Royal Commission into Family Violence

WITNESS STATEMENT OF ASSOCIATE PROFESSOR PETER GRAEME MILLER

I, Peter Graeme Miller, Associate Professor of 1 Gheringhap Street, Geelong in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am a Principal Research Fellow at Deakin University's School of Psychology and the Commissioning Editor of international journal, *Addiction*.

3. In terms of my current research, I am the lead investigator on several large projects examining alcohol-related violence in the night-time economy. These include, the *Dealing with Alcohol and the Night Time Economy* study and the *Patron Offending and Intoxication in Night-Time Entertainment Districts* study, each of which were funded by the National Drug Law Enforcement Research Fund.

4. Of most relevance to the issues that I understand are being explored by the Royal Commission into Family Violence (**Royal Commission**) is a research project entitled *Alcohol/Drug Involved Family Violence in Australia*, also funded by the National Drug Law Enforcement Research Fund. I have summarised the preliminary survey findings of this study in this statement below. The study commenced in early 2014 and will run until the end of 2015.

5. As part of my program of research, we are also closely examining notions of masculinity, trait aggression, impulsivity, self-esteem and their role in aggression.

Background and qualifications

6. I hold a Bachelor of Arts (with Honours) and a Doctorate in Philosophy from Deakin University.

7. Prior to my current role, I was a Senior Clinical Research Worker at the National Addictions Centre, Institute of Psychiatry in Kings College London and the Maudsley Hospital.

8. My research work has been published widely on matters regarding alcohol-related violence. Attached to this statement and marked "**PM 1**" is a copy of my curriculum vitae, which includes my publication record.

9. A list of the key references which have informed the content of my statement is attached to this statement and marked "**PM 2**".

Isolating family and/or intimate partner violence from other forms of violence

10. Family violence encompasses a range of violent behaviours that occur within a variety of relationships, including intimate partners, parent-child, siblings, child-parent etc. However, there has been a tendency to talk about family violence as principally being 'gender based' intimate partner violence and therefore different from other types of violence.

11. Whilst my evidence focuses on family violence, in my view it is important that family violence is examined in the context of all types of violence. Examining certain types of violence in isolation and focussing upon the differences is, in my view, part of the problem. The consequence of doing so, is that solutions are developed to address one issue and numerous other outcomes might be missed. It is why prevention programs of the seventies and eighties, which involved a multi-systemic approach addressing life skills generally, resulted in better outcomes overall. The World Health Organisation Violence Prevention Alliance, of which I am an associate, also identifies the need for prevention programs to target multiple types of violence.

12. Analysing certain types of violence in isolation also fails to appreciate the significance of risk factors that are common to all forms of violence and the inter-relationship between these forms of violence.

13. I was recently involved in conducting a systematic review of longitudinal studies that have prospectively investigated childhood and/or adolescent predictors of domestic violence perpetration and/or victimisation among adult men and women in intimate relationships. Attached to this statement and marked "**PM 3**" is a copy of the related paper, which I co-authored entitled *Longitudinal predictors of domestic violence perpetration and victimization: A systematic review*.

14. It is worth noting that longitudinal studies give excellent insight into pathways over time, but they have been found to under-sample certain populations and I would expect this to be the case for people who are either perpetrators or victims of intimate partner terrorism, although some of those people will remain in the surveys. Different types of violence are more likely to be captured by different study designs (Costa et al, 2015). Samples drawn from law enforcement agencies, hospitals, or shelters successfully capture intimate terrorism, largely perpetrated by men, whereas situational couple violence is more commonly identified in large-scale surveys of the general population and generally show some gender symmetry in perpetration. While general population studies may claim random or representative samples, in this instance the bias of even minor non-response has important implications.

15. We identified five factors as significant predictors of domestic violence perpetration and victimisation, namely:

(a) child and adolescent abuse;

(b) family of origin risks (especially problem alcohol use);

(c) child and adolescent behavioural problems;

(d) adolescent peer risks (including high alcohol and drug use); and

(e) socio-demographic risks.

