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Natasha Stott Despoja AO
Royal Commissioner
Royal Commission into Domestic, Family and Sexual Violence



GPO Box 464

ADELAIDE, SA 5001

SUBMISSION TO THE ROYAL COMMISSION INTO FAMILY AND DOMESTIC VIOLENCE

Dear Commissioner Natasha Stott Despoja,

Thank you for the opportunity to provide a submission to the South Australian Government's *Royal Commission into Domestic, Family and Sexual Violence*.

Violence against women and children is a public health and human rights issue affecting the well-being of women and children globally.

We are Australian researchers from La Trobe University focusing on the harms associated with alcohol consumption. We wish to draw to the attention of the Commission, the role that alcohol consumption – predominantly men's alcohol consumption – plays in domestic, family and sexual violence. Global evidence shows that alcohol is a consistent risk factor in violence against women, increasing the risk and severity of violence and resulting injury. Despite this wide evidence base, policy interventions rarely focus on alcohol to reduce the harm to victim/survivors. Given that alcohol consumption is endemic in Australian culture and is widely accepted as a way of demonstrating masculinity, our submission argues that efforts to prevent and reduce domestic, family and sexual violence must include attention to men's alcohol consumption as a risk factor.

This submission is a collaborative contribution from researchers from the Centre for Alcohol Policy Research (CAPR). For further queries, please contact Cassandra Hopkins, Research Officer via email: c.hopkins@latrobe.edu.au.

Yours sincerely,

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Introduction

The need to include alcohol in family violence framings and strategies

Global research shows that alcohol consumption increases the risk of intimate partner violence (IPV) and family violence (FV) (Abramsky et al., 2011; Foran & O'Leary, 2008; Wilson et al., 2014). Alcohol's role in violence is complex and often contested. However, there is consensus that alcohol consumption, particularly heavy drinking, contributes to the frequency and severity of violence (Graham, Bernards, Wilsnack, et al., 2011). While both women and men are victims of men's alcohol-related violence, women disproportionately experience alcohol-related violence from known men (Willoughby et al., 2021). What is clearly demonstrated in research the world over is that heavy alcohol consumption is a consistent risk factor for intimate and family violence.

However, in the documents prepared by the Commission the role of alcohol in IPV and FV appears to be largely absent. Although there is limited attention given to the role of alcohol in IPV and FV in the *National Plan to End Violence Against Women and Children 2022-2032*, the joint state and territory government initiative frames alcohol consumption as a "known risk factor for family, domestic and sexual violence" (Department of Social Services, 2022, pg. 48).

Therefore, the following submission presents a summary of the research on the relationship between alcohol consumption and IPV and FV. We argue that understanding and addressing alcohol related IPV and FV is important for the Commission to consider in policy. We also refer the Commission to relevant research papers for further detail.

Evidence that alcohol is a consistent risk factor for violence against women and children

Intimate partner and family violence is a complex phenomenon, with a myriad of factors contributing to its occurrence at individual, relationship, community and societal levels (Krug et al., 2002). Decades of global research have shown that heavy alcohol consumption is a risk factor for IPV and FV (Abramsky et al., 2011; Graham, 2008), with consistent evidence suggesting that alcohol-related IPV and FV is highly prevalent in Australia (Tanyos et al., 2024; Webster, 2016). An Australian study examining alcohol-related family and domestic violence reported to police indicated that between 24% and 54% of incidents reported to police were classified as alcohol-related (Mayshak et al., 2022). The authors found that perpetrators of violence were more likely to be alcohol affected than victims. Alcohol-related incidents were also more likely to be severe and life threatening, which is consistent with other studies from Australia and abroad (Curtis et al., 2019; Graham, Bernards, Wilsnack, et al., 2011). It should be noted that these figures under-represent the full extent of alcohol-related intimate partner and family violence in the community as incidents are under-reported and those that reach the police are often the more severe cases.

