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NDLERF

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

Key findings

Prof Peter Miller, Elise Cox, Dr Beth Costa, Richelle Mayshak,
Dr Arlene Walker, Dr Shannon Hyder, Lorraine Tonner, Prof Andrew Day

Funded by the National Drug Law Enforcement Research Fund
An Initiative of the National Drug Strategy

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Acronyms

ADIVA	Alcohol/Drug-Involved Family Violence in Australia
AOD	alcohol and other drugs
CCB	coercive controlling behaviour
CCV	coercive controlling violence
DV	domestic violence
DVO	domestic violence order
DFVPA	<i>Domestic and Family Violence Prevention Act 2012</i> (Qld)
FDV	family and domestic violence
FV	family violence
FVO	family violence order
HED	heavy episodic drinking
IPV	intimate partner violence
JO	justice order
NDLERF	National Drug Law Enforcement Research Fund
OR	odds ratio
SEIFA	Socio-Economic Indexes for Areas

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Key findings

Family and domestic violence (FDV) are significant public health and social issues. They include intimate partner violence (IPV)—violence between two intimate partners; and family violence (FV)—violence between family members other than intimate partners. The negative consequences of FDV include physical injury, depression, suicide and post-traumatic stress disorder. Risk factors contributing to FDV include alcohol and other drug (AOD) use. This can be modified at individual and environmental levels offering significant avenues for intervention.

This project sought to investigate:

- the relationship between AOD use and FDV in the Australian population;
- key demographic and environmental factors associated with different types of FDV;
- differences between AOD-involved and non-AOD-involved cases; and
- major trends in FDV incidents attended by police.

What is the relationship?

Findings from the panel survey show that alcohol was involved in 34 percent of IPV incidents, and 29 percent of FV incidents. Thirteen percent of IPV and 12 percent of FV incidents were drug-related (ie consumed by someone involved in the incident). Physical violence occurred at more than 57 percent of alcohol-related IPV and 52 percent of FV incidents; and at 60 percent of drug-related IPV incidents, and half of drug-related FV incidents.

Alcohol-related IPV incidents were more likely to result in either a physical (34.4%) or psychological injury (20.6%) compared with those that did not involve alcohol (19.6% physical; 13% psychological). Almost double the proportion of drug-related IPV incidents resulted in a physical injury (43%) compared with drug-unrelated incidents (22%).

More than half of the alcohol consumed during IPV incidents was purchased between 500 m and 10 km from the incident location. Supermarkets were the most frequent place of purchase.

What role do key factors play?

What role do key demographic, social and environmental factors play in the occurrence and severity of different types of family and domestic violence? In police-attended incidents, FDV offenders were predominantly male, and victims predominantly female. Male victims accounted for 11 to 37 percent of victims in incidents attended by police, and in the panel survey—24 percent of IPV victims and 34 percent of FV victims.

The FDV offenders and victims were typically aged between 25 and 49 years, although victims were younger (18–34 years) in the Australian Capital Territory and Tasmania (25–34 years). In the panel survey, the 18 to 25, and 26 to 35 year age groups were significantly more likely to indicate that the most recent IPV incident was drug-related.

Family and domestic violence incidents occurred most often in areas of greatest socioeconomic disadvantage in New South Wales (26%), Tasmania (29%), South Australia (48%), and Victoria (32%). In contrast, incidents in Western Australia most often took place in areas of moderate advantage. A supermarket liquor store was the most likely place of purchase for alcohol involved in IPV incidents (37%). Western Australian police data showed that most of the alcohol involved in offences taking place in a dwelling (eg flat/unit, house) was also consumed at a dwelling (77.3%).

What are the differences when AOD is used/not used?

How do variables differ in people who experience family and domestic violence where alcohol and other drugs are used, compared with those where they are not involved?

In the panel survey, of the FDV incidents reported to police, 40.7 percent of IPV and 32.7 percent of FV, were alcohol-related. Incidents of intimate partner and other violence reported to the police were 1.45 and 1.46 times respectively more likely to involve alcohol than unreported incidents. Family violence incidents reported to police were not more likely to involve alcohol.

Engaging in heavy episodic drinking (HED) in the past year predicted greater experience of alcohol-related IPV in the past 12 months. Having a partner who engaged in HED in the past 12 months was associated with almost six times greater likelihood of experiencing alcohol-related IPV.

What are the major trends in FDV?

What are the major trends in FDV in relation to incidents attended by police and the factors common to them across the states and territories? NB: Police forces in different states record offences and incidents in different ways, in accordance with their relevant legal frameworks. It is not valid to compare rates between states.

Trends over time varied across states; FDV rates decreased in the Australian Capital Territory and Tasmania, but increased in New South Wales, South Australia, the Northern Territory, Queensland, Western Australia, and Victoria. Police attended a greater number of IPV than FV incidents in all states.

Overall, 24 to 54 percent of FDV incidents reported to the police were classified as alcohol-related. Decreases in the rate per 10,000 of alcohol-related incidents were reported in the Australian Capital Territory, New South Wales and Tasmania; however, the rate of alcohol-related FDV across the respective reporting periods increased in the Northern Territory, Victoria, and Queensland, while Western Australian rates remained relatively stable. New South Wales is one of three states to report a reduction in the number of alcohol-related IPV incidents attended. This trend is consistent over time and mirrors reductions in non-domestic alcohol-related assaults observed in and around licensed venues. It has been associated with the 'declared premises' licensing scheme (Menéndez, Tusell & Weatherburn 2015). Being scheduled as 'declared premises' carries substantial trading restrictions, such as limits on the types of alcohol that can be sold (ie shot restrictions) and a lockout (Menéndez, Tusell & Weatherburn 2015). It is plausible that improved responsible service of alcohol, and subsequent reductions in intoxicated people returning home to/with partners may translate into reductions in alcohol-related IPV, although this would require further research, potentially using the same 'last drinks' data to identify any changes in the proportion of cases where alcohol use was related to on-licence consumption.

Illicit drug use was implicated in one percent of FDV incidents attended by police in the Australian Capital Territory and New South Wales, two percent in Western Australia, three percent in Queensland, six percent in Victoria, and nine percent in Tasmania. It increased slightly across the reporting period in the Australian Capital Territory, New South Wales, Victoria, and Queensland. The proportion of drug-related incidents recorded in Tasmania peaked in 2013 and was lowest in 2014 (7%). In Western Australia, the proportion of drug-related incidents remained relatively steady.

Conclusions and further considerations

Violence in all its forms is a complex phenomenon. Violence that occurs in families or between intimate partners is even more so. This report demonstrates the many different types of family and domestic violence, and how important it is to understand the factors influencing different forms of violence. Alcohol and drug use plays a substantial role in FDV for many people, at a range of developmental stages, and also as situational influences. Interventions that address AOD use in repeat offenders are indicated. Key challenges include the intergenerational nature of the cycle of violence, and the devastating impact it has on children in families who suffer such violence.

Executive summary

Summary and project objectives

Family and domestic violence is a significant issue that causes major social harm across Australia. In response, Commonwealth, state and territory governments have implemented policy interventions that vary in the degree of cross-agency collaboration, and in how data is collected. To date, little or no evidence exists about what approach is most effective at reducing this violence. Also, very little research has been done into how agencies like the police can intervene on specific contributing factors of FDV—especially those that might be preventable—and what impact such interventions might have. Information is lacking about how interventions that address this issue might be used by police or other agencies to reduce violence. This is despite an extensive evidence demonstrating the role that alcohol and, to a lesser extent, illicit and other drug use/abuse plays in FDV. Further information is needed about the role of AOD in individual FDV incidents, at both population and police record levels. This study documents the role of AOD in violence in some Australian populations.

The project sought to address the following four key research questions:

- What is the relationship between AOD use and FDV in the general population?
- What role do key demographic, social, and environmental factors play in the occurrence and severity of different types of FDV?
- How do variables differ in people who experience FDV where AOD use is involved compared with those where AOD use is not involved?
- What are the major trends in FDV in relation to incidents attended by police and the factors common to them across states and territories?

Methods

In 2014, the National Drug Law Enforcement Research Fund (NDLERF) funded the Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project for two years.

The project sought to investigate family violence in Australia, with a focus on alcohol and other drug-related violence. The two arms of the project were:

- an Australia-wide ‘personal safety’ survey, focussing on AOD use; and
- retrospective studies of police offence data.

Australia-wide ‘personal safety’ survey

A ‘personal safety’ panel survey was conducted 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 involved in family violence;
- how factors differ in people who experience family violence where alcohol and other drug use is involved compared with those where alcohol and other drugs are not involved; and
- the source(s) and types of alcohol involved in family violence incidents.

An Australian ISO-accredited online social research company, Online Research Unit, was contracted to conduct the survey.

The final survey consisted of 98 questions and took about 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 had five sections:

- demographics;
- experience of controlling behaviour, aggression or violence;
- substance use at the most recent incident;
- usual substance use; and
- 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 Australian Bureau of Statistics (2014) figures.

Offences reported to police

The project originally proposed analysing data sourced from Tasmania, New South Wales and Western Australia to profile the demographic and personal factors involved in police-reported family violence incidents, and to identify the types of incidents that involve AOD. Data was subsequently sourced from the Australian Capital Territory, Northern Territory, South Australia, Queensland, Western Australia and Victoria to provide a national picture of police responses to FDV. Three key research questions guided this arm of the project.

- 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?
- What are the key predictors of repeat incidents attended by police?
- What role do alcohol and other drugs play in breaches of family violence orders?

Survey data were analysed based on frequency counts and percentages. Bivariate (chi-square and t-tests) and multivariate (logistic regression) statistics were conducted to explore group differences on key variables of interest.

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 1,141 (22.3%) 18 to 25 year olds and 1,047 (20.5%) residents of outer regional, remote and very remote Australia. Just less than half (44.5%) of the sample respondents reported they had experienced violence in their lifetime. Of those who had experienced lifetime violence, 41.8 percent of most recent incidents were intimate partner violence (ie involved intimate partners), 13.1 percent were family violence (ie involved family members other than intimate partners), and 45.1 percent were 'other violence' (ie did not involve either an intimate partner or other family member).

