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The Hon. Justice Marcia Neave AO
Commissioner
Royal Commission into Family Violence
PO Box 535
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SUBMISSION TO THE ROYAL COMMISSION INTO FAMILY VIOLENCE

The National Alliance for Action on Alcohol welcomes the opportunity to provide a submission to the *Royal Commission into Family Violence*. This submission focuses on alcohol-related family and domestic violence.

Who we are

The National Alliance for Action on Alcohol (NAAA) is a national coalition representing more than 75 organisations from across Australia that has formed with one common goal: strengthening policy to reduce alcohol-related harm. The NAAA's members cover a diverse range of interests, including public health, law enforcement, local government, Indigenous health, child and adolescent health, and family and community services.

Alcohol's involvement in family and domestic violence

The relationship between alcohol and family and domestic violence (FDV) is complex and multifaceted. While alcohol consumption alone is neither a necessary nor sufficient cause for FDV, there is a substantial body of evidence indicating that alcohol increases both the likelihood of violence and the severity of harms. [1,2,3]

Large population surveys provide compelling evidence of the association between alcohol consumption and FDV. Alcohol is estimated to be involved in up to half of partner violence incidents in Australia, and 73 per cent of partner physical assaults.[3] Empirical evidence further indicates an association between abusers' drinking and the frequency and severity of their violence. Data from the *Personal Safety Survey,* undertaken by the Australian Bureau of Statistics, shows that two thirds

of domestic violence incidents involving alcohol resulted in the victim sustaining injuries; where injuries were sustained, they were more serious and more numerous in comparison to victims of non-alcohol-related related domestic violence.[Error! Bookmark not defined.]

Although alcohol-related FDV cuts across social and economic boundaries, certain groups are at greater risk. Aboriginal people and Torres Strait Islanders are disproportionately affected by alcohol-related FDV. Although a much smaller proportion of the Aboriginal and Torres Strait Islander population drink than the general population, this group is substantially overrepresented in alcohol and other drug (AOD) treatment and FDV data. Alcohol use by Aboriginal and Torres Strait Islander peoples is both as a consequence of and a contributor to continued social disadvantage. According to Wundersitz, Indigenous violence is related to a number of social, historical, and life-style factors, but "alcohol is now regarded as one, if not the, primary risk factor for violence in Indigenous communities".[4]

The statistics on intimate partner homicides provide a stark illustration of the links between alcohol and the severity of FDV. Analysis of homicides in Australia over a six-year period found that alcohol was consumed in 44 per cent of intimate partner homicides, with alcohol consumed by either the offender or victim or both.[5] The association between alcohol and intimate partner homicides is reiterated in the annual report of the National Homicide Monitoring Program, which found that alcohol consumption (by either party) occurred in 47 per cent of all homicide incidents.[6] Of particular concern, this analysis found that Indigenous partner homicides 13 times more likely to involve alcohol than non-indigenous partner homicides, with the majority (87 per cent) of intimate partner homicides among Aboriginal people or Torres Strait Islanders being alcohol related.[5]

Victorian police data provide further evidence of the close association between FDV and alcohol. In 2012-13, the Victorian police recorded 60,055 incidents of family violence, with 14,015 identified 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 incidents in Victoria.[7] Due to under-reporting and challenges in data collection, the figures are likely to significantly underestimate the actual number of family violence incidents that involve alcohol.

In addition, there has been an increase in the recorded incidence of alcohol-related FDV in Victoria, with the number of incidents with definite alcohol involvement increasing by 85 per cent between 2003 and 2013.[8] The increase in the incidence is illustrated in the Figure 1 below, which reveals a steady increased from 15 to 23 incidents per 10,000 people between 2003 and 2013.

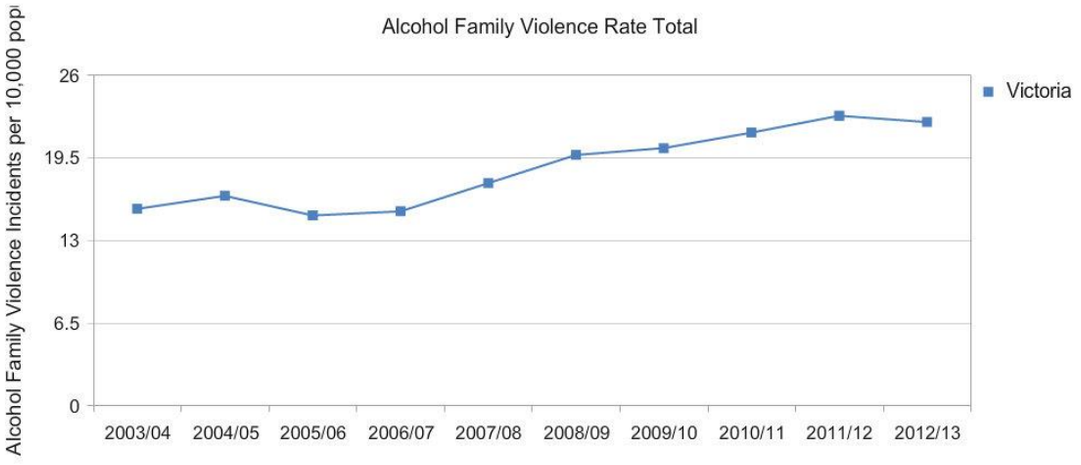

Figure 1. Rate of alcohol-related FDV in Victoria, 2003-2013
Source: AODStats (www.aodstats.org.au), Turning Point, 2014.