16. We concluded that early childhood and adolescent factors are consistent predictors in the development of domestic violence perpetration and victimisation and that prevention and early intervention approaches targeting these factors are likely to be the most effective. However, it is necessary to be concerned not only about the inter-generational/trans-generational violence, but also the role that family violence plays within the context of other forms of violence affecting the broader community, and vice versa.

17. A consistent and key predictor of **all** forms of violence, is childhood exposure to violence. Experiencing one type of violence as a child not only increases the risk of victimisation or perpetration of that type of violence as an adult, but also of other types of violence. For example, the research clearly discloses that:

(a) a child who grows up being hit by his father is up to 1.9 times as likely to be the perpetrator of an assault in a bar (Miller, Hargreaves, Curtis, & Zinkiewicz, 2013); and

(b) experience of violence and other adverse experiences in childhood (e.g. bullying, neglect, etc.) are associated with a greater likelihood of engaging in violence. The effect is additive and each additional type of adverse event experienced by a young person, multiplies the risk (Duke, Pettingell, McMorris, & Borowsky, 2010; Resnick, Ireland, & Borowsky, 2004).

18. It really comes back to whether people learn that violence is an apparently acceptable form of communication.

Alcohol's relationship to violence

19. The evidence is clear that alcohol and drug use is interwoven with violence (including family violence), across the life course.

20. The Bradford Hill criteria for causation (of which there are nine) was used as a way of determining the causal link between cigarette smoking and diseases such as emphysema and lung cancer. It includes the criteria of 'biological gradient', encompassing the notion that if you take something away, there will be less cases, or, if it there is greater exposure, there is a greater incidence. We know this to be the case with alcohol and violence (including family violence).

21. Kenneth Leonard and colleagues have highlighted in laboratory studies of aggressive behaviour that subjects who receive alcohol are more aggressive than subjects who receive no alcohol or subjects who receive placebo beverages (Leonard, 2005). In 1979, Stuart Taylor demonstrated that aggression is a function of the interaction of alcohol consumption and level of provocation. Intoxicated and non-intoxicated subjects were given the opportunity to administer a potentially injurious level of shock to an opponent who behaved in either a provocative or an extremely provocative manner. The intoxicated subjects in the extreme provocation condition showed the greatest increase in the use of the potentially injurious shock (Taylor et al., 1979). Several studies of marital behaviour have also shown that alcohol administration to men increases the extent of negative verbal behaviour displayed by the men and their partners (e.g. Leonard & Roberts, 1998).

22. Alcoholic men have also been found more likely to be drinking during violent events according to wives' accounts, and more likely to have consumed six or more drinks prior to violent events, according to husbands' accounts (Murphy, O'Farrell, Fals-Stewart, & Feehan, 2001). Importantly, blood alcohol content (**BAC**) appears to influence their behaviour and a BAC of 0.19 was reported in violent events compared to an estimated BAC of 0.11 in conflict events that did

not include violence. In addition, several studies have reported that alcohol use is more common among serious physical assault events (Martin & Bachman, 1997; Thompson, Saltzman, & Bibel, 1999).

23. In conclusion, a large body of evidence now exists to suggest that we have reached the point where we should conclude that heavy drinking is a contributing cause of violence (Leonard, 2005). However, important caveats exist. The presence of alcohol is not the only or even the primary determinant of whether violence will occur and alcohol's influence on individuals is not uniform. Instead, alcohol contributes to violence in some people under some circumstances. While these are important considerations, from a public health perspective, if you take the alcohol away and the violence disappears or diminishes, while all else stays constant, then alcohol is a cause.

24. To say alcohol does not cause violence, is both completely and utterly right and wrong. It depends upon the specific circumstances:

(a) on the violence;

(b) the situation;

(c) the people involved, etc.

Sometimes alcohol will tip people over. When someone is intoxicated, they are more inclined to do things that they would not ordinarily do. Cognitive ability is substantially impaired. Effectively one stops using the frontal cortex of their brain, then their mid-brain and then relies mostly on the brainstem. This results in a much more primal, emotional response and it is more likely that threats are mistakenly perceived, for example. It particularly impacts people who already have certain trait anger characteristics.

