

ELEPHANT IN THE ROOM: RESPONDING TO ALCOHOL MISUSE AND DOMESTIC VIOLENCE

DR ROCHELLE BRAAF

Senior Researcher, Australian Domestic and Family Violence Clearinghouse

Key points

- International research shows a strong association between alcohol misuse and perpetration of domestic violence. In turn, victimisation has been shown to often lead to drinking problems.
- Many in the domestic violence sector have been reluctant to fully engage with this association due to concerns about misconstruing alcohol as a cause of partner abuse, thereby reducing perpetrator responsibility for their violence and failing to target its real causes.
- Among key theories about this association, one that best aligns with our knowledge of relationship violence proposes that where alcohol misuse co-occurs with attitudes and behaviours supportive of violence against women, abuse is more likely and is more likely to escalate.
- Responses to this issue are urgently needed and interventions targeting both alcohol misuse and attitudes and behaviours supportive of violence will be more effective than those aimed at single problems. Interventions need to be guided by goals of victim safety, provision of support and services, the prevention of abuse and making perpetrators accountable for their behaviour.
- Interventions fall into two broad camps: (i) community wide primary prevention mechanisms mainly targeting alcohol misuse and (ii) individualised tertiary prevention mechanisms targeting either or both alcohol misuse and domestic violence.
- Prevention mechanisms show good potential to reduce alcohol related domestic violence, although their effectiveness would be enhanced by companion efforts to challenge attitudes and behaviours that support violence towards women.
- Greater collaboration between alcohol and domestic violence sectors could substantially advance the development, implementation and evaluation of interventions.

INTRODUCTION

Alcohol features commonly in domestic violence incidents but receives surprisingly little attention from practitioners or advocates. Studies highlight strong associations between men's alcohol misuse and the use of physical violence against their female partners, greater levels of severity and injury associated with abusers' drinking, and also a greater likelihood of injury if the abuse victim has been drinking (Cunradi, Caetano & Schafer 2002; Graham *et al.* 2010; Laslett *et*

al. 2010; Leonard & Quigley 1999). While the weight of evidence calls for intervention, response to this issue is complicated by differing perspectives of how alcohol misuse relates to domestic violence. Those working in the domestic violence sector have largely rejected a view of alcohol consumption as a cause of abusive behaviour towards a partner. Viewing alcohol as a cause of violence implies that perpetrators are not to blame for their abuse and that such behaviour has little to do with issues of power and control. As a consequence, alcohol has become the 'elephant in the room' for the domestic violence sector (Galvani

2010). Regardless of issues of causality, a more effective response to alcohol misuse by perpetrators and victims of domestic violence is urgently required. This paper explores this association and discusses strategies with potential for reducing alcohol misuse and domestic violence, and improving victim safety.

The paper is confined to discussion of domestic violence and alcohol misuse, rather than broader substance abuse issues. The decision to focus on alcohol is based on considerable evidence that alcohol consumption is implicated in many instances of domestic violence, with less evidence that use of drugs has as great an impact. Additionally, the illicit nature of acquiring and consuming drugs poses substantially different prevention issues to those for alcohol misuse in terms of policing, harm minimisation and intervention. The literature canvassed dictates that the paper's focus is not confined to issues of alcohol dependency or addiction (i.e. a chronic disease). Some studies cited refer only to whether or not alcohol was consumed during the violent incident recorded. This may or may not involve 'heavy drinking' (i.e. a pattern of consumption of more than one or two drinks per day for women and men, respectively), 'binge drinking' (i.e. consumption of four to five drinks or more on a single occasion for women and men respectively, within a two hour period) or alcohol dependency. Unless citing specific studies and using their terminology, the term 'alcohol misuse' is used throughout the paper to refer to a pattern of drinking that is harmful to one's health and relationships.

While the term 'domestic violence' can often have a broader meaning, in the paper it is used to refer to abuse between intimate partners and does not include consideration of child protection issues or wider family relationships involving abuse. A final point of clarification is that the paper makes use of gendered language to explicitly acknowledge that the large majority of victims of domestic violence are female and perpetrators male (Australian Bureau of Statistics 2006). This does not negate the fact that people of different genders may be either victims or perpetrators of domestic violence.

To examine the issue of alcohol related domestic violence, the paper begins with an overview of evidence linking alcohol consumption with abuse of a partner and victimisation. Theoretical analyses explaining this association are outlined and used to inform the subsequent discussion of interventions. Based on an understanding that alcohol contributes to the occurrence and severity of domestic violence, it is

argued that intervention in alcohol misuse can prevent or reduce such violence. It is further argued that a sole focus on preventing alcohol misuse or domestic violence will have a limited effect where these behaviours co-occur. Interventions must necessarily also address alcohol misuse and community attitudes and behaviours supportive of violence against women, in order to have the greatest effect on the safety of victims. These strategies need to be guided by goals of victim safety, provision of support and services, prevention of abuse and making perpetrators accountable for their behaviour. Intervention strengths and limitations are explored in this context. To date, research on effective interventions for alcohol related domestic violence has been scarce. The primary interventions canvassed in the paper, in particular, are designed to minimise general social harms associated with alcohol misuse, rather than domestic violence specifically. Thus, a number of the strategies examined offer potential rather than proven avenues to prevent or reduce domestic violence.

While there is an ongoing need for targeted research regarding the association between alcohol misuse and domestic violence, as well as evaluation of the efficacy of interventions, this does not preclude a greater engagement with this issue now by practitioners, advocates and decision-makers. The paper draws together international evidence to inform those working in fields of violence prevention and alcohol misuse to further develop, implement and test interventions. The author's intention is not to dictate a single way forward but, rather, to foster a more robust dialogue of these issues and encourage collaboration in order to initiate change.

ALCOHOL AND DOMESTIC VIOLENCE

Evidence of an association

Alcohol misuse has long been linked with domestic violence. Evidence from international research studies suggests a strong association between these two behaviours, warranting a response (Abramsky *et al.* 2011; Foran & O'Leary 2008; Gil-Gonzalez *et al.* 2006; Graham *et al.* 2008; Hindin, Kishor & Ansara 2008). The following discussion examines prevalence of alcohol related domestic violence, association between alcohol misuse and frequency and severity of domestic violence, problematic drinking types and violence, and alcohol misuse and victimisation.

In examining the evidence, comparisons between studies need to be cautiously made as studies differ markedly in their focus and methodology. For example, they differ in how they measure alcohol consumption (i.e. looking at patterns of alcohol consumption behaviour or consumption only at the violent incident); in measurement of drinking patterns (i.e. binge drinking, heavy drinking or any drinking); and in focus on who is misusing alcohol (i.e. victim of domestic violence, perpetrator or both). While a few longitudinal studies have been conducted, most studies examine a fixed point in time (i.e. the last incident of violence) or recent history (e.g. the previous twelve months).

PREVALENCE OF ALCOHOL RELATED DOMESTIC VIOLENCE

Large population surveys provide compelling evidence that alcohol misuse features in a substantial number of domestic violence incidents. Data analysis from the 2005 *Personal Safety Survey, Australia* (Laslett *et al.* 2010, p. 80) estimated that alcohol is involved in 50% of all partner violence and 73% of physical partner assaults. The United States (US) *National Crime Victimization Survey* reported that in incidents of spousal violence occurring between 1998 and 2002, alcohol and/or drugs were used by the offender in a somewhat lesser figure of 30% of cases; however, excluding victims who did not know whether the offender was under the influence of drugs or alcohol, the figure of offenders under the influence rises to 48% (Durose *et al.* 2005, p. 15). United Kingdom (UK) research on characteristics of domestic violence offenders found 73% had been drinking prior to the assault (Gilchrist *et al.* 2003, p. 2). Furthermore, in a rare comparative study drawing on general population surveys about partner abuse across thirteen countries, Graham *et al.* (2010) found respondents reported significantly higher numbers of physically violent incidents in which one or both partners had been drinking, compared to incidents in which neither partner had been drinking.

ASSOCIATION BETWEEN ALCOHOL USE AND FREQUENCY AND SEVERITY OF VIOLENCE

Empirical evidence further indicates an association between abusers' drinking and the frequency and severity of their violence. Research has found the number of incidents of male to female aggression and violence to be significantly higher on days when the male partner or both partners drink, in comparison to days when they do not (Cunradi, Caetano & Schafer 2002; Leonard & Quigley 1999; Quigley & Leonard 2000; Thompson & Kingree 2006). Other studies have found drinking by an abusive partner prior to

aggression results in more severe aggression, anger and violence, and more fear by a victim than incidents where neither partner had been drinking

Drinking by an abusive partner prior to aggression results in more severe aggression, anger and violence

(Clark & Foy 2000; Graham *et al.* 2008; Graham, Plant & Plant 2004; Thompson & Kingree 2006). One study has found drunken violent episodes to involve more acts of violence and more severe violence than sober violent episodes (Testa, Quigley & Leonard 2003). Moreover, data from the 2005 *Personal Safety Survey, Australia* (Laslett *et al.* 2010, p. 82) shows two thirds of domestic violence incidents involving alcohol resulted in the victim sustaining injuries; where injuries were sustained, they were more serious (e.g. broken bones) and more numerous in comparison to victims of non-alcohol related domestic violence.

The association between alcohol and domestic violence is also evident at the extreme end of violence. Analysis of the relationship between alcohol and all Australian homicides over a six year period found that alcohol was consumed in 44% of intimate partner homicide incidents, where either the offender or victim or both had been drinking (Dearden & Payne 2009, p.6). Interestingly, of these, women homicide offenders were drinking in a significant number of incidents (73%), in comparison to male homicide offenders (36%). While the proportionally high number of intimate partner homicide incidents amongst the Aboriginal and Torres Strait Islander population is of great concern, the number of homicides involving alcohol in these cases is alarming. Analyses of national homicide data for 2007-08 show Aboriginal and Torres Strait Islander intimate partner homicides accounting for 20% of all partner homicides (n=16 of 80, Virueda & Payne 2010, pp. 9, 22), with alcohol being consumed during 87% of partner homicides for this population group (Dearden & Payne 2009, p. 6).