For young people in Victoria, both the incidence of, and the rate of increase in, alcohol-related FDV is even more pronounced, as depicted in Figure 2 below.

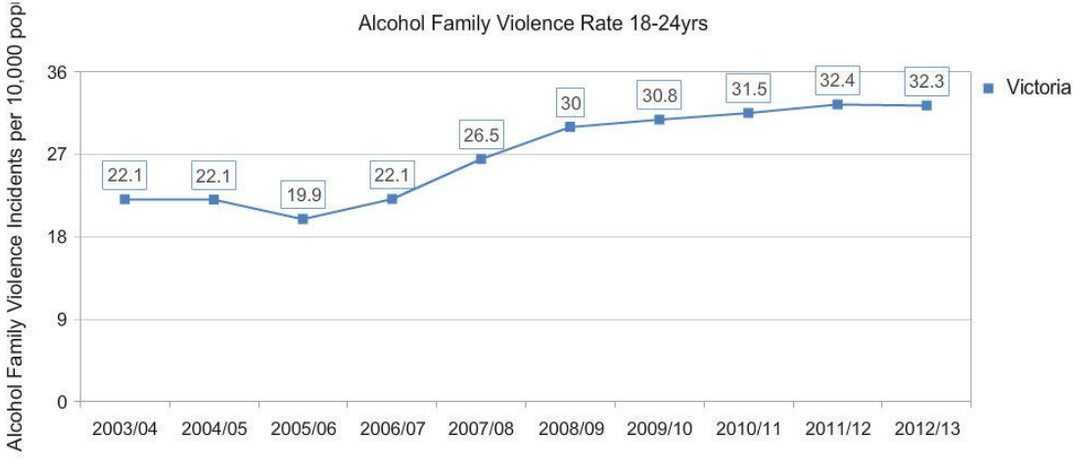

Figure 2. Rate of alcohol-related FDV for 18 – 24 year olds in Victoria, 2003-2013
Source: AODStats (www.aodstats.org.au), Turning Point, 2014.

The problematic consumption of alcohol is not only linked to the perpetration of FDV, but also disproportionately affects the victims of such violence.[9] A meta-analysis of 56 studies of intimate partner violence found that women affected by domestic violence are almost six times more likely than other women to have problems with alcohol.[10] This trend is also reflected in studies recording relatively high rates of domestic violence victimisation among women seeking assistance for alcohol consumption problems.[11] Alcohol use by victims may be used as a mechanism to cope with the violence and the stressors associated with it. Problematic alcohol use can also heighten the risk of an individual becoming a victim of FDV. There is evidence to suggest that the use of alcohol by victims can impair judgement, reduce an individual's capacity to implement safety strategies, and may

impact on their capacity to seek help from police or services.[11] Problem drinking also tends to exclude women from domestic violence support services and refuges, and can increase the likelihood of a woman losing custody of her children.[11]

Social and cultural norms can also affect how perpetrators and victims of alcohol-related FDV are perceived. Victims who are intoxicated are more likely to be blamed for the violence than a victim who is sober.[11,12] Results from the 2013 *National Community Attitudes towards Violence Against Women Survey* (NCAS) indicate that one in ten Australians believe that domestic violence can be excused if the victim is affected by alcohol.[13] This finding underscores the need to better understand and address social expectations about alcohol consumption and violence.

A further key consideration is the effect of alcohol-related FDV on parenting and children. National survey data estimates that around 13 per cent of children live in a household with at least one parent who binge drinks or consumes alcohol at a chronic level.[14] In the largest national survey on parental alcohol use, it was found that, in contrast to women, men are more likely to binge drink when they live in households with dependent children than in households where no dependent children are living[14], a finding that is consistent with international evidence.[15] Although alcohol use does not always result in poor parenting or child maltreatment, excessive alcohol consumption is associated with all the major forms of child abuse and neglect, including physical abuse, emotional maltreatment, neglect, sexual abuse, and the witnessing of domestic violence.[16]

While it is not possible to precisely quantify the relationship between parental alcohol use, FDV and child maltreatment, the existing evidence shows that alcohol plays a significant role. Australian child protection services do not regularly provide data on parental characteristics such as alcohol use, however available information suggests that excessive alcohol consumption is involved in child maltreatment for between 30 to 70 per cent of cases across Australian.[17] While these estimates are confounded by the multiple issues confronting parents of children in the child protection system, experts agree that parental alcohol abuse represents a growing concern for many more Australian children than those currently identified through child protection agencies.[17] The problematic consumption of alcohol by parents or carers is known to increase the risks of children witnessing and experiencing violence within the home[18], and is consistently identified as a contributor to child protection cases across Australia.[19,20] In addition, parental alcohol use can negatively impact on parents accessing support services, with the stigma of drinking and the fear of losing custody of children contributing to the reluctance of some women to disclose alcohol problems when accessing family support services.[16]