Alcohol consumption is a consistent risk factor for intimate partner and family violence, particularly in domestic and home settings. Findings from the National Drug Strategy Household Survey 2022-23 show that more people have experienced alcohol-related harms in domestic settings in 2022-23 than in 2019. Among those who experienced alcohol-related harm, the proportion who experienced alcohol-related physical abuse, verbal abuse and being put in fear from a current or ex-spouse has increased since 2019 (Australian Institute of Health and Welfare, 2024). Research has consistently demonstrated that heavy drinking and binge drinking increase the likelihood of male-to-female partner violence in intimate relationships (Devries et al., 2014; Laslett, Graham, et al., 2021), with the risk of violence higher on days of men's drinking (Fals-Stewart, 2003).

Alcohol-related sexual violence is also prevalent within Australia. While the exact role of alcohol in sexual assault cases is complex, research has demonstrated that men's alcohol consumption has

been linked with an increased likelihood of sexual aggression and sexual coercion towards women (Abbey, 2011). An estimated 22% of Australian women have experienced sexual violence since the age of 15, and in 53% of these cases, the perpetrator was an intimate partner (Australian Bureau of Statistics, 2023). Additionally, almost half of the women (47%) who reported a male-perpetrated sexual assault indicated that alcohol or other substances contributed to the most recent incident. There is a significant need for policy attention to address alcohol’s involvement in sexual violence towards women in Australia.

Effects of men’s drinking and gendered violence against women and children

While the exact role of alcohol in the perpetration of violence is complex, perspectives from victim/survivors of alcohol-related domestic violence show that alcohol plays a significant role in their experience of fear and safety. Wilson’s 2017 study reveals the cycle of violence that is interconnected with a male-partner’s drinking, where behaviours increasingly become aggressive towards a female partner (See Figure 1). Once the male partner reaches a state of intoxication the behaviours are unpredictable and dangerous (Wilson et al., 2017). The effects of alcohol-related IPV are further examined in a 2020 study, which highlights how women’s lived experiences show how their partner’s drinking patterns became a trigger for the potential for violence (Wilson et al., 2020). The authors describe how for some women, alcohol drinking played a central role in their experience of abuse, level of fear and sense of safety. These findings illustrate how men’s drinking in relationships may be used as a tool of control, as women must adapt and adopt protective strategies in context of their partner’s drinking.

