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Alcohol/Drug-Involved Family Violence in Australia (ADIVA)—Research Bulletin

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Family and domestic violence (FDV), a term used to refer to both intimate partner violence (IPV; i.e., violence between two intimate partners) and family violence (FV; i.e., violence between family members other than intimate partners) is a significant public health and social issue. The negative consequences of FDV include physical injury, depression, suicide, and post-traumatic stress disorder. Alcohol and Other Drug (AOD) use are two risk factors that have been found to contribute to FDV and can be modified at individual and environmental levels, representing significant avenues for intervention. This project, Alcohol/Drug-Involved Family Violence in Australia (ADIVA), sought to investigate:

1. The relationship between AOD use and FDV in the general population;
2. Key demographic and environmental factors associated with different types of FDV;
3. Differences between AOD-involved and non-AOD-involved cases; and
4. The major trends in FDV in relation to incidents attended by police.

Methods

This project was funded for two years starting 2014 by the National Drug Law Enforcement Research Fund (NDLERF) and examined family violence in Australia, with a focus on alcohol and other drug related violence. The two arms of the project were:

1. An Australia-wide 'personal safety' survey, focussing on AOD use; and
2. Retrospective studies of police offence data.

A 'personal safety' online panel survey was developed to describe the relationship between AOD and family violence in a sample of the general Australian population. The survey explored:

- Key demographic, social, and environmental factors of people who have been involved in family violence;

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- How factors 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
- The place of purchase and type of alcohol when it was identified as a factor in family violence.

The final online survey consisted of 98 questions and took approximately 20 minutes to complete. Information was collected primarily about the respondent. Where applicable, respondents provided information about their current or most recent partner. The survey included five key sections: 1) demographics; 2) experience of controlling behaviour, aggression, or violence across the respondent's lifetime; 3) substance use at the most recent incident of controlling behaviour, aggression, or violence; 4) usual substance use; and 5) general feelings of personal safety and wellbeing. The sample comprised Australian residents aged 18 years and older. A stratified random sampling design was used to obtain a proportionally representative sample of the population in each Australian State and Territory, according to ABS (2014) figures.

Police offence data from all Australian states was analysed to profile the demographic and personal factors involved in police reported FDV incidents, and to identify the types of incidents that involve AOD. Three key research questions guided this arm of the project:

1. What are the major trends in family violence in relation to incidents attended by police, and what are the common factors across States and Territories?
2. What are the key predictors of repeat incidents attended by police? and
3. What role do alcohol and other drugs play in breaches of family violence orders?

Results

Panel Survey

Completed surveys were received from 5,155 individuals. Thirty-seven cases were removed from the dataset due to nonsensical or illegitimate responses. The final sample comprised 5,118 respondents, including 2,450 males (47.9%), 2,652 (51.8%) females, 1,141 (22.3%) 18-25 year olds (see Table 1), and 1,047 (20.5%) residents of outer regional, remote and very remote Australia.

Table 1: Proportion of total sample and males and females in five age groups (n = 5,118)

Age group (years)	Total % (n)	Males % (n)	Females % (n)
18-25	22.1 (1130)	15.4 (378)	28.4 (753)
26-35	10.6 (542)	8.7 (212)	12.4 (330)
36-50	17.1 (872)	16.2 (397)	17.9 (475)
51-65	28.3 (1445)	31.1 (761)	25.8 (684)
66+	21.8 (1113)	28.7 (702)	15.5 (411)

Just under half (44.5%) of the sample reported they had experienced any type of violence in their lifetime. Of those who experienced lifetime violence, 41.8% of most recent incidents were intimate partner violence, 13.1% were family violence, and 45.1% were 'other' types of violence (i.e. did not involve either an intimate partner or other family member).

Alcohol

Usual Alcohol use

Almost forty percent (37.8%) of respondents who experienced IPV and 27.8% of those who experienced FV reported engaging in heavy-episodic drinking (HED) within the past 12 months. Males were more likely to report engaging in risky drinking behaviour in the past 12 months (heavy-episodic drinking and hazardous alcohol use) than females regardless of the type of violence they experienced at the most recent incident. Logistic regression was performed, and in the multivariate model (controlling for substance use, educational attainment, sex, and residential location) those aged 18-25 years and 26-35 years respectively, were 1.68 (95%CI=1.08-2.62) and 2.47 (95%CI=1.56-2.89) times more likely to report experience of alcohol-related IPV with their current or most recent partner compared to those aged 66+ years. In addition, engaging in HED predicted greater experience of alcohol-related IPV in the past 12 months for males (OR=2.60; 95%CI=2.02-3.34) than for females (OR=1.32; 95%CI=1.04-1.69).

Compared to respondents who reported FDV and Other violence incidents, current and recent partners of respondents who reported an IPV incident were significantly more likely to be a current drinker ($p<.001$; $p<.001$), engage in HED ($p<.001$; $p<.001$), drink at hazardous levels ($p<.01$; $p<.01$), and consume a higher mean number of standard alcoholic drinks ($p<.001$; $p<.001$). After controlling for substance use, educational attainment, sex and residential location, those who reported their partner engaged in HED in the past 12 months were 5.80 times (95%CI=3.75-8.96) more likely to report experiencing alcohol-related IPV with their current or more recent partner. In addition, respondents who reported engaging in HED together with their partner within the past 12 months were also 2.95 times (95%CI=2.01-4.32) more likely to have experienced alcohol-related IPV with their current or most recent partner than those who did not.

Heavy drinking was also found to be associated with increased level of coercive controlling behaviour (CCB); which includes emotional, psychological and physical abuse of a partner. CCB perpetrators were more likely to be a current drinker ($p<.05$) and to engage in HED with their partner ($p<.05$), than respondents in a non-coercive controlling relationship. Conversely, partners of CCB victims were more likely to be a current drinker ($p<.001$), consumed a higher mean number of standard drinks ($p<.001$), were more likely to engage in HED ($p<.001$), and were more likely to be classified as a hazardous drinker ($p<.001$). Finally, both the respondent and their partner in mutual CCB relationships were more likely to engage in HED (alone and together) (respondent: $p<.001$; partner: $p<.001$; together: $p<.001$), be classified as a hazardous drinker ($p<.001$; $p<.001$), and reported a higher mean standard number of drinks ($p<.001$; $p<.001$). Alcohol involvement was not significantly associated with children witnessing IPV or other family violence.

Alcohol use at most recent incident

Overall, 32.7% of all violent incidents were alcohol-related (alcohol was consumed by one or more persons). There were no significant differences between incident type (IPV, FV, other) and alcohol involvement, however, both the respondent and the other person(s) were more likely to have consumed alcohol at IPV and 'Other' violent incidents compared to FV incidents. For IPV only, male respondents and other persons were also more likely to have consumed alcohol at the most recent incident compared to female respondents and female other persons ($p<.001$).

Incidents in which police respond

Police were more likely to attend IPV incidents that were alcohol-related compared to those that did not involve alcohol, attending 21.3% of IPV incidents involving alcohol, compared with 15.7% of those that did not ($p<.05$). Alcohol-related incidents were also more severe. Compared to incidents that did not involve alcohol, IPV incidents that involved alcohol were more likely to involve physical violence ($p<.001$) and to result in any injury ($p<.001$), physical injury ($p<.001$) or psychological/emotional injury ($p<.01$).

Alcohol purchase location

Alcohol consumed at IPV incidents tended to be purchased from a supermarket liquor store and consumed at the respondent's home. Alcohol was purchased from a supermarket liquor store in 38.8% of IPV incidents, followed by a pub or bar (25.3%). Alcohol was then consumed at the respondent's home in 55.9% of alcohol-related incidents, at the perpetrators home in 13.4% of incidents, and another person's home in 8.4% of incidents. Further, alcohol consumed at IPV incidents was most frequently purchased from a supermarket liquor store regardless of the distance between the purchase location and where the incident took place.