Studies examining the relationship between parental alcohol consumption and child protection cases in Victoria have shown alcohol abuse is identified in over a third of child maltreatment cases[21], increasing both the frequency and severity of incidents[22], and increasing the likelihood of children both witnessing and experiencing physical violence.[15] Evidence from Victoria also suggests that parental alcohol misuse can increase not only the severity of incidents of child maltreatment, but also to the recurrence of such incidence. In an analysis of 29,455 child maltreatment cases in the Victorian child protection system between 2001 and 2005, it was found that children in families where there is alcohol use problems are at greater risk of repeated maltreatment, with the risk of repeated mistreatment further compounded where there is both mental health problems and alcohol use problems.[23]

The multiple ways in which alcohol is implicated in FDV highlights the importance of including interventions that target alcohol as part of a comprehensive approach to reduce FDV. The need for such an approach is emphasised by the World Health Organization (WHO), who identified action on alcohol misuse as one of several strategies to reduce violence against women.[24] Based on an analysis of evidence on the relationship between alcohol use and intimate partner violence, the WHO concluded that:[25]

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

The findings and recommendations of the WHO, combined with data and research from Australia, provide a clear and compelling body of evidence showing that the risks and level of harm associated with FDV are significantly heightened when alcohol is involved.

Policy options and interventions to reduce alcohol-related FDV

FDV is a complex and systemic problem with profound consequence for individuals, families and the wider community. Alcohol not only increases the risk and severity of FDV, but it is also "one of the factors most open to intervention and change".[26] It is therefore imperative that policies and programs to reduce alcohol-related harm are included as part of a suite of comprehensive measures to reduce FDV.

To prevent and reduce domestic violence, it is critical to develop a variety of primary prevention strategies at different levels. Addressing the factors underlying the problematic consumption of alcohol is an important component in this primary prevention approach. Characteristics of the physical, social and cultural environment of drinking impact on the consumption of alcohol and its relationship to the risk and severity of FDV. These characteristics include the physical availability, economic availability and the promotion of alcohol. At the same time, interventions are required to change the attitudes, beliefs and social structures that increase gender inequities and underpin gender-related violence. In this regard, it is essential to address attitudes about alcohol in relation to gender roles and violence, including attitudes that support the use of alcohol as an excuse for the perpetration of FDV. An element in this is the role of alcohol advertising and marketing in promoting and maintaining social and cultural attitudes about the links between alcohol, masculinity and violence.

Focusing prevention efforts on alcohol does not diminish or excuse an individual's responsibility for their drinking or violence: alcohol use and intoxication are never an excuse for violence. Reducing problematic alcohol consumption does, however, offer a powerful lever for change in a complex and intractable problem. And, while tertiary services remain an integral component in any overall strategy, their reach is ultimately confined to those people who make contact with these services – many more families struggling with alcohol misuse are not in the service system and remain hidden from government agencies. Population-wide approaches are therefore essential to tackle the factors driving alcohol misuse and to reduce and prevent the associated harms.

Yet despite clear and compelling evidence of the association between alcohol and FDV, the role of alcohol has been largely neglected in policies to prevent and reduce the incidence of FDV. Various national and state and territory strategies have acknowledged the role of alcohol in FDV and the need to address alcohol misuse. For example, in *Victoria's action plan to address violence against women & children 2012-2015,* the Victorian Government has recognised that alcohol is a contributing factor to the incidence of family violence and other harms. However there is little evidence that this recognition has translated into tangible policy or programs. Beyond a cursory or rhetorical acknowledgement, both national and state governments have made limited progress in developing policies and programs that target alcohol as part of an overall response to reduce FDV. The lack of concrete policy proposals is reflected in the *National Plan to Reduce Violence Against Women and their Children 2010 – 2022,* which mentions the contribution of alcohol as a risk factor, but fails to detail actions or policy responses that would address this important risk factor.[27]

In NAAA's view, policy strategies and action plans to prevent family violence need to respond to the role that alcohol plays in the incidence and severity of alcohol-related family violence. To that end, NAAA urges the *Royal Commission into Family Violence* to recommend policies and programs that aim to prevent alcohol-related family violence. This includes regulatory controls on liquor license density and opening hours, strengthened regulations for alcohol marketing, support for better integration of alcohol and other drug and family violence services, long-term public education programs, and improved data collection to inform future policy developments. These policy responses are elaborated upon below.

Reduce the availability of alcohol

Restricting the physical availability of alcohol is a central pillar in efforts to prevent alcohol misuse and harms. The physical availability of alcohol is affected by policies on trading hours, the density of liquor outlets in a given locality (both on premises and off premises), and the type and size of places in which alcohol is sold. Restricting the physical availability of alcohol should be a central component of an overall strategy to reduce alcohol-related FDV.

There is a substantial body of international and Australian evidence demonstrating that the physical availability of alcohol impacts on overall consumption levels, patterns of drinking, and the incidence of FDV.[28,29,30,31,32,33,34] As alcohol availability increases, alcohol consumption and alcohol-related FDV also increase. A series of longitudinal analyses undertaken by Michael Livingston examined the relationships between outlet density and alcohol-related harms in Victoria over a ten year period, and found a positive association between outlet density and rates of domestic violence, with a large and significant effect for packaged liquor (off-premises) outlets.[35,36] An increase in one packaged outlet per 1,000 residents was associated with a 27 per cent increase in the mean FDV rate. Similarly, research from Western Australia found that, for every 10,000 additional litres of pure

alcohol sold at a packaged liquor outlet, the risk of violence experienced in a residential setting increased by 25 per cent.[34] This study highlighted the importance of considering the type and size of alcohol outlets – as well as the outlet density – when understanding the relationship between alcohol availability, alcohol consumption and FDV.