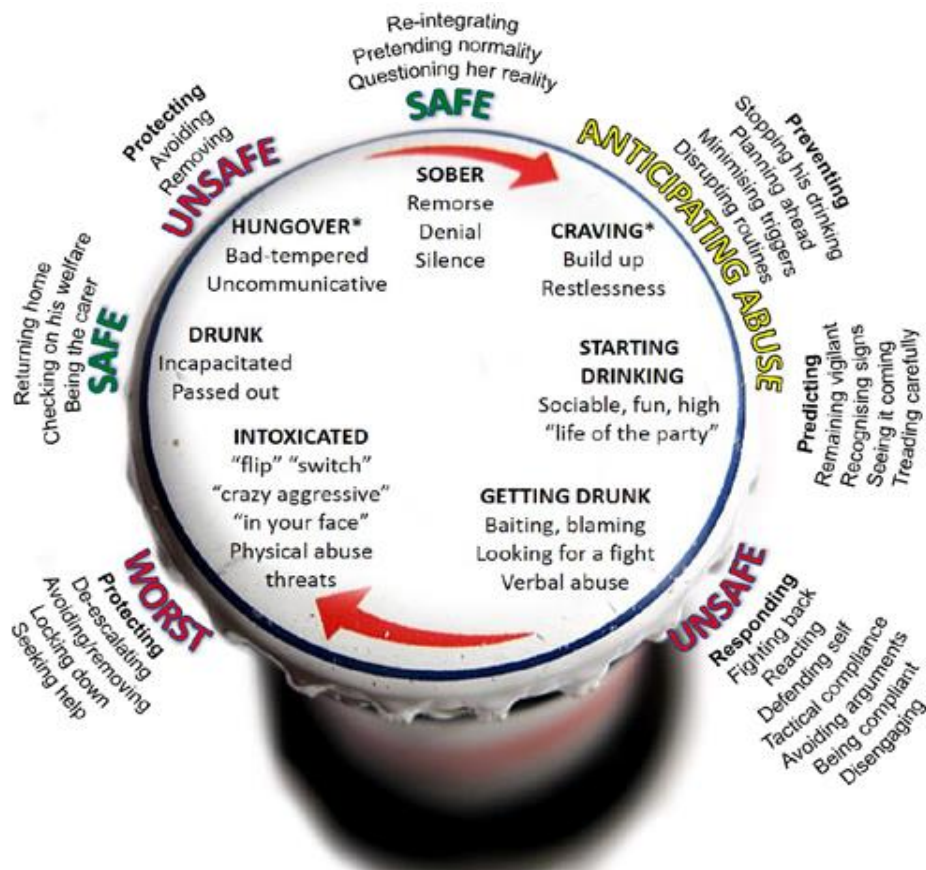


Figure 1. The cycle of drinking and intimate partner violence – Wilson et al., (2017). *Note:* these stages were experienced by women whose partners had more serious alcohol problems

Two case studies from this research are presented to the Commission to illustrate the nature of a partner’s drinking, the violence and the experience for those affected. The scenarios depict women

in different life stages who both experienced fear and harm from their alcohol-affected male partner - a young woman whose partner is a non-dependent drinker, and an older woman in a longer-term relationship with children whose partner has an alcohol dependency problem. None of the male partners were treatment seeking. Both women had left the relationship at the time of interview.

Pseudonyms have been used to protect the privacy of individuals.

Amy

Amy is a 21 year old university student who experienced alcohol-related verbal and physical aggression (pushing and shoving) from her boyfriend in the last 12 months of their four year relationship. She noticed a pattern emerging when her boyfriend began going out drinking and clubbing with his male friends on a regular basis; after these nights out he would become verbally aggressive towards her when drunk, behaviour that she did not experience when he drank in other contexts or when he was sober. Jealousy was a common trigger for his aggression which emerged when he drank. Amy observed that alcohol increased her boyfriend's anger and affected his capacity to think rationally and she described being subjected to unfounded accusations when her boyfriend was drunk. Any attempts to calm him down or to defend herself at this time led to heightened aggression from her boyfriend. She expressed fear at his capacity to hurt her when he was drunk, as he was physically much stronger and bigger than her. The ongoing experience of her boyfriend's drunken aggression led her to be fearful every time he went out drinking in this context. Amy's boyfriend seemed unaware of his problems with alcohol and aggression and she was afraid of raising her concerns with him for fear of further angering him. At the time of interview, Amy had left the relationship but was in the process of reconciling.

Sarita

Sarita is a 28 year old Indian-born woman who willingly entered into an arranged marriage with her husband at the age of 19 and moved to ██████████ where her husband was working in a high paying job. Sarita was unaware of her husband's excessive drinking habits before she was married which became apparent within a few months of the marriage. She described her husband drinking large amounts of alcohol continuously in the evenings and on weekends to the point where he would pass out. When sober, her husband was uncommunicative and withdrawn and Sarita spoke of feeling very isolated as her husband would not permit her to work, restricted her access to money and limited her social interaction. Her husband's abuse towards her commenced after she started to question her husband's drinking, and when he drank, she experienced a regular pattern of targeted verbal aggression leading to severe physical violence when he became intoxicated. After these episodes, her husband would be remorseful, promising that he would not be violent again. Sarita became aware that her husband had mental health issues which she felt contributed to his drinking. While there were occasions when she witnessed her husband's anger when he was sober, Sarita only experienced physically abusive behaviour towards her when he was alcohol-affected. Over the course of their six year relationship during which time they had a child, his drinking deteriorated and the violence became worse. While he was not violent towards their daughter, Sarita became increasingly concerned about her husband's capacity to safely care for their child due to his drinking. Over time, Sarita was able to gain some financial independence and confidence to eventually leave her husband in 2013 and move to ██████████ with her 5 year old daughter.

This research highlights that for some women, a partner's drinking and associated aggression and violence presents an ongoing risk to the safety of family life. Women and children living in these situations face a precarious existence where the partner's predictable drinking patterns are accompanied by the unpredictability of heightened violence. Many women remain in these relationships and enact strategies to maintain safety focused around the partner's drinking; reducing

the supply of alcohol was a key strategy used by women -- to varying degrees of success, depending on the nature of the partner's drinking problems.