25. I do understand, on an emotional level, that people do not want alcohol to be seen as an excuse for violence. The problem is that we do not accept that alcohol is an excuse for drink driving, so there is no need to go down that track for anything. It is not an excuse for a subsequent behaviour, in the end we have to be responsible for our behaviour. Alcohol may be a causal factor but regardless, one must be responsible for their actions.

Alcohol and drug involved family violence in Australia

26. Our current research was driven by the epidemiological statistics from our night-time studies. Although incidents of night-time street violence were being

publicised on a daily basis, the data revealed that there was an equivalent proportion of cases coming from residential properties.

27. At that stage, in 2009, we were not able to differentiate how much was family violence and how much was violence occurring at house parties, for example. However, we were driven to ask the question of who is looking at the role of alcohol and drugs in family violence because it was clearly a major issue.

28. At the same time, we were conducting separate research around parties and we were tracking police resources. We would examine the run sheets and see where police were spending their time and what we found was that it was overwhelmingly family violence incidents that they were attending on Friday and Saturday nights.

29. All of this led us to propose a project aimed at understanding alcohol and drug-involved family violence in Australia.

Population surveys

30. So far, our research has involved us conducting a panel survey to map the relationship between alcohol and other drugs and family violence in a representative sample of the general Australian population.

31. Importantly, the results reported here do not cover groups like people in crisis housing or domestic violence shelters. As with longitudinal studies, we expect that this sample **underestimates** intimate partner terrorism and probably mutual couple violence. We are currently conducting the same survey in a range of settings including people in crisis housing or domestic violence shelters, along with university students.

32. The panel survey involved engagement with recruitment companies to get people who have agreed to do surveys online. They are reasonably reflective of the population. We did this because we had already done mail and phone surveys and the response rates were atrocious. This was also a more cost-effective way to achieve a sample size of 5000, and also to allow us to over-sample younger persons (those in regional areas, etc.). The position we have reached is that it is necessary to utilise a range of different types of samples to get different populations. It will take time but our basic theory is that if we get enough of these different samples with the same questions being asked, we will eventually get a reasonably good picture of what alcohol and drug related family violence looks like in our society.

33. These findings will be published early to mid-next year, together with the results of a postal survey that we also conducted. The postal survey produced an older sample.

34. The panel survey explored:

(a) key demographic, social and environmental factors of people involved in family violence;

(b) how variables differ in people who experience family violence where alcohol and other drug use is involved compared to those where alcohol and other drugs are not involved; and

(c) the source(s) and types of alcohol involved in family violence incidents.

Examination of police data

35. The other arm of this study is to look at police data. We have been seeking to gather data for one and a half years and we now have data from five States.

36. The Crime Statistics Agency has changed things significantly. However, we wanted more in-depth data and have been supplied with a comprehensive dataset which we started analysing this week. We did not put Victoria Police in the original application due to potential delays. Our core States that we do have data from for this study are New South Wales, Western Australia and Tasmania.

Findings regarding alcohol involvement in violent incidents

37. Our survey revealed incidents of intimate partner violence, family violence (which does not include intimate partner violence) and other violence (for example, violence involving strangers/friends/acquaintances, bullying etc).

38. Of the survey participants, 32.7% had experienced violent incidents involving alcohol. We found no significant difference between intimate partner violence, family violence and other violence incidents in any involvement of alcohol in the incident. However, the survey participant was more likely to report that they had themselves consumed alcohol for other violence, whereas the other person (not the survey participant) was more likely to be reported as having consumed alcohol for intimate partner violence.

39. The alcohol consumed, including during intimate partner violence incidents was most frequently purchased at a supermarket liquor store (38.8%) and consumed at the respondent's home (55.9%).

40. Alcohol consumption increased both the likelihood of physical violence and severity of harm. More specifically:

(a) When alcohol was involved in an incident of either intimate partner violence or other violence (not family violence), those incidents were more likely to involve:

(i) physical aggression;

(ii) an injury; and

(iii) physical injury.