Despite the evidence demonstrating links between the physical availability of alcohol and alcohol-related harms such as FDV, there has been an unprecedented growth in the availability of alcohol over the past two decades.[37] The liberalisation of alcohol licensing regimes by state and territory governments has resulted in the proliferation of alcohol retail outlets, increasingly the availability of alcohol through an expanded range of retailers and the extension of trading hours. Within this market, the growing concentration and dominance of the major supermarket chains has further enhanced availability, resulting in larger 'warehouse' style outlets and enabling alcoholic beverages to be sold for increasingly reduced prices.[38]

Victoria exemplifies the trend toward liberalisation and increased availability, with the number of liquor licenses increasing by 120 percent between 1996 and 2010. During the same period, trading hours for alcohol sales, and in particular late night trading, have also increased dramatically.[39] This increase in trading hours and the number and concentration of outlets has resulted in alcohol becoming more readily available and more affordable than it has been in the past three decades.

The proliferation of alcohol outlets in areas of social and economic disadvantage has had further implications for the extent and distribution of FDV. Within Victoria, there is evidence that the effect of outlet density on FDV may be greater in areas of social and economic disadvantage. [40] In one study of the density and distribution of alcohol outlets, it was found that twice as many packaged liquor outlets are located in areas of socio-economic disadvantage in urban areas.[41] In disadvantaged areas in rural and regional Victoria, there are six times as many packaged liquor outlets and four times as many pubs and clubs. Further analysis reveals that the level of alcohol-related harms associated with packaged outlet density varies across neighbourhood types.[36,42] In disadvantaged suburban postcodes, the impact of packaged liquor outlets is significantly greater, with a 10 per cent increase in packaged liquor outlets equating to a 12 per cent increase in FDV.

In addition to restricting the density of alcohol outlets, the physical availability of alcohol can be reduced by restricting the hours when alcohol can be sold. Research has consistently shown that increases in trading hours are associated with increases in alcohol-related harms.[43] A trial conducted in Newcastle, New South Wales, imposed significant restrictions on hotel trading hours for a number of licensed premises. Recorded crime data, police callout data and last place of consumption data all showed a significant decrease in the proportion of assaults occurring after 3am in the study intervention sites.[44] Concerned that the restrictions may simply displace violence from public to private/residential locations, the researchers investigated and found no increase in domestic violence accompanying lowered rates of non-domestic violence.

To prevent escalating levels of alcohol-related harm, including FDV, it is imperative that the trend toward increasing the physical availability of alcohol is reversed. Restricting availability by regulating the density, distribution and type of alcohol outlets, coupled with controls on opening hours, offers a powerful policy lever to reduce alcohol-related harms, and to reduce the incidence and severity of FDV.

Strengthen the regulation of alcohol advertising and promotions

A further key element in re-shaping the social and cultural context of drinking and violence involves strengthening the regulations surrounding alcohol marketing, advertising and promotions. Alcohol marketing has the potential to encourage patterns of drinking and gender norms and stereotypes that undermine efforts to prevent FDV.

The WHO has observed that preventing alcohol-related violence requires cultural and social environments that challenge both hazardous drinking behaviour and the norms that support gender discrimination and violence.[45] Beliefs or expectations that can contribute to the risk of violence toward a partner include:

- the association of heavy drinking and violent behaviours with masculinity;[46, 47]
- the tolerance, normalisation and/or valorisation of higher rates of acute alcohol intoxication;[48]
- the expectation that alcohol consumption leads to aggression, risk-taking and disinhibition, and that irresponsible behaviour and acts of violence are therefore expected or justified;[46]
- the belief that the consumption of alcohol by the victim is a cause, or mitigating factor, in instances of violence;[47,49]
- the belief that alcohol contributes to physical dominance, and sexual prowess and success; [46]
- social stereotypes of women who get drunk as being more sexually available[50,51]; and,
- the consumption of alcohol in contexts where violence is more likely to occur.[52]

Alcohol advertising and promotion play a key role in reflecting and reinforcing these beliefs and attitudes around alcohol, violence and gender.[53]

Australians are exposed to an extensive amount of alcohol advertising through a variety of traditional media, digital media, promotional activities and sponsorships.[54] The ubiquity of alcohol advertising and promotions is particularly salient for young people, who are exposed to an unprecedented level of alcohol marketing across a variety of media platforms and in everyday social settings and events. Adolescents and young people have a heightened susceptibility to advertising messages. [55] There is a substantial body of evidence demonstrating that repeated exposure to alcohol marketing influences the age at which people begin drinking, as well as their levels of consumption.[54,55,56,57,58]

In addition, in a context in which young people are developing their sense of self and understandings of their identities and relationships, the gendered scripts and sexualised imagery that pervade alcohol advertising can play a role in creating and reinforcing certain understandings of gender and sexual relationships. Alcohol marketing that appeals to the gendered aspects of young men's identities, reinforced by repeated exposure, may have consequences for the prevention of FDV if it works to consolidate macho or traditional masculinities associated with men's use of such violence.[46] Thus, alcohol marketing has the potential to not only encourage problematic alcohol consumption, but to also undermine FDV prevention efforts by reinforcing problematic masculinities and gender relations.