ASSOCIATION BETWEEN PROBLEMATIC DRINKING TYPES AND DOMESTIC VIOLENCE

Evidence suggests that an abuser's frequency of intoxication, binge drinking or problem drinking is more closely associated with severity of domestic violence and possibility for injury of a victim, than drinking per se (Foran & O'Leary 2008; Leadley, Clark & Caetano 2000; O'Leary & Schumacher 2003; Quigley & Leonard 2000). A study of alcohol use and partner violence across ten Latin American countries has implicated binge drinking in severity of abuse, finding that the quantity of alcohol consumed by a partner

in a single session (e.g. five drinks or more) increased the risk for partner aggression (Graham et al. 2008). Notably, the Australian component of the *International Violence Against Women Survey* found women whose partners got drunk two times or more a month experienced higher levels of violence (4-7%), than women whose partners did not get drunk as often (Mouzos & Makkai 2004, p. 58). For married women whose partners got drunk two times or more a month, their risk of experiencing physical violence increased by a factor of three (p. 61).

ALCOHOL AND DOMESTIC VIOLENCE VICTIMISATION

Alcohol misuse is not only linked to the perpetration of domestic violence but also to victimisation. Victims of partner abuse have been shown to be much more likely to have alcohol problems than women who are not victims (Graham et al. 2008; Loxton et al. 2006; Quinlivan & Evans 2001). In fact, a meta analysis of 56 studies of intimate partner violence and mental health issues found that women affected by domestic violence were almost six times more likely than non abused women to misuse alcohol (Golding 1999, p. 120). This trend is also reflected in studies recording relatively high rates of domestic violence victimisation amongst women seeking assistance for alcohol misuse (Bennett & Lawson 1994; Berman et al. 1989; Call & Nelsen 2007; Dansky et al. 1995; Downs, Miller & Panek 1993; Swan, Farber & Campbell 2000).

Alcohol dependence itself brings with it risks to women's safety and well-being. Excessive drinking can make women more vulnerable to domestic violence, especially in cases where they have experienced violence previously (Gutierrez & Van Puymbroeck 2006). This is because alcohol can increase a woman's dependence on an abusive partner (Zubretsky 2002). Drinking can impair her judgment and reduce her capacity to implement safety strategies (Bennett & Bland 2008). It can also reduce her ability or desire to seek help from police and other services, possibly due to shame or memory loss (Hutchison 2003; Thompson & Kingree 2006). Women with alcohol problems are also less likely than other women to be believed or taken seriously, and are more likely to be blamed by police and others for their experience of violence (Bennett & Bland 2008; Zubretsky 2002). Importantly, problem drinking frequently excludes women from support services for refuge, advocacy or other

Excessive drinking can make women more vulnerable to domestic violence

assistance, and can increase women's risk of losing custody of their children.

ALCOHOL CONSUMPTION AS A RISK FACTOR FOR DOMESTIC VIOLENCE

This research evidence indicates that the risk and level of harm associated with domestic violence are seriously heightened and that resultant injuries are more severe when alcohol is involved. The consistent link found between alcohol and domestic violence has led to recognition of harmful alcohol consumption as a 'risk factor' for domestic violence. What remains contentious is how alcohol affects behaviour leading to violence. A theoretical understanding of this association is needed to underpin development and assessment of interventions that can most improve safety and support for victims, and accountability for perpetrators.

Theories of association

Research has given rise to differing theories explaining the association between consumption of alcohol and domestic violence. Studies indicate that drinking facilitates aggression directly through 'psychopharmacological (disinhibiting) effects' on cognitive functioning or expectancy (Barnett & Fagan 1993; Foran & O'Leary 2008; Leonard & Quigley 1999). Studies further show that those consuming alcohol are less aware of physical force they are using; increase their risk taking and are less concerned about consequences; and display increased emotionality (Fromme, Katz & Assaad 1997; Graham et al. 2010), leading to a greater likelihood of violence. Other studies indicate that heavy and/or frequent drinking can create a dissatisfied and conflictual relationship, particularly where male partners are heavier or sole drinkers (Dobash & Dobash 1979; Heise 2011a; Leonard & Quigley 1999). There is also some evidence that cultural and social expectations of the effects of alcohol on aggression and violent behaviour amplify its effect (Chermack & Taylor 1995; Quigley & Leonard 2006). These theories all implicate alcohol as a causal factor for domestic violence.

While causal explanations for alcohol's contribution to domestic violence are appealing, these arguments are contested by evidence that not everyone who drinks alcohol becomes violent towards their partner. In particular, many partners of abusers drink but do not themselves become violent (Leonard & Quigley 1999). Additionally, men who are violent to their partners when drinking have been shown to be violent when sober (Erberle 1982; Galvani 2001; 2004; Kaufman-Kantor & Straus 1990; Leonard & Quigley 1999; Sonkin 1985). There is also little evidence that alcohol causes

perpetrators to 'lose control'; in fact, domestic violence perpetrators are known for their controlling and coercive behaviour (Stark 2007; Zubretsky 1995). One theory appears to best account for these anomalies. This theory proposes that alcohol and domestic violence are 'co-occurring' and that other factors influence both drinking and abuse; that is, there is no direct causal relationship (Foran & O'Leary 2008; Gelles & Straus 1988; Kaufan-Kantor & Straus 1990; Leonard & Quigley 1999). For example, some authors have suggested heavy drinking and domestic violence co-occur as part of a broader tendency towards deviant behaviour (Osgood *et al.* 1988) or a desire for domination over others (Room 1980).

Support for a theory of co-occurrence comes from studies showing alcohol to be strongly associated with domestic violence where a partner already holds attitudes which dispose them towards aggression (Giancola 2002; Messerschmidt 1993; Schwartz & DeKeseredy 1997) and, importantly, where they hold attitudes approving of violence against and control over women (Field, Caetano & Nelson 2004; Humphreys *et al.* 2005; Johnson 2001; Kaufan-Kantor & Straus 1990; Stith & Farley 1993). One study drawing on a nationally representative survey of violence against women in Canada found alcohol consumption predicted male violence against women where it coexisted with cultural norms supportive of such violence (Johnson 2001). However, when beliefs in male dominance were removed, the effect of alcohol on the occurrence of violence was neutralised. Some studies have also found abusers to use alcohol misuse as part of a strategy to dominate and maintain control within relationships (Gelles 1993; Gondolf 1995; Room 1980).

The co-occurrence theory fits with what we understand about the dynamics of domestic violence; specifically, that violence is a deliberate choice and not caused by factors such as stress or anger (or, in this case, alcohol). It is also consistent with manifestations of violent relationships in which both partners drink but only one becomes aggressive; in relationships in which either or both partners drink and do not become aggressive; and in relationships in which abusers are violent when drinking and sober. Within controlling relationships, the contribution of an abusive partner's excessive drinking to a conflictual atmosphere or disinhibitive effects of alcohol may be a compounding factor for the frequency and severity of aggression. The fact that alcohol increases the frequency and severity of domestic violence means that interventions to

reduce alcohol misuse can prevent or reduce violence against women.

Abused women's alcohol dependence is as a means of self-medication

Equally important in interrogating the association between alcohol and men's violence is understanding why abused women turn to alcohol. The most often claimed reason for abused women's alcohol dependence is as a means of self-medication to deal with the effects of the abuse experienced (Barnett & Fagan 1993; Corbin *et al.* 2001; Gutierrez & Van Puymbroeck 2006; Humphreys *et al.* 2005; Humphreys, Thiara & Regan 2005; Lipsky *et al.* 2005; McKeganey, Neale & Robertson 2005; Poole *et al.* 2008, p. 1141; Stuart *et al.* 2002; Zubretsky 2002). Accompanying the trauma imposed by domestic violence, abused women often have to contend with isolation, a sense of shame and/or blame about the abuse and a lack of support. Drinking can provide a way of coping with their experience and emotional reaction to it (Swan, Farber & Campbell 2000), and give back women some control over their lives (Stark & Flitcraft 1996). Levy (1995) eloquently refers to use of substances by abused women as a normal reaction to terrifying and coercive situations, and that such behaviour is demonstrative of grieving and coping strategies that may be more socially acceptable than asserting oneself or fighting back.

Importantly, interventions that address the co-occurrence of alcohol misuse and violence-supporting attitudes and behaviours will have the greatest impact on the safety of victims. With this understanding as a starting point, the following section considers how interventions could best address alcohol misuse and domestic violence.

INTERVENTIONS TO REDUCE ALCOHOL MISUSE AND DOMESTIC VIOLENCE

The links between alcohol misuse and violent behaviour, including domestic violence, has been widely recognised as a problem affecting both individuals and the wider community, requiring intervention. The following exploration of intervention strategies seeks to move the debate towards a more informed and comprehensive approach than has been adopted, in Australia at least, exerting pressure at both community and individual levels to limit the influence of alcohol in violent incidents.

Public health and crime prevention concerns have driven community-wide strategies to lower alcohol consumption and promote responsible drinking habits in order to prevent social, health and crime related harms. These include: imposing restrictions on alcohol outlet density and sales hours; responsible service of alcohol and proactive policing practices; economic mechanisms; and regulation of advertising and use of public health messages. While developed to address a broad range of harms, these initiatives have potential as primary prevention strategies to intervene before domestic violence occurs. That is, by lowering alcohol consumption and misuse they can, thereby, prevent associated domestic violence.

Individualised strategies canvassed in the paper operate differently, specifically targeting domestic violence and applying a tertiary intervention approach, after violence has occurred. These strategies centre on civil and criminal justice responses to perpetrators, treatment for alcohol misuse and dependence by both victims and perpetrators, and integration of domestic violence and alcohol treatment services.

