: FARE. <http://www.fare.org.au/wp-content/uploads/2014/09/VIC-Harms-Paper-FINAL-Sep-2014.pdf>

Victorian licensed premises increased by 21 per cent¹⁴. Over the same time period ambulance attendances for alcohol-related matters/injuries doubled and alcohol-related family violence incidents increased by 85 per cent¹⁵.

Submission outline

This submission will address certain questions raised in the RCFV's Issues Paper that relate to the role of alcohol, and alcohol policy to family violence.

Accordingly, our comments are directed to the following sections of the Issues Paper:

1. **Reducing/preventing family violence**
2. **Ensuring the safety of people affected by family violence**
3. **Family violence and particular groups and communities**

Reducing/preventing family violence

Question Six: *What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?*

Section 44 of the *Liquor Control Reform Act 1998* which concerns licence application determinations by the Commission state that the Commissioner may refuse a licence on the basis that its approval would be 'detrimental to the amenity of the area in which the premises to which the application relates are situated'. As guidance to the regulatory authority in making its decision on a licence application, this clause does not sufficiently focus on an assessment of the social and economic impact of liquor licences.

There is a substantial body of research literature examining the impact of changes in alcohol availability on alcohol consumption and related harm¹⁶. For example, research by Dr Michael Livingston examined the relationship between the density of alcohol outlets in a neighbourhood and the rates of family incidents reported to the police in Melbourne over a ten year period, finding that higher density of outlets, and particularly of packaged liquor

¹⁴ Victorian Commission for Gambling and Liquor Regulation (2013). Annual Report 2012-2013. http://assets.justice.vic.gov.au/vcglr/resources/c40b12bb-d1a2-4858-b458-326fe8777f1f/annualreport2012_2013.pdf

¹⁵ Foundation for Alcohol Research and Education (2014). The state of play: Alcohol in Victoria. Foundation for Alcohol Research and Education (FARE), Canberra.

¹⁶ Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., and Rossow, I. (2010) Alcohol: No Ordinary Commodity - Research and Public Policy. 2nd ed. Oxford, etc.: Oxford UP.

outlets, were associated with increased rates of family violence¹⁷. A 10 per cent increase in the density of packaged liquor outlets was associated with an approximately 3.3 per cent increase in domestic assaults.

Further analyses of these data identified varying relationships across neighbourhoods with different socio-demographic characteristics, with positive correlations in most neighbourhood types¹⁸. These findings provide evidence that in Victoria alcohol policies targeting the availability of alcohol (i.e. liquor licensing laws) can influence rates of family violence in the community, supporting a growing body of similar international research¹⁹.

The APC recommends the reform of licensing approval processes, particularly for package liquor, to include consideration of community, police and public health views, and factors such as socio-economic status.

Ensuring the safety of people affected by family violence

Question Eight: *Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses*

Any attempt to build a picture of alcohol's involvement in family violence in Victoria must consider information from a range of sources. Here we identify a number of gaps in existing Victorian data sources and improvements we would recommend to inform a more accurate picture of the prevalence of alcohol's involvement in family violence.

Child Protection Data

In 2005, changes to recording requirements associated with the introduction of a new data management system, meant that it was no longer compulsory to record whether alcohol was an identified risk factor in child protection cases. While alcohol involvement can be recorded, given no requirement to do so, records from the past ten years do not provide the most accurate picture of alcohol's involvement in child maltreatment. Our best estimates of the role of alcohol in these cases use data from 2005 and earlier.²⁰ These data indicate that 33 per cent of substantiated child maltreatment cases in Victoria involved alcohol and 42 per

¹⁷ Livingston, M. (2011) A longitudinal analysis of alcohol outlet density and domestic violence, *Addiction*, 106, 919-925.

¹⁸ Livingston, M. (2012) The effects of changes in the availability of alcohol on consumption, health and social problems, PhD Thesis, Melbourne: University of Melbourne.

¹⁹ E.g. Cunradi, C. B., Mair, C., Ponicki, W. & Remer, L. (2011) Alcohol Outlets, Neighborhood Characteristics, and Intimate Partner Violence: Ecological Analysis of a California City, *Journal of Urban Health-Bulletin of the New York Academy of Medicine*, 88, 191-200.