Alcohol advertising is replete with examples of gender stereotyping and sexual innuendo.[59] Within Australia, alcohol advertisements have often attracted criticism for portraying women in an overtly sexual and demeaning fashion.[60] The promotion of alcohol frequently deploys stereotypical gender representations, with beer, in particular, linked to stereotypical representations of masculinity and the performance of Australian lifestyle rituals.[61,62] Such advertisements naturalise alcohol as a

quintessential element of Australian masculinity, frequently associating it with 'larrikinism', sporting success, male camaraderie and female sexual objectification.[61] It has been observed that beer advertising in Australia reinforces a gender hierarchy in which "women exist more often as 'window dressing' – either as recipients of the male gaze or simply individuals relegated to the domestic sphere".[61]

Alcohol advertising is also central to sustaining the "holy trinity of alcohol, sports and hegemonic masculinity".[63] The historical development of men's sports has been closely intertwined with the consumption of alcohol and with the financial promotion and sponsorship provided by alcohol companies, as well as pubs and bars at the level of community sport. The detrimental relationship between sports, excessive drinking and violence has been increasingly recognised and underscores the need to tackle the social and cultural factors that sustain the association between heavy drinking and sport.[64]

Alcohol marketing that specifically targets young people is frequently overlaid with notions of masculinity or femininity, often featuring imagery and messaging that implies irresponsible sexual behaviour or treatment of women is appropriate in the context of alcohol consumption.[60,65] For example, alcohol brands and alcohol consumption are a recurrent feature in the music lyrics and film clips popular among young people.[66] A recent content analysis of music lyrics and film found that around a quarter featured explicit violence, with the portrayal of violence, weapons, and sexual violence significantly more common in music clips with alcohol content.[67]

Given the gendered nature of domestic violence, it is essential that alcohol marketing does not perpetuate sexist attitudes or behaviours toward women. This aligns with the First Action Plan of the *National Plan to Reduce Violence Against Women and their Children,* which identifies efforts to "promote positive media representations of women" as a key action under Strategy 1.1.[27]

To achieve this objective, it is imperative there is an overhaul of alcohol advertising regulations in Australia. The content of alcohol advertising in Australia is currently self-regulated through a complex mix of industry codes. The main code is the Alcohol Beverages Advertising Code (ABAC), which is administered and governed by the alcohol industry. The ABAC has responsibility for the content of alcohol advertisements. Other industry codes focus on the 'placement' of alcohol advertising such as outdoors, on radio, television, and in cinemas.[54]

Over the past decade, a succession of independent evaluations has demonstrated the failure of Australia's current voluntary system of self-regulation for alcohol advertising.[68,69,70,71] Industry oversight of standards presents substantial problems and a lack of effectiveness and accountability. Children and adolescents continue to be exposed to significant amounts of alcohol marketing, and this exposure in turn influences their drinking intentions and behaviours. The ABAC Code contains no reference to sexism, nor does it apply to alcohol sponsorship and associated branding. Leaving the policing of alcohol marketing in the hands of the alcohol industry is unlikely to change this scenario.

These ongoing regulatory failures ultimately undermine efforts to change problematic cultural and social attitudes toward alcohol in Victoria. Although the Commonwealth has the constitutional power to impose national regulation on alcohol advertising, it is critical the Victorian Government supports the establishment of an independent, national regulatory body for alcohol advertising. Under the relevant COAG Ministerial Council, state and territory governments have previously worked with the Commonwealth to review existing alcohol advertising regulations, and to

recommend regular data collection and reporting to support periodic evaluations. In addition to supporting stronger national regulations, it is also vital the Victorian Government strengthens advertising regulations in areas where they have jurisdiction. The Commonwealth's constitutional mandate to regulate advertising is not exhaustive, and both state and local governments have a role to play in strengthening regulations for certain forms of alcohol advertising and promotions. This includes:

- enforcing liquor licensing legislation that prohibits and restricts the harmful and irresponsible promotion of alcohol (with clear and unambiguous criteria specifying what promotions are considered 'harmful' or 'irresponsible';
- introducing or strengthening liquor promotion regulations to curb harmful point of sale promotions associated with packaged liquor outlets, including price and volume discounts that are associated with increased rates of problematic alcohol consumption due to the purchase of increased volumes of alcohol;
- preventing the display of alcohol advertising on state owned assets such as public transport and transport hubs that are frequented by children and young people;
- subsidising sporting clubs and cultural events that do not rely on alcohol sponsorship or revenue from alcohol advertising;
- monitoring the exposure of children and young people to alcohol advertising

Strengthening the regulation of alcohol marketing at all levels of government is a key means of shifting the risky drinking cultures and social and cultural beliefs and attitudes that contribute to FDV. Independent and robust regulation is required to protect young people from exposure to alcohol marketing and to ensure alcohol advertising does not perpetuate sexist stereotypes and forms of masculinity associated with violence. Further, in an effort to align rhetoric and practice, state and federal governments should show leadership in their efforts to reduce the harmful effects of alcohol by seeking the removal of all direct and indirect alcohol advertising from venues and events which are owned, leased, managed or run by state assisted entities.