Drug Use

While drug use is only involved in a small minority of cases, it appears to be associated with increased likelihood of experiencing FDV. Overall, 10.5% of incidents were illicit drug-related (i.e., drugs were used by one or more persons or flagged as involved in the incident by police). IPV and FV incidents were significantly more likely to be drug-related, with 12.7% of IPV and 12.0% of FV incidents drug-related compared 8.0% of other violent incidents. Respondents who used drugs at the IPV incidents were younger than those who did not (M^{drugs}=32 years, $M^{nodrugs}$=48 years; $p<.001$), and for IPV only, males (12.9%) were significantly more likely to use drugs than females (6.9%) ($p<.05$).

Children and other family were significantly more likely to witness drug-related IPV incidents than incidents that were not drug related ($p<.01$; $p<.05$). Police were more likely to attend IPV and FV incidents that involved drugs compared to those that did not, attending 26.4% of IPV and 33.3% of FV incidents involving drugs compared to 16.2% of IPV and 14.1% of FV incidents that did not involve drugs ($p<.01$; $p<.01$). Drug-related IPV incidents were also more severe. IPV incidents involving drugs were more likely to involve physical violence ($p<.05$), and to result in any injury ($p<.001$), physical ($p<.001$), or psychological/emotional injury ($p<.001$). Similar trends were observed for FV but were non-significant due to small sample size.

Regarding usual drug use, respondents who reported IPV (10.2%) or other violent (8.6%) incidents were more likely to report using illicit drugs in the past 12 months compared to those who reported FV (3.0%, $p<.001$). In regards to engaging in CCB, the proportion of respondents who consumed illicit drugs in the past 12 months increased with increasing levels of coercive control, from 2.6% (no), to 6.1% (low), and 14.3% (high). Further, a higher proportion of CCB perpetrators (14.8%) and mutual CCB perpetrators (14.0%) reported illicit substance use in the past 12 months than CCB victims (7.8%) and those in non-controlling relationships (4.3%). Those in mutual CCB relationships were also more likely to be classified as having a high level of dependency symptoms ($p<.01$).

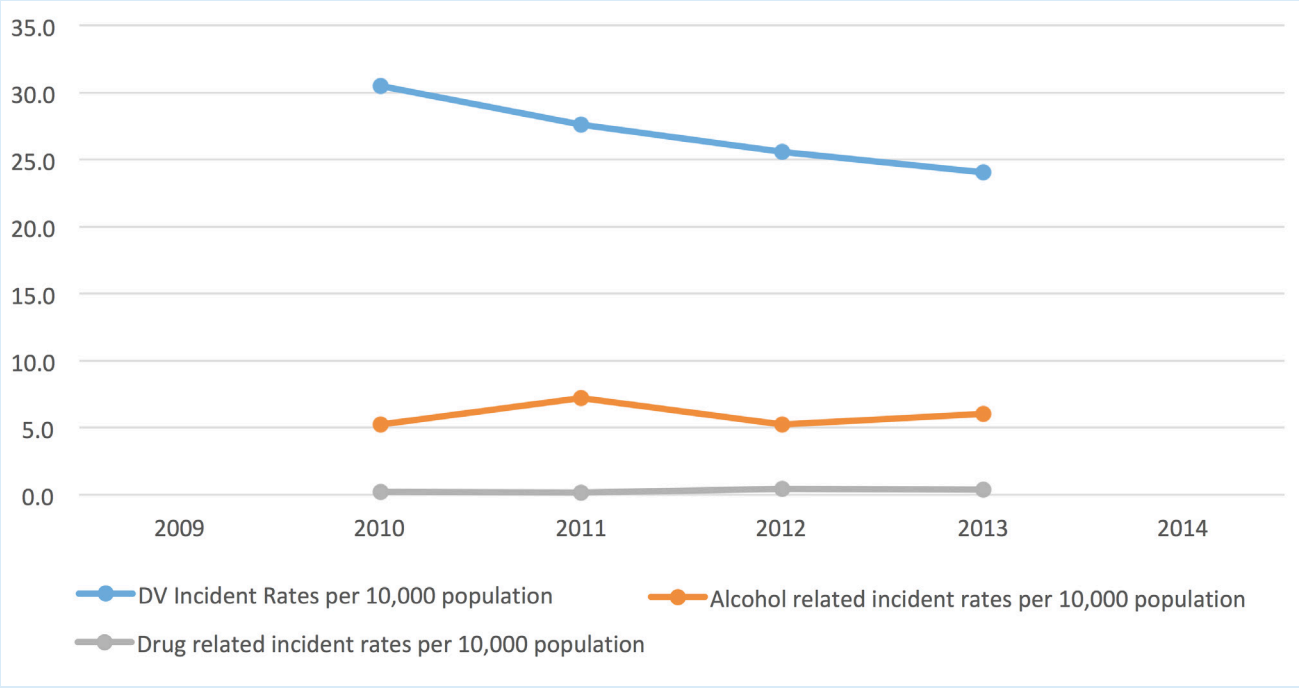
Police Data

No national trends collating FDV rates across states are presented because there are many disparities between jurisdictions with regard to how FDV is defined which make direct comparisons between each state impossible.

Australian Capital Territory

ACT Police attended 5,064 FDV incidents across the reporting period (July 2009 – June 2014), including 1,708 FV and 2,995 IPV incidents. Between 2010 and 2013 (for which there is data for the whole calendar year), rates of FDV steadily decreased, from 30.5 to 24.1 per 10,000 (see Figure 1). The majority of victims (74.6%) were female (IPV: 83.8%; FV: 64.7%).

Figure 1: ACT FDV rates per 10,000 population



Almost a quarter (23.9%) of incidents were alcohol-related[1]. A significantly higher proportion of IPV incidents (27.6%) were alcohol-related compared to FV incidents (18.3%, p<.001, Phi = 0.10). Key alcohol-related findings include[2]:

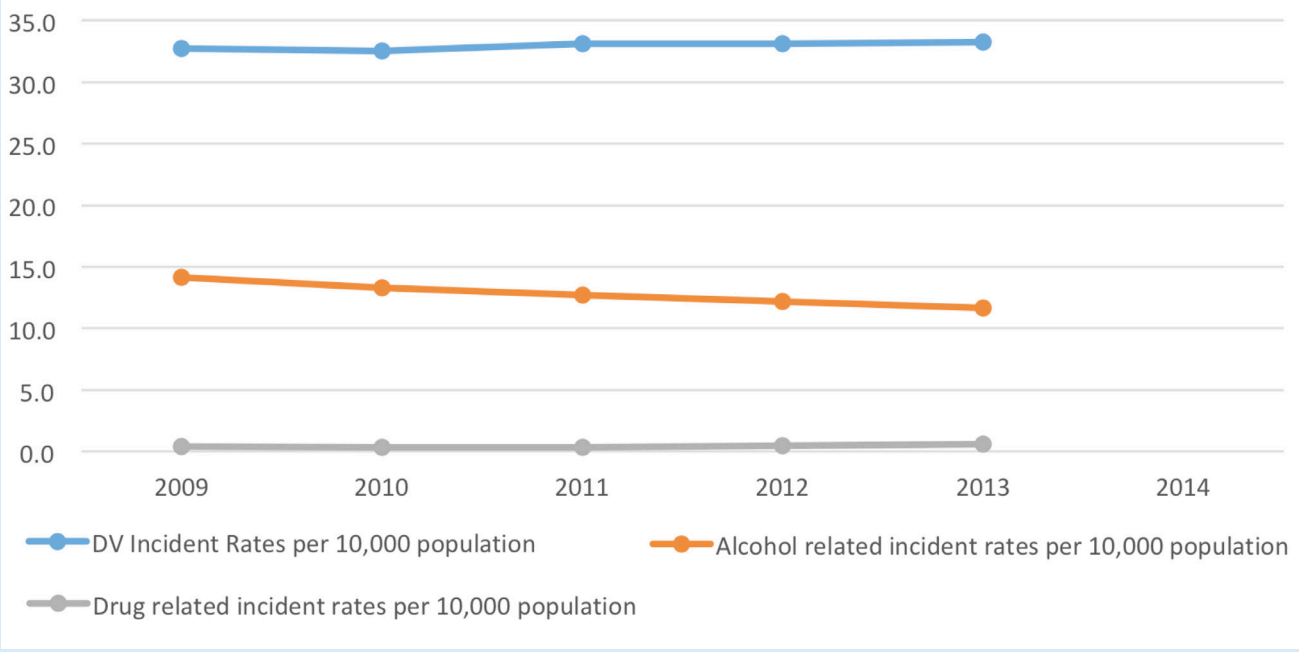
- For IPV only, alcohol use was associated with a significantly smaller proportion of incidents involving a breach of a family violence order (FVO), a breach of a justice order (JO), or that involved repeat victims compared to incidents that did not involve breaches and repeat victims (FVO; 30.1% vs 7.1%; p<.001, Phi = -0.16; JO: 28.8% vs 8.3%, p<.001, Phi = -0.11; repeat victims: 29.9% vs 24.3%, p<.01, Phi = -0.06).
- For IPV only, a significantly greater proportion of IPV incidents involving an offence against the person were alcohol-related (33.6% vs 16.8%) compared to those that did not involve an offence against the person (p<.001, Phi = 0.18).
- IPV incidents that involved alcohol were 2.45 times (95%CI=1.99-3.01) more likely to involve an offence against the person than those that did not.