Alcohol

Usual alcohol use

Regarding usual alcohol consumption, 37.8 percent of respondents who experienced IPV and 27.8 percent of those who experienced FV reported engaging in heavy episodic drinking (HED) in the past 12 months. Males were more likely to report engaging in risky drinking behaviour during this period (heavy episodic drinking and hazardous alcohol use) than females, regardless of the type of violence they experienced at the most recent incident. In the multivariate model (controlling for substance use, educational attainment, sex and residential location) those aged from 18 to 25 years and 26 to 35 years, were 1.68 (95%CI=1.08–2.62) and 2.47 (95%CI=1.56–2.89) times, respectively, more likely to report experiencing alcohol-related IPV with their current or most recent partner 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 females (OR=1.32; 95%CI=1.04-1.69).

Compared to respondents who reported FV and ‘other violence’ incidents, current and recent partners of respondents who reported an IPV incident were significantly more likely to be a current drinker ($p<0.001$, $\Phi=-0.10$; $p001$, $\Phi=0.09$), engage in HED ($p<0.001$, $\Phi=-0.16$; $p<0.001$, $\Phi=0.18$), drink at hazardous levels ($p<.01$, $\Phi=-0.08$; $p<0.01$, $\Phi=0.07$), and consume a higher mean number of standard drinks ($p<0.001$; $p<0.001$). 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 in 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 an increased level of coercive controlling behaviour (CCB). The CCB perpetrators were more likely to be a current drinker ($p<0.05$, $\Phi=0.04$) and to engage in HED with their partner ($p<0.05$, $\Phi=0.03$), than respondents in a non-coercive controlling relationship. Conversely, partners of CCB victims were more likely to be a current drinker ($p<0.001$, $\Phi=0.06$), have consumed a higher mean number of standard drinks ($p<0.001$), were more likely to engage in HED ($p<0.001$, $\Phi=0.13$) and were more likely to be classified as a hazardous drinker ($p<0.001$, $\Phi=0.05$). Finally, both the respondent and their partner in mutual CCB relationships were more likely to engage in HED—alone and together (respondent: $p<0.001$, $\Phi=0.14$; partner: $p<0.001$, $\Phi=0.16$; together: $p<0.001$, $\Phi=0.12$), be classified as a hazardous drinker ($p<0.001$, $\Phi=0.05$; $p<0.001$, $\Phi=0.09$), and report a higher mean standard number of drinks ($p<0.001$; $p<0.001$).

Alcohol involvement was not significantly associated with children witnessing IPV or other family violence.

Alcohol use at most recent incident

Overall, 32.7 percent of incidents were alcohol-related (alcohol was consumed by one or more persons). No significant differences were evident 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 with FV incidents. For IPV only, male respondents and other individuals were also more likely to have consumed alcohol at the most recent incident compared with female respondents and other female individuals ($p<0.001$).

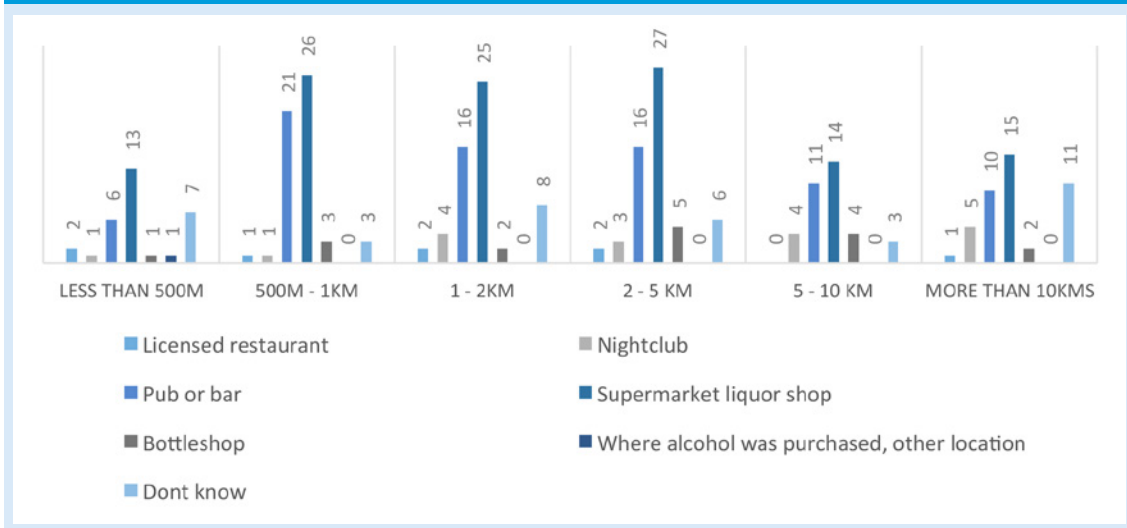
Incidents which police attend

Police were more likely to attend IPV incidents that were alcohol-related compared with those that were not, attending 21.3 percent of IPV incidents involving alcohol compared with 15.7 percent of those that did not ($p<0.05$). Alcohol-related incidents were also more severe. Compared with incidents that did not involve alcohol, IPV incidents that did were more likely to involve physical violence ($p<0.001$) and to result in any injury ($p<0.001$), physical injury ($p<0.001$) or psychological/emotional injury ($p<0.01$).

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 percent of IPV incidents, followed by a pub or bar (25.3%). Alcohol was then consumed at the respondent's home in 55.9 percent of alcohol-related incidents, at the perpetrator's home in 13.4 percent of incidents, and another person's home in 8.4 percent of incidents. Alcohol consumed at IPV incidents was most frequently purchased from a supermarket liquor store regardless of the distance between the location of the purchase and where the incident took place (see Figure 1).

Figure 1 Frequencies of distance from purchase location to where incident took place—IPV (n=282)



Drug use

While drug use is involved in only a small minority of cases, it appears to be associated with an increased likelihood of experiencing FDV. Overall, 10.5 percent of incidents were related to illicit drugs (ie drugs were used by one or more individuals or flagged as involved in the incident by police). Incidents of intimate partner and family violence were significantly more likely to be drug-related, with 12.7 percent of IPV and 12.0 percent of FV incidents drug-related compared 8.0 percent of 'other' violent incidents. Respondents who used drugs at the IPV incidents were younger than those who did not ($M_{\text{drugs}}=32$ years, $M_{\text{nodrugs}}=48$ years; $p<0.001$). For IPV only, other male individuals involved (12.9%) were significantly more likely to use drugs than other female individuals who were involved (6.9%)— $p<0.05$, $\Phi=-0.07$.

Children and other family members were significantly more likely to witness drug-related IPV incidents than incidents that were not drug related ($p<0.01$; $p<0.05$). Police were more likely to attend IPV and FV incidents involving drugs compared with those that did not. They attended 26.4 percent of IPV and 33.3 percent of FV incidents involving drugs compared with 16.2 percent of IPV and 14.1 percent of FV incidents that did not involve drugs ($p<0.01$; $p<0.01$). Drug-related IPV incidents were also more severe. Incidents of IPV involving drugs were more likely to also involve physical violence ($p<0.05$), and to result in any injury ($p<0.001$), physical ($p<0.001$), or psychological/emotional injury ($p<0.001$). Similar trends were observed for family violence 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 with those who reported FV (3.0%, $p<0.001$). In relation to engaging in CCB, the proportion of respondents who consumed illicit drugs in the past 12 months rose with increasing levels of coercive control, from 2.6 percent (no), to 6.1 percent (low), and 14.3 percent (high). A higher proportion of CCB perpetrators (14.8%) and mutual 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 ($p<0.01$, $\Phi=0.22$).

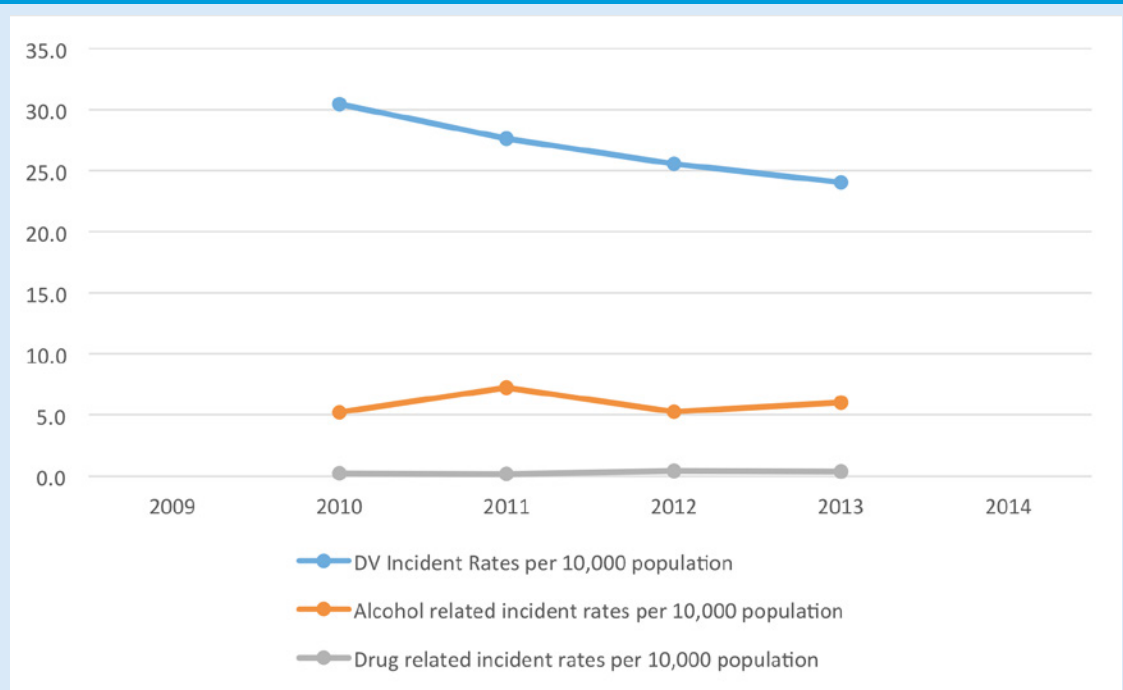
Police data

National trends that reflect family and domestic violence rates across states are not presented given the many disparities between jurisdictions about how FDV is defined. This makes direct comparisons between each state impossible.

Australian Capital Territory

The 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, rates of FDV steadily decreased, from 30.5 to 24.1 per 10,000 (see Figure 2). Most victims (74.6%) were female (IPV: 83.8%; FV: 64.7%).

Figure 2 Australian Capital Territory family and domestic violence rates per 10,000 population



Almost a quarter (23.9%) of incidents were alcohol-related, that is the level of intoxication rated by a police officer when a victim or offender indicated they had consumed alcohol prior to the incident (classified as affected vs not affected).