Restricting alcohol availability

Key among community-wide responses to prevent alcohol misuse and social harms are measures to restrict the physical availability of alcohol through regulation of places, times and contexts in which alcohol can be sold, including partial and total bans on sales. Research has made a strong connection between supply of alcohol, demand and social harms, indicating that as availability increases, so do consumption and alcohol related harms, and vice versa (Alcohol and Public Policy Group 2005; Livingston, Chikritzhs & Room 2007; Room *et al.* 2002).

The effects of strikes by employees at alcohol monopoly outlets in Finland, Norway and Sweden provide strong evidence of a connection between supply of alcohol, consumption and harm (Makela, Rossow & Tryggvesson 2002). In Finland, strikes in 1972 and 1985 were accompanied by decreases in arrests for drunkenness of 52% and 50% respectively, with rates of arrests among the homeless declining by 30% in 1972, and incidents of drunk driving and violent crimes decreasing by approximately 20% in 1985. The Norwegian strike in 1978 had a smaller effect (5-10%) on alcohol consumption than experienced in Finland but police reports and arrests for drunkenness and reports of domestic disturbance all showed a significant decrease during this time. Injuries, accidents and hospital admissions were also reduced. In Sweden, the strike of 1963 was accompanied by a 50% decrease in police interventions due to drunkenness compared with the previous year. While the strikes were not planned interventions, they indicate that changes in alcohol availability can have relatively large population effects on consumption and in terms of social benefits or harms. These experiences suggest strategies restricting alcohol availability are worth exploring more fully.

LIMITING OUTLET DENSITY

Alcohol availability can be actively controlled through government regulation of alcohol retail outlet licenses. Alcohol retail outlets comprise licensed premises where alcohol is purchased but must be consumed offsite (e.g. shops selling packaged liquor) and licensed premises where alcohol is purchased and consumed onsite (e.g. restaurants and bars). Hotels and pubs typically have general licenses where alcohol can be purchased and consumed both on- and offsite. A number of studies have examined the effect of density of retail outlets selling alcohol, indicating that increased density leads to increased consumption and finding a positive correlation with violence and crime. Complementary effects could be that as the average consumption rates increase, so does the number of heavy drinkers and that heavy drinking is associated with adverse health and social outcomes (Livingston, Chikritzhs & Room 2007). Proponents of limiting the number of outlets argue that this strategy increases the difficulty for consumers to purchase alcohol, in turn lowering consumption and associated harms.

A systematic review (Popova *et al.* 2009) of 44 studies from 2000 to 2008 on alcohol outlet density and general harms (including morbidity and mortality, trauma, social problems including violence, and chronic disease) found higher outlet density associated

with increased consumption and general harms. Indeed, outlet density has been significantly associated with violent crime, even controlling for socio-economic factors (Donnelly *et al.* 2006; Scribner *et al.* 2010; Zhu, Gorman & Horel 2004) and child maltreatment (Freisthler, Midanik & Gruenewald 2004); in one study, accounting for close to 19% of the variability in violent crime rate, including rape (Gorman *et al.* 2001, p. 631). Research from Western Australia has shown alcohol sales volume (rather than outlet density per se) to be significantly positively associated with total assaults and, specifically, to heighten the risk of violence in residential premises by 26% for every 10,000 additional litres of pure alcohol sold by an offsite outlet (Liang & Chikritzhs 2011, p.530). Of central relevance to this paper, three studies have found an association between alcohol outlet density and domestic violence.

McKinney, Caetano, Harris *et al.* (2009) examined individual and couple socio-demographic and behavioural survey data, alcohol outlet data across the US and census socio-demographic information. They found that an increase of ten alcohol outlets per 10 000 people was associated with a 34% increased risk of male to female partner violence (even after adjusting for socio-demographic factors), with the association being higher for couples already reporting alcohol related problems (p. 173). At higher levels of outlets, the risk of male to female violence increased dramatically, so that an increase of 25 outlets per 10 000 people doubled the risk of male to female violence. Notably, the authors cautioned that other studies run the risk of weakening this association by combining male to female partner violence with female to male partner violence (the latter of which demonstrated a weak association in this study).

The researchers of this study concluded, as did Popova *et al.* (2009) in their review, that it was not clear whether higher outlet density stimulated alcohol consumption or whether higher consumption encouraged a growth in outlet numbers. Two longitudinal studies have looked at this question. Livingston (2011) reported temporal relationships between alcohol outlet density and domestic violence in a longitudinal study conducted in Melbourne, Australia. He examined liquor licenses and domestic violence incidents recorded by police by postcode over the period 1996 to 2005, as well as socio economic

Alcohol outlet density was significantly associated with rates of domestic violence over time

disadvantage data. He found alcohol outlet density was significantly associated with rates of domestic violence over time. General licences,

packaged liquor and onsite licenses were all positively associated with domestic violence rates.

A second longitudinal study (Cunradi *et al.* 2011) investigated the impact of alcohol outlet density on rates of intimate partner violence related police calls for 2006 to 2009 and partner violence related crime reports for 2001 to 2009 in Sacramento, California. The study found that each additional offsite alcohol outlet to be associated with an approximate 4% increase in intimate partner violence related police calls and an approximate 3% increase in partner violence related crime reports (p. 191).

It is important to note that there are discrepancies in findings between studies of outlet density, consumption and social harms, for example, in terms of effects by outlet type and whether outlet density or total volume of pure alcohol sold was a significant predictor of violence (Liang & Chikritzhs 2011; Livingston, Chikritzhs & Room 2007). In their research review, Livingston, Chikritzhs and Room (2007) observed that sub-groups within the population may experience a greater effect on consumption and social harms from changes to outlet density and that geographical bunching of outlets may have a greater effect on consumption and social harms than increased density, per se. Further research may refine our understanding. The wider literature also cautions that consumers can circumvent restrictions on alcohol availability by accessing alcohol in other ways, such as hoarding or sourcing alcohol beyond restricted areas.

Despite these discrepancies, the evidence overall strongly indicates a positive association between alcohol outlet density and domestic violence. These studies suggest that regulation of outlet density has a major role to play in lowering rates of crime and violence generally and domestic violence incidents specifically. However, this strategy solely targets alcohol consumption and does not serve to address domestic violence-supporting attitudes or behaviours. As such, its overall effect may be limited. A more comprehensive approach focused on preventing domestic violence might seek to link this strategy with other prevention efforts, including community education about domestic violence and proactive policing.

RESTRICTING SALES HOURS

Another mechanism to manage supply and consumption of alcohol is to regulate the hours of sale for off- and onsite premises. Government imposed limits on hours of sale have been used in

some locations to reduce alcohol availability to lower consumption and associated harms. Conversely, over the past few decades many Western and other countries have relaxed hours for the sale of alcohol.

Popova *et al.*'s (2009) review of fifteen studies on hours and days of sale for alcohol found extended sales hours to be associated with higher drinking levels and drink related harm. Similarly, Stockwell and Chikritzhs' (2009) review of 49 studies from eight countries over 40 years found just over half reported significant negative impacts associated with increased hours of sale for alcohol or the opposite, of positive impacts associated with decreasing hours of sale.

Some of the most informative data about the effect of sales hours derives from experiments with Saturday closing trials for sales of alcohol in the 1970s and 1980s in Finland, Norway and Sweden (Makela, Rossow & Tryggvesson 2002). Studies of the Finland trial found a small reduction in total alcohol consumption, with a clear positive impact on arrests for drunkenness on Saturdays only. Norway found the reduction in sales on Saturday largely shifted to an increase on Fridays, and while people purchased less often, they purchased larger volumes of alcohol, thereby reducing the total consumption only very slightly. The total number of arrests for drunkenness did not change significantly other than shifting from Saturdays to other weekdays. In Sweden where Saturday closing was made permanent, there was no significant decrease in total consumption. There was, however, a decrease in the number of drunkenness events for Fridays and Saturdays of 10-12% and police interventions in domestic disturbances declined by 1-3% and indoor assaults between persons known to each other fell by 5-12%.

A trial conducted in Newcastle, New South Wales, imposed significant restrictions on hotel trading hours for a number of licensed premises. Recorded crime data, police callout data and last place of consumption data all showed a significant decrease in the proportion of assaults occurring after 3am in the study intervention sites but not the comparison sites (Jones *et al.* 2009), suggesting more positive outcomes than observed in the Nordic trials. Concerned that the restrictions may be shifting violence from public to private/residential locations, the researchers investigated and found no increase in domestic violence accompanying lowered rates of non-domestic violence. The study authors concluded that interventions targeting licensed premises may in fact have a limited effect on domestic violence. As with

the Newcastle study, a study from Brazil reporting on changes resulting from limiting alcohol outlet opening times from 24 hour trading to closing at 11pm, observed some positive benefits in violent crime. It found a significant drop in homicide rates and a drop (although not significant) in assaults on women over three years (Duailibi *et al.* 2007).

In Australia, restrictions on the sale and supply of alcohol have been introduced into a number of Aboriginal and Torres Strait Islander communities to curb excessive drinking and related social harms. Community initiatives to restrict sales have been replicated by government initiatives, including the Queensland Government's Alcohol Management Plans in Cape York and the Federal Government's Northern Territory Intervention that imposed alcohol prohibitions in 73 communities (Hudson 2011). Evaluations of community interventions indicate largely positive results. Tennant Creek in the Northern Territory and the Norseman Aboriginal community in Western Australia experimented with alcohol restrictions including on days and hours of sale, and for different types of alcohol, to positive effect. Both communities witnessed sizable reductions in per capital consumption of alcohol, reduction in police detentions and declines in hospital admissions over the first one to two years of the restrictions (Gray *et al.* 2000; Schineanu, Velander & Saggars 2010).

Despite these positive outcomes, it is difficult to imagine that reductions in violence in Aboriginal and Torres Strait Islander communities will be comprehensive and long lasting without also addressing the diverse and interrelated social needs in these often disadvantaged communities, which contribute so directly to excessive drinking patterns. Restrictions introduced in Halls Creek in the Northern Territory attempted to address wider social issues by accompanying restrictions on hours of sale with initiatives including education and employment programs and establishment of an arts centre. An evaluation of the first two years of the intervention found an overall reduction in consumption of pure alcohol per capita per year (Douglas 1998, p. 715), a decline of 18% in criminal charges (p. 716) and a decline in hospital admissions for acute alcohol related groups.