1. Level of intoxication rated by Police Officer when victim or offender indicated they consumed alcohol prior to the incident (classified as affected vs not affected)
2. Offender data was not available. Further, as only a small proportion (1.1%, n=50) of incidents were drug-related (i.e. drugs were seized at the incident) comparisons with this variable are not reported here.

New South Wales

New South Wales (NSW) police attended 119,833 FDV incidents (IPV: 72,147; FV: 47,447) across the reporting period (2009-2013). Between 2009 and 2013 there was a slight increase in the rates of FDV across the reporting period, 32.7 to 33.3 per 10,000 (see Figure 2). The majority of offenders were male (77.0%) and were aged between 18 and 49 years (82.0%). The majority of victims were female (68.3%). Female victims tended to be older and concentrated in the 18-49 year age brackets, while male victims were concentrated in the 25-49 year age bracket.

Figure 2: NSW FDV rates per 10,000 population



Of all FDV incidents, 38.8% were alcohol-related[3] (IPV: 43.7%; FV: 31.3%). The proportion of alcohol-related incidents gradually decreased across the reporting period from 43.3% of all incidents in 2009 to 35.1% in 2013. Key alcohol-related findings include:

- IPV incidents and FV incidents that involved recidivist offenders were 1.14 times and 1.22 times, respectively, more likely to be alcohol-related than incidents that did not involve recidivist offenders (IPV: OR=1.14, 95%CI=1.09-1.19; FV: OR=1.22, 95%CI=1.16-1.27).
- IPV incidents (but not FV incidents) that involved repeat victims were 1.09 times more likely to be alcohol-related than incidents that did not involve repeat victims (OR=1.09, 95%CI=1.09-1.19).

There were few drug-related FDV incidents (1.2%; n = 1,465; IPV: 1.2%; FV: 1.2%). Key drug-related[4] findings include:

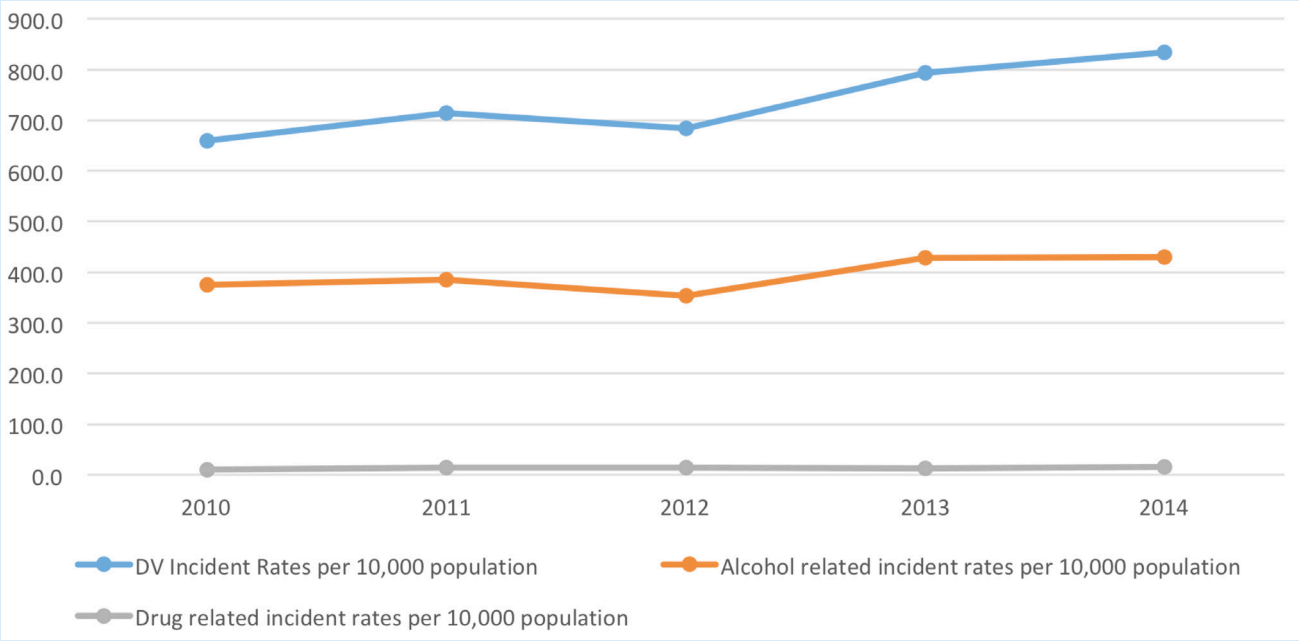
- IPV incidents and FV incidents that were drug-related were 1.77 times and 1.68 times, respectively, more likely to involve a recidivist offender than incidents that were not drug-related (IPV: OR=1.77, 95%CI=1.46-2.14; FV:OR=1.68, 95%CI=1.39-2.01).
- IPV incidents (but not FV incidents) that were drug-related were 1.21 times more likely to involve a repeat victim than incidents that were not drug-related (OR=1.21, 95%CI=1.01-1.47).

3. Alcohol listed by Police Officer as either an incident Associated Factor or Additional Factor
4. Drugs listed as either an incident Associated Factor or Additional Factor

Northern Territory

Northern Territory (NT) police attended 87,806 FDV incidents (IPV: 21,331; FV: 3,995; Uncategorised: 62,480) across the reporting period (2010-2014). Between 2010 and 2014 there was an increase in the rate of FDV incidents from 659.8 to 833.7 per 10,000 (see Figure 3), however, this increase was not linear. The majority of offenders were male (82.3%) and the majority of victims were female (68.3%). Both offenders and victims were concentrated within the 18-49 year age bracket.

Figure 3: NT FDV rates per 10,000 population



Over half (53.6%) of FDV incidents were flagged as alcohol-related (IPV: 67.2%; FV: 55.2%)[5]. The proportion of alcohol-related incidents gradually decreased across the reporting period from 57.0% of all incidents in 2010 to 51.6% in 2014. Key alcohol-related findings include:

- Offenders were affected by alcohol in 13.3% of all incidents (IPV: 37.3%; FV: 31.4%) and victims in 0.7% of all incidents (IPV: 1.3%; FV: 2.2%). Incident participants (witnesses who were involved in some way) other than the offender and the victim were judged to be affected by alcohol in 39.5% of all incidents (IPV: 28.6%; FV: 21.6%).
- Incidents involving repeat victims (IPV: OR=1.39, 95%CI=1.25-1.55; FV: OR=1.67, 95%CI=1.45-1.93) or recidivist offenders (IPV: 1.22, 95%CI=1.09-1.37; FV: OR=1.43, 95%CI=1.23-1.65) were associated with increased likelihood that the incident was alcohol-related.
- IPV incidents (but not FV incident) involving drugs were 1.32 times more likely to involve alcohol (OR=1.32, 95%CI=1.12-1.57).