A significantly higher proportion of incidents of intimate partner violence (27.6%) were alcohol-related compared with family violence incidents (18.3%, $p < 0.001$, $\Phi = 0.10$). Key alcohol-related findings include:

- 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 involving repeat victims compared with incidents that did not involve breaches and repeat victims (FVO: 30.1% vs 7.1%; $p < 0.001$, $\Phi = -0.16$; JO: 28.8% vs 8.3%, $p < 0.001$, $\Phi = -0.11$; repeat victims: 29.9% vs 24.3%, $p < 0.01$, $\Phi = -0.06$).
- 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 with those that did not involve an offence against the person ($p < 0.001$, $\Phi = 0.18$).
- the IPV incidents involving 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.

It should be noted that offender data was not available. Also, as only a small proportion (1.1%, $n=50$) of

incidents were drug-related (ie drugs were seized at the incident) comparisons with this variable are not reported here.

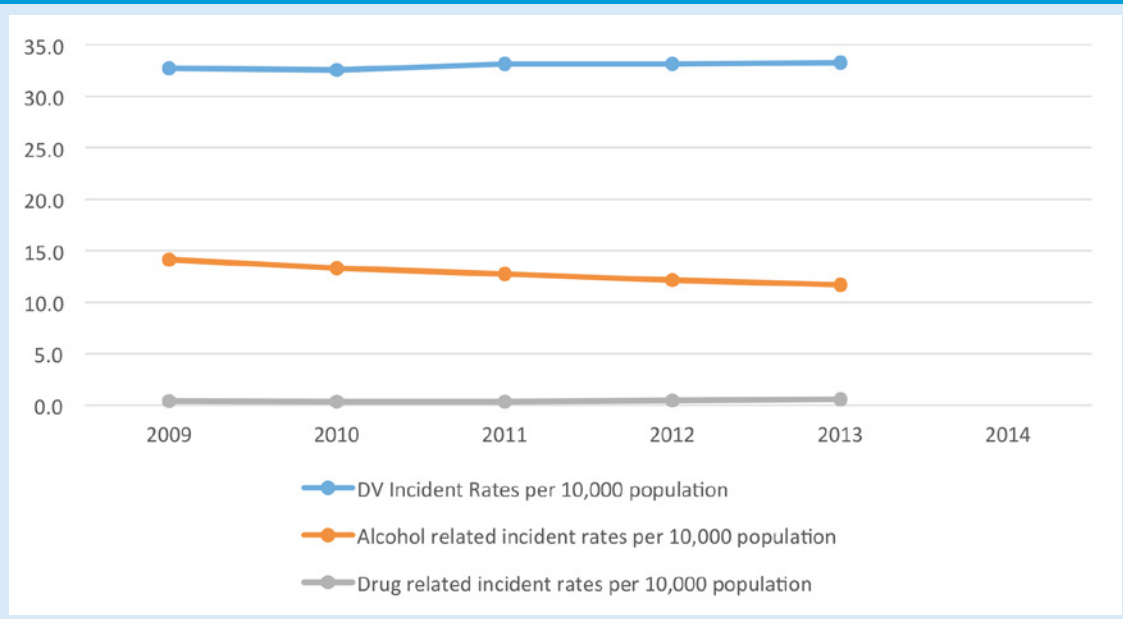
Multivariate correlates of incident characteristics for family and domestic violence showed:

- alcohol involvement—incidents involving a child victim (OR=0.33), breach of an FVO (OR=0.20), or breach of a justice order (OR=0.27) were significantly less likely to involve alcohol. Incidents of IPV involving a breach of either an FVO (OR=0.17) or justice order (OR=0.20) were significantly less likely to involve alcohol. In FV incidents, the only significant predictor was child victimisation which markedly decreased the odds of an incident being alcohol-related (OR=0.31)
- child involvement—repeat victimisation (OR=0.53), breach of an FVO (OR=0.14), breach of a justice order (OR=0.27), and involvement of alcohol (OR=0.33) were significantly associated with decreased odds of an incident involving a child victim. For IPV incidents, the only significant predictor was a breach of an FVO, which significantly decreased the odds that an incident involved alcohol (OR=0.23). In FV incidents, repeat victimisation (OR=0.49), breaching an FVO (OR=0.32), breaching a justice orders (OR=0.14), and alcohol involvement (OR=0.31) were each associated with decreased odds that an incident involved a child victim.
- breaching a family violence order—across all incidents, child victimisation (OR=0.25), presence of weapons (OR=0.13) and alcohol involvement (OR=0.30) were all associated with decreased odds that an incident breached an FVO. For IPV incidents, child victimisation (OR=0.24), presence of weapons (OR=0.20) and alcohol involvement (OR=0.18) were all associated with decreased odds that an incident involved a breach of an FVO. Within family violence, child victimisation was associated with decreased odds (OR=0.30) of an incident breaching an FVO.
- breaching a justice order—across all incidents, child victimisation (OR=0.25) and alcohol involvement (OR=0.29) were both associated with decreased odds that an incident breached a justice order. For IPV incidents, alcohol involvement was associated with decreased odds (OR=0.22) of breaching a JO. Within FV incidents, child victimisation was associated with decreased odds (OR=0.11) of an incident breaching a JO.
- violent offence against the person—across all incidents, child victimisation and alcohol involvement were associated with 9.27 and 2.13 greater odds respectively that the incident involved an offence against the person. For IPV-related incidents, child victimisation, the presence of weapons, and alcohol involvement were associated with 2.83, 1.34, and 2.45 respectively greater odds that the incident resulted in an offence against the person. Within FV incidents, child victimisation was associated with 15.22 greater odds that the incident involved an offence against the person, and repeat victimisation was associated with decreased odds that the incident involved an offence against the person (OR=0.73).
- repeat victimisation—across all incidents, child victimisation (OR=0.44) was associated with significantly decreased odds of the incident involving a repeat victim. Within IPV-related incidents, alcohol involvement (OR=0.76) was associated with significantly decreased odds of the incident involving a repeat victim. For FV-related incidents, child victimisation (OR=0.46) was associated with significantly decreased odds of the incident involving a repeat victim.

New South Wales

New South Wales police attended 119,833 FDV incidents (IPV: 72,147; FV: 47,447) across the reporting period (2009–13). Between 2009 and 2013 the rates of FDV increased slightly—32.7 to 33.3 per 10,000 in 2013 (see Figure 3). Most offenders were male (77.0%) aged between 18 and 49 years (82.0%). Most victims were female (68.3% of all FDV, 78.4% of IPV). Female victims tended to be concentrated in the 18 to 49 year age brackets, while male victims were younger and concentrated in the zero to 11 year age bracket.

Figure 3 New South Wales family and domestic violence rates per 10,000 population



Of all FDV incidents, 38.8 percent were alcohol-related (IPV: 43.7%; FV: 31.3%) with a police officer listing an incident as either an associated or an additional factor. The proportion of alcohol-related incidents gradually decreased across the reporting period from 43.3 percent of all incidents in 2009 to 35.1 percent in 2013. Key alcohol-related findings include:

- incidents of IPV and FV involving recidivist offenders were 1.14 times and 1.22 times, respectively, more likely to be alcohol-related than incidents not involving recidivist offenders (IPV: OR=1.14, 95%CI=1.09–1.19; FV: OR=1.22, 95%CI=1.16–1.27).
- incidents of IPV (but not FV) involving repeat victims were 1.09 times more likely to be alcohol-related than incidents not involving 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 findings (ie drugs listed as either an incident associated or additional factor) include:

- incidents of IPV and FV 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).
- incidents of IPV (but not FV) 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).

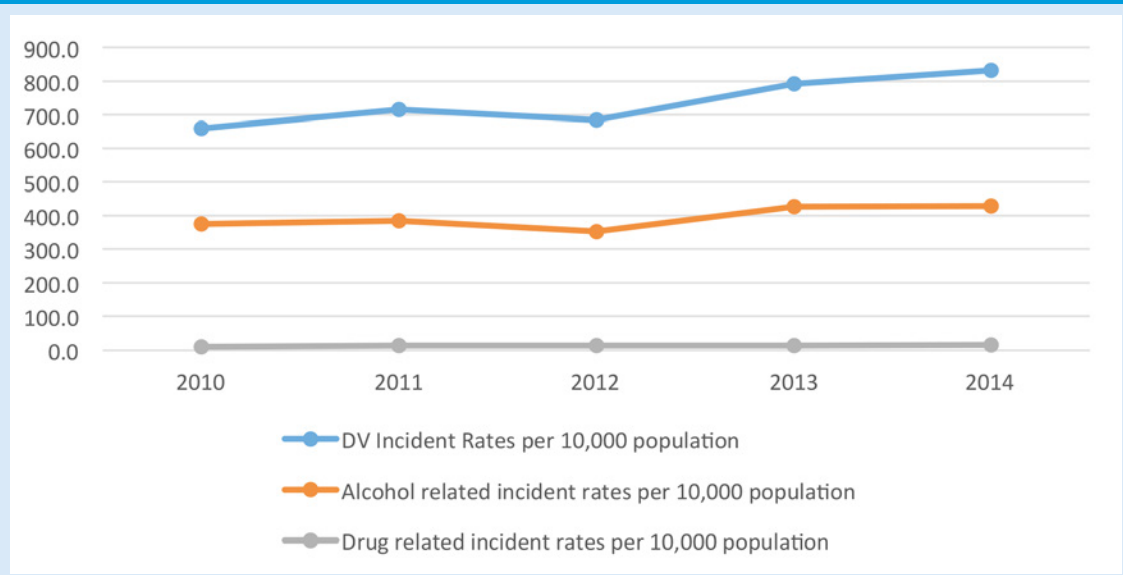
Multivariate correlates of incident characteristics for family and domestic violence showed:

- alcohol involvement—repeat victims or offenders were 1.13 and 1.15 times more likely to be flagged as alcohol-related, while child presence at the incident decreased the likelihood that an incident was alcohol-related by almost half (OR=0.53). Compared with those in the fifth (least disadvantaged) SEIFA quintile, incidents that took place within the first to third (disadvantaged) quintiles were significantly more likely to be alcohol-related, while those in the fourth quintile were significantly less likely to be alcohol-related. Incidents of IPV involving repeat victims or offenders were 1.09 and 1.14 times more likely to be alcohol-related, while child presence at the incident decreased the likelihood that an incident involved alcohol by almost half (OR=0.57). In FV incidents, repeat offenders were 1.22 times more likely to be alcohol-related, while child presence at the incident decreased the likelihood that an incident involved alcohol by more than half (OR=0.43).
- child witness—all variables were significantly associated with child presence except for involvement of a repeat offender (repeat victim OR=1.14, offender alcohol-affected OR=0.79, victim alcohol-affected OR=0.41, drugs present OR=0.69). Compared with incidents that occurred in areas of least disadvantage, those taking place in areas with more socioeconomic disadvantage were significantly more likely to be witnessed by children, with the size of the odds ratio increasing with greater disadvantage. Incidents of IPV involving alcohol or drugs decreased the odds of the incident being witnessed by a child (OR=0.89; OR=0.39; OR=0.83). In FV incidents, if the incident involved a repeat victim or a repeat offender, the odds of a child being present increased by 1.33 and 1.13, respectively. If either the victim or the offender were affected by alcohol, or if the incident involved drugs, odds of the incident being witnessed by a child decreased (OR=0.42; OR=0.59; OR=0.53).
- offender recidivism—if the incident involved a repeat victim, the odds of the incident involving a repeat offender increased by 16.13 times. The offender(s) being affected by alcohol increased the likelihood that the incident involved a repeat offender (OR=1.23), while the victim(s) being affected by alcohol decreased the likelihood that the incident involved a repeat offender (OR=0.93). Drug involvement (OR=1.76) was associated with a greater likelihood that the incident involved a repeat offender. Compared with incidents occurring in areas of least disadvantage, incidents in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of the odds ratio increasing across areas of greater relative disadvantage. Incidents of IPV involving repeat victims increased the odds of the incident also involving a repeat offender 30.87 times. If the offender was affected by alcohol and if the incident involved drugs, odds of the incident involving a recidivist offender increased by 1.17 and 1.77 times, respectively. In FV incidents, if the incident involved a repeat victim, the odds of the incident involving a repeat offender increased by 6.61 times. If a child was present at the incident, odds of the incident involving a repeat offender increased by 1.13 times. If the offender was affected by alcohol, the odds of the incident involving a repeat offender increased (OR=1.34), but if the victim was affected by alcohol, the odds of the incident involving a repeat offender decreased (OR=0.94). Drug involvement (OR=1.67) also was associated with a greater likelihood that the incident involved a repeat offender.
- repeat victims—all factors except drug involvement (child present OR=1.11, repeat offender OR=16.13, offender alcohol-affected OR=0.92, victim alcohol-affected OR=1.50) were significantly associated with a repeat victim being involved. Compared with incidents that occurred in areas of least disadvantage, those taking place in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. Incidents of IPV involving a repeat offender increased the odds of it involving a repeat victim by 30.87 times. If the victim was affected by alcohol, the odds of the incident involving a repeat victim increased by 1.35 times, while the incident involving a repeat offender decreased the likelihood that the incident involved a repeat victim (OR=0.93). Drug involvement increased the likelihood that the incident involved a repeat victim by 1.21 times. In FV incidents, if the incident involved a recidivist offender, the odds of the incident involving a repeat victim increased by 6.61 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased by 1.60 times, while the incident involving a repeat offender decreased the likelihood that the incident involved a repeat victim (OR=0.81).

Northern Territory

Northern Territory police attended 87,806 FDV incidents (IPV: 21,331; FV: 3,995; uncatagorised: 62,480) across the reporting period (2010–14). Between 2010 and 2014 the rate of FDV incidents increased from 659.8 to 833.7 per 10,000 (see Figure 4); however, this increase was not linear. Most offenders were male (82.3%) and most victims were female (68.3%). Both offenders and victims were concentrated in the 18 to 49 year age bracket.

Figure 4 Northern Territory family and domestic violence rates per 10,000 population



More than half (53.6%) of FDV incidents were flagged as alcohol-related (IPV: 67.2%; FV: 55.2%). These were coded by the attending police officer who judged either the victim or the offender to be affected by alcohol. The proportion of alcohol-related incidents gradually decreased across the reporting period from 57.0 percent of all incidents in 2010 to 51.6 percent in 2014. Key alcohol-related findings include:

- offenders were affected by alcohol in 13.3 percent of all incidents (IPV: 37.3%; FV: 31.4%) and victims in 0.7 percent of all incidents (IPV: 1.3%; FV: 2.2%). Incident participants other than the offender and the victim were judged to be affected by alcohol in 39.5 percent 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 an increased likelihood that the incident was alcohol-related.
- incidents of intimate partner violence (but not FV) involving drugs were 1.32 times more likely to involve alcohol (OR=1.32, 95%CI=1.12–1.57).

Although NT police provided a drug flag, there were few drug-related incidents (1.8%). The proportion of drug-related incidents increased from 1.6 percent in 2010 to 1.8 percent in 2014, but peaked in 2011 (2.0% drug-related) and 2012 (2.0% drug-related). Key drug-related findings include:

- family violence incidents (but not IPV) 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.
- incidents of intimate partner violence (but not FV) involving drugs were 1.59 times more likely to be witnessed by a child (OR=1.59, 95%; CI=1.32–1.90).

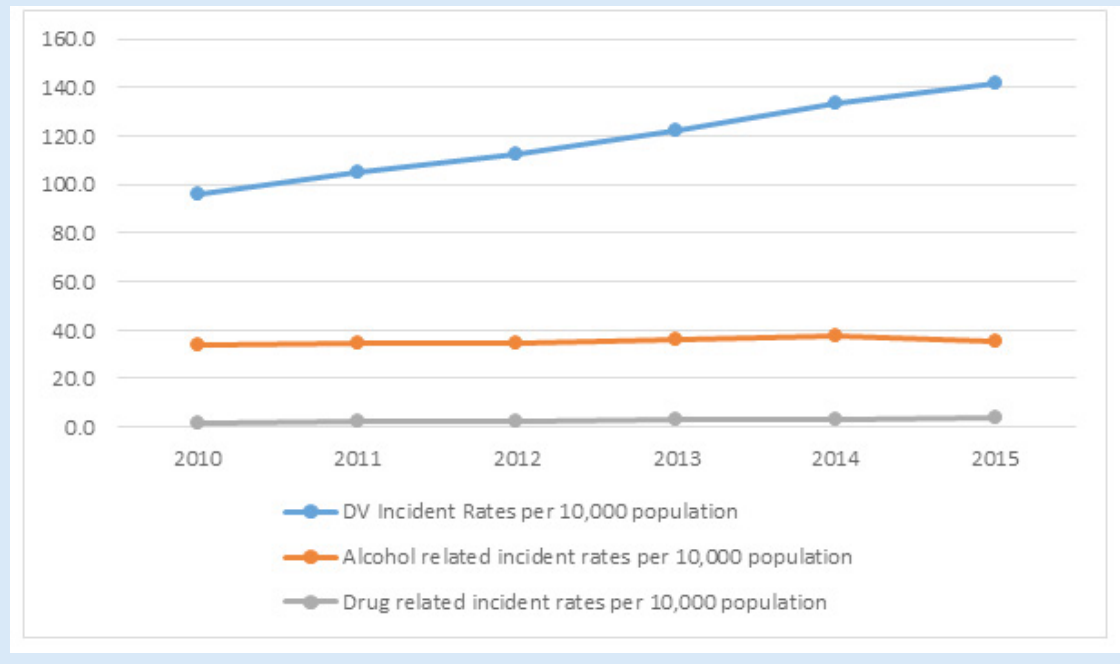
Multivariate correlates of incident characteristics for family and domestic violence showed:

- alcohol involvement—incidents involving repeat victims or offenders were 1.37 and 1.46 times more likely to be flagged as alcohol-related, while child presence at the incident decreased the likelihood that an incident was alcohol-related by almost half (OR=0.51). Compared with those in the fifth (least disadvantaged) SEIFA quintile, incidents that took place within the second, third and fifth quintiles were significantly more likely to be alcohol-related, while those in the first quintile were significantly less likely. Incidents of IPV involving repeat victims or offenders were 1.22 and 1.39 times more likely to be alcohol-related, while child presence at the incident decreased the likelihood that an incident involved alcohol by almost half (OR=0.54). Incidents of FV involving repeat offenders or victims were 1.43 or 1.67 times more likely to be alcohol-related, while child presence at the incident decreased the likelihood that an incident involved alcohol by more than half (OR=0.51).
- child witness—similar to trends in predicting alcohol involvement, incidents occurring in areas of the third quintile were more likely to be witnessed by children than in other areas. If the incident involved a repeat victim, the odds of a child being present decreased by 0.69. The presence of alcohol also decreased the likelihood that a child was at the incident (OR=0.51), while being affected by drugs increased this likelihood (OR=1.50). In IPV incidents the third quintile of disadvantage was highly associated with a child's presence. Involvement of a repeat offender was not significantly associated with child presence; unlike repeat victim involvement (OR=0.83). If the incident involved drugs, the odds of it being witnessed by a child increased (OR=1.59), while alcohol involvement decreased the likelihood (OR=0.54). In FV incidents both involvement of repeat victims (OR=0.81) and alcohol presence (OR=0.51) decreased the likelihood of a child being present at the incident.
- offender recidivism—repeat victim (OR=24.58) and alcohol involvement (OR=1.37) were significantly associated with the increased involvement of a repeat offender. In IPV incidents, the second quintile of disadvantage (OR=1.36), repeat victim (OR=63.86) and alcohol involvement (OR=1.23) were significantly associated with an increased involvement of a repeat offender. In FV incidents involvement of a repeat victim (OR=4.67), drug involvement (OR=1.57) and alcohol involvement (OR=1.43) were significantly associated with an increased involvement of a repeat offender. Incidents occurring in the third quintile of disadvantage (OR=0.70) significantly decreased the likelihood of a repeat offender being involved.
- repeat victims—if the incident involved a repeat offender, the odds of it involving a repeat victim increased 24.58 times. If the victim was affected by alcohol, the odds of the incident involving a repeat victim increased by 1.46 times, while if a child was present the odds decreased (OR=0.69). In IPV incidents, the second quintile of disadvantage (OR=1.35), involvement of a repeat offender (OR=63.85), and alcohol involvement (OR=1.4) increased the likelihood of a repeat victim being involved. Child presence decreased this likelihood (OR=0.83). In FV incidents the second quintile of disadvantage (OR=1.44), involvement of a repeat offender (OR=4.67), and alcohol involvement (OR=1.67) increased the likelihood of a repeat victim being involved. Child presence decreased this likelihood (OR=0.81).