As with restrictions, expansion of sales hours also shows mixed results. Reykjavik in Iceland, relaxed its serving times in 1999 resulting in fewer public disturbance issues but an increase in emergency room admissions on Saturdays and Sundays for accidental

injuries or violent assaults, and an increase in drink driving incidents (Antalova & Martinic 2005). In Australia, following recognition that early closing times for onsite premises was leading to binge drinking before closing, jurisdictions began granting permits to extend pub licenses in the 1980s and 1990s to allow for staggered closing times. A study of Perth police data on assaults from 1991 to 1997 when hotel licenses were extended showed similar results to Reykjavik. There were significant increases in alcohol sold and in monthly assault rates for those hotels with extended licenses; a function of greater numbers of patrons and higher levels of intoxication (Chikritzhs & Stockwell 2002).

Although mostly beneficial, recoded outcomes for this strategy have been mixed. Alongside positive outcomes, communities with alcohol restrictions have observed some undermining of initiatives through home brewing, black market trading of alcohol, 'alcohol runs' to neighbouring areas where purchases can be made, displacement of drinking to outside restricted areas and the influx of marijuana and other illegal drugs into restricted areas (Hudson 2011; Makela, Rossow & Tryggvesson 2002). This indicates a need to better understand the drinking patterns of individual groups and how they might respond to restrictions. Mixed results may also be a feature of the degree of change. One international review of ten studies (four from Australia) has assessed the effects of changing hours of sale by less or more than two hours in onsite premises in high-income nations (Hahn *et al.* 2010). The review authors concluded that increasing hours of sale by two or more hours increases alcohol related harms, observing that degree of change is significant.

As with regulation of outlet density, restriction of sales hours solely targets alcohol supply and consumption and does not address attitudes and behaviours supportive of domestic violence. Consequently, this strategy might be more effectively implemented alongside other prevention efforts to reduce causes of domestic violence.

RESPONSIBLE SERVICE OF ALCOHOL POLICIES AND PROACTIVE POLICING

Responsible service of alcohol (RSA) practices and proactive policing have been identified as important complements to changing sales hours, especially where these are expanded rather than restricted. These mechanisms target locations where alcohol is sold for onsite consumption and create constraints to directly

curb excessive drinking and alcohol related violence at that point in time (Graham 2000; Ker & Chinnock 2008).

Increasing hours of sale by two or more hours increases alcohol related harms

RSA policies aim to improve attitudes, knowledge, skills and practices of staff around serving alcohol (Barbor *et al.* 2003). These policies are dependent on the willingness of serving staff to enforce them, which may be bolstered through training and supervision (Alcohol and Public Policy Group 2005). RSA policies are also typically supported through regulation, requiring staff observance in order to maintain liquor licences and the prospect of incurring fines or other sanctions for non-compliance. Evaluations of RSA training and practices demonstrate some improvement in staff knowledge, attitudes and practices (Barbor *et al.* 2003; Scott *et al.* 2007).

A number of studies have indicated that a visible and ongoing police presence around licensed venues can effectively reduce alcohol related crime and disorder (Doherty & Roche 2003; Maquire & Nettleton 2003; McIlwain & Homel 2009; Sim, Morgan & Batchelor 2005), although there remains a lack of long term evaluation of this strategy (Fleming 2008).

The UK Government favours these approaches. It introduced a broad relaxation of its licensing rules in 2005, accompanied by a greater emphasis on accountability of licensed premises for RSA and extended powers for enforcement by police, courts and local authorities (Antalova & Martinic 2005). An evaluation of changes to the licensing law was conducted in 2008 (Department for Culture Media and Sport 2008). It found, while overall alcohol consumption and volume of incidents of crime and disorder remained stable following the changes, that this is not consistent across the UK. Disappointingly, the anticipated reduction in alcohol related disorder across the country did not eventuate.

While there is limited evidence about how such strategies affect domestic violence, proactive policing of licensed premises to enforce RSA, as well as improved police understanding of factors contributing to areas with high call outs for partner violence, could prevent violence in the home (Leonard 2001; Nicholas 2005). More research is required to establish the level of effect of these strategies on domestic violence.

Economic mechanisms

Separate to controlling the physical availability of alcohol, economic mechanisms such as taxation and minimum pricing have been used to increase the price of alcohol as a way of reducing demand and associated harms (Barbor *et al.* 2003). Many studies have demonstrated the effectiveness of economic mechanisms in managing alcohol consumption and reducing crime and violence, and traffic accidents (Anderson, Chisholm & Fuhr 2009; Wagenaar, Salois & Kromro 2009). By extension, such mechanisms could have a broader effect in preventing alcohol related domestic violence. Economic mechanisms can also raise money that can be directed to fund alcohol prevention and treatment programs. Consequently, economic mechanisms are recommended by the World Health Organization (2006) as a public health strategy.

Alcohol taxes have been shown to be effective in using price as a lever to influence consumption patterns (Makela, Rossow & Tryggvesson 2002) and decrease the incidence of violent crime, particularly rape and robbery (Cook & Moore 1993). One of a number of taxes Australia applies to alcohol is a volumetric tax, which is levied on the alcohol content per volume of the product. This increases the cost of greater strength alcohol and is strongly supported as a public health measure by the Australian Medical Association, National Drug Research Institute and Victorian Alcohol and Drug Association (Victorian Alcohol and Drug Association 2010). It does not apply to all alcohol, however, and in 2009 a major review of the Australian taxation system recommended the urgent introduction of volumetric taxation on wine to increase the price of cheap wine in order to reduce alcohol related harm (Commonwealth of Australia 2010). The Federal Government rejected this recommendation.

Taxes can also be targeted at single products. In 2008, Australia introduced a 69% increase in tax on Ready to Drink (RTDs) alcoholic drinks or alcopops in response to concerns about high levels of alcohol consumption by young people. France, Germany and Switzerland have introduced similar taxes on RTDs (Carragher & Chalmers 2011). The effectiveness of taxes on individual products can be undermined by consumers moving to other forms of alcohol (Hunt, Rabinovich & Baumberg 2011). The efficacy of this strategy, therefore, requires a detailed knowledge of the target group, including their age, gender, purchasing and drinking habits. That said, evaluation data for the first year of the increased tax for RTDs showed more than a 30% reduction in RTD sales and 1.5% reduction in

total pure alcohol sold in Australia (Skov *et al.* 2011). While there was an increase in sales of other spirits and beer recorded in the three months after the tax came into effect, it accounted for less than half the decrease in RTD sales, indicating an overall reduction in total alcohol sold.

A second key economic mechanism is minimum pricing. This requires all beverages to meet a minimum price per unit of alcohol (Victorian Alcohol and Drug Association 2010). At the time of writing, the UK and Scotland were both proposing to introduce a minimum price per unit of alcohol of between 40 and 50 pence (Carrell 2012; Wintour & Mulholland 2012). There are proposals in the UK to accompany this with a public health campaign, greater restrictions on the sale of alcohol in shops, pubs and clubs, and the direction of monies raised to the National Health System. The principal benefit of this strategy is to shift per capita consumption rather than exchange one form of alcohol for another. The greatest impact of minimum pricing is on low cost alcohol and so targets heavy drinkers, young people and low income drinkers, who are more likely to purchase low cost drinks. Of course, the minimum price necessarily has to be sufficient to be effective and needs to be protected from undercutting by supermarket discounting, adaptive marketing and below cost sales strategies (Hunt, Rabinovich & Baumberg 2011). To counter this risk, some jurisdictions (including several European Union [EU] member states and some US states) have introduced bans on sales of alcohol below cost, alcohol discounts and promotions, including happy hour (Carragher & Chalmers 2011). In Australia, individual codes of practice set out acceptable and unacceptable promotion practices. These vary across jurisdictions, including in terms of whether or not they are mandatory or voluntary.

Two studies canvassed for this paper have examined alcohol price effects on domestic violence. Drawing on data from 1985 and 1985-87 of the US National Family Violence Survey, one study examined the relationship between alcohol prices across different states and rates of intimate partner violence (Markowitz 1999). It found that increases in price per ounce of pure alcohol reduced the probability of severe violence to female partners, such as kicking, biting, hitting with a fist or other object, strangulation or using or threatening to use a gun or knife. The study estimated that a 1% increase in price per ounce of pure alcohol would decrease the probability of abuse of women by 3.1 to 3.5% (p. 17). The second study examined the effect of state level alcohol tax on homicide of

Increases in price per ounce of pure alcohol reduced the probability of severe violence to female partners

women by examining female homicide statistical data, with less conclusive results (Durrance *et al.* 2011). That study found increased alcohol consumption to be positively associated with female homicide (and male and total homicide) rates.

Study authors concluded that alcohol taxation does reduce consumption and that, in turn, could reduce female homicide, although the direct relationship between alcohol taxation and female homicide was not statistically significant. One could surmise that the time period or regions considered in the study were too small to see a large enough effect on this extreme end of domestic violence.

Overall, this evidence suggests that a broad strategy like pricing can result in a measurable decline in community violence; dependent on pricing that increases alcohol prices in real terms. There is some evidence that it can also reduce domestic violence. Further research could provide clearer evidence of direct links between price and domestic violence. As with previous strategies discussed, economic mechanisms do not address attitudes and behaviours supportive of domestic violence. Coupling strategies may improve their effectiveness in preventing domestic violence.

Regulating alcohol advertising and promoting public health messages

Alcohol advertising is a major global industry, executed through traditional media (i.e. radio, print and television), new media (e.g. internet), sponsorships and promotions (including merchandise). Efforts to regulate alcohol advertising aim to reduce consumption by limiting public exposure to marketing that normalises drinking and creates links with social aspirations, and to reduce heavier drinking (Alcohol and Public Policy Group 2005). Often restrictions aim to reduce exposure of young or prospective drinkers to such advertising. In terms of the co-occurrence of alcohol misuse and domestic violence, regulation of alcohol advertising could serve as both prevention in lowering abusers' consumption and associated violence, and as a tertiary intervention for victims and perpetrators of violence who misuse alcohol.