There were few drug-related[6] incidents (1.8%). The proportion of drug-related incidents increased from 1.6% in 2010 to 1.8% in 2014, but peaked in 2011 (2.0% drug-related) and 2012 (2.0% drug-related). Key drug-related findings include:

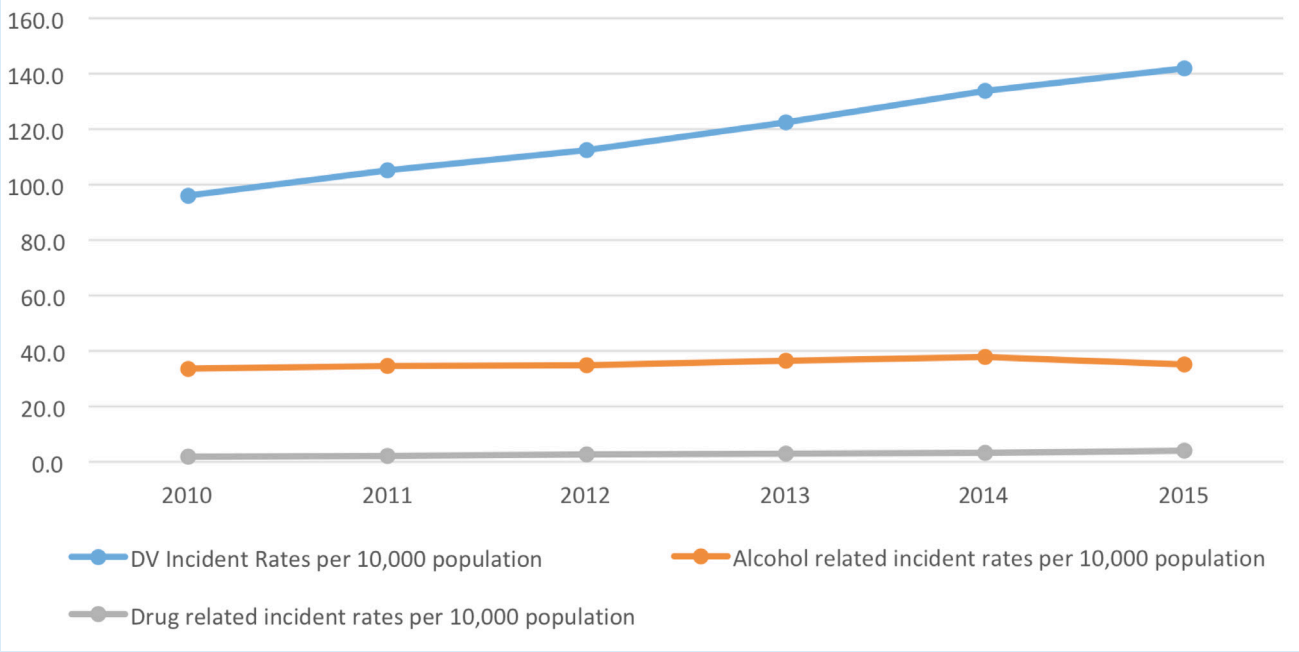
- FV incidents (but not IPV incidents) that were drug-related were 1.57 times more likely to involve a recidivist offender (OR=1.57, 95%CI=1.07-2.28). Conversely, drug presence was not significantly associated with whether a repeat victim was involved in the incident.
- IPV incidents (but not FV incidents) that involved drugs were 1.59 times more likely to be witnessed by a child (OR=1.59, 95%; CI=1.32-1.90).

5. Coded as alcohol-related when either the victim or the offender was judged to be affected by alcohol by the attending Police Officer.
6. Drug Flag provided by Northern Territory Police

Queensland

Queensland (QLD) police attended 330,701 FDV incidents (IPV: 241,086; FV: 48,077) across the reporting period (2010–2015). The rate of FDV incidents gradually increased over the reporting period from 96.1per 10,000 in 2010 to 141.9 per 10,000 in 2015 (see Figure 4). The majority of offenders were male (IPV: 78.8%; FV: 69.4%) and the majority of victims were female (IPV: 78.8%, FV: 65.5%). Both victims and offenders were concentrated within the 18-24, 25-34, and 35-49 year age groups.

Figure 4: QLD FDV rates per 10,000 population



Over a third (35.4%; IPV: 35.6%; FV: 34.8%) of incidents were alcohol-related[7]. The proportion of incidents that were alcohol-related gradually decreased across the reporting period from 41.0% in 2010 to 30.3% in 2015 (p<.001, Phi=-0.11). Key alcohol-related findings include:

- A smaller proportion of IPV and FV incidents involving a contravention of the Domestic and Family Violence Protection Act (DFVPA) were alcohol-related compared to incidents not involving a breach (IPV: 34.8% vs 36.1%, p<.001, Phi=-0.01; FV: 32.0% vs 35.5%, p<.001; Phi=-0.03). However, effect sizes for these comparisons were very small.
- FV (but not IPV) incidents that involved recidivist offenders were 1.33 times more likely to be alcohol-related than incidents that did not involve recidivist offenders (OR=1.33, 95%CI=1.26-1.39).
- Victim alcohol use was associated with greater odds that a repeat victim was involved in the incident (IPV: OR=1.10, 95%CI=1.04-1.15; FV: OR=1.07, 95%CI=1.00-1.14), while offender alcohol use was associated with greater odds that a recidivist offender was involved in the incident (IPV: OR=1.04, 95%CI=1.00-1.09; FV:OR=1.43, 95%CI=1.35-1.51).

Three percent of FDV incidents were flagged as drug-related[8] (IPV: 2.7%; FV: 4.6%). The proportion of drug-related incidents increased significantly from 2010 to 2015 (p<.001, Phi = 0.03). This increase was especially apparent for FV which increased 2.1% over the 6 year period (p<.001, Phi = 0.04). Key drug-related findings include:

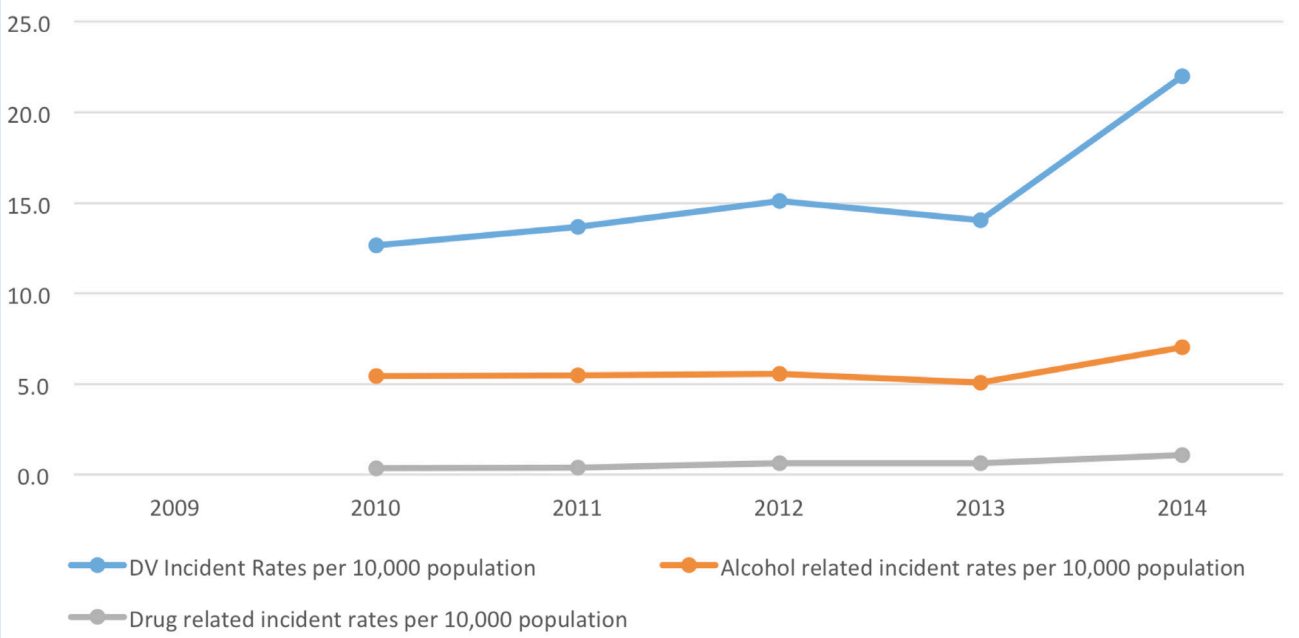
7. When the attending police officer judged either the victim or offender as affected by alcohol
8. When the attending Police Officer judged either the victim or offender as affected by drugs (including illicit drugs and volatile substances)

- The proportion of drug-related incidents was highest in the area of least disadvantage, especially for FV where there was a 1.7% difference in the proportion of drug-related incidents between the most and least disadvantaged areas (5.9% vs 4.2%, p<.001, Phi=0.04).
- A smaller proportion of IPV incidents involving a contravention of the DFVPA were drug-related compared to incidents not involving a breach (2.5% vs 2.8%, p<.001, Phi = -0.01). Conversely, drug-related FV incidents were 1.18 times more likely to involve a contravention of a DFVPA than drug-unrelated incidents (OR=1.18, 95%CI=1.06-1.32). Effect sizes for these comparisons were very small.