Queensland

Queensland police attended 330,701 family and domestic violence incidents (IPV: 241,086; FV: 48,077) across the reporting period (2010–15). The rate of FDV incidents gradually increased over this time from 96.1 to 141.9 per 10,000 in 2015 (see Figure 5). Most offenders were male (IPV: 78.8%; FV: 69.4%) and most victims were female (IPV: 78.8%, FV: 65.5%). Both victims and offenders were concentrated in the 18 to 24, 25 to 34, and 35 to 49 year age groups.

Figure 5 Queensland family and domestic violence rates per 10,000 population by year



More than a third (35.4%; IPV: 35.6%; FV: 34.8%) of incidents were alcohol-related as determined by the attending police officer who judged either the victim or the offender as being affected by alcohol. The proportion of incidents that were alcohol-related gradually decreased across the reporting period from 41.0 percent in 2010 to 30.3 percent in 2015 ($p < 0.001$, $\Phi = -0.11$). Key alcohol-related findings include:

- a smaller proportion of IPV and FV incidents involving a contravention of the *Domestic and Family Violence Protection Act 2012* (DFVPA) were alcohol-related compared with incidents not involving a breach (IPV: 34.8% vs 36.1%, $p < 0.001$, $\Phi = -0.01$; FV: 32.0% vs 35.5%, $p < 0.001$; $\Phi = -0.03$). Effect sizes for these comparisons were very small.
- incidents of family violence (but not IPV) involving recidivist offenders were 1.33 times more likely to be alcohol-related than incidents not involving 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 when the attending police officer judged either the victim or offender as being affected by drugs—including illicit drugs and volatile substances (IPV: 2.7%; FV: 4.6%). The proportion of drug-related incidents increased significantly from 2010 to 2015 ($p < 0.001$, $\Phi = 0.03$). This increase was especially apparent for FV, which increased 2.1 percent over the six year period ($p < 0.001$, $\Phi = 0.04$). Key drug-related findings include:

- the proportion of drug-related incidents was highest in the area of least disadvantage, especially for FV where there was a 1.7 percent difference in the proportion of drug-related incidents between the most and least disadvantaged areas (5.9% vs 4.2%, $p < 0.001$, $\Phi = 0.04$).
- a smaller proportion of IPV incidents involving a contravention of the Act were drug-related compared with incidents not involving a breach (2.5 vs 2.8%, $p < 0.001$, $\Phi = -0.01$). Conversely, drug-related FV incidents were 1.18 times more likely to involve a contravention of the Act than drug-unrelated incidents (OR=1.18, 95%CI=1.06–1.32). Effect sizes for these comparisons were very small.

Multivariate correlates of incident characteristics for family and domestic violence showed:

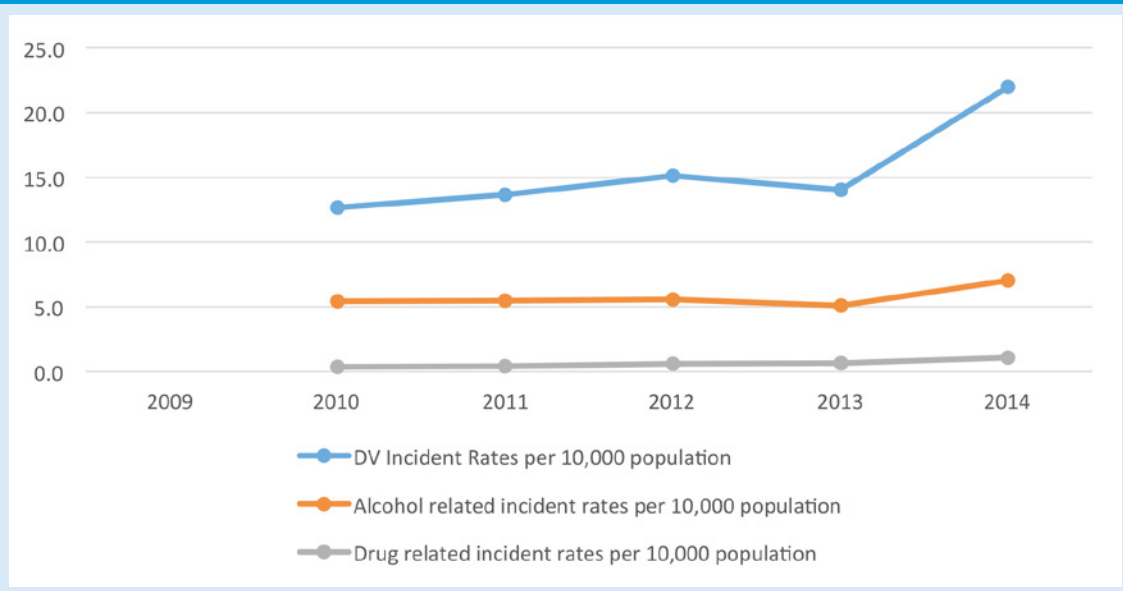
- alcohol involvement—incidents involving recidivist offenders were 1.11 times more likely to be alcohol-related, while incidents involving repeat victims were less likely (OR=0.93). Incidents involving a contravention of the DFVPA were also less likely to be alcohol-related (OR=0.89). Incidents that were drug-related were 1.57 times more likely to be alcohol-related. Compared with those in the least disadvantaged areas, incidents taking place in the most disadvantaged areas were 1.44 times more likely to involve alcohol. Incidents of IPV involving a contravention of the DFVPA were also less likely to be alcohol-related (OR=0.92). Incidents that were drug-related were 1.60 times more likely to be alcohol-related. Compared with incidents in the least disadvantaged areas, those taking place in the most disadvantaged areas were 1.40 times more likely to involve alcohol. Family violence incidents involving recidivist offenders were 1.33 times more likely to be alcohol-related, while incidents involving repeat victims were significantly less likely to be alcohol-related (OR=0.91). Incidents involving a contravention of the Act were also less likely to be alcohol-related (OR=0.79). Incidents that were drug-related were 1.54 times more likely to be alcohol-related. Compared with incidents in three least disadvantaged areas, those taking place in the most disadvantaged areas were 1.18–1.66 times more likely to involve alcohol.
- offender recidivism—compared with incidents that occurred in areas of least disadvantage, those in areas of greater disadvantage were significantly more likely to involve a recidivist offender, with the size of the odds ratio increasing across areas of greater relative disadvantage. If the incident involved a repeat victim, the odds of the incident involving a repeat offender increased 44.25 times. The offender(s) being affected by alcohol increased the likelihood that the incident involved a repeat offender (OR=1.17), while the victim(s) being affected by alcohol decreased the likelihood that it involved a repeat offender (OR=0.86). Drug involvement (OR=1.68) was associated with a greater likelihood that the incident also involved a repeat offender. The IPV incidents occurring in three areas of greatest disadvantage were significantly more likely to involve a recidivist offender, with the size of the odds ratio increasing across areas of greater relative disadvantage, when compared with areas of least disadvantage. If the incident involved a repeat victim, the odds of it also involving a repeat offender increased 95.84 times. The offender(s) being affected by alcohol increased the likelihood that the incident involved a repeat offender (OR=1.04), while the victim(s) being affected by alcohol decreased the likelihood that the incident involved a repeat offender (OR=0.92). Drug involvement (OR=1.43) was associated with a greater likelihood that the incident involved a repeat offender. The FV incidents that occurred in three areas of greatest disadvantage were significantly more likely to involve a recidivist offender, with the size of the odds ratio increasing across areas of greater relative disadvantage, when compared with areas of least disadvantage. If the incident involved a repeat victim, the odds of it also involving a repeat offender increased 6.88 times. The offender(s) being affected by alcohol increased the likelihood that the incident involved a repeat offender (OR=1.43), while the victim(s) being affected by alcohol decreased the likelihood that the incident involved a repeat offender (OR=0.81). The involvement of drugs (OR=1.80) was associated with a greater likelihood that the incident also involved a repeat offender.

- repeat victims—compared with incidents that occurred in areas of least disadvantage, those taking place in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. If the incident involved a repeat offender, the odds of the incident involving a repeat victim increased 44.26 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased 1.16 times, the offender being affected by alcohol decreased the likelihood that the incident involved a repeat victim (OR=0.82). The incident being drug-related (ie either the victim or the offender were judged to be affected by drugs) also decreased the likelihood that the incident involved a repeat victim (OR=0.82). In IPV incidents those occurring in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage, when compared with incidents that occurred in areas of least disadvantage. If the incident involved a repeat offender, the odds of the incident also involving a repeat victim increased 95.84 times. If the victim was affected by alcohol the odds of the incident involving a repeat victim increased 1.10 times, while the offender being affected by alcohol decreased the likelihood that the incident involved a repeat victim (OR=0.89). In FV incidents those occurring in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio generally increasing across areas of greater disadvantage, compared with areas of least disadvantage. If the incident involved a repeat offender, the odds of the incident also involving a repeat victim increased 6.88 times. If the victim was affected by alcohol, the odds of the incident involving a repeat victim increased 1.07 times, while the offender being affected by alcohol decreased the likelihood a repeat victim being involved (OR=0.81). The incident being drug-related (ie either the victim or the offender were judged to be affected by drugs) also decreased the likelihood of the incident involving a repeat victim (OR=0.89).
- contravening the Act—compared with incidents occurring in areas of least disadvantage, those taking place in the three areas of greatest relative disadvantage were significantly more likely to involve a contravention of the DFVPA. The incident was less likely to involve a contravention if either it was drug-related (OR=0.88) or if the offender was affected by alcohol (OR=0.85). Incidents of IPV occurring in areas of relative disadvantage were significantly more likely to involve a DFVPA contravention, with the size of the odds ratio increasing across areas of greater disadvantage, compared with areas of least advantage. The incident was less likely to involve a contravention if either the incident was drug-related (OR=0.89) or if the offender was affected by alcohol (OR=0.84). Whether the victim was affected by alcohol was associated with increased odds of contravening the Act (OR=1.06). Family violence incidents were less likely to involve a contravention if the victim was affected by alcohol (OR=0.61), but 1.18 times more likely to involve contravening the Act if it was drug-related (ie either the victim or the offender were judged to be affected by drugs). Compared with incidents that occurred in the area of least disadvantage, those in the second and fourth most disadvantaged areas were less likely to involve a contravention of the Act.