(b) For intimate partner violence only, alcohol increased the likelihood of a psychological/emotional injury.

41. Heavy episodic drinking by one or both partners was associated with significant increases in intimate partner violence. These increases were greatest when only one partner had engaged in heavy episodic drinking:

(a) Respondents who reported that their partners engaged in heavy episodic drinking were two times as likely to report intimate partner violence, compared to other forms of violence.

(b) Those respondents who reported that their partner engaged in heavy episodic drinking were 5.8 times more likely to report experience of alcohol-related intimate partner violence.

(c) In circumstances where people engage in heavy episodic drinking together, those people were three times as likely to report alcohol-related intimate partner violence, than when neither person was drinking.

42. In terms of drug involvement, we found that:

(a) drug use of either the respondent or other person(s) was most frequently reported in relation to intimate partner violence and family violence incidents compared to other violent incidents; and

(b) drug-related intimate partner violence incidents were more likely to involve physical violence or intimidation.

Reasons for non-reporting

43. In looking at reasons for not reporting to police, of survey participants who reported having experienced family violence:

(a) 6.4% indicated that the reason they did not report to police was because they were a child at the time of the incident (compared to 0% intimate partner violence, and 1.9% other violence).

(b) 17.7% of survey participants who reported that they had experienced intimate partner violence and 15.6% of those who had experienced family violence said they did not report due to fear of negative consequences/other person, compared to 7.3% of those who reported having experienced other violence.

(c) 27.1% of survey participants who reported that they had experienced intimate partner violence compared to 18.4% of family violence and 12.0% of those who had experienced other violence, said they did not report to police due to 'shame/embarrassment'.

Variability of family violence

44. Investigation of domestic violence typologies has been ongoing since the early 1990s, however, it is still recognised as being a comparatively new area of research, particularly in an Australian context. Recent evidence (Boxall, Rosevear, & Payne, 2015) found that domestic violence typologies are utilised in a very limited way by Australian domestic violence professionals; a key barrier to their use being the lack of clarity about how to integrate them into practice ((Boxall et al., 2015; Day & Bowen, 2015; Wangmann, 2011). To date the majority of research around domestic violence typologies has come out of the United States of America (**US**) and with US samples.

45. Probably the most influential domestic violence typology has come from the work of Michael P Johnson and colleagues. Johnson's typology focuses on the control context which intimate partner violence is embedded (Johnson, Leone, & Xu, 2014). Although there has been some variation in the since conception, Johnson has identified two major types of intimate partner violence:

(a) intimate terrorism, and

(b) situational couple violence (**SCV**).

46. Intimate terrorism is characterised by one partner being both violent and controlling, and the other partner being neither violent or controlling. SCV is characterised by violence in the absence of controlling behaviour (Johnson, 2010). Other types of coercive controlling violence identified by Johnson include 'mutual violent resistance' whereby both partners are violent and controlling, and 'violent resistance' whereby one partner is violent (but not controlling) in reaction to the other partner's violence and control (Johnson, 2010).

47. To our knowledge, there have been very few studies describing the levels at which these categories appear in the community in Australia. There have been several investigations out of the US using the National Violence Against Women Survey (Anderson, 2008; Felson & Outlaw, 2007; Johnson & Leone, 2005; Johnson et al., 2014). Johnson and Leone (2005) and Anderson (2008) found that approximately 2% of the sample were victims of intimate terrorism and 3% of were victims of SCV. Utilising the same sample, distinguishing between current and ex-partners, Johnson et al. (2014) corrected previous findings instead reporting that between 0.5% and 0.7% of current wives and husbands were classified as intimate terrorism perpetrators. 5.3% of ex-wives and 22.0% ex-husbands were classified as intimate terrorism perpetrators. Further, 1.7% of current wives and 3.9% of current husbands reported being involved in SCV incidents, compared with 3.9% of ex-wives and 7.4% of ex-husbands. Importantly, the authors note that these findings demonstrate "that we have to stop thinking of general survey data on family violence as unbiased". Such surveys demonstrate the existence of different types of violence, but do not accurately show prevalence.