²⁰ Laslett, AM. 2013 Alcohol and child maltreatment in Australia through the windows of child protection and a national survey. PhD Thesis, University of Melbourne.

cent of cases with protective orders involved alcohol. Alcohol was more commonly a risk factor in neglect and emotional abuse.²⁰

The APC recommends the re-introduction of compulsory recording of alcohol's involvement in child protection cases.

Family Services Data

Data on alcohol's involvement in presentations to many Victorian Family Services is not routinely recorded in electronic databases²¹. While this information may be available at case-note level, it is available only to the workers and managers within the system. It is not currently collated or made available for research.

The APC recommends research is conducted to better understand current practice and opportunities to improve reporting of alcohol's involvement in presentations to Family Services.

Furthermore, the co-occurrences between alcohol use and family violence mean that cross sector understandings of alcohol use and family violence are important for both Family Services, and Alcohol and Other Drug (AOD) services. This could be approached through increased training for both workforces, cross sector collaboration, colocation or outreach, and screening for co-occurring issues in each sectors' assessment tools.

The APC recommends increased cross sector training among Family and AOD Services.

Emergency Department Presentations

The APC considers that the current diagnosis classification schemes for emergency department presentations are insufficient to allow accurate reporting and recording of presentations caused by alcohol and injuries caused by a third party who may have been affected by alcohol.

The Australian Institute of Health and Welfare (AIHW) reports on national emergency department data annually. The report includes principal diagnosis and major diagnostic block (a measure encompassing many further detailed diagnoses). Data is reported to AIHW using any of three diagnosis classification types. The most commonly used is the ICD-10-AM (the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification). The AIHW reports that for the 2013-14 year, the principal ICD-10-AM diagnostic code of *Injury, poisoning and certain other consequences of external*

²¹ 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. Centre for Alcohol Policy Research, Foundation for Alcohol Research and Education. Canberra.

causes was the most common diagnosis, at 27 per cent. Major diagnostic block is intended to provide meaningful categories for grouping emergency department principal diagnosis information. According to the 2013-14 report:

- *Injury, single site, major* was the most common major diagnostic block at 10.3 per cent of presentations
- *Injury, single site, minor* made up 9.3 per cent of presentations
- *Alcohol/drug abuse and alcohol/drug induced mental disorders* made up 1.2 per cent of presentations

This reporting system fails to provide any meaningful data for the cause of injury and significantly under-reports alcohol-related presentations. The Australasian College for Emergency Medicine (ACEM) has been funded by the Australian Government to quantify the level of alcohol harm presenting to Emergency Departments (EDs) in Australia. Two snapshot surveys conducted in December 2013 and December 2014 revealed that approximately *one in seven presentations to Australian EDs were alcohol-related*.

The APC recommends the introduction of a principal diagnostic code for alcohol-related presentations, and a review of the diagnostic codes for injury to better report on the causal factors behind injury presentations.

The APC recommends that routine use of the optional Y90 and Y91 codes be encouraged and if possible required in EDs. These diagnoses code for a presentation with evidence of drinking, and the level of drinking. Code F10.0, acute intoxication, is also available for use alongside injury and external-cause codes. There is also a need for adopting and using a separate code for alcohol ingestion on the part of the assailant in coding assaults (external causes X85-Y09).

The APC notes that the New Zealand Ministry of Health is currently trialling the compulsory collection of alcohol-related presentation data to EDs in that country.

Personal Safety Survey (PSS)

The PSS is a victimisation survey conducted by the Australian Bureau of Statistics. The PSS has been run twice (2005 and 2012). A notable strength of the PSS is that it can capture a detailed account of experiences of different types of violence – including whether the incident was alcohol-related, and any contact with the police services and health services following an incident. The Australian 2005 Personal Safety Survey found that just 36 per cent of female victims of physical assault reported the incident to the police. This illustrates the importance of surveys for measuring the prevalence of alcohol-related violence compared to only using police-based statistics.