There is limited research regarding the impact of alcohol advertising on consumption by the general population, although it would seem evident by the significant investment in advertising by the

alcohol industry that it is effective. There is also limited evaluation of the effectiveness of advertising restrictions. There is, however, evidence that exposure of young people to alcohol advertising speeds up the onset of drinking and amount consumed by this group (Anderson *et al.* 2009; Casswell 2004; Snyder *et al.* 2006). The effectiveness of strong regulation of industry advertising is perhaps best exemplified by the remarkable success had with tobacco advertising in curbing the take up of that drug by new smokers.

Attempts at alcohol advertising restrictions are typically partial, applying only to stronger forms of alcohol, certain messages in advertising, restrictions on broadcasting to certain hours of the day or only in some media (Barbor *et al.* 2003). For example, member states within the EU employ different national restrictions and controls, including statutory and self regulatory systems to regulate alcohol advertising (Institute of Alcohol Studies 2010). Legislation applying across the EU and in other jurisdictions stipulates that alcohol advertising cannot target minors and must not associate alcohol consumption with driving, good health or as contributing to social or sexual success. Some EU countries have banned commercial advertising of alcohol in cinemas, on television and radio, and prohibit sponsorship of sport or cultural events by alcohol companies. In Australia, the National Preventative Health Taskforce (2009) and Victorian Alcohol and Drug Association (2011b) have called for reform in this area in terms of curtailing alcohol advertising in mass media and alcohol sponsorship of sporting and cultural events. To date, the Federal Government has not taken up these recommendations and advertising remains reliant on industry self regulation.

As a counter to alcohol advertising, public health messages (social marketing) have been delivered to different groups using mass media communication strategies, education programs, as well as targeted training (e.g. for police and staff working in licensed premises around responsible service of alcohol). Readers will be familiar with messages cautioning against underage drinking, excessive drinking, drink driving, as well as those promoting the concept of 'standard drinks' and counting one's drinks. These public health messages are seen as important prevention strategies to enhance community knowledge of alcohol related harms and create healthy attitudes to alcohol use, in order to promote responsible drinking. Education campaigns are popular strategies among government and community sector groups. Evidence is mixed about the effectiveness of

such efforts in changing drinking behaviour (Foxcroft *et al.* 2002; Perry *et al.* 1996), although some positive results have been shown for targeted programs directed at high risk groups (Foxcroft *et al.* 2002; Perkins & Craig 2003).

Public health campaigns have also been used extensively to prevent domestic violence. There is potential for delivering campaigns targeting both behaviours, with one or more messages that domestic violence and excessive drinking are unacceptable behaviours, about their negative outcomes, that they will incur sanctions and about support available. Indeed, many domestic violence campaigns in Australia, particularly those targeted at Aboriginal and Torres Strait Islander communities have included messages about alcohol misuse.ⁱ This strategy squarely aims to change attitudes and behaviours supportive of domestic violence and to challenge perceptions of alcohol as a cause of or excuse for violence. However, evidence of the effectiveness of public education messages in changing behaviours on their own is weak (Barbor *et al.* 2003), particularly where campaigns have been one off or short term, and may be best coupled with prevention strategies discussed above. Development of such strategies need to be well informed and tested with target audiences, emphasising goals for victim safety, prevention of violence, access to support services and accountability for perpetrators. They also require evaluation.

Civil and criminal justice responses

In addition to prevention approaches discussed above, there is considerable scope for tertiary intervention after alcohol related domestic violence has taken place. Violence against a partner is a crime and, as a tertiary intervention, arrest (and eventual civil or criminal proceedings) of an abusive partner can be a critical safety strategy for victims. It also sends a message to perpetrators that such behaviour is unacceptable. Arrest can provide immediate protection for victims, as well as time to access services. Contact with the criminal justice system itself can provide an opportunity to refer and/or assist victims and offenders to access important services. Consequently, the influence of drinking by offenders, victims or both on whether or not arrests or prosecutions take place has important safety, service provision and accountability implications.

Analysis of *Personal Safety Survey, Australia* data (Laslett *et al.* 2010, p. 81) found that when alcohol was involved in partner violence, victims were

more likely to perceive the incident as a crime (47%) than when alcohol was not involved. Victims were also more likely to report the incident to police (33%) than in cases where alcohol was not involved (25%). Two other studies show female victims of domestic violence significantly more likely (up to 1.5 times more likely) to call the police if their partners had been drinking (Hutchison 2003; Thompson & Kingree 2006), with indications that offender drunkenness significantly increased women's preparedness to contact police. This may be indicative that, whereas domestic violence tends to be generally under-reported, women are more likely to report due to fear of increased severity of violence associated with abusers' drinking.

Perpetrators are more likely to be charged in domestic violence cases where alcohol is involved

Personal Safety Survey, Australia data (Laslett *et al.* 2010, p. 81) also show that perpetrators are more likely to be charged in domestic violence cases where alcohol is involved (36%) than in cases where alcohol is not involved (29%). This suggests that police are more willing to see the perpetrator as at fault if the latter has been drinking and/or that the level of violence was more severe. However, alcohol consumption by an abuse victim can also affect arrest. One study found cases in which only the victim was drinking significantly reduced (by over two times) the likelihood that the offender would be arrested (Hirschel & Hutchison 2011, p. 3070). The authors hypothesised that could be due to victims who have been drinking being less cooperative, being seen as an unreliable witness or being seen by police to be partly responsible for the incident. Where both parties have been drinking, police are more likely to arrest both the victim and perpetrator (with victims who have been drinking up to two times more likely to be arrested than victims who have not been drinking) (Hirschel & Hutchison 2011, p. 3070; Houry, Reddy & Parramore 2006). The researchers postulated that this is possibly due to victims who have been drinking being less coherent or cooperative, affecting police capacity to determine the primary aggressor.

The key role of the police in responding to domestic violence is to provide protection and safety for victims, and to hold perpetrators accountable for their behaviour (Nicholas 2005). From the point of view of the co-occurrence theory, arrest of a perpetrator of abuse is an essential strategy in any domestic violence incident where alcohol is involved. These findings have implications for police and prosecutor training and

procedure in assessing domestic violence cases where alcohol is involved. Police need to recognise elevated risks for abuse and injury where perpetrators have been drinking and make arrests appropriately, perhaps as part of police risk assessment/management tools for domestic violence, if not in place already. They also need to understand that alcohol itself is not a cause of violence and be alert to perpetrators' attempts to shift blame and minimise their violent behaviour. Police need to recognise victims' drinking may represent a protective and self-medicating response and that, regardless of their use of alcohol, they have rights to protection and safety. Arresting victims affected by alcohol not only unfairly penalises them but also can negatively affect their preparedness to contact police or support services in the future. Victims should only be arrested in cases where they appear to be a danger to themselves or others.

Domestic violence incidents involving alcohol may demand more thorough evidence collection at the scene in order for police to accurately assess the situation and most appropriate response. Data collection could also assist police to better understand risk factors involved in domestic violence and create predictive models for future incidents (Sherman & Strang 1996). Partnering of police with domestic violence and drug and alcohol sectors could assist in the development of training and procedure to promote victim protection and perpetrator accountability (Nicholas 2005).

Following arrest, the courts present another site in which a perpetrator's alcohol misuse and violence can be addressed. The emergence of specialist courts which address alcohol problemsⁱⁱ and domestic violence courts has facilitated harm minimisation strategies in the case of alcohol misuse, and victim safety and perpetrator accountability in the case of partner abuse, in addition to justice outcomes. Some integration or coordination of these two types of courts presents a valuable opportunity to provide a dedicated response to these perpetrators (Lightman & Byrne 2005). Elements for integrating alcohol and domestic violence services are discussed in the following section but it is important to note that integration of court programs faces some challenges. Courts addressing alcohol, which do screen for partner violence, often exclude violent offenders, choosing to focus on low level, non-violent offenders with sobriety being the primary goal (ibid). Domestic violence courts typically do not screen for alcohol dependence and screening is likely to be met with strong resistance (ibid). While there is an incentive for defendants to be

willing participants in courts addressing alcohol, as completion of their treatment may result in a reduction or dropping of charges, domestic violence courts are adversarial. Defendants (and their lawyers) are unlikely to want assessment that could result in additional court ordered conditions, such as participation in an alcohol treatment program (ibid). These issues will need to be worked through as part of any integration process.

Treatment for alcohol dependence and misuse

Where victims or perpetrators of domestic violence have been identified as misusing alcohol or alcohol dependent, through screening in health settings or domestic violence services for example, they may be individually or jointly referred to treatment services to address their alcohol problems. Treatment is a tertiary intervention that can include a range of responses. The primary goal of such treatment is typically sobriety. In some situations other problems, such as violence or relationship difficulties may also be addressed.

Brief interventions with patients may involve physicians or nursing staff providing factual information to patients about the consequences of alcohol dependency and misuse, as well as advice on strategies and community resources to assist in gaining sobriety (Heise 2011b). In some cases, patients will receive psychosocial treatment by a professional therapist through sessions that may include use of motivational strategies, development of personal plans, couple counselling or cognitive behavioural therapy (Barbor et al. 2003; National Institute on Alcohol Abuse and Alcoholism 2000). Some therapy work, particularly that involving couple therapy, may address relationship conflict and/or violence issues in addition to alcohol misuse or dependence. In more recent years, a number of pharmaceutical drugs have been developed to block brain interactions that might promote alcoholism (Marka et al. 2009) and their use in treatment of alcohol dependency is increasing. Depending on the severity of their intoxication and alcohol dependency, some patients may undergo their treatment within a detoxification facility or special hospital unit or as an outpatient of such a facility (Barbor et al. 2003; National Institute on Alcohol Abuse and Alcoholism 2000). Alternatively, some people may seek assistance through self help groups, like Alcoholics Anonymous (AA), that use social groups of other similarly dependent people to provide motivation and support for maintaining abstinence, often through regular meetings.