48. In my view, in light of the research, we need to be viewing family violence through a lens that recognises the variability in family violence and the different typologies. In the survey, we used the "Johnson Questions" in order to look at coercive controlling behaviour (Kelly & Johnson, 2008). Attached to this statement and marked "**PM 4**" is a copy of a copy of what we refer to as the "Johnson Questions".

49. Our findings are summarised below:

(a) partnerships characterised by coercive controlling behaviours were common:

(i) 55.2% of respondents and 45.2% of partners engaged in low coercive controlling behaviours;

(ii) 11.4% of respondents and 20.5% of partners engaged in high coercive controlling behaviours.

(iii) Most frequently reported coercive controlling behaviours (respondent and partner) included provoking arguments, shouting or swearing and being jealous or possessive.

(b) ex partners (33.1%) were more likely to engage in a high level of coercive controlling behaviours than current partners (16.5%);

(c) respondents who engaged in high coercive controlling behaviours were a mean 10 years younger than those who engaged in few or no coercive controlling behaviours;

(d) respondents who engaged in coercive controlling behaviours were more likely to indicate lifetime violence compared to those who did not;

(e) intimate partner violence in the most recent incident was significantly associated with (either current/ex) partner engagement in coercive controlling behaviours. Almost half (43.7%) of partners of respondents who experienced intimate partner violence in the most recent incident engaged in high coercive controlling behaviours, more than double the proportion of partners of respondents who reported family violence (15.5%) and other violence (20.5%);

(f) usual alcohol use behaviour, especially problem drinking, of both respondent and partner was associated with engaging in coercive controlling behaviours; and

(g) Past year illicit substance use was associated with increased engagement in coercive controlling behaviour. 14.3% of those who engaged in high coercive control compared to 6.1% of those who engaged in low, and 2.6% of those who engaged in no coercive control consumed an illicit substance in the past 12 months.

50. These findings demonstrate the need to analyse and get an understanding of the relationship and what is going on within that relationship, rather than simply labelling people as victims and perpetrators.

Typologies

51. Using the “Johnson questions” we classified eight types of coercive controlling behaviour, four of which (e-h) fit with Johnson’s work on coercive control in the context of partnerships when violence is present, and four (a-d) which we classified based on coercive control in the context of partnerships when violence was not present. Very little research has been undertaken with regard to control types in the absence of violence, although a recent paper (Hardesty et al., 2015) found that among female divorcing mothers, victims of high coercive control in the absence of violence experienced similar levels of fear (during their marriage) and perceived future threat to those who experienced coercive controlling violence.

52. The typologies we classified were:

(a) No violence/low control

(b) Non-violent, coercive control - victim

(c) Non-violent coercive control - perpetrator

(d) Non-violent mutually coercive controlling

(e) Violence with high partner coercive control – victim

(f) Violence with high partner coercive control – perpetrator

(g) SCV (this behaviour is not about control but particular situations and stressors)

(h) Mutual control with violence (both partners engage in coercive controlling violence)

53. It is important not to conflate this data. Each typology is associated with different predictors and harms and is likely to require a different response, if the violence is to be reduced. For example, a Men’s Behaviour Change program is unlikely to be effective for mutually violent relationships if it denies the violence the person may also be experiencing, and does not work with both partners to deal with the conflictual, possibly toxic, relationship. Even if the man is receptive to changing his own behaviour, he is unlikely to be able to put anything he learns into practice within the same negative and conflictual relationship.

54. Respondents were classified into one of eight typologies if they experienced intimate partner violence at the most recent incident with their current partner.

Below is a table setting out the different types of intimate partner violence classifications and our findings.:

	IPV classification	% (n)
a)	No violence/low control	20.5 (83)
b)	Non-violent, coercive control - victim	19.1 (77)
c)	Non-violent coercive control - perpetrator	3.5 (14)
d)	Non-violent mutually coercive controlling	7.9 (32)
e)	Violence with high partner coercive control – victim	16.8 (68)
f)	Violence with high partner coercive control – perpetrator	3.0 (12)
g)	Situational couple violence	18.3 (74)
h)	Mutual control with violence	10.9 (44)

55. Although we report a high percentage of our sample classified as the types synonymous to “intimate terrorism” (types e and f) than would be expected according to Johnson et al (2014), with 16.8% classified as victims and 3.0% classified as perpetrators, we were limited to classifying only those whose most recent experience of violence was intimate partner violence with their current partner.