Much of the evidence has focused on alcohol-related verbal and physical violence, and how “alcohol makes things worse” (Graham, Bernards, Wilsnack, et al., 2011), however the effects of alcohol-related IPV extend more broadly into women's lives. A recent review of global evidence reveals that men's drinking results in a range of harm (Wilson et al., 2024). Figure 2 below shows the impact of men's alcohol-affected actions on women including, physical, mental and reproductive health harms such as sexual coercion from a drunken partner and unwanted pregnancy. Women experience social harm due to alcohol-related violence including feelings of shame, humiliation, embarrassment, loneliness and social isolation connected to their partner's drinking. Significantly, women report economic and financial abuse resulting from a partner's heavy drinking – where partners control the financial resources, money is often diverted to drinking away from household necessities (Laslett, Mojica-Perez, et al., 2021; Laslett et al., 2020). A partner's problematic drinking also has a big impact on family functioning contributing to marital discord. Women also carry the burden of caring and income generation if their partner is debilitated by his drinking. In this myriad of ways, men's drinking can have a significant impact on women's lives, affecting women's safety and contributing to disempowerment and lack of autonomy. Many of these harms such as social and economic harms from alcohol-related violence may be less visible or even recognized as harm. Consequently, women may not get the support or services needed.

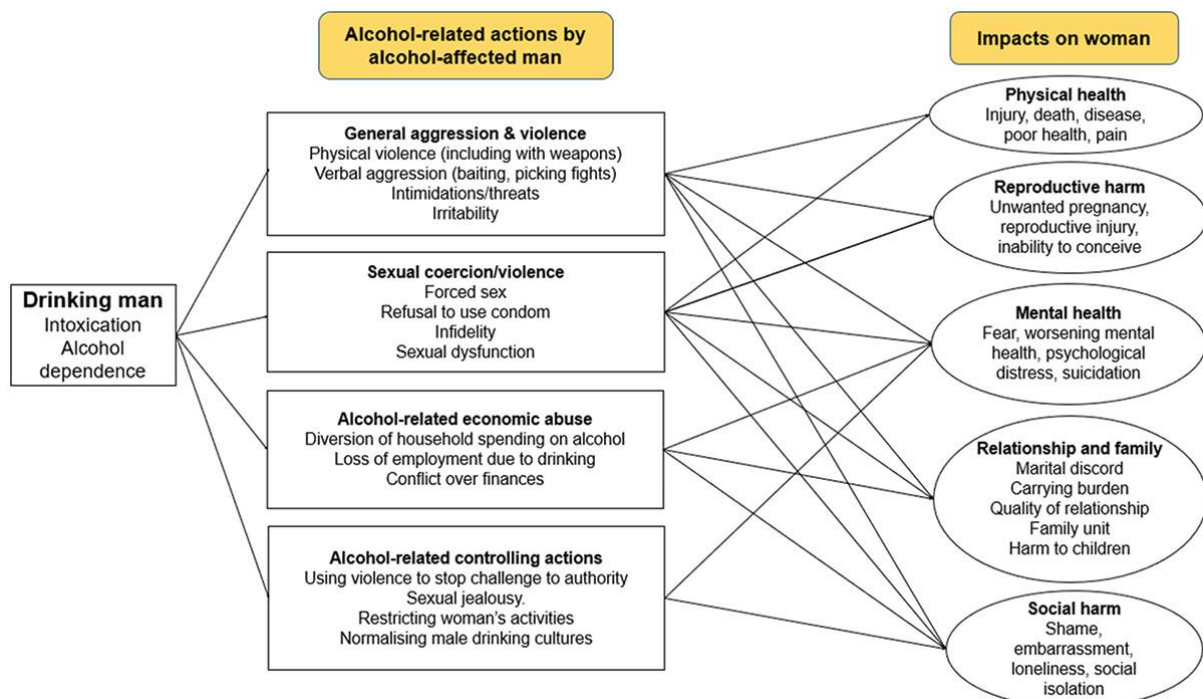


Figure 2. Schema of harms arising from men's drinking and impacts on women from (Wilson et al., 2024)

Harm from men's drinking during high-risk times

Evidence suggests that women are particularly vulnerable to harm during high-risk times, such as pregnancy, childbirth and the transition to parenting, with partner alcohol consumption during these times elevating the risk of harm to women (Wilson et al., 2019). These periods are marked by increased stress, physical and emotional demands, and substantial changes in family dynamics that may exacerbate the effects of a partner's drinking. A common finding among the evidence is the pre-existing violence in relationships is a strong predictor of IPV during pregnancy (James et al., 2013).