Evidence from reviews and meta-analyses from a range of health care settings in different countries have shown that, for those who have alcohol problems but are not severely dependent, early identification and brief interventions can be effective in addressing alcohol consumption (Anderson, Chisholm & Fuhr 2009; Kaner *et al.* 2009; McQueen *et al.* 2011; Smedslund *et al.* 2007). More intensive therapies have not been shown to be more effective than less intensive interventions (Anderson, Chisholm & Fuhr 2009). Self help groups have been shown to be successful for many individuals, particularly for those with strong religious traditions, however, evidence suggests that there is a strong dose response between attendance at meetings and abstinence (Heise 2011b).

There is some evidence that effective treatment generally for alcohol problems can lead to a reduction in the frequency and severity of domestic abuse. Murphy and Ting (2010) conducted a review of seven studies of substance abuse treatment involving community and hospital-based treatment samples, with interventions including inpatient, partial hospitalisation and outpatient treatment. They found that on average the prevalence of intimate partner violence was two to three times higher before substance use treatment for the perpetrator than after treatment, and the relative risk for partner violence after treatment was two to three times greater for relapsed versus remitted cases. Small to moderate effect sizes were observed for reductions in the frequency of partner violence after substance use treatment, with large effects observed for reductions in psychological aggression. It is not clear from these studies whether partner violence in the samples was reduced to community based levels. Indeed, some research indicates that following treatment for alcohol problems, abuse in these relationships continues at levels significantly higher than community samples (O'Farrell, Van Hutton & Murphy 1999).

While this evidence is promising, any treatment for alcohol misuse and/or dependence that does not also address co-occurring domestic violence (particularly methods using couples counselling or medication) could be unsafe, exposing victims

There are very real conflicting theoretical underpinnings between service models for domestic violence and alcohol treatment services

to further abuse. There are very real conflicting theoretical underpinnings between service models for domestic violence and alcohol treatment services. Treatment for alcohol addiction is primarily

based on a medical model that understands alcohol dependency as a disease (Zubretsky 2002). In this model, it is the addiction that causes dysfunctional conduct, including violent behaviour. In contrast, perpetrator programs and domestic violence services for victims recognise violent behaviour as deliberate, a choice for which abusers must accept responsibility. Additionally, alcohol treatment based on a medical model may cast addicted women as sick (Swan, Farber & Campbell 2000), whereas domestic violence services would recognise women's alcohol dependence as a valid coping mechanism to dealing with fear and violence.

INTEGRATING SERVICES FOR DOMESTIC VIOLENCE AND ALCOHOL DEPENDENCE

In an effort to address alcohol related domestic violence more effectively, there has been a push in primarily the US and UK to integrate domestic violence and alcohol treatment services. Alcohol treatment and domestic violence services/perpetrator programs have recorded a considerable overlap of participants (Bennett 2008; Gondolf 1999; Murphy & Ting 2010; Stuart *et al.* 2003). Integrating these services can extend benefits to both victims and perpetrators of domestic violence. Of greatest importance, service integration can prioritise safety issues for victims when working with either abused women or violent men, which is unlikely to be the case when treating only their alcohol dependency. Additionally, integrated services can save participants time and financial resources by being required to attend a single program rather than two separate programs. As such, they are likely to encourage retention of participants. Indeed, where services are not integrated, studies have shown high dropout rates for both abused women attending alcohol treatment (Galvani & Humphreys 2007; Swan, Farber & Campbell 2000) and alcohol dependent perpetrators in partner abuse counselling (Gondolf 2000; 2002; Jones *et al.* 2009; Murphy & Ting 2010; Ting *et al.* 2009).

More specifically, service integration can respond to complex needs of abused women. Integrated services can identify abused women who may resist disclosing their alcohol addiction (Harvey 2010), provide victims with advocacy and support around their experience of abuse, advocate for their access to refuges and other services, which in turn can assist women to limit their alcohol use and extract themselves from a violent relationship (Andrews *et al.* 2011; Swan, Farber & Campbell 2000). A significant risk is that women's sobriety can reduce their abuser's control over them

and, in response, abusive partners may resist women's recovery attempts by using further violence to force them to leave treatment (Bennett & O'Brien 2007; Zubretsky 2002). Service integration could facilitate ongoing support and protection for these clients through safety planning, outreach, liaising with police and other strategies.

Efforts at integration need to be cognisant of differences in understanding and approaches held by alcohol and domestic violence services. In particular, alcohol treatment providers who introduce violence intervention elements into their programs without a feminist analysis of partner abuse may altogether misread risks for victims and risks posed by perpetrators. Moreover, it is vital that alcohol treatment providers working with men reinforce the message that alcohol is not responsible for the perpetration of domestic violence and recognise that sobriety will not necessarily prevent further abuse.

Elements necessary for effective integration of services have been identified by a number of researchers and practitioners (Bennett 2008; Galvani 2010; Harvey & Rowlands 2011; Humphreys *et al.* 2005; Kunins *et al.* 2007; McCollum *et al.* 2011; Zubretsky 2002). These include a level of shared understanding of domestic violence and alcohol dependence (facilitated through cross agency training, with staff access to repeated training), strong communication and information sharing systems, Memoranda of Understanding (MOU) governing agreed policies, procedures, accountability standards and management, and, importantly, management commitment to integration (reflected in resourcing and monitoring). A critical first step is to establish the safety of abuse victims as a priority, which may include a need for safety planning.

A promising model of support for integration of services is provided by the Stella Project, based in London, UK. It provides guidelines, training, resources, policy briefings, consultancy and support and advice to local authorities, organisations and practitioners.ⁱⁱⁱ A 2006 evaluation identified predominantly positive assessments by users of the project and recommended development of more advanced training, tools and other supports for workers (Carter 2006). In Australia, the Tasmanian Government's integrated response to domestic violence, Safe at Home, targets alcohol related domestic violence by including funding for a Special Needs Liaison Service to work with domestic violence offenders who have drug and alcohol problems (SuccessWorks 2009). Safe at Home also has capacity for case conferencing between agencies

and services, including drug and alcohol services (see also South Australia's Family Safety Framework multi-agency case management meetings). Expansion of such initiatives could greatly stimulate and support the development of integrated services around the country.

Implications for interventions and conclusions

The evidence that alcohol contributes to the severity and frequency of domestic violence is compelling and, therefore, intervention is required to prevent and reduce such violence. However, intervention must address both alcohol misuse and attitudes and behaviours supportive of violence against women to provide the greatest level of protection and support for domestic violence victims, and accountability for perpetrators.

Reasons for alcohol misuse are likely to differ markedly for perpetrators and victims, and their needs for alcohol treatment and domestic violence services will also differ. Perpetrators require responses to their drinking that do not view alcohol as an excuse for violence but, rather, makes them accountable for their behaviour. Victims need non judgemental interventions that recognise their drinking to be a valid response to experiences of abuse but also one which increases their vulnerability. All responses to alcohol related domestic violence should prioritise victim safety.

The paper's discussion of interventions highlights the potential of primary prevention mechanisms targeting alcohol misuse to effect large-scale changes across populations. They achieve this principally by making access to alcohol more difficult or making alcohol less attractive in order to lower consumption and, thereby, reduce associated harms. These strategies are blunt instruments, typically affecting moderate and problem drinkers alike. Nonetheless, they have shown considerable promise in producing multiple social benefits, including reduced levels of interpersonal and domestic violence. However, the co-occurring theory of association between alcohol misuse and partner violence suggests there is a missing element to this work, that of addressing controlling and violent attitudes and behaviours towards women. To produce the most beneficial effect, strategies targeting alcohol

Intervention must address both alcohol misuse and attitudes and behaviours supportive of violence against women

misuse would need to sit closely alongside strategies that directly challenge community attitudes and behaviours that support violence towards women. The tertiary interventions canvassed in the paper are directly aimed at addressing co-occurring alcohol misuse and domestic violence for victims and perpetrators. Their reach, however, is confined to those people who make contact with these services and agencies. Moreover, by their very nature, these interventions come into play after violence has occurred. Therefore, there is great value in employing a comprehensive approach to addressing alcohol related domestic violence that incorporates both prevention and tertiary intervention mechanisms.

There continue to be some research and evaluation gaps. Evaluation is needed concerning the effectiveness of alcohol misuse prevention mechanisms for addressing domestic violence, particularly around outcomes for restricting sales hours, use of RSA and proactive policing, and alcohol advertising restrictions. There is also a need for both research and evaluation of strategies coupling prevention mechanisms addressing alcohol misuse with strategies targeting violent attitudes and behaviours to women.

Despite these gaps, there is great potential for success and partnership in this area. Domestic violence and alcohol sectors share similar goals in terms of reducing alcohol related harms. To date, a number of alcohol research organisations and advocates for alcohol reform have produced work on domestic violence issues, including the Victorian Alcohol and Drug Association (2011a), Monash University's Turning Point Drug and Alcohol Centre (Livingston 2011) and the University of New South Wales' National Drug and Alcohol Research Centre (Wallace et al. 2007). Partnerships have also been demonstrated in the joint production of resources addressing alcohol related domestic violence and in establishment of integrated services. The alcohol industry has a vested interest in the sale and promotion of its products and is a powerful voice in the political arena. In this space, an important role exists for the domestic violence sector to join with public health advocates and crime prevention researchers in requiring the alcohol industry to act as responsible citizens in reducing harm from domestic violence.