South Australia

South Australian police attended 12,907 FDV incidents (IPV: 11,345; FV: 1,525) across the reporting period (2010–14). 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 per 10,000 from 2013 to 2014 (see Figure 6). Most offenders were male (91.1%) and in the 20 to 49 year age brackets. Most victims were female (89.1%) and were concentrated in the 20 to 49 year age brackets.

Figure 6 South Australian family and domestic violence rates per 10,000 population



With police recording only victim information on alcohol and drug intoxication, they judged victims to be influenced by alcohol in 54.4 percent of all incidents (FV: 45.3%; IPV: 55.5%). Just less than half of all victims (45.6%) were noted as being unaffected by any substance. Incidents of IPV involving 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 the presence of a child 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 that the victim consumed alcohol at the incident. Family violence incidents involving repeat offenders were 1.32 times (OR=1.32, 95%CI=1.01–1.72) more likely to involve a victim who consumed alcohol, while the incident involving a repeat victim decreased the likelihood that it involved a victim who consumed alcohol (OR=0.67, 95%CI=0.45–0.99).

Multivariate correlates of incident characteristics for family and domestic violence showed:

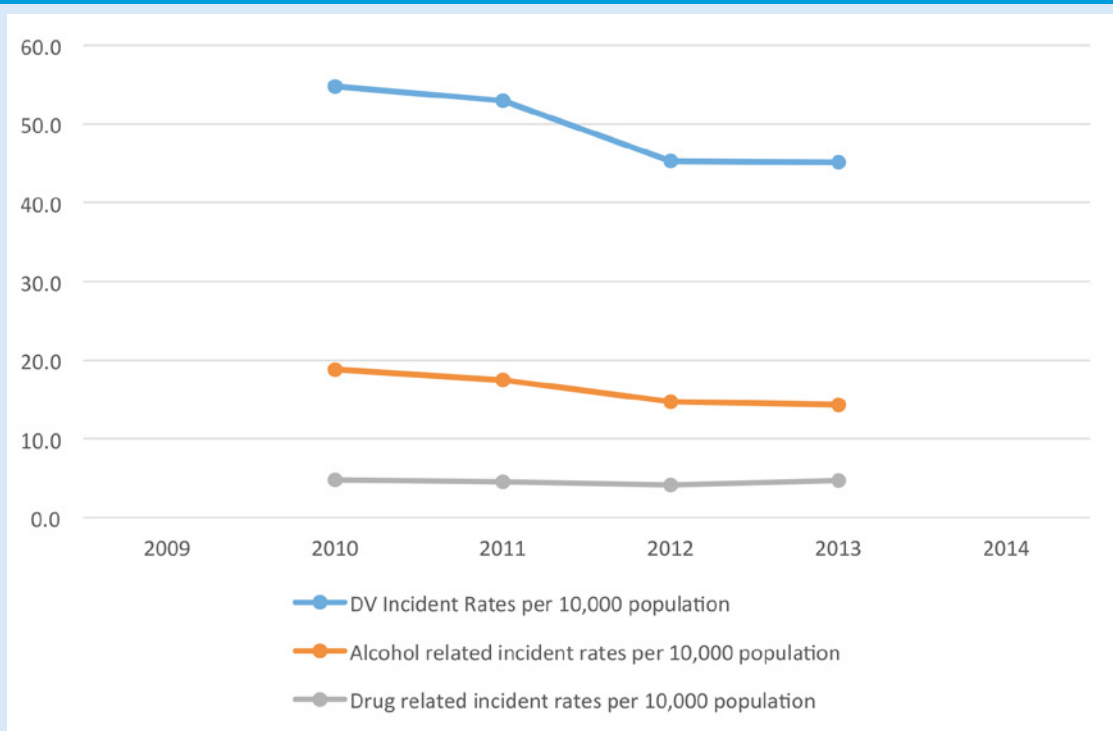
- victim alcohol involvement—incidents involving repeat victims or offenders were 1.15 and 1.19 times more likely to be flagged as victim alcohol-related, while the presence of a child or drugs at the incident decreased the likelihood that the incident was victim alcohol-related by almost half (OR=0.62 and OR=0.01). Incidents of IPV involving repeat offenders were 1.18 times more likely to be victim alcohol-related, while child presence or drug presence at the incident decreased the likelihood that an incident involved alcohol (OR=0.59 and OR=0.01). Family violence incidents involving repeat offenders or repeat victims were 1.32 and 0.67 times more likely to be victim alcohol-related. The SEIFA disadvantage quintiles did not predict a greater likelihood of victim alcohol involvement.

- child witness—incidents occurring in the second quintile of disadvantage were significantly more likely to be witnessed by children (OR=1.28). If the incident involved a repeat offender, the odds of a child being present increased by 1.86. However, the involvement of a repeat victim as well as alcohol and drugs, decreased the likelihood that a child was present at the incident (OR=0.50; OR=0.62; OR=0.71). In IPV incidents the involvement of a repeat offender increased the odds of a child being present (OR=1.50). However, the presence of a repeat victim, alcohol or drugs decreased the likelihood that children witnessed the incident (OR=0.62; OR=0.59; OR=0.77). In FV incidents children in the second quintile were 1.28 more likely to witness incidents, compared with those happening in other areas of disadvantage. If the incident involved a repeat victim or a repeat offender, the odds of a child being present increased by 2.50 and 0.34, respectively. Drug involvement decreased the likelihood of a child witnessing the incident (OR=0.38).
- offender recidivism—compared with incidents that occurred in areas of least disadvantage, those taking place in areas of greater disadvantage were significantly more likely to involve a repeat offender, with the size of the odds ratio increasing across areas of greater relative disadvantage. Victim alcohol (OR=1.32) and drug involvement (OR=1.52), were both associated with a greater likelihood that the incident involved a repeat offender, as well as the presence of a child at the incident (OR=1.11). The incidents of IPV occurring in areas of relative disadvantage were significantly more likely to involve a repeat offender, compared with those occurring in areas of least disadvantage. Victim alcohol (OR=1.31) and victim drug involvement (OR=1.56), were each associated with a greater likelihood that the incident involved a repeat offender. In FV incidents, the presence of a child was significantly associated with a greater likelihood that the incident involved a repeat offender (OR=2.07).
- repeat victims—compared with incidents occurring in areas of least disadvantage, those in areas of relative disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing across areas of greater disadvantage. Victim alcohol (OR=1.31) or drug involvement (OR=1.57) was also associated with a greater likelihood that the incident involved a repeat victim. However, the presence of a child at the incident reduced the likelihood of it involving a repeat victim (OR=0.82). Incidents of IPV occurring in areas of greater disadvantage were significantly more likely to involve a repeat victim, with the size of the odds ratio increasing with greater disadvantage, compared with incidents in areas of least disadvantage. Victim alcohol (OR=1.31) or drug involvement (OR=1.68) was also associated with a greater likelihood that the incident involved a repeat victim; however, child presence reduced the likelihood of it involving a repeat victim (OR=0.88). Family violence incidents occurring within the third SEIFA quintile (OR=3.13) and incidents where children were present were significantly associated with whether or not an incident involved a repeat victim, with the presence of a child reducing the likelihood of repeat victim (OR=0.46).

Tasmania

Tasmanian police attended 13,097 IPV incidents between 1 July 2009 and 30 June 2014. From 2010 to 2013, rates of IPV decreased, from 54.8 to 45.1 per 10,000 in 2013 (see Figure 7). Most offenders (83.2%) were male and most victims (85.4%) were female. Both were concentrated in the 18 to 49 year age bracket.

Figure 7 Tasmanian family and domestic violence rates per 10,000 population



Just more than a third (33.5%) of IPV incidents attended by Tasmanian police over the reporting period were alcohol-related, with attending police judging either the victim or the offender as being affected by alcohol. 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 were breached in 25.6 percent of alcohol-related incidents and 35.6 percent of alcohol-unrelated incidents ($p < 0.001$).
- a significantly higher proportion of incidents where offenders were removed, were alcohol-related ($p < 0.001$, $\Phi = 0.18$), compared with incidents where no offender was removed.
- incidents where victims were 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 offenders or victims 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 an offender being removed from the incident. Both offender and victim alcohol use increased the likelihood of a victim being 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 Tasmanian police over the reporting period were drug-related with attending police judging either the victim or the offender as being affected by drugs. The greatest proportion of drug-related incidents was reported in 2013 (10.4%), and the smallest in 2009 (7.8%). Key drug-related findings include:

- 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 an offender being removed 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 a victim being removed.

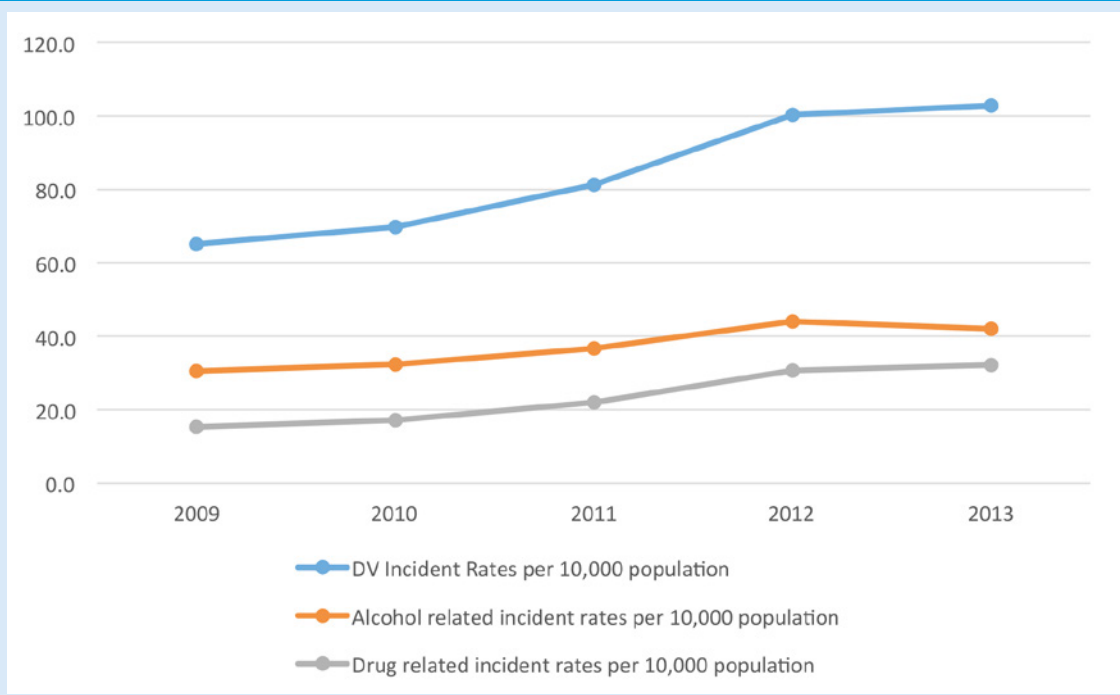
Multivariate correlates of incident characteristics for family and domestic violence showed:

- alcohol involvement—incidents involving breaches of family violence orders were significantly less likely to involve alcohol (OR=0.65). Incidents involving assaults were 1.55 times more likely to involve alcohol. The offender and victim being removed from the incident were associated with 2.71 and 1.35 greater odds respectively, that the incident involved alcohol. The offender and the victim being affected by drugs increased the odds of the incident involving alcohol by 2.16 and 1.71 times. Compared with incidents occurring in the fifth SEIFA disadvantage quintile (least disadvantaged), those in the third quintile were significantly less likely to involve alcohol (OR=0.80); the first, second and fourth quintiles were not significantly associated with alcohol involvement.
- breaching a family violence order—the offender (OR=0.56) and victim (OR=0.56) being removed, and the offender (OR=0.72) and victim (OR=0.72) being alcohol-affected were associated with a decreased likelihood that the incident involved breaching an FVO. Whether the incident involved an assault, and if drugs affected the victim or offender, was not significantly associated with whether or not the incident involved breaching an FVO. Compared with incidents that occurred in the fifth SEIFA disadvantage quintile (least disadvantaged), those in the second (OR=1.22) and fourth (OR=1.25) quintiles were significantly more likely to involve breaching an FVO.
- assault—the offender being removed (OR=1.74), alcohol-affected (OR=1.40), and drug-affected (OR=1.31), significantly increased the likelihood that the incident involved an assault. The victim being alcohol-affected also increased the likelihood that it involved an assault (OR=1.29). Compared with incidents occurring in the fifth SEIFA disadvantage quintile (least disadvantaged), those in all other quintiles were significantly more likely to involve assaults (ORs=1.32–1.61).
- child-witnessed incidents—victim alcohol use was associated with a decreased likelihood of the incident being witnessed by a child (OR=0.54). While the offender being affected by drugs was associated with increased odds that a child witnessed the incident (OR=1.44), a victim being affected by drugs was associated with decreased odds of a child witnessing the incident (OR=0.57). Compared with incidents occurring in the fifth SEIFA disadvantage quintile (least disadvantaged), those in all other quintiles were significantly more likely to involve a child witness (ORs=1.72–2.04).
- removing offenders—the use of alcohol by offenders, and victims' drug use were associated with a 2.66 and 1.53 greater likelihood of an offender being removed from an incident, while breaching an FVO (OR=0.56) and the victim being removed (OR=0.62) decreased the likelihood of an offender being removed. Victims' alcohol use, offenders' drug use, and whether the incident involved an assault, were not uniquely associated with an offender being removed. Compared with incidents that took place in the least disadvantaged area (5th quintile), those in the first to third SEIFA quintiles were not significantly more likely to involve the removal of an offender, while those in the fourth quintile were significantly less likely to involve an offender being removed (OR=0.80).
- removing victims—offenders' use of alcohol or drugs was associated with a 1.18 and 1.77 times increased likelihood, and victims' alcohol use was associated with an increased likelihood (1.39) of a victim being removed. Breaching an FVO at an incident decreased the likelihood of a victim being removed (OR=0.59), while the incident involving an assault increased the likelihood of the victim being removed (OR=1.75). The offender being removed decreased the likelihood that the victim was removed (OR=0.63). Compared with incidents in areas of least disadvantage (5th quintile), those in areas of the most disadvantage (1st quintile) were 1.32 times more likely to involve a victim being removed.

Victoria

Victorian 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 8). Most offenders were male (77.5%) and most victims were female (76.0%).

Figure 8 Victorian family and domestic violence rates per 10,000 population by year



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

A significantly higher proportion of IPV offenders were male compared with FV offenders (IPV: 82.0%; FV: 69%, $p < 0.001$, $\Phi = 0.15$). Conversely a significantly greater proportion of IPV victims were females compared with FV (IPV: 81.9%; FV: 65.1%; $p < 0.001$, $\Phi = 0.19$). Most offenders (68.3%) and most victims (62.8%) were concentrated in the 20 to 44 year age bracket.

Across the study period, 84,380 offenders (36.1%) were unique and 149,672 (63.8%) were recidivist offenders. Of the victims, 96,163 (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 an IPV sample (65.7% of IPV offenders and 63.5% of IPV victims) compared with an FV sample—59.8% of FV offenders and 49.7% of IPV victims ($p < 0.001$, $\Phi = 0.06$; $p < 0.001$, $\Phi = 0.13$). 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 percent of all offenders assessed as having definitely used alcohol, and 16.1 percent 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 percent and 26.0 percent of IPV offenders, and 13.8 percent and 16.8 percent of FV offenders, respectively ($p < 0.001$, $\Phi = 0.13$).

Attending police judged 13.7 percent of all victims as having definitely used alcohol and 13.1 percent as having possibly used alcohol. Alcohol use was more prevalent in IPV, with possible and definite alcohol use indicated in 14.9 percent and 16.2 percent of IPV victims, and 9.7 percent and 8.8 percent of FV victims, respectively ($p < 0.001$, $\Phi = 0.14$).

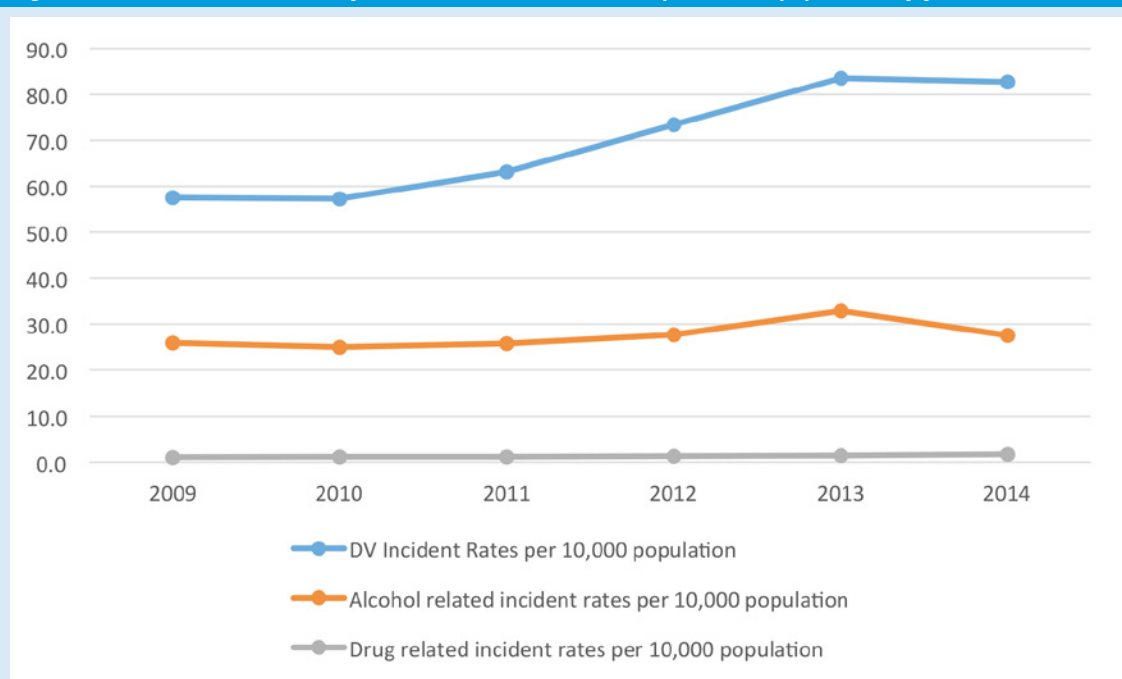
Definite drug use was identified in 6.4 percent of offenders and 18.4 percent of offenders were identified as having possibly used drugs. Proportions of possible offender drug use were comparable across IPV, FV and all offenders, whereas definite drug use was slightly more prevalent in FV offenders (7.6% of FV offenders vs 5.9% IPV offenders; $p < 0.001$, $\Phi = 0.04$).

Definite drug use was identified in 2.4 percent of victims, and 11.1 percent 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 with FV—8.2 and 1.8 percent of FV victims respectively ($p < 0.001$, $\Phi = 0.08$).

Western Australia

Western Australian police attended a total of 102,167 FDV incidents between January 2009 and December 2014. From 2009 to 2014, rates of these incidents increased from 57.5 to 82.7 per 10,000 (see Figure 9). Most offenders were male (83.3%) and most victims were female (73.9%). Both fell into the 25 to 49 year age group.

Figure 9 Western Australian family and domestic violence rates per 10,000 population by year



Alcohol-related incidents, as flagged by attending police officers, were highest in 2009, gradually decreasing across the reporting period from 45.1 percent of all incidents in 2009 to 33.3 percent in 2014 ($p < 0.001$, $\Phi = -0.12$). Key alcohol-related findings include:

- 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 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 taking place at a dwelling was also consumed at a dwelling (77.3%). As this information is collected at the offence level, and those involved in an incident may have consumed alcohol at different locations, this data is presented at offence, rather than incident level. As a result, totals will not match other incident level data.

A very small proportion of incidents involved drug offences (1.9%). Incidents were coded as drug-related when the Level 3 offence was either a 'drug offence', 'receiving/illegal use', or 'drugs (other)'. 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).