South Australia

South Australian (SA) police attended 12,907 FDV incidents (IPV: 11,345; FV: 1,525) across the reporting period (2010-2014). Rates of FDV increased steadily from 2010 to 2013 (from 12.6 per to 14.1 per 10,000) but jumped from 14.1 to 22.0 per 10,000 from 2013 to 2014 (see Figure 5). Most offenders were male (91.1%) and were concentrated to the 20-49 year age bracket. The majority of victims were female (89.1%) and were concentrated to the 20-49 year age bracket.

Figure 5: SA FDV rates per 10,000 population



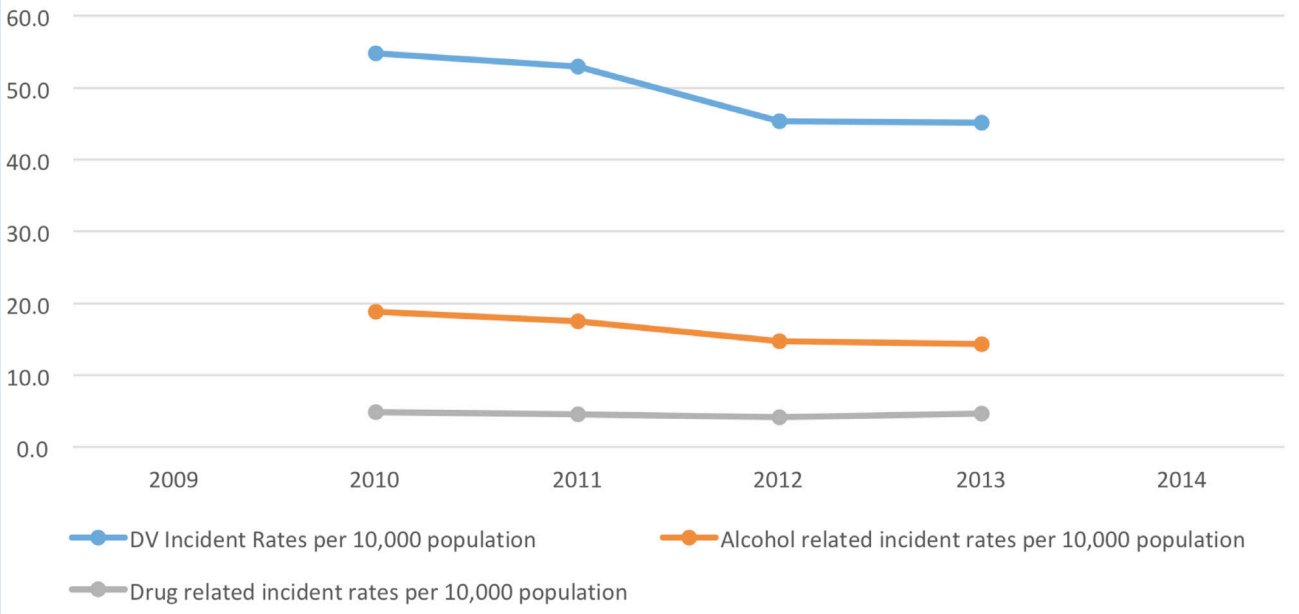
Victims[9] were judged to be influenced by alcohol in 54.4% of all incidents (FV: 45.3%; IPV: 55.5%). Just under half of all victims (45.6%) were noted as being unaffected by any substance. IPV incidents that involved repeat offenders were 1.18 times (OR=1.18, 95%CI=1.00-1.38) more likely to involve a victim who consumed alcohol, while child presence at the incident (OR=0.59, 95%CI=0.54-0.65) and victim drug use (OR=0.01, 95%CI=0.00-0.02) were associated with lesser odds the victim consumed alcohol at the incident. FV incidents that involved repeat offenders were 1.32 times (OR=1.32, 95%CI=1.01-1.72) more likely to involved a victim who consumed alcohol, while the incident involving a repeat victim decreased likelihood that the incident involved a victim who consumed alcohol (OR=0.67, 95%CI=0.45-0.99).

9. Only information on victim information on alcohol and drug intoxication was recorded by attending police

Tasmania

Tasmania (TAS) police attended 13,097 IPV incidents between 1 July 2009 and 30 June 2014. From 2010 to 2013 (for which there is data for the whole calendar year), rates of IPV decreased, from 54.8 to 45.1 per 10,000 in 2013 (see Figure 6). The majority (83.2%) of offenders were male and were concentrated within the 18-49 year age bracket. The majority (85.4%) of victims were female and were also concentrated within the 18-49 year age bracket.

Figure 6: TAS FDV rates per 10,000 population



Just over a third (33.5%) of IPV incidents attended to by Tasmania police over the reporting period were alcohol-related[10]. The proportion of alcohol-related incidents gradually decreased from 2009 to 2013 (from 36.8% to 31.8%) and then slightly increased in the first half of 2014 (to 32.5%). Key alcohol-related findings include:

- Family Violence Orders (FVO) were breached in 25.6% of alcohol-related incidents and 35.6% of alcohol-unrelated incidents ($p<.001$).
- A significantly higher proportion of incidents where offenders were removed were alcohol-related ($p<.001$, Phi=.18), compared to incidents where no offender was removed.
- Incidents where the victim was judged to be affected by alcohol were significantly less likely to be witnessed by a child (OR=0.54, 95%CI=0.45-0.65).
- Incidents where either the offender or victim were affected by alcohol were significantly more likely to involve an assault (offender: OR=1.40, 95%CI=1.27-1.56; victim: OR=1.29, 95%CI=1.13-1.47).
- Incidents where the offender was affected by alcohol were 2.66 times (OR=2.66, 95%CI=2.37-3.00) more likely to result in removal of an offender from the incident. Both offender and victim alcohol use increased likelihood that a victim was removed from the incident (offender: OR=1.18, 95%CI=1.03-1.34; victim: OR=1.39, 95%CI=1.18-1.64).