IPV during pregnancy may also be underreported in existing research due to the sensitivity of the issue. Additionally, postpartum periods and early parenting phases also see an increased risk of alcohol-related IPV (Mumford et al., 2018). A 2019 study examining the association between partners' drinking and violence towards expectant mothers found that partner alcohol consumption significantly increased the odds of pregnant women being physically hurt by almost nine times (Wilson et al., 2019). The authors also found that women's fear for their own safety during the first trimester was nearly eight times higher when their partner drank heavily, with the increased fear likely reflecting the increased vulnerability of early pregnancy and the unpredictable nature of alcohol-related IPV. These findings suggest a heightened risk posed by partner alcohol consumption and the potential for violence to escalate throughout the pregnancy and early parenting phase. Addressing known risk factors, including partner alcohol consumption, is needed for preventing violence and ensuring women's safety in high-risk periods.

Children – the hidden victim/survivors

Within Australia, research suggests that children are frequently exposed to parental aggression and family violence (Australian Institute of Health and Welfare, 2022; Westrupp et al., 2015). Households where a violent parent is present are significantly more likely to have children in attendance, especially children under 5 years (Phillips & Vandenbroek, 2014). The prevalence of family violence amongst parents and subsequent child exposure rates are difficult to estimate, as national and state systems that collect data on violence and children are limited, spread throughout sectors and not easily accessible (Australian Bureau of Statistics, 2013). Within the wider academic literature, research study samples, definitions of family violence and measures used also vary. Family violence measures based on conflict may not capture the coercive and controlling psychological violence that is particularly detrimental to women and children (Humphreys et al., 2013). Victoria Police data (2013–2014) report children present in approximately 34 per cent of households attended by police related to family violence incidents (Victoria Police, 2014). The exposure to violence in the home can have serious and lasting impacts on children's wellbeing, contributing to emotional and psychological issues that can persist into adulthood (Gilbert et al., 2009).

Children are often overlooked when considering interventions for alcohol consumption and IPV. Witnessing family violence is defined as a form of child abuse and neglect (Richards, 2011); and children are most vulnerable when they are exposed to parents' mental health issues, substance misuse and/or family violence (Cummins et al., 2012). While alcohol contributes to violence within intimate relationships, parental/carer alcohol misuse also has a significant impact on children. The most severe cases of harm show up in the service and social system data. In child protection systems across Australia, between 15 and 47 per cent of child protection cases involve carer alcohol abuse as a significant risk factor (Laslett et al., 2015). Three per cent of Australian children (140,000) were substantially affected by others' drinking (Laslett et al., 2012).

A note on a wider range of harms that occur to women and children from men's drinking

There is a large body of evidence about the harms to others from an individual's drinking that includes but extends beyond violence against women and children (Laslett et al., 2011; Laslett et al., 2023; Room et al., 2010). This work also shows that women and children are disproportionately affected by the drinking of others (Callinan et al., 2019; Laslett et al., 2012; Laslett et al., 2019). In Australia, women were significantly more likely than men to report being emotionally hurt or neglected, serious arguments, failure in an expected supportive role and having family problems because of someone else's drinking (Laslett, Anderson-Luxford et al., 2024). Women were also more likely than men to report that their children were harmed physically, emotionally, by exposure to family violence, financially or by being left unsupervised due to others' drinking (Hopkins et al.,

2024). IPV and FV is one form of the myriad of harms that women and children experience (Laslett et al., 2017; Laslett, Mojica-Perez, et al., 2021; Laslett et al., 2024).