Given this is currently our best survey to capture experiences of victimization, and in turn, alcohol's involvement in those experiences, a seven year gap between running surveys greatly curtails our ability to monitor prevalence and trends in alcohol-related domestic violence. Furthermore, as respondents to the survey are asked to report on incidents that could have occurred as long as five years before the study this reduces the accuracy of the data. With relatively infrequent surveys, the ability to use the data at a state level is limited due to data sensitivities.

Furthermore, the PSS does not include questions about the involvement of alcohol or drug use in the series of questions specific to partner violence. The information on alcohol's involvement in partner violence is taken from the series of questions relating to the 'most recent incident'(MRI) of violence (where a partner was identified as the perpetrator). The APC believes it is important to include a question regarding alcohol involvement in the questions specifically related to partner violence.

The APC recommends the PSS survey be conducted more frequently than the current seven years. As a minimum the APC recommends the PSS be conducted every three years as is the case with the National Drug Strategy Household Survey.

The APC recommends the PSS include a specific question regarding the involvement of alcohol & drugs in their data collection on partner violence.

Family violence and particular groups and communities

Question Seventeen: Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

As mentioned above there is evidence that higher density of outlets, particularly of packaged liquor outlets, are associated with increased rates of family violence²². There is also increasing evidence that packaged liquor outlets are clustered in areas of socio-economic disadvantage²³.

The APC believes the current planning and licensing processes are not adequately equipped to consider the particular harms, including domestic violence, associated with packaged

²² Livingston, M. (2011) A longitudinal analysis of alcohol outlet density and domestic violence, *Addiction*, 106, 919-925.

²³ Livingston, M. (2012) The social gradient of alcohol availability in Victoria, Australia, *Australian and New Zealand Journal of Public Health*, 36, 41-47.

liquor outlets. The Victoria Government's alcohol and drug policy (2013-2017) recommends giving local government greater planning powers over packaged liquor outlets²⁴. The APC supports this position.

The APC recommends policy and process changes to empower Local Government to control licensed premises by supporting the implementation of Licensed Premise Policies and area-specific research to support decision making. This includes, updating state planning Guidelines for assessing planning permit applications for licensed premises to better take account of the specific issues for packaged liquor outlets, including considering impacts beyond the current 500m 'cluster' area radius of impact.

Conclusion

Question Twenty-one: *The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term?*

Alcohol intoxication is regularly involved in incidents and patterns of family violence. From various 'natural experiments' in policy change, it has been established that changes in the availability of alcohol (whether in terms of price or of time and place) substantially affect rates of family violence. Such changes need not entail difficult or long-term agendas, such as changing ways of thinking and being, and are able to impact in the short term. Changes such as a substantial rise in the minimum price of alcoholic beverages, earlier closing hours for off-premise and on-premise outlets, and limits on the number and concentration of off-premise outlets, particularly in poorer neighbourhoods, are capable of making a substantial impact on rates of family violence.

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²⁴ State of Victoria. 2012. Reducing the alcohol and drug toll: Victoria's plan 2013-2017. Victoria: Department of Health

About the Alcohol Policy Coalition

The Alcohol Policy Coalition is a collaboration of health and allied agencies who share a concern about the level of alcohol misuse and the associated health and social consequences for the community. The Alcohol Policy Coalition develops and promotes evidence-based policy responses that are known to be effective in preventing and reducing alcohol related problems. The members of the Alcohol Policy Coalition are:

- Australasian College of Emergency Medicine
- Australian Drug Foundation
- Cancer Council Victoria
- Foundation for Alcohol Research and Education
- Inner North West Melbourne Medicare Local
- Jewish Community Council of Victoria
- Public Health Association of Australia (Victoria)
- Royal Australasian College of Surgeons
- Salvation Army
- Turning Point
- Uniting Church, Synod of Victoria and Tasmania
- Victorian Alcohol and Drug Association

All the APC's partners have a strong track record in tackling major health issues in the community. The Alcohol Policy Coalition receives project funding from the Victorian Health Promotion Agency.