A small proportion (8.9%) of IPV incidents attended by Tasmania Police over the reporting period were drug-related[11]. The greatest proportion of drug-related incidents was reported in 2013 (10.4%), and the smallest proportion in 2009 (7.8%). Key drug-related findings include:

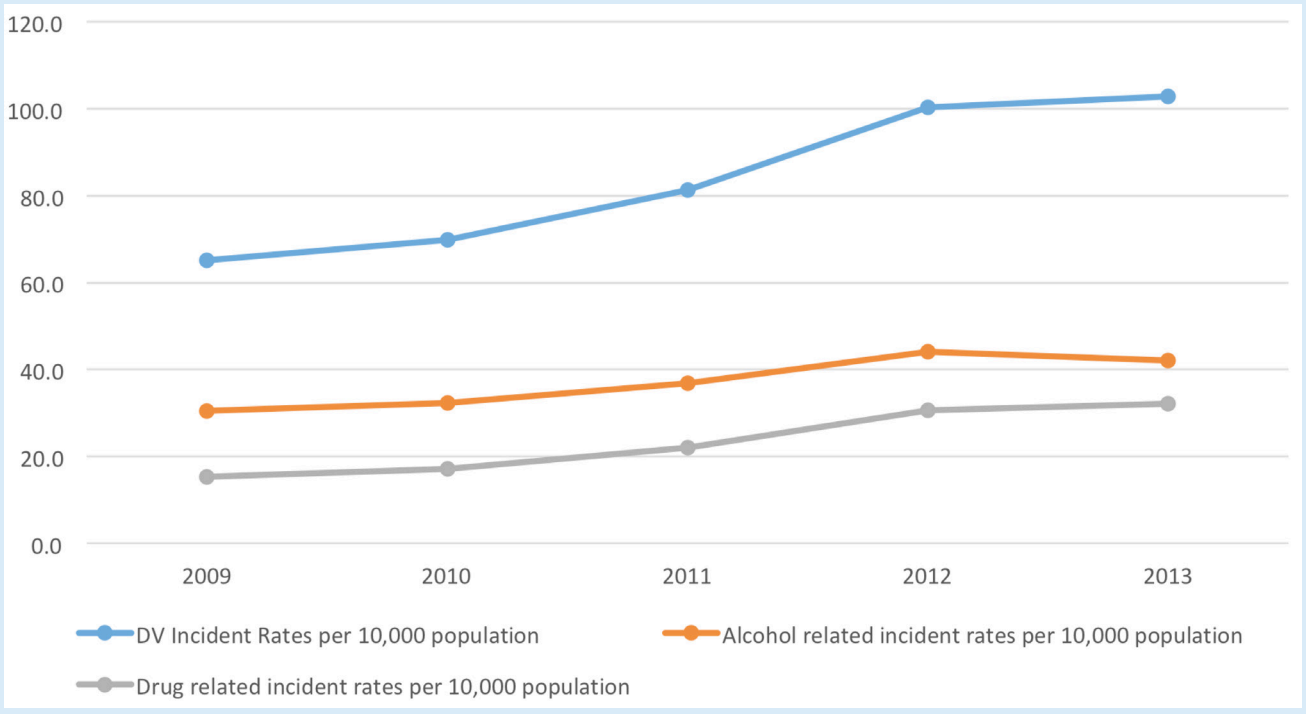
10. Attending Police Officer judged either the victim or the offender as affected by alcohol
11. Attending Police Officer judged either the victim or the offender as affected by drugs

- Incidents where the offender was affected by drugs were 1.31 times more likely to involve an assault (OR=1.31, 95%CI=1.12-1.52).
- Incidents where the victim was affected by drugs were 1.53 times (OR=1.53, 95%CI=1.04-2.25) more likely to result in removal of an offender from the incident. Conversely, offender drug use was associated with 1.77 times greater odds (OR=1.77, 95%CI=1.49-2.10) that the incident resulted in removal of a victim.

Victoria

Victoria (VIC) police attended 233,672 DV incidents across the reporting period (January 2009 to December 2013). Rates increased from 65.1 to 102.9 per 10,000 (see Figure 7). The majority of offenders were male (77.5%) and the majority of victims were female (76.0%).

Figure 7: VIC FDV rates per 10,000 population



Alcohol use was present in 44.2% of all incidents, with IPV incidents accounting for slightly higher proportions of alcohol involvement, while drug use was indicated as present in 28% of all incidents, with comparable proportions of drug involvement across incident types.

A significantly higher proportion of IPV offenders were male compared to FV offenders (IPV: 82.0%; FV: 69%, p<.001, Phi = 0.15). Conversely a significantly greater proportion IPV victims were females compared to FV (IPV: 81.9%; FV: 65.1%; p<.001, Phi = 0.19). Most offenders (68.3%) and most victims (62.8%) were concentrated within the 20-44 year age bracket.

Across the study period, a total of 84,380 offenders (36.1%) were unique and 149,672 (63.8%) were recidivist offenders. Further, 96,163 victims (41.2% of all victims) were unique and 137,500 (58.8%) were repeat victims. The greatest proportion of recidivist offenders and repeat victims were observed in IPV sample (65.7% of IPV offenders and 63.5% of IPV victims) compared to FV sample (59.8% of FV offenders and 49.7% of IPV victims) (p<.001, Phi= 0.06; p<.001, Phi=0.13). Almost a third of offenders across all incident types were classified in the most disadvantaged SEIFA quintile (31.7%).

Attending police assessed and identified offenders whom they believed were affected by alcohol and

other drugs, with 22.6% of all offenders assessed as having definitely used alcohol and 16.1% as having possibly used alcohol. Alcohol use was more prevalent in IPV offenders, with possible alcohol use and definite alcohol use indicated in 17.4% and 26.0% of IPV offenders, and 13.8% and 16.8% of FV offenders, respectively ($p<.001$, $Phi = 0.13$).

Attending police judged 13.7% of all victims as having definitely used alcohol and 13.1% as having possibly used alcohol. Alcohol use was more prevalent in IPV, with possible and definite alcohol use indicated in 14.9% and 16.2% of IPV victims, and 9.7% and 8.8% of FV victims, respectively ($p<.001$, $Phi = 0.14$).

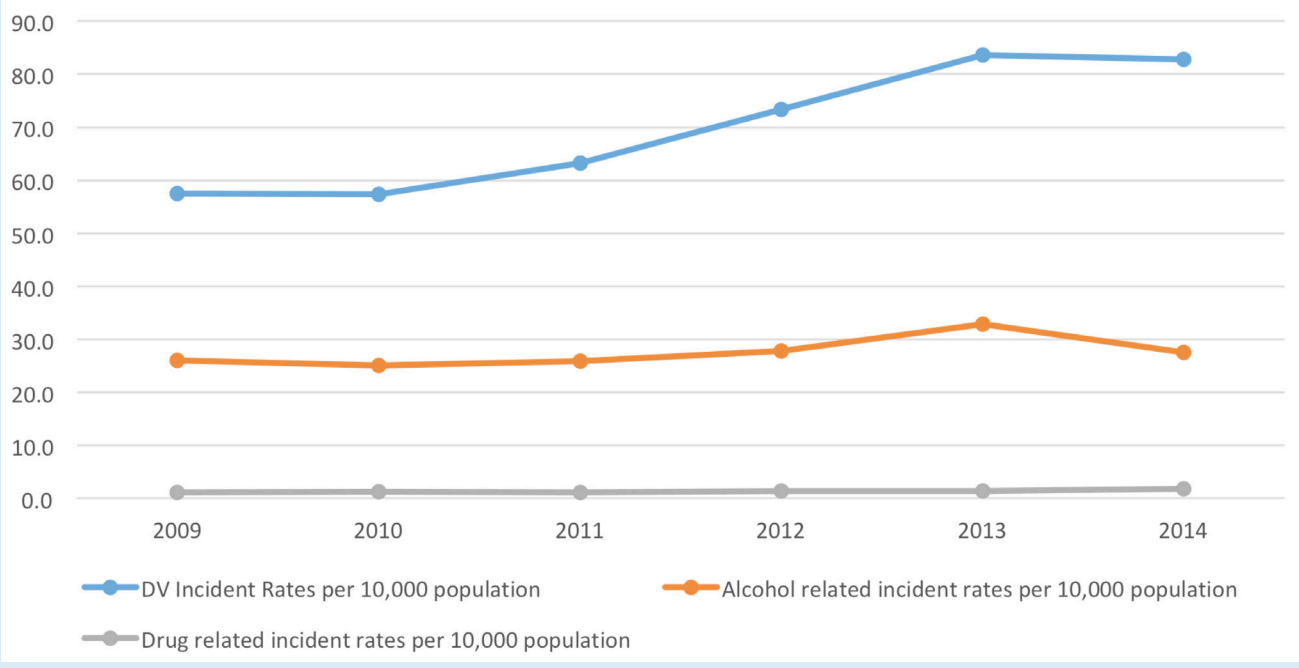
Definite drug use was identified in 6.4% of offenders and 18.4% of offenders were identified as having possibly used drugs. Proportions of possible offender drug use were comparable across IPV, FV and all offenders, whereas definite drug use was slightly more prevalent in FV offenders (7.6% of FV offenders vs 5.9% IPV offenders; $p<.001$, $Phi = 0.04$).