There is a policy context for this work. Acknowledgement by the Federal Government of the need to lower community consumption of alcohol and related violence is articulated in the COAG *National*

Plan to Reduce Violence Against Women and their Children (see strategies 1.1, 3.2), the *National Binge Drinking Strategy* and the *Indigenous Family Safety Strategy Program* and supporting Agenda. Reducing alcohol-related violence and violence against women are also identified priority areas in the National Crime Prevention Framework, including addressing alcohol problems among perpetrators and victims.^{iv} However, government-led reforms to date have been far from the kind of comprehensive agenda seen in other policy areas, such as efforts to reduce tobacco use and related health harms. Sustained efforts by domestic violence and alcohol sectors working in unison could drive more progressive alcohol reform. Greater collaboration could result in, for example, campaigns for further alcohol restrictions, expanded use of pricing controls and greater regulation of alcohol advertising. Collaboration could also foster further research and evaluation of interventions targeted at victims and perpetrators of domestic violence where alcohol is a factor.

The intersection of alcohol misuse and domestic violence is at once an individual and broader population issue, requiring action at both levels. The complex relationships between alcohol misuse and violent behaviour require informed solutions (Makela, Rossow & Tryggvesson 2002). Most importantly, responses need to be guided by goals of preventing violence, providing safety and support for victims, and making perpetrators accountable for their aggressive behaviour. While development of engagement with this issue will require sustained and substantial investment in research, practice and evaluation, there are many changes we can make now. It is time to take on the elephant.

ACKNOWLEDGEMENTS

The author gratefully thanks the reviewers for this paper for their insightful and helpful comments and suggestions: Ms Ingrid Wilson (PhD candidate) at the Mother and Child Health Research Centre (MCHR) at La Trobe University; Mr Anthony Morgan, Principal Research Analyst at the Australian Institute of Criminology; and Associate Professor Kelsey Hegarty, Director of Primary Care Research Unit, Department of General Practice, The University of Melbourne.

BIBLIOGRAPHY

- Abramsky T, Watts C, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen H & Heise L 2011, 'What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence', *Biomed Central Public Health*, vol. 109, pp. 1-17
- Alcohol and Public Policy Group 2005, 'Alcohol: No Ordinary Commodity: a summary of the second edition', *Addiction*, vol. 105, pp. 769-779
- Anderson P, Chisholm D & Fuhr D 2009, 'Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol', *The Lancet*, vol. 373, issue 9682, pp. 2234 - 46
- Anderson P, deBrujin A, Angus K, Gordon R & Hastings G 2009, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies', *Alcohol and Alcoholism*, vol. 44, issue 3, pp. 229-243
- Andrews C, Cao D, Marsh J & Shin H 2011, 'The impact of comprehensive services in substance abuse treatment for women with a history of intimate partner violence', *Violence Against Women*, vol. 17, issue 5, pp. 550-567
- Antalova L & Martinic M 2005, *Beverage alcohol availability controls*, International Centre for Alcohol Policies, Washington
- Australian Bureau of Statistics 2006, *Personal Safety Survey*, Australia (Reissue), Canberra
- Barbor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, Grube J, Gruenewald P, Hill L, Holder H, Homel R, Osterberg E, Rehm J, Room R & Rossow I 2003, *Alcohol: no ordinary commodity: research and public policy*, Oxford University Press, United Kingdom
- Barnett O & Fagan F 1993, 'Alcohol use in male spouse abusers and their female partners', *Journal of Family Violence*, vol. 8, issue 1, pp. 1-25
- Bennett L & Bland P 2008, *Substance abuse and intimate partner violence*, Harrisburg, PA
- Bennett L & Lawson M 1994, 'Barriers to cooperation between domestic violence and substance abuse programs', *Families in Society*, vol. 75, pp. 277-286
- Bennett L & O'Brien P 2007, 'Effects of coordinated services for drug-abusing women who are victims of intimate partner violence', *Violence Against Women*, vol. 13, issue 4, pp. 395-411
- Bennett LW 2008, 'Substance abuse by men in partner abuse intervention programs: current issues and promising trends', *Violence and Victims*, vol. 23, issue 2, pp. 236-48
- Berman B, Larsson G, Brismar B & Klang M 1989, 'Battered wives and female alcoholics: A comparative social psychiatric study', *Journal of Advanced Nursing*, vol. 14, pp. 727-734
- Call CR & Nelsen JC 2007, 'Partner abuse and women's substance problems', *Affilia*, vol. 22, issue 4, pp. 334-346
- Carragher N & Chalmers J 2011, *What are the options? Pricing and taxation policy reforms to redress excessive alcohol consumption and related harms in Australia*, Sydney
- Carrell S 2012, 'Scotland weighs up level of alcohol minimum pricing', *The Guardian*, 23 March 2012. Viewed 5 April 2012 <<http://www.guardian.co.uk/society/2012/mar/23/scotland-alcohol-minimum-pricing-salmond>>
- Carter R 2006, *Stella evaluation 2006*, Stella Project, London. Viewed 30 April 2012 <<http://www.avaproject.org.uk/media/24057/stella%20evaluation%202006.pdf>>
- Casswell S 2004, 'Alcohol brands in young people's everyday lives: new developments in marketing', *Alcohol and Alcoholism*, vol. 39, issue 6, pp. 471-476
- Chermack S & Taylor S 1995, 'Alcohol and human physical aggression: Pharmacological versus expectance effects', *Journal of Studies on Alcohol*, vol. 56, issue 4, pp. 449-456
- Chikritzhs T & Stockwell T 2002, 'The impact of later trading hours for Australian public houses (hotels) on levels of violence', *Journal of Studies on Alcohol*, vol. 63, pp. 591-599
- Clark A & Foy D 2000, 'Trauma exposure and alcohol use in battered women', *Violence Against Women*, vol. 6, issue 1, pp. 37-48
- Commonwealth of Australia 2010, *Australia's future tax system review: report to the Treasurer. Part 2: Detailed analysis*, Commonwealth of Australia, Canberra
- Cook P & Moore M 1993, 'Violence reduction through restrictions on alcohol availability', *Alcohol Health and Research World*, vol. 17, pp. 151-156
- Corbin W, Bernat J, Calhoun K, McNair L & Seals K 2001, 'The role of alcohol expectancies and alcohol consumption among sexually victimized and nonvictimized college women', *Journal of Interpersonal Violence*, vol. 16, issue 4, pp. 297-311
- Cunradi C, Caetano R & Schafer J 2002, 'Alcohol-related problems, drug use, and male intimate partner violence severity among US couples', *Alcoholism: Clinical and Experimental Research*, vol. 26, issue 4, pp. 493-500
- Cunradi C, Mair C, Ponicki W & Remer L 2011, 'Alcohol outlets, neighborhood characteristics and intimate partner violence: Ecological analysis of a California city', *Journal of Urban Health*, vol. 88, issue 2, pp. 191-200
- Dansky B, Slaladin M, Brady K & Kilpatrick D 1995, 'Prevalence of victimization and posttraumatic stress disorder among women with substance use disorders: Comparison of

- telephone and in-person assessment samples', *International Journal of the Addictions*, vol. 30, pp. 1079-1099
- Dearden J & Payne J 2009, *Alcohol and homicide in Australia, Trends and Issues in Crime and Criminal Justice*, no. 372, Australian Institute of Criminology, Canberra
- Department for Culture Media and Sport 2008, *Evaluation of the impact of the Licensing Act 2003*, Department for Culture Media and Sport, London
- Dobash R & Dobash R 1979, 'The nature and antecedents of violent events', *British Journal of Criminology*, vol. 24, issue 3, pp. 269-288
- Doherty S & Roche A 2003, *Alcohol and licensed premises: best practice in policing: A monograph for police and policy makers*, Commonwealth of Australia, Payneham, South Australia
- Donnelly N, Poynton S, Weatherburn D, Bamford E & Nottage J 2006, Liquor outlet concentrations and alcohol-related neighbourhood problems, *Alcohol Studies Bulletin*, no. 8, NSW Bureau of Crime Statistics and Research, Sydney
- Douglas M 1998, 'Restriction of the hours of sale of alcohol in a small community: a beneficial impact', *Australian and New Zealand Journal of Public Health*, vol. 22, issue 6, pp. 714 - 719
- Downs W, Miller B & Panek D 1993, 'Differential patterns of partner-to-woman violence: A comparison of samples of community, alcohol abusing and battered women', *Journal of Family Violence*, vol. 8, issue 2, pp. 113-35
- Duailibi S, Ponicki W, Grube J, Pinsky I, Laranjeira R & Raw M 2007, 'The effect of restricting opening hours on alcohol-related violence', *American Journal of Public Health*, vol. 97, issue 12, pp. 2276-80
- Durose M, Harlow C, Langan P, Motivans, M., Rantala R & Smith E 2005, *Family violence statistics: including statistics on strangers and acquaintances*, Washington, DC
- Durrance CP, Golden S, Perreira K & Cook P 2011, 'Taxing sin and saving lives: Can alcohol taxation reduce female homicides?', *Social Science and Medicine*, vol. 73, issue 1, pp. 169-176
- Erberle P 1982, 'Alcohol abusers and non-users: A discriminant analysis of difference between two subgroups of batterers', *Journal of Health and Social Behaviour*, vol. 23, issue 3, pp. 260-271
- Field C, Caetano R & Nelson S 2004, 'Alcohol and violence related cognitive risk factors associated with the perpetration of intimate partner violence', *Journal of Family Violence*, vol. 19, issue 4, pp. 249-253
- Fleming J 2008, *Rules of engagement: policing anti-social behaviour and alcohol-related violence in and around licensed premises*, NSW Bureau of Crime Statistics and Research, Sydney
- Foran HM & O'Leary KD 2008, 'Alcohol and intimate partner violence: A meta-analytic review', *Clinical Psychology Review*, vol. 28, issue 7, pp. 1222-1234
- Foxcroft D, Ireland D, Lowe G & Breen R 2002, *Primary prevention for alcohol misuse in young people*, Chochrane Database Systematic Review, Art no. CD003024
- Freisthler B, Midanik L & Gruenewald P 2004, 'Alcohol outlets and child physical abuse and neglect: Applying routine activities theory to the study of child maltreatment', *Journal of Studies on Alcohol*, vol. 66, pp. 586-592
- Fromme K, Katz E & Assaad J 1997, 'Effects of alcohol intoxication on the perceived consequences of risk taking', *Experimental and Clinical Psychopharmacology*, vol. 5, issue 1, pp. 14 - 23
- Galvani S 2001, 'The role of alcohol in violence against women: Why should we care?', *Practice*, vol. 13, issue 2, pp. 5-20
- Galvani S 2004, 'Responsible disinhibition: Alcohol, men and violence to women', *Addiction, Research and Theory*, vol. 12, issue 4, pp. 357-371
- Galvani S 2010, *Grasping the nettle: alcohol and domestic violence*, Factsheet, Alcohol Concern, London
- Galvani S & Humphreys C 2007, *The impact on violence and abuse on engagement and retention rates for women in substance use treatment*, National Treatment Agency for Substance Misuse
- Gelles R 1993, 'Alcohol and other drugs associated with violence: They are not its cause', in Gelles, R & Loseke, D (eds.), *Current controversies on family violence*, Sage, London, pp. 182-196
- Gelles R & Straus M 1988, *Intimate violence: The causes and consequences of abuse in the American family*, John Wiley, New York
- Giancola P 2002, 'Alcohol-related aggression in men and women: The influence of dispositional aggressivity', *Journal of Studies on Alcohol*, vol. 63, issue 6, pp. 696-708
- Gil-Gonzalez D, Vives-Cases C, Álvarez-Dardet C & Latour-Pérez J 2006, 'Alcohol and intimate partner violence: Do we have enough information to act?', *European Journal of Public Health*, vol. 16, issue 3, pp. 278-284
- Gilchrist E, Johnson R, Takriti R, Weston S, Beech A & Kebbell M 2003, *Domestic violence offenders: characteristics and offending related needs*, Findings, no. 217, UK Home Office, London