Reduce the economic availability of alcohol

In addition to controlling the physical availability and marketing of alcohol, economic mechanisms such as taxation and minimum pricing are among the most effective ways to reduce alcohol consumption and its associated harms.[56] Alcohol consumption is price sensitive, and even small increases in price can result in decreases in consumption and decreases in harm.[72] In addition to the taxation regime or the setting of a minimum price below which alcohol cannot be sold, the affordability of alcohol can be influenced by industry pricing practices such as point-of-sale promotions, bulk discounts, and two-for-one offers.

Although taxation and pricing policies are widely recognised as effective measures to reduce alcohol-related harms, little research has been undertaken to examine the specific effect of alcohol availability on FDV. Several studies from the US have examined the impacts of alcohol price on violence and crime, and have shown a relationship between price increases and reductions in intimate partner violence and the rates of child abuse.[73,74] However, systematic literature reviews suggest that the current evidence base for the association between the price of alcohol and the incidence of FDV is indirect, primarily due to study designs. [11,75] While there is a solid body of evidence showing the links between alcohol price and an array of alcohol-related harms, further

research with more robust methodologies are required to more clearly elucidate the impact of alcohol price on FDV.

Given the solid evidence base linking alcohol pricing to rates of excessive alcohol consumption and its associated harms, policy measures are required to increase the price of the cheapest alcohol products and discourage harmful patterns of drinking. This could be achieved through a comprehensive approach that involves:

- removal of the Wine Equalisation Tax (WET), which results in wine being taxed according to its retail price rather than alcohol content, resulting in cheaper wines attracting far less tax and thereby supporting the production of very cheap wine;
- volumetric taxation, with tax increasing as the alcohol content of beverages increases; and,
- the application of a minimum price per standard drink, which would prevent the sale of very cheap alcohol.

In addition, regulatory measures should be implemented to reduce discount alcohol sales. The prohibition of bulk-buys, two-for-one offers, shop-a-dockets and other promotions based on price are policy responses that could reduce the heavy episodic drinking associated with FDV. These price discounting strategies have been found to encourage the purchase of increased volumes of alcohol and affect patterns of drinking among underage, harmful and regular drinkers.[76,77] Further, some states have regulations pertaining to discounting that should be more strictly enforced for both on- and off-licensed outlets.

Improve data collection and surveillance

Data on alcohol consumption and harms is essential to establishing the extent of issues, including the prevalence and distribution of alcohol-related FDV. It is also critical to developing, implementing and tracking the progress of evidence-based alcohol policies and interventions. Consistency in data collection and surveillance is necessary to better understand patterns of change over time and jurisdictional differences, as well as supporting better planning and targeting of services.

Unfortunately, the systematic collection and reporting of data on alcohol-related FDV remains inadequate in Victoria and in other Australian jurisdictions. As part of the *National Plan to Reduce Violence Against Women and their Children,* all jurisdictions have committed to a national data collection and reporting framework. It is imperative that the collection and reporting of alcohol-related FDV incidents is included in this framework.

As part of its commitment to improve data collection and reporting under the *National Plan*, the Victorian Government recently unveiled plans to develop a *Family Violence Index* to better understand and track the scale of family violence across the state. While the *Family Violence Index* provides an important opportunity to improve and systematise data collection and reporting, the proposal presented by the Government fails to consider alcohol-related data. This is a significant omission given the demonstrated involvement of alcohol in FDV.

NAAA urges the Royal Commission to recommend to the Victorian Government that data collection and monitoring frameworks for FDV include measures on alcohol misuse and alcohol consumption. Alcohol's involvement in FDV incidents and harms should be included as part of the *Family Violence Index* that is currently being developed by the Victorian Government.

As part of this, service sector data from a range of sources should be collected to measure the involvement of alcohol in FDV, including police data, alcohol and drug treatment data, hospital data, and child protection and family services data. However, NAAA recognises that many front-line services in Victoria and across Australia are under-resourced and oversubscribed. This lack of resources, combined with the lack of standardised data collection protocols, ultimately impedes the ability of agencies to collect and collate data. It is therefore imperative services are better supported and resourced to collect consistent data on alcohol-related FDV.

Improve coordination and support for alcohol and other drug, child protection, family and welfare services

A key challenge in responding to FDV is improving the coordination and integration of government agencies and support services.

Although this has been recognised as a policy priority by the Victorian Government and by other state and territory governments, responses to FDV and alcohol other drug (AOD) use continue to be siloed, inconsistent and uncoordinated. In particular, there is a need for greater integration across the family violence and AOD sectors to prevent intergenerational cycles of violence, provide greater protection for victims and support sustained changes in the behaviour of perpetrators. Improved coordination with mental health and child protection services is also necessary to meet the complex support needs of those affected by FDV.

The failure to consider alcohol use in services used by victims and perpetrators of FDV may ultimately undermine tertiary interventions. Although the overall evidence base is inconclusive, there is some research that has documented the effect of treating alcohol or other drug dependence on the rate of domestic violence. Several studies from the US suggest that treatment for alcohol dependence is associated with reductions in intimate partner violence and verbal aggression, with this reduction being sustained for up to two years following treatment.[78,79,80] In addition, this research has found that people dependent on alcohol who relapsed did not reduce their violence, whereas those in remission were more successful in reducing their violence. Australian studies have also found that men with pre-existing alcohol misuse problems are more likely to drop out of perpetrator programs, and that other forms of intervention, such as drug and alcohol treatment, are crucial if the group-based component of Men's Behaviour Control Programs (MBCP) are to be effective.[11,81]

At the same time, treatment for alcohol misuse that does not also address co-occurring FDV is less likely to be successful and may be unsafe, exposing victims to further abuse.[82] Service integration can improve retention rates in programs and ensure that there is prioritisation of safety issues for victims when working with either victims or perpetrators.[11] To achieve long-term changes in behaviour, efforts to reduce alcohol misuse should be accompanied by strategies that address the additional underlying causes of FDV – causes that extend beyond alcohol problems alone.