Definite drug use was identified in 2.4% of victims and 11.1% of victims were identified as having possibly used drugs. Drug use was more prevalent in IPV (12.8% and 2.8% of IPV victims respectively) compared to FV (8.2 & 1.8% of FV victims respectively) ($p<.001$, $Phi = 0.08$).

Western Australia

Western Australian (WA) police attended a total of 102,167 FDV incidents between January 2009 and December 2014. From 2009 to 2014, rates of FDV increased from 57.5 to 82.7 per 10,000 (see Figure 8). The majority of offenders were male (83.3%) falling into the 25-49 year age category, and the majority of victims were female (73.9%) falling into the 25-49 year age category.

Figure 8: VIC FDV rates per 10,000 population



Alcohol-related incidents[12] were highest in 2009, gradually decreasing across the reporting period from 45.1% of all incidents in 2009 to 33.3% in 2014 ($p<.001$, $Phi=-0.12$). Key alcohol-related findings include:

12. Flag indicating if there was alcohol involved in the incident (as perceived by the attending officer)

- Likelihood the incident was alcohol-related was positively associated with the incident involving a repeat victim (OR=1.36, 95%CI=1.32-1.40), an offence against the person (OR=2.09, 95%CI=2.04-2.15), or the incident involving a drug-related offence (OR=1.42, 95%CI=1.22-1.64).
- Incidents involving alcohol were twice as likely to involve an offence against the person (OR=2.09, 95%CI=2.04-2.15).
- Alcohol-related incidents were significantly more likely to involve a repeat offender (OR=1.18, 95%CI=1.12-1.23) or a repeat victim (OR=1.36, 95%CI=1.32-1.40).
- The vast proportion of alcohol involved in offences[13] that took place at a dwelling was also consumed at a dwelling (77.3%).

A very small proportion of incidents involved drug offences[14] (1.9%). Key drug-related findings include:

- Incidents involving a drug-related offence were less likely to involve an offence against the person (OR=0.51, 95%CI=0.44=0.59).
- Incidents that were drug-related were significantly more likely to involve either a recidivist offender (OR=1.25, 95%CI=1.03-1.52) or a repeat victim (OR=1.20, 95%CI=1.02-1.41).

Discussion and conclusions

Violence in all forms is a complex phenomenon, and violence which occurs within families or between intimate partners are some of the most complex forms of violence in society. This research demonstrated repeatedly the many different types of behaviour which fall under the umbrella terms of FDV, and how important it is that we understand the nature of these different types of violence, and the many different factors which influence whether an act of violence ultimately occurs. Even the simple constructs of 'offenders' and 'victims' need to be considered carefully as the evidence repeatedly points to the complex role of developmental factors in people ultimately being involved in FDV. Yet, there are many clear trends which also emerge and point to clear priority areas, such as the massively disproportionate representation of women and girls as victims, while still acknowledging that men and boys also suffer from violence in many ways. Most apparent is the enormity of the issue facing our society, the inter-generational nature of the cycle of violence and the devastating impact of violence on children in families who suffer such violence.

The hidden nature of so many of these incidents and the ongoing complexity has a devastating impact on families and future chances of children and their parents. Victims and perpetrators have their lives ruined and the vast range of violent incidents covered under the banner of FDV, such as mutual violence and child abuse, demonstrates the need for complex, systematic, and targeted responses (McEwan et al. 2015).

Different incidents are influenced by a myriad of factors, ranging from history of violence to relationship dynamics and situational factors. Substance use (and most prominently alcohol use) plays a complex role, affecting individuals in the moment, reflecting ongoing personality issues such as addiction and poor emotion control, and can also be a symptom of people trying to deal with their violence/abuse histories. Alcohol and drug use are interwoven for many, but not the majority of, incidents of violence and abuse and often makes things worse, certainly adding to levels of severity of specific incidents. Responses to FDV which address AOD use and mental health issues are strongly indicated.

13. Because this information is collected at the offence level, and persons involved in an incident may have consumed alcohol at different locations, this data is presented at offence level, rather than incident level, therefore totals will not match other incident level data.
14. Incidents were coded as drug-related when the Level 3 offence was either a 'Drug Offences', 'Receiving/Illegal Use', or 'Drugs (Other)'.

Further considerations and policy implications

Beyond the above conclusions of this report, the findings suggest a number of points for consideration and further exploration.

Alcohol and drug responses

It is clear that alcohol and drug use play a substantial role in FDV, although this may change for across the life-course and as a function of situational influences. It follows that interventions that target AOD use in relationships where there is conflict may have a useful role to play in the prevention of FDV.

Therefore, we propose that a range of interventions could be utilised that acknowledge and respond to the interwoven nature of AOD use and FDV. As AOD use can both be a signal of FDV and also a contributing factor, even in parents, a systematic approach is warranted that builds lines of communication between agencies which deal with FDV and those that deal with AOD use. Even more importantly, framework responses are required to build and encourage combined resources. Excellent examples of such programs that have strong evidence include Parents under Pressure (http://www.pupprogram.net.au) which combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model to address issues such as substance misuse and family conflict and severe financial stress. There is also a strong argument to consider trialling programs which address substance use and FDV in a combined program where this is indicated in the case history. One such program is Substance Abuse Domestic Violence (SADV), which has been found to be effective in reducing the number of violent incidents occurring in families compared to addiction treatment as normal (Easton et al. 2007a; Easton et al. 2007b). There is also evidence to support assisting victims to deal with their AOD use (Lipsky et al. 2005; Mignone, Klostermann & Chen 2009; Stith et al. 2012). Thus, reciprocal screening of people in AOD treatment for FDV issues, and screening for AOD issues of people receiving FDV support, including offender rehabilitation programs is indicated. This study found consistent associations between recidivism and drug and alcohol use in the police data, suggesting an opportunity for intervention where indicated.

Evidence from programs in the United States suggest that the inclusion of mandatory sobriety/ treatment orders being attached to sentences, especially any community-based orders will result in significant reductions in FDV. The strongest evidence around these justice reinvestment interventions for alcohol and drug offenders comes from the South Dakota 24/7 Sobriety Program and the Hawaii HOPE program. The 24/7 program which enforce mandatory sobriety through regular monitoring and testing observed a 12% reduction in recidivist drink driving, state-wide they also observed a 9% reduction in reported family violence (Kilmer et al. 2013). 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. Success has also been reported in similar programs which deal with methamphetamines and drugs more general (Hawken 2010; Hawken & Kleiman 2009).

At the level of alcohol supply, there is strong evidence supporting the relationship between alcohol availability and community levels of FDV and other violence (Livingston 2011). This study adds to the existing literature by demonstrating that more than half of the alcohol consumed during IPV incidents was purchased between 500m and 10km from the incident location, as well as the most frequent place of purchase for alcohol consumed at IPV incidents being at a supermarket liquor store. Along with previous literature, the findings of this suggest a number of policy responses which might reduce supply of alcohol to the community, including caps on the number of packaged liquor outlets and restrictions on the strength of alcohol sold through packaged liquor outlets.

While there is no direct evidence about the impact of freezing liquor licences, there is strong evidence to show additional licenses, and especially increased outlet density, is associated with increased FDV (Livingston 2011). Restricting the strength of alcohol also has been found to be associated with substantial reductions in FDV (Miller et al. 2015). The sale of packaged liquor, exceeding a concentration of ethanol in liquor of 2.7% at 20 degrees Celsius, is prohibited to any person (Kinnane et al. 2009; Kinnane et al. 2010). Evaluations have shown that the number of alcohol-related emergency department presentations decreased by 36% and the women's refuge reported a 25% decrease in the number of women seeking support.

Another legislative option worth considering, 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. 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 et al. 2015).