Masculinity

56. In trying to understand drivers of violence and over the past six years, we have surveyed approximately 1,000 people (male and female) investigating aggression (in a range of settings). We have relied heavily on University samples. At Deakin University, we have over 200 psychology honours students every year, who need substantive projects and we have been doing effectively similar or the same studies of different samples.

57. The literature, which was mostly qualitative, says that masculinity causes aggression. However, in working with colleagues in Canada, namely Professor Kate Graham and Dr Samantha Wells, we were prompted to consider this notion further and examine whether aggression could be caused by an experience of violence in childhood.

58. The questions posed to survey participants included but were not limited to:

(a) trait aggression;

(b) masculinity;

(c) femininity;

(d) the experience of how you were raised;

(e) impulsivity;

(f) alcohol expectancies;

(g) personal and peer norms; and

(h) drinking behaviour.

59. What we find overwhelming is that if you are someone who is aggressive and you drink, that virtually explains whether you will perpetrate a fight. Trait aggression, heavy episodic drinking and if you experienced violence in the home as a child are the key predictors of whether you will be violent in later life, not masculinity.

A need to address the multiple factors associated with family violence

60. The research is clear that there are multiple risk factors associated with family violence. It is necessary to recognise all of those factors, and assess which ones are at play in the individual case. Only seeking to address drug abuse, without examining what sits behind it (such as depression and anxiety) is deeply flawed and does not work. There is a lesson there for violence as well. To only focus on one type and punish someone who is using that violence, is not effective and there is always a proportion of the population that will push back.

61. A sole focus upon the 'gendered' nature of family violence, which labels men as the perpetrators and women as the victims, and which identifies gender inequity as the principal 'cause' of family violence is problematic on a number of levels. While males are more likely to report and be reported as perpetrators, they are equally likely to be the victims of child abuse.

62. Key personality traits such as trait aggression, impulsivity and narcissistic personality are predictive of violence in both genders. Understanding the mechanisms behind violence as discussed in the review of longitudinal studies discussed earlier, suggests it may be more important to focus on personality traits and lifetime experience of violence than gender

63. The gendered analysis fails to recognise that intimate partner violence is not limited to heterosexual relationships, but also occurs in male and female same-

sex relationships. It also fails to recognise that some women also use violence in their intimate partner relationships and toward their children.

64. Labelling one partner as the perpetrator and the other as the victim also fails to appreciate the variability and complexity of the relationships within which intimate partner violence occurs. It adopts a simplistic model of intimate partner violence which incorporates a typology often referred to in the literature as 'intimate partner terrorism', where the perpetrator (much more likely to be a man) engages in coercive controlling behaviours and uses violence against their partner, and their partner does not engage in any of those behaviours. We know from research that this is only one typology of intimate partner violence, and the reality of intimate partner violence is much more complex. Violence occurs in many different ways and not all violence in the home is intimate partner terrorism. The preliminary findings of our research bear this out. There are a myriad of different causes of violence and a myriad of different outcomes.

65. However, it is important to note the impact of patriarchal structures and gender inequity and their relationship to cultures of violence. Much of the culture around hyper-masculinity and patriarchy creates an environment which allows a sense of permissiveness around violence and discrimination. People with negative personality traits will align with such values and believe they have peer approval – which is predictive of subsequent violent acts. It is vitally important to deal with these issues.

Swift and certain justice – opportunities for intervention

66. One reform that I have been advocating for a trial of within Victoria since around 2009 is justice reinvestment for alcohol and drug offenders, based on successful mandatory sobriety interventions in the US, such as:

(a) the South Dakota 24/7 Sobriety Program; and

(b) the Hawaii HOPE program.