In short, individuals and families affected by FDV often experience a cluster of interrelated and mutually reinforcing risks factors, and the failure to attend the array of problems they confront can undermine efforts to prevent FDV and mitigate the associated harms. For families affected by alcohol-related FDV, tackling either alcohol misuse or FDV in isolation is less likely to be successful[82], and integrating service responses can be beneficial for both victims and perpetrators.

In Victoria, there are several impediments to achieving a more coordinated and integrated service level response to FDV. Firstly, existing referral and coordination mechanisms are limited and need to be strengthened to ensure a "no wrong doors" approach for individuals and families experiencing alcohol-related FDV. To improve system reporting and support service coordination, the Victorian Government has developed the *Common Risk Assessment Framework* (CRAF) and the *Family Violence Referral Protocol*. NAAA are concerned that the CRAF and the Referral Protocol do not consistently or sufficiently address the role of alcohol in FDV. Neither mechanism adequately addresses *how* service providers should assess the contribution of alcohol misuse to family violence, nor is there sufficient training or support to facilitate family and other services in engaging AOD treatment services. Although the CRAF does include the AOD service sector, a fundamental limitation is that it works one way: it does not provide training and support to enable family violence services to refer clients to AOD services if they are experiencing problems with alcohol.

The continued marginalisation of AOD services in family violence response frameworks in Victoria and elsewhere will ultimately hinder the prevention of alcohol-related family violence. Unless there is a clear policy that provides a strong mandate for service providers to consider the involvement of alcohol in FDV (and, conversely, for the AOD sector to consider the impact of alcohol on families and on FDV), any attempt by agencies or organisations to collaborate more effectively will be ad hoc at best.[83] Efforts to strengthen collaboration and coordination should be supported by the provision of resources and the development of policies, procedures and protocols concerning screening and assessment, information sharing, and referral pathways.

A further challenge in improving the coordination and effectiveness of treatment and support services for FDV is the lack of sufficient resourcing for front-line services. The AOD and family violence sectors are not adequately supported and resourced to collaborate in addressing alcohol-related FDV. According to the Victorian Auditor General, waiting times for AOD have nearly doubled since 2006.[84] The difficulty in meeting demand is further exacerbated by the uncertainty of funding from all levels of government.

If services are to provide an effective and coordinated response to FDV, it is vital there is adequate and ongoing funding to meet demand and build organisational capacity to collaborate with services in other sectors.

Support opportunistic screening and early intervention

Early identification and intervention among individuals and families at risk is critical to reducing the risk, escalation and severity of FDV. As part of this, improved screening and early intervention are important to reduce the occurrence and escalation of violence among families who may also be experiencing problems with alcohol use.

While many families affected by FDV do not present to family services, individuals who are experiencing violence, or who are at heightened risk of experiencing violence, often present at other points in the service system. For example, women who experience FDV typically have poorer physical and mental health and tend to use of health services more frequently.[85] Contact with the health sector therefore provides an opportunity to screen for harmful alcohol use and FDV, and to provide a brief intervention or referral where necessary.[85,86]

In health settings, screening and brief interventions can help identify hazardous and harmful drinking at an early stage, before people are consciously aware of the potentially harmful effects of their drinking or are seeking help, and then deliver advice or counselling to help reduce consumption levels. Similarly, given the association between FDV and alcohol for both victims and perpetrators, screening for the presence of the other condition should be routinely undertaken when one has already been identified. In such instances, the evidence indicates that comprehensive training, regular follow-up training and the presence of multi-agency referral networks facilitate routine screening about domestic violence.[87]

Early intervention and screening should be targeted at individuals and groups at heightened risk of experiencing FDV. For example, there is strong evidence that well-implemented parenting support programs (such as positive parenting and nursing home visit programs) that are targeted at alcohol-dependent parents, especially parents of newborns, can have substantial benefit in terms of reducing parental alcohol consumption, preventing FDV and supporting children's developmental outcomes.[88,83,89] Age-appropriate screening and brief interventions have also been found to be effective in reducing alcohol-related harms, including violence and aggression, among adolescents.[90,91,92] Screening tools and early interventions also need to be culturally appropriate and tailored for Aboriginal people and Torres Strait Islanders, and those from culturally and linguistically diverse backgrounds.[93,94]

Conduct evidence-based public education campaigns to prevent alcohol-related FDV

In efforts to prevent FDV, both national and state level responses to FDV have emphasised the role of public education and social marketing. It is important that the role of alcohol in FDV is included as part of this overall public education strategy. When undertaken in conjunction with legislative and regulatory reforms, public education campaigns have significant potential to shift the cultural attitudes and social norms that contribute to the relationship between alcohol and FDV. Such campaigns can also be important in targeting the attitudes and behaviour of policy makers and influential interest groups, thereby impacting on the structural factors that contribute to FDV. To date, however, alcohol's role in contributing to family violence has been neglected in alcohol education programs and media campaigns to prevent violence against women.