Recidivism

This study found that recidivism was also a major contributor to FDV incidents, suggesting a substantial unmet need in terms of current responses across the country. The rationale for intervening with known perpetrators is that interventions that are even modestly successful in preventing further violence will, therefore, make a significant contribution (Day et al. 2009; McEwan et al. 2015). There is also evidence that alternatives, such as imprisonment, do little to deter criminal behaviour; that longer sentences are not associated with reduced offending; and, more generally, that punishment-based responses are an ineffective way of changing behaviour (unless some very specific conditions are in place) (Day 2015). Thus, policies and programs that focus on addressing the causes of family violence in known perpetrators and equipping them with the motivation, problem awareness, and skills that are needed for them to act in ways that do not involve violence will have a much greater chance of success (Day 2015).

Exposure to or perpetrating one form of family violence is associated with perpetrating other forms of family violence. This is not reflected in most models of service provision, resulting in the lack of an integrated understanding and response to IPV, stalking, child to parent violence, severe sibling violence and child abuse and neglect. Failing to implement joint responses to these inter-related behaviours will not only leave victims and perpetrators without much needed assistance, it will mean missing important opportunities to intervene early and potentially prevent transmission of violence to future generations (McEwan et al. 2015).

Future research recommendations

There is a substantive research agenda currently being carried out under the auspices of Australia's National Research Organisation for Women's Safety Limited (ANROWS). We acknowledge this research agenda is crucial and do not wish to replicate their work or directions in this document, so we seek instead to identify additional research ideas that may not be included in ANROWS, and focus instead on areas which incorporate consideration of FDV that consider all victims, including children and men.

Our findings suggest the worth of further investigating IPV typologies in an Australian context. Such information can act as an initial step towards development of intervention approaches targeted to different FDV types and suggest a range of targeted responses for all forms of violence.

There is also a clear need for research which can give insights into temporal associations and address current debates about 'causality', along with identifying crucial early intervention signals. Prospective longitudinal studies may be well-suited to track how developmental, situational, and person factors contribute to the perpetration and victimisation of different IPV types, and how AOD impacts these different types. Further, detailed studies into specific populations such as homelessness, children seeking support, and people accessing drug treatment are warranted.

Systematic data collection and data linking has been found effective in other areas of alcohol-related harm such as street assaults using police data (Menéndez, Tusell & Weatherburn 2015; Wiggers et al. 2004) and injuries using emergency department mandatory questions (Shepherd et al. 1993; Shepherd, Shapland & Scully 1989; Shepherd, Sivarajasingam & Rivara 2000). Early identification of cases using systematically collected ambulance data, cross-linked with police data may provide an early warning potential, as well as opportunities for complex and predictive modelling.

There is a strong case for evaluation of the efficacy of any programs receiving funding provided for implementation of perpetrator intervention (McEwan et al. 2015). These evaluations should report both qualitative and quantitative outcomes wherever possible. Ideally, funding agreements would specify core outcome variables and the proportion of funds provided to support evaluation (McEwan et al. 2015). Similarly, it is logical to ensure a funding stream for local pilots of interventions found effective internationally.

References

Day, A 2015, Witness Statement of Professor Andrew Day: Submission to the Royal Commission on Family Violence (http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Statements/WIT-0008-001-0001-Day-10.pdf), Melbourne, Victoria.

Day, A, Chung, D, O'Leary, P & Carson, E 2009, 'Programs for men who perpetrate domestic violence: an examination of the issues underlying the effectiveness of intervention programs', Journal of Family Violence, vol. 24, no. 3, pp. 203-12.

Easton, CJ, Mandel, D, Babuscio, T, Rounsaville, BJ & Carroll, KM 2007a, 'Differences in treatment outcome between male alcohol dependent offenders of domestic violence with and without positive drug screens', Addictive Behaviors, vol. 32, no. 10, pp. 2151-63.

Easton, CJ, Mandel, DL, Hunkele, KA, Nich, C, Rounsaville, BJ & Carroll, KM 2007b, 'A Cognitive Behavioral Therapy for Alcohol-Dependent Domestic Violence Offenders: An Integrated Substance Abuse–Domestic Violence Treatment Approach (SADV)', American Journal on Addictions, vol. 16, no. 1, pp. 24-31.

Hawken, A 2010, 'HOPE for probation: How Hawaii improved behavior with high-probability, low-severity sanctions', The Journal of Global Drug Policy and Practice, vol. 4, no. 3, pp. 1-5.

Hawken, A & Kleiman, M 2009, 'Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE: Executive Summary', Washington, DC: National Criminal Justice Reference Services.

Kilmer, B, Nicosia, N, Heaton, P & Midgette, G 2013, 'Efficacy of Frequent Monitoring With Swift, Certain, and Modest Sanctions for Violations: Insights From South Dakota's 24/7 Sobriety Project', American Journal Of Public Health, vol. 103, no. 1, pp. e37-e43.

Kinnane, S, Farrington, F, Henderson-Yates, L & Parker, H 2009, Fitzroy Valley Alcohol Restriction Report: An evaluation of the effects of a restriction on take-away alcohol relating to measurable health and social outcomes, community perceptions and behaviours after a 12 month period, University of Notre Dame Australia, Broome.

Kinnane, S, Golson, K, Henderson-Yates, L & Melbourne, J 2010, Halls Creek Alcohol Restriction Report: An evaluation of the effects of a restriction on take-away alcohol relating to measurable health and social outcomes, community percpetions and behaviours after a 12 month period, University of Notre Dame, Broome.

Lipsky, S, Caetano, R, Field, CA & Larkin, GL 2005, 'Is there a relationship between victim and partner alcohol use during an intimate partner violence event? Findings from an urban emergency department study of abused women', Journal of Studies on Alcohol, vol. 66, no. 3, pp. 407-12.

Livingston, M 2011, 'A longitudinal analysis of alcohol outlet density and domestic violence', Addiction, vol. 106, no. 5, pp. 919-25.

McEwan, T, Wood, M, Ogloff, JRP & Norton, J 2015, Understanding and responding to complex criminal behaviour resulting in family violence: Submission to the Royal Commission on Family Violence. Melbourne, Victoria: Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare. (http://www.rcfv.com.au/getattachment/0D9DC8A2-8655-4048-B3DB-BE5AA51E8A3C/Centre-for-Forensic-Behavioural-Science---Swinburne-University;-Victorian-Institute-of-Forensic-Mental-Health-(Forensicare)).

Menéndez, P, Tusell, F & Weatherburn, D 2015, 'The effects of liquor licensing restriction on alcohol-related violence in NSW, 2008–2013', Addiction, vol. Available online early.

Mignone, T, Klostermann, K & Chen, R 2009, 'The Relationship Between Relapse to Alcohol and Relapse to Violence', Journal of Family Violence, vol. 24, no. 7, pp. 497-505.

Miller, PG, Curtis, A, Chikritzhs, T & Toumbourou, J 2015, Interventions for reducing alcohol supply, alcohol demand and alcohol-related harm: Final Report, NDLERF. Available at: http://www.ndlerf.gov.au/publications/monographs/monograph-57, Canberra, Australia.

Shepherd, J, Ali, M, Hughes, A & Levers, B 1993, 'Trends in urban violence: a comparison of accident department and police records', JRSM, vol. 86, no. 2, pp. 87-8.

Shepherd, J, Shapland, M & Scully, C 1989, 'Recording of violent offences by the police: an accident and emergency department perspective', Med Sci Law, vol. 29, pp. 251-7.

Shepherd, JP, Sivarajasingam, V & Rivara, FP 2000, 'Using injury data for violence prevention', BMJ, vol. 321, no. 7275, p. 1481.

Stith, SM, McCollum, EE, Amanor-Boadu, Y & Smith, D 2012, 'Systemic Perspectives on Intimate Partner Violence Treatment', Journal of Marital and Family Therapy, vol. 38, no. 1, pp. 220-40.

Wiggers, J, Jauncey, M, Considine, R, Daly, J, Kingsland, M, Purss, K, Burrows, S, Nicholas, C, Waites, RJ & Lenton, S 2004, 'Strategies and outcomes in translating alcohol harm reduction research into practice: the Alcohol Linking Program', Drug & Alcohol Review, vol. 23, no. 3, pp. 355-64.