Multivariate correlates of incident characteristics for family and domestic violence showed:

- alcohol involvement—incidents involving a repeat victim were significantly more likely to involve alcohol (OR=1.36). An offence against the person was associated with 2.09 greater odds that the incident involved alcohol, while breaching a restraining order was associated with significantly decreased odds that the incident involved alcohol (OR=0.90). Drug-related offences were 1.42 times more likely to be alcohol-related.
- offender recidivism—incidents involving a repeat victim were 8.45 times more likely to involve a recidivist offender. Incidents involving an offence against the person were less likely to involve a recidivist offender (OR=0.68), while breaching a restraining order was not significantly associated with offender recidivism. Alcohol-related (OR=1.18) and drug-related (OR=1.25) incidents were significantly associated with an increased likelihood of offender recidivism.
- repeat victims—incidents involving a breach of a restraining order were 1.04 times more likely to involve a recidivist offender. Incidents involving an offence against the person were significantly less likely to involve a repeat victim (OR=0.48). Incidents involving alcohol were 1.36 times more likely to involve a repeat victim, and incidents involving a drug-related offence were 1.20 times more likely to involve a repeat victim.
- offence against the person—incidents involving a repeat victim were significantly less likely to involve an offence against the person (OR=0.48). Incidents involving alcohol use were 2.09 times more likely to involve an offence against the person while incidents involving a drug-related offence were significantly less likely to involve an offence against the person (OR=0.51).
- breaching a restraining order—incidents involving alcohol use were significantly less likely to involve an offence against the person (OR=0.90). Incidents involving repeat victims were 1.04 times more likely to involve a breach of a restraining order.

Conclusions

Violence in all its forms is a complex phenomenon. Violence in families or between intimate partners is among the most complex forms of violence in society. This report demonstrates the many different types of behaviour that fall under the umbrella terms of family and domestic violence. It shows how important it is to understand the nature of these different types of violence, and the many diverse factors that influence whether an act of violence ultimately occurs. Even 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. Many trends have emerged 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 from this study is that the issue facing society is enormous. The nature of the cycle of violence is intergenerational, and the impact of violence on children in families who suffer such violence is devastating.

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. The vast range of violent incidents falling under the banner of family and domestic violence—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 most, incidents of violence and abuse and often make things worse, certainly adding to the severity of specific incidents. Responses to family and domestic violence, which address the use of alcohol and other drugs and mental health issues, are strongly indicated.

Further considerations and policy implications

Beyond these conclusions, the findings suggest a number of points to consider and further explore.

Alcohol and drug responses

This study clearly shows that alcohol and drug use plays a substantial role in family and domestic violence for many people, at a range of developmental stages, and also as situational influences. It concludes that a variety of interventions could be used that acknowledge and respond to the interwoven nature of AOD use and FDV. As AOD use can be both a signal of FDV and also a contributing factor, even in parents—a systematic approach is warranted that builds lines of communication between the agencies dealing with FDV and those that deal with AOD use.

Framework responses are needed to build and encourage combined resources. Excellent examples of such programs supported by strong evidence include Parents under Pressure (<http://www.pupprogram.net.au>). This program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model to address issues such as substance misuse, family conflict and severe financial stress. A strong argument also exists to consider trialling programs that 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, which has been found to be effective in reducing the number of violent incidents occurring in families, compared with addiction treatment as normal (Easton et al. 2007a; Easton et al. 2007b). Evidence also exists to support helping victims to deal with their AOD use (Lipsky et al. 2005; Mignone, Klostermann & Chen 2009; Stith et al. 2012). Reciprocal screening of people in AOD treatment for family and domestic violence issues, and screening for alcohol and other drug issues of people receiving FDV support (including offender rehabilitation programs) is therefore 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 suggests that attaching mandatory sobriety/treatment orders 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 enforces mandatory sobriety through regular monitoring and testing, observed a 12 percent reduction in recidivist drink-driving across the state. It also observed a nine percent reduction in reported family violence (Kilmer et al. 2013). This suggests that if alcohol is taken away from people who are offenders, it 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 that deal with methamphetamines, and drugs more generally (Hawken 2010; Hawken & Kleiman 2009).

Looking at alcohol supply, strong evidence supports 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 500 m and 10 km from the incident location, and that the most frequent place of purchase for alcohol consumed at IPV incidents was at a supermarket liquor store. Along with previous literature, the findings of this study suggest a number of policy responses that might reduce the 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, strong evidence shows that additional licences, and especially increased outlet density, are associated with increased family and domestic violence (Livingston 2011). Restricting the strength of alcohol also has been found to be associated with substantial reductions in family and domestic violence (Miller et al. 2015). The sale of packaged liquor, exceeding a concentration of ethanol in liquor of 2.7 percent at 20°C, 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 percent, and the women's refuge reported a 25 percent decrease in the number of women seeking support.

Another legislative option worth considering, and already in place in some Australian states, is the use of legislation that makes specified premises 'dry zones'. For example, s.152P of the *Liquor Control Act 1988* (WA)—the declaration of liquor restricted premises—once declared makes it unlawful for anyone to take liquor onto particular premises or be intoxicated on those 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).

With virtually no implementation cost, a wide array of empirical support, and very few limitations of any type—excise taxation and minimum pricing of alcohol can certainly be regarded as a highly (if not the most) efficient, cost-effective and encompassing approach to reducing overall alcohol consumption and alcohol-related harm and social costs. Evidence from British Columbia has shown a 9 percent reduction in violence, while the price of most alcohol sold has remained unaffected (Stockwell et al. 2015). Increasing the taxation on alcohol sold has also shown significant reductions in violence, with the added benefit of increase revenue to the government which could be further used to improve support services (Wagenaar et al. 2010).

Recidivism

This study found that recidivism was also a major contributor to incidents of family and domestic violence. This suggests that a substantial need exists for 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). Evidence also indicates that alternatives, such as imprisonment, do little to deter criminal behaviour; that longer sentences are not associated with reduced offending; and that punishment-based responses are an ineffective way of changing behaviour, unless some very specific conditions are in place (Day 2015). What will have a much greater chance of success are 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 (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 intimate partner violence, stalking, child to parent violence, severe sibling violence, and child abuse and neglect. Failing to implement joint responses to these interrelated behaviours will not only leave victims and perpetrators without much-needed assistance, it will mean missing important opportunities to intervene early, and potentially prevent violence transmitting to future generations (McEwan et al. 2015).

Future research recommendations

A substantive research agenda is currently being carried out under the auspices of Australia's National Research Organisation for Women's Safety or ANROWS agency. This research is acknowledged and is crucial. There is no wish to replicate the agency's work or directions in this document. Instead, this study aims to identify additional research ideas that may not be included in the ANROWS agenda, and focus on areas that incorporate consideration of family and domestic violence that take into account all victims, including children and men.

This study's findings suggest the worth of further investigating intimate partner violence typologies in Australia. Such information could be an initial step towards developing intervention approaches targeted at different FDV types, and could suggest a range of targeted responses for all forms of violence.

A clear need exists for research that can offer insights into temporal associations, and can address current debates about 'causality', along with identifying crucial early intervention signals. Prospective longitudinal studies may be well suited to tracking how developmental, situational and person factors contribute to the perpetration and victimisation of different IPV types, and how alcohol and other drugs impact on these different types. Detailed studies are also warranted into specific populations such as homelessness, children seeking support, and people accessing drug treatment.

Systematic data collection and data linking has been found to be 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, as well as opportunities for complex and predictive modelling.

A strong case exists for evaluating the efficacy of any programs receiving funding to implement perpetrator interventions (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 the interventions that have been found effective internationally.

References

- Australian Bureau of Statistics 2014. 3235.0—*Population by age and sex, regions of Australia*. Canberra: ABS
- Day A 2015. *Witness statement of Professor Andrew Day: Submission to the Royal Commission on Family Violence* Melbourne, Victoria. <http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Statements/WIT-0008-001-0001-Day-10.pdf>
- 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* 24(3): 203–212
- Easton C, Mandel D, Babuscio T, Rounsaville B & Carroll K 2007a. Differences in treatment outcome between male alcohol dependent offenders of domestic violence with and without positive drug screens. *Addictive Behaviors* 32(10) 2151–2163
- Easton C et al. 2007b. A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse–domestic violence treatment approach (SADV). *American Journal on Addictions* 16(1): 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* 4(3): 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 2013a. 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* 103(1): e37–e43
- 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 perceptions and behaviours after a 12 month period*. Broome: University of Notre Dame Australia
- 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*. Mt Lawley, Western Australia: University of Notre Dame Australia, Drug and Alcohol Office
- Lipsky S, Caetano R, Field C & Larkin G 2005a. 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* 66(3): 407–412
- Livingston M 2011. A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5): 919–925
- McEwan T, Wood M, Ogloff J & Norton J 2015. *Understanding and responding to complex criminal behaviour resulting in family violence: Submission to the Royal Commission on Family Violence*. Melbourne: 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-\(Forensicare\)](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*. Available online early

- Mignone T, Klostermann K & Chen R 2009. The relationship between relapse to alcohol and relapse to violence. *Journal of Family Violence* 24(7): 497–505
- Miller P, Curtis A, Chikritzhs T & Toumbourou J 2015a. *Interventions for reducing alcohol supply, alcohol demand and alcohol-related harm: Final Report*. Canberra: National Drug Law Enforcement Research Fund (NDLERF) <http://www.ndlerf.gov.au/publications/monographs/monograph-57>
- Schmidt L, Makela P, Rehm J & Room R 2010. Alcohol: Equity and social determinants. In Blas E & Kurup AS, *Equity, social determinants and public health programs*. Geneva: World Health Organization: 11–13.
- Shepherd J, Ali M, Hughes A & Levers B 1993. Trends in urban violence: A comparison of accident department and police records. *JRSM* 86(2): 87–88
- Shepherd J, Shapland M & Scully C 1989. Recording of violent offences by the police: An accident and emergency department perspective. *Med Sci Law* 29: 251–257
- Shepherd J, Sivarajasingam V & Rivara F 2000. Using injury data for violence prevention. *BMJ* 321(7275): 1481
- Stith S, McCollum E, Amanor-Boadu Y & Smith D 2012. Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy* 38(1): 220–240
- Stockwell T et al. 2015. Relationships Between Minimum Alcohol Pricing and Crime During the Partial Privatization of a Canadian Government Alcohol Monopoly. *Journal of Studies on Alcohol and Drugs* 76(4): 628–634
- Wagenaar AC, Tobler AL & Komro KA 2010. Effects of alcohol tax and price policies on morbidity and mortality: A systematic review. *American Journal of Public Health* 100: 2270–2278
- Wiggers J, Jauncey M, Considine R, Daly J, Kingsland M et al. 2004. Strategies and outcomes in translating alcohol harm reduction research into practice: The Alcohol Linking Program. *Drug & Alcohol Review* 23(3): 355–364