Given the current Government investment in developing public education and social marketing campaigns to tackle family violence, it is imperative that a long-term and evidence-based approach is adopted that includes a focus on alcohol misuse and alcohol-related FDV. In March 2015, the Commonwealth Government announced it would work with state and territory governments to deliver a jointly funded $30 million national awareness campaign to address family and domestic violence. This announcement follows on from the tenth recommendation of *National Plan to Reduce Violence Against Women and Their Children*, which advocates that a social marketing strategy be developed to promote behaviour change.

There are few examples of long-term and large-scale public education and social marketing campaigns to raise awareness about the harms of alcohol use.[95] Exceptions to this are mass media campaigns to reduce drink drinking, which have proven effective when undertaken in conjunction with legislative measures,[96] and the recent Western Australian Government's '*Alcohol.Think Again*' campaign.

Given the relative lack of large-scale and long-term public education campaigns, there is limited evidence of the effectiveness of public education in reducing alcohol-related harms. Campaigns targeting alcohol have generally been short-term, modestly funded, undertaken in isolation from other measures, and with ambiguous or poorly targeted messaging. Safe drinking campaigns sponsored by alcohol companies have also proven ineffective, in part because recipients view the messages of such campaigns as ambiguous.[97] Additional factors that have limited the ability to identify the impact of such programs include the narrow focus of evaluations, and the countervailing impact of factors such as pervasive alcohol marketing, availability and affordability. There is, in short, a dearth of independent, research-based, well-funded, sustained mass media programs on alcohol, whether in isolation or as part of a comprehensive approach.[95]

Evidence on the effectiveness of campaigns to reduce alcohol-related FDV is even more scant. In Australia, there are a handful of short-term, localised campaigns that have been undertaken to tackle the contribution of alcohol misuse to FDV. For example, the *Walk Away Cool Down* campaign was introduced in 2001 in Far North Queensland in an attempt to reduce the high incidence of FDV across the Cape York region.[98] This multi-media campaign sought to change attitudes and behaviours toward FDV and challenge perceptions that alcohol is a justification or excuse for violence. Perpetrators and potential perpetrators were the primary target audience, while women and children who experience or witness violence were a secondary audience. Despite some reported benefits of this initiative, no comprehensive evaluation was undertaken and, like other localised campaigns, the *Walk Away Cool Down* campaign was short term and not followed up by a long term public education strategy.[11,98]

There is, however, strong evidence that sustained, independent and evidence-based public health education can be effective in attitudinal and behavioural change, particularly when integrated into a long-term strategy and complemented by community and individual-level approaches.[95,97] Support for the effectiveness of this approach can be found in areas such as tobacco, road safety, HIV/AIDS and immunisation. As with other preventive health efforts, public education campaigns are most likely to be successful if their messages are reinforced by other efforts and undertaken in conjunction with wider strategies that involve legislative change and regulatory reform. Campaigns that have been most effective have also been well-funded, repetitive, and ongoing; target a clearly defined audience with a credible message; and challenge or restrict competing marketing. Concurrent access to services that support individuals sustain behaviour change is also important.[97]

A public education campaign that targets alcohol use is urgently needed in Australia. Such an approach is particularly important given the concerning number of Australians who condone, excuse and justify family violence if alcohol is involved. Results from the 2013 *National Community Attitudes towards Violence Against Women Survey* (NCAS) indicate that one in ten Australians believe that domestic 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. To tackle such attitudes and the problematic patterns of alcohol use associated with violence, both universal and targeted approaches are needed, with tailored and culturally appropriate strategies for high risk and hard-to-reach groups. Public education campaigns that are long-term, appropriately targeted and well-resourced have an important role to play in challenging the social norms and attitudes that underpin both the excessive consumption of alcohol and the involvement of alcohol in FDV.

Conclusion

Alcohol-related family and domestic violence occurs all too frequently in Australia, and it is imperative that action is taken to reduce the incidence and severity of the harms.

Problematic alcohol consumption is an important element in the complex and interlocking mix of behavioural, social and economic factors that contribute to FDV. And, critically, it is one policy factor amenable to change, with a robust body of evidence supporting interventions that can make a decisive impact on reducing alcohol-related harms. The current Royal Commission into Domestic Violence provides a timely and important opportunity to examine the range of policy measures required to prevent FDV, and is critical that interventions that target alcohol-related FDV are considered as part of a comprehensive approach.

Victoria needs a comprehensive and coordinated approach to address alcohol-related family violence as part of an overall strategy to reduce violence against women and children. Thank you for the opportunity to raise these important issues with you.

Yours sincerely

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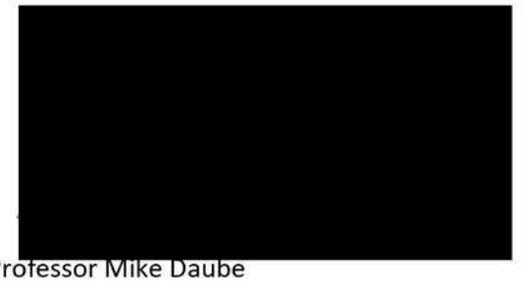

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