67. In my capacity as Commissioning Editor for Addiction (where I run all of the 'non-research' components of the journal), I came across an editorial detailing the results from the South Dakota 24/7 Sobriety Program and it spoke about the need to change the way we deal with alcohol and drugs in our society.

68. It was a drink-driving program, where a person attends the Sherriff's office at 7am and 7pm and if the person registers any alcohol in their system, they are

incarcerated immediately, for 24-hours before being released back into the community. It is referred to as ‘swift and certain justice’.

69. At the same time that they observed a 12% reduction in recidivist drink driving, State-wide they also observed **a 9% reduction in reported family violence**. It suggests that if you take alcohol away from people who are offenders, you can reduce not only the targeted behaviour of drink driving but also violent behaviour in the home. Results from that program were published in the American Journal of Public Health.

70. The results revealed that:

(a) 66.6% of participants did not fail a single breath test;

(b) 17.1% of participants did not fail a second breath test; and

(c) 6.6% of participants did fail on more than three occasions and ended up in jail.

71. Overall, 2,079,359 (99.6%) tests passed

72. In the HOPE project, this same model was used at parole stage for people using methamphetamines. It involved two to three day testing and if the person failed a test, they were brought back before the court. That person may initially receive a warning or get an initial two day stint in jail and because it is one judge, he or she will escalate that over time. Essentially, the more times someone breached parole through taking drugs, the longer their sentence would be but they had the chance to rehabilitate. The model builds in an element of discretion for the Judge and again, is called ‘swift, certain and fair’.

73. The data of this randomised control trial revealed that parolees (compared to the control group) were:

(a) 72% less likely to use drugs;

(b) 55% less likely to be arrested for a new crime;

(c) 61% less likely to miss appointments; and

(d) 53% less likely to have their probation revoked.

74. If you address alcohol and drug use in family violence situations, we will see a reduction in violence and we will see it soon. These interventions can really change things in a very targeted way and communities will not push back. I still do

not understand why we have not yet introduced such initiatives in Australia and in my view it is irresponsible not to try them.

75. It is about having punishments and responses that are appropriate to the individual, rather than just having blanket responses. The learnings from these programs are that for most people, if they know that getting caught will mean that they are sanctioned straight away, those people become much less inclined to offend, particularly when it is something like taking drugs or drinking alcohol.

76. I have been informed by the investigators that as part of the HOPE project, there is data regarding family violence that has been collected but the data is yet to be reported or analysed.

77. Another legislative option worth considering for Victoria, and already in place in a number of Australian states, is the use of legislation which makes specified premises 'dry zones'. One example is the Liquor restricted premises s 152P Liquor Control Act (WA), where once declared, it is unlawful for anyone to take liquor onto the premises or be intoxicated on the premises. This law can, and has, been applied to individual houses and is also being used in the Northern Territory. A comprehensive evaluation is required, but police and community informants report positive outcomes for affected families (Miller, Curtis, Chikritzhs, & Toumbourou, 2015).

Broader, population measures to reduce alcohol abuse

78. There is strong epidemiological evidence for the link between alcohol supply and family violence. Evidence from Victoria shows a steady increase in family violence rates associated with increases in the number and density of liquor licenses, especially packaged liquor outlets. Similarly, the rate of ambulance attendances at domestic violence cases is significantly and consistently related to liquor outlet density. The strongest evidence, based on the best data, comes from Western Australia and the work by Tanya Chikritzhs and colleagues, who have reported that the number of off-site outlets predicts total assaults and domestic violence cases in the community. For every 10,000 additional litres of pure alcohol sold by an off-site outlet, the risk of violence on residential premises increased by 26%.

79. Based on this range of findings, putting a freeze on the number of packaged liquor outlets is strongly indicated, especially in areas of greater socio-economic deprivations. Similarly, measures which reduce the length of drinking sessions (such as pub trading hours) and the level of alcohol consumed (such as price

increases and restrictions on promotions) will reduce levels of violence on the community, both in the home and on the street (it is worth noting a proportion of family violence occurs in licensed venues and other settings). The introduction of a 10% increase in average minimum price for alcohol has been associated with a reduction of 10.4% of all assaults (similar rates for family violence and all other forms) in British Columbia, Canada. Limiting alcohol sales through evidence-based public health measures will reduce the incidence of family violence significantly, most likely by 10-20%, within a short timeframe.