The importance of using a gendered lens to focus on men's drinking and harm

There is much evidence suggesting that the practice of alcohol consumption is highly gendered. Globally, men drink more, more often, and more heavily than women do. Women tend to drink less than men and are more likely to be abstainers than men, and men's drinking also accounts for more alcohol-related harm towards others than does women's drinking (Graham, Bernards, Knibbe, et al., 2011; Nolen-Hoeksema, 2004; Wilsnack et al., 2018; Wilsnack et al., 2009). Research also suggests that women are more likely than men experience negative consequences as a result of their partner or spouses drinking (Spencer et al., 2016). That is, men's alcohol problems were more strongly related to men's violence perpetration than were women's alcohol problems related to women's IPV perpetration. The gendered difference in drinking and related harms among men and women indicates that cultural gender roles influence consumption. Therefore, it is imperative that a gendered lens is taken to drinking and harm to others.

It is also important to recognize that harmful drinking is reinforced by social norms. Men's drinking patterns are influenced by gendered social norms, whereby heavy drinking often equates with traditional notions of masculinity. These cultural norms normalize men's heavy drinking and can also foster environments where aggressive and violent behaviours are more likely to occur (Miller et al., 2014). As a consequence, women living with men who drink heavily may be particularly vulnerable to IPV. In order to effectively address alcohol-related IPV, adopting a gendered lens is needed to understand the social constructs that link heavy drinking and traditional notions of masculinity (Moore et al., 2017). A gendered lens highlights how drinking behaviours and patterns may be reinforced by social expectations and norms (Taft et al., 2019). This understanding also recognizes the role of alcohol in perpetuating gender inequalities as it may exacerbate men's control, aggression and economic abuse towards women. Social and health policies should incorporate this perspective to reduce alcohol-related harm and increase gender equality to ensure prevention and intervention solutions challenge the social constructs that associate men's heavy drinking with traditional masculinity, dominance and violence.

Need for policy responses and interventions that specifically address alcohol and harms to women and children from a gendered lens

Despite the extensive research connecting alcohol consumption with violence perpetration, the evidence base on alcohol policy interventions is limited (Karriker-Jaffe et al., 2023; Wilson et al., 2014). This was also apparent during the COVID-19 pandemic where alcohol was overlooked even in the face of high rates of domestic violence experienced in households globally (Wilson et al., 2023). Policy responses and interventions must address the intersection between heavy drinking and the potential harms experience by women and children through a gendered lens. A gendered lens allows for the recognition that harmful drinking patterns by men are often rooted in gendered social norms that exacerbates IPV towards women. Alcohol-related IPV should be considered a distinct issue that requires a gendered public health approach (Taft et al., 2019). This includes focusing prevention efforts on the gendered aspect of men's heavy drinking, addressing power dynamics in intimate relationships, and considering gendered social roles within the family to effectively reduce alcohol-related IPV and the related harms towards women.

A gendered policy framework for addressing alcohol-related violence against women and children

This final section draws on the framework developed by Karriker-Jaffe and colleagues (2023) to develop interventions that could be employed to reduce alcohol-related violence against women and children. Given the effects of men's alcohol consumption on women and children, alcohol policies could be paired with comprehensive community interventions and individually focused strategies to reduce harms. The model below (Figure 2) suggests possibilities for integrating cost-effective global alcohol policy interventions ("WHO Best Buys") with evidence-based, theoretically informed interventions to: (1) change public and private drinking contexts, (2) modify drinking norms and beliefs, (3) adapt individually focused interventions, and (4) address elements of power (including social norms) that contribute to harms experienced by women and children as a result of men's alcohol consumption.

1. **Interventions to change the drinking context** include bystander intervention training programmes for staff of licensed premises or other venues that sell alcohol, as well as enhanced policy and enforcement interventions that focus on licensed premises where alcohol is sold for on-site consumption.
2. **Interventions to modify drinking norms** include comprehensive community approaches. These strategies are most effective when they are based in local leadership and include multiple interventions and alcohol policies enacted and enforced. These comprehensive strategies can reduce problems associated with public alcohol consumption, including violence (Hauritz et al., 1998; Homel et al., 1997). Another strategy is to declare "dry zones" where no alcohol consumption is permitted; commonly these zones are focused on public places such as parks and roads, although some localities declare particular homes or entire municipalities as dry (where alcohol sales are not permitted or where certain sales practices such as "liquor by the drink" are restricted).
3. **Individually focused interventions** might include strategies such as alcohol rationing or banning alcohol consumption by persons convicted of driving under the influence of alcohol. These strategies are similar in many ways to licence suspension for persons convicted of driving under the influence of alcohol, which is more common. Finally, increased access to specialised alcohol treatment is another important strategy to reduce harms to women and children resulting from men's alcohol consumption.
4. **Interventions are needed to address elements of power that contribute to harm.** Studies reviewed highlighted multiple disadvantages (intersectionality) for women from men's drinking in low- and middle-income countries, which carry a disproportionate burden of harmful alcohol consumption. Future studies and interventions need to tailor prevention and response programmes to these heterogeneous contexts and acknowledge the intersectionality of the problems of alcohol consumption, harms to women, and poverty often found in LMIC contexts.