- Golding J 1999, 'Intimate partner violence as a risk factor for mental disorders: a meta-analysis', *Journal of Family Violence*, vol. 14, pp. 99-132
- Gondolf E 1999, 'Characteristics of court-mandated batterers in four cities', *Violence Against Women*, vol. 5, issue 11, pp. 1277-1293
- Gondolf E 2000, 'Mandatory court review and batterer program compliance', *Journal of Interpersonal Violence*, vol. 15, issue 4, pp. 428-437
- Gondolf E 2002, *Batterer intervention systems: Issues, outcomes and recommendations*, Sage, Thousand Oaks
- Gondolf EW 1995, 'Alcohol abuse, wife assault, and power needs', *Social Service Review*, vol. 69, issue 2, pp. 274-284
- Gorman D, Speer P, Gruenewald P & Labouvie E 2001, 'Spatial dynamics of alcohol availability, neighbourhood structure and violent crime', *Journal of Studies on Alcohol*, vol. 62, pp. 628-636
- Graham K 2000, 'Preventive interventions for on-premise drinking: a promising but underresearched area of prevention', *Contemporary Drug Problems*, vol. 27, issue 3, pp. 593 - 668
- Graham K, Bernardis S, Munne M, Cayetano C, Kerr-Correa F, Lima M, Be-jarano J, Romero M, Medina-Mora M, Villatoro J, Aburto J, Ferrand M, Wilsnack S & Magri R 2008, 'Comparison of partner physical aggression across ten countries', in Graham, K, Bernardis, S, Munne, M & Wilsnack, S (eds.), *Unhappy hours: Alcohol and partner aggression in the Americas*. Scientific and technical publications, Pan American Health Organisation, Washington DC, pp. 221-246
- Graham K, Bernardis S, Wilsnack SC & Gmel G 2010, 'Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence', *Journal of Interpersonal Violence*, vol. 26, issue 8, pp. 1503-1523
- Graham K, Plant M & Plant M 2004, 'Alcohol, gender and partner aggression: A general population study of British adults', *Addiction Research and Theory*, vol. 12, pp. 385 - 401
- Gray D, Siggers S, Atkinson D, Sputore B & Bourbon D 2000, 'Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions', *Australian and New Zealand Journal of Public Health*, vol. 24, issue 1, pp. 39-44
- Gutierrez S & Van Puymbroeck C 2006, 'Childhood and adult violence in the lives of women who misuse substances', *Aggression and Violent Behavior*, vol. 11, issue 5, pp. 497-513
- Hahn RA, Kuzara JL, Elder R, Brewer R, Chattopadhyay S, Fielding J, Naimi TS, Toomey T, Middleton JC & Lawrence B 2010, 'Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms', *American Journal of Preventive Medicine*, vol. 39, issue 6, pp. 590-604
- Harvey S 2010, *Listening to the voices of women experiencing problematic substance use and gender-based violence: A summary briefing from the 'Still we rise' report*, AVA Stella Project, London
- Harvey S & Rowlands J 2011, *Supporting the development of safe and effective responses within drug and alcohol agencies: Findings from Stage 1 of the MARAC Engagement Project Executive Summary*, London
- Heise L 2011a, 'Determinants of partner violence in Brazil and Peru: Exploring variation in individual and population level risk', *Faculty of epidemiology and population health*, London School of Hygiene and Tropical Medicine, London
- Heise L 2011b, *What works to prevent partner violence? An evidence overview*, United Kingdom
- Hindin M, Kishor S & Ansara D 2008, *Intimate partner violence among couples in 10 DHS countries: Predictors and health outcomes*, DHS Analytical Studies, no. 18, Macro International, Calverton, MD
- Hirschel D & Hutchison I 2011, 'Unraveling the relative contributions of his, her, and their drinking to the likelihood of arrest in intimate partner violence cases', *Journal of Interpersonal Violence*, vol. 26, issue 15, pp. 3050-3079
- Houry D, Reddy S & Parramore C 2006, 'Characteristics of victims coarrested for intimate partner violence', *Journal of Interpersonal Violence*, vol. 21, issue 11, pp. 1483-1492
- Hudson S 2011, *Alcohol restrictions in Indigenous communities and frontier towns*, CIS Policy Monograph 116, Sydney
- Humphreys C, Regan L, River D & Thiara RK 2005, 'Domestic violence and substance use: tackling complexity', *British Journal of Social Work*, vol. 35, issue 8, pp. 1303-1320
- Humphreys C, Thiara R & Regan L 2005, *Domestic violence and substance use: overlapping issues in separate services?*, Briefing report, London
- Hunt P, Rabinovich L & Baumberg B 2011, *Preliminary assessment of the economic impacts of alcohol pricing policy options in the UK*, RAND Corporation, London
- Hutchison IW 2003, 'Substance use and abused women's utilization of the police', *Journal of Family Violence*, vol. 18, issue 2, pp. 93-106
- Institute of Alcohol Studies 2010, *Alcohol and advertising*, Fact Sheet, Institute of Alcohol Studies, Cambridgeshire, UK
- Johnson H 2001, 'Contrasting views of the role of alcohol in cases of wife assault', *Journal of Interpersonal Violence*, vol. 16, issue 1, pp. 54-72

- Jones C, Kypri K, Moffatt S, Borzycki C & Price B 2009, *The impact of restricted alcohol availability on alcohol-related violence in Newcastle, NSW*, Crime and Justice Bulletin, no. 137, Sydney
- Kaner E, Dickinson H, Beyer F, Pienaar E, Schlesinger C, Campbell F, Saunders J, Burnand B & Heather N 2009 'The effectiveness of brief alcohol interventions in primary care settings: a systematic review', *Drug and Alcohol Review*, vol. 28, issue 3, pp. 301-23
- Kaufan-Kantor G & Straus M 1990, 'The 'drunken bum' theory of wife beating', in Straus, M & Gelles, R (eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*, Transaction Publishers, New Brunswick, NJ, pp. 203-224
- Ker K & Chinnock P 2008, 'Interventions in the alcohol server setting for preventing injuries', *Cochrane Database of Systematic Reviews*, vol. 3, issue Art. No.: CD005244.pub3.
- Kunins H, Gilbert L, Whyte-Etere A, Meissner P & Zachary M 2007, 'Substance abuse treatment staff perceptions of intimate partner victimization among female clients', *Journal of Psychoactive Drugs*, vol. 39, issue 3, pp. 251-257
- Laslett A, Catalano P, Chikritzhs T, Dale C, Doran C, Ferris J, Jainullabudeen T, Livingston M, Matthews S, Mugavin J, Room R, Schlotterlein M & Wilkinson C 2010, *The range and magnitude of alcohol's harm to others*, Melbourne
- Leadley K, Clark C & Caetano R 2000, 'Couples' drinking patterns, intimate partner violence, and alcohol-related partnership problems', *Journal of Substance Abuse*, vol. 11, issue 3, pp. 253-263
- Leonard K 2001, 'Domestic violence and alcohol: What is known and what do we need to know to encourage environmental interventions?', *Journal of Substance Use*, vol. 6, issue 4, pp. 235-47
- Leonard KE & Quigley B 1999, 'Drinking and marital aggression in newlyweds: an event-based analysis of drinking and the occurrence of husband marital aggression', *Journal of Studies on Alcohol*, vol. 60, issue 4, pp. 537-545
- Levy B 1995, 'Violence against women', in Van Den Bergh, N (ed.), *Feminist practice in the 21st century*, National Association of Social Workers, Washington, DC, pp. 312-329
- Liang W & Chikritzhs T 2011, 'Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability', *Drug and Alcohol Review*, vol. 30, issue 5, pp. 524 - 35
- Lightman L & Byrne F 2005, 'Courts responding to domestic violence: Addressing the co-occurrence of domestic violence and substance abuse: lessons from problem-solving courts treatment', *Journal of the Centre for Families, Children & the Courts*, vol. 6, pp. 53-72
- Lipsky S, Caetano R, Field CA & Larkin GL 2005, 'Psychosocial and substance-use risk factors for intimate partner violence', *Drug and Alcohol Dependence*, vol. 78, issue 1, pp. 39-47
- Livingston M 2011, 'A longitudinal analysis of alcohol outlet density and domestic violence', *Addiction*, vol. 106, issue 5, pp. 919-925
- Livingston M, Chikritzhs T & Room R 2007