80. Another method of limiting supply of alcohol which has been found successful in Australia in a community led measure, where in 2007 community leaders in Western Australia's Fitzroy Valley identified problems with violence and dysfunction in their communities, particularly relating to alcohol abuse and suicide. They decided to take action. The senior women in the community held a meeting to discuss the alcohol issue, and launched a campaign to restrict the sale of alcohol from the takeaway outlet in the Fitzroy Valley. By the end of 2007, the Director of Liquor Licensing released his decision, which involved restrictions on the sale of packaged liquor. The restriction read: *The sale of packaged liquor, exceeding a concentration of ethanol in liquor of 2.7% at 20 degrees Celsius, is prohibited to any person, other than a lodger* (as defined in s 3 of the Liquor Control Act).

81. The effectiveness of the restriction was evaluated. The women's refuge reported a 25 percent decrease in the number of women seeking support (Kinnane, Farrington, Henderson-Yates, & Parker, 2009; Miller et al., 2015).

Effective treatment programs for co-occurring alcohol and drug abuse and family violence

82. There are a number of treatment programs that have been developed in the US in relation to co-occurring alcohol and drug use and family violence, including behavioural couples therapy (the work of Dr Timothy O'Farrell, Department of Psychiatry at Harvard Medical School) and the Substance Abuse Domestic Violence program developed by Caroline Easton. This has been mostly in response to the results of systematic reviews which find that "*There is very little empirical support regarding the effectiveness of the Duluth model in reducing violence*" (Caroline J Easton, 2012: p173).

83. Easton and colleagues developed the Substance Abuse–Domestic Violence Treatment Approach (SADV) intervention. One study found that participants who

received the SADV intervention achieved a greater reduction in the frequency of violent episodes across time compared to individuals who participated in a Twelve-Step Facilitation group (Caroline J. Easton et al., 2007).

84. Timothy O'Farrell and colleagues have explored and developed behavioural couples and family therapy for substance abusers, and have examined its effectiveness with perpetrators of partner violence. A study on 303 married or cohabiting male alcoholic patients and their female partners, found that after receiving behavioural couples therapy (**BCT**) partner violence decreased significantly (O'Farrell, Murphy, Stephan, Fals-Stewart, & Murphy, 2004).

85. The authors concluded that greater treatment involvement, defined by attending BCT sessions and using BCT-targeted behaviours, was related to lower violence after BCT, and this association was mediated by reduced problem drinking and enhanced relationship functioning. In 2009, Jeremiah Schumm investigated the effectiveness of BCT with 103 cohabiting or married alcohol-dependent women and their male partners, and found that for women, perpetration of violent episodes had decreased from 68% before treatment to 31% one year after treatment (Schumm, O'Farrell, Murphy, & Fals-Stewart, 2009). The authors also found a significant reduction in male perpetrated violence within the same couples, from 7.8% before BCT, to 2.3% after BCT.

86. More work needs to be done in this area and interventions need to be developed and trialled in the Australian context.

Strategies for reducing violence: a life course approach

87. Violence begets violence; alcohol makes it so much worse. The research literature from around the world is clear: when you grow up in a setting where violence is common or acceptable, you are far more likely to become a perpetrator, a victim, or both. Violence does not comply with the labels we impose. When you are a victim or observer of violence as a child your world will be tainted, and for many this means perpetuating the cycle.

88. Successful strategies for dealing with family violence must be conceptualised and enacted across the life course to prevent current trends, but also to stop the cycle of violence. Attached to this statement and marked '**PM 5**' is a simple response framework which encapsulates current thinking. Key within this is dealing with factors such as alcohol and drug use in parents, families, offenders and victims. Alcohol and violence permeate our society and feed off each other. An effective

response will use a whole-of-government response to deal with both across the life course.

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Peter Miller

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