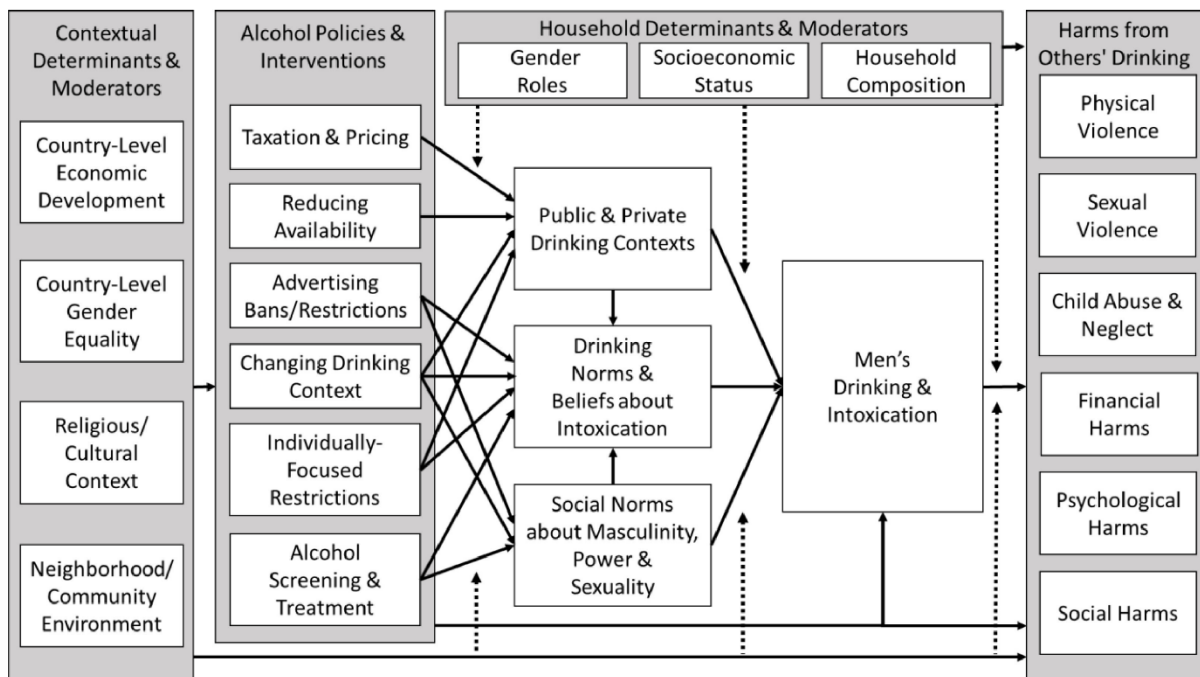


Figure 3. A model providing possibilities for integrating cost-effective policy interventions (Karriker-Jaffe et al., 2023).

In South Australia, this framework would inform strategies in family contexts that reduce men’s drinking to intoxication and associated gendered violence, thereby reducing the wide range of gender-based impacts experienced by women and children.

Conclusion

Alcohol consumption, particularly heavy drinking, is a well-established risk factor for intimate partner and family violence alongside a range of other harms including child maltreatment and financial harm. Despite the global evidence linking men’s alcohol consumption to an increased risk of violence and severity of violence for women, policy and interventions often overlook alcohol as a risk factor. Our submission summarises the research on the relationship between alcohol consumption and IPV and FV. Addressing men’s drinking must be a priority in efforts to reduce intimate partner, family and sexual violence against women and children. We urge the Commission to consider a gendered lens to focus on men’s drinking and violence towards women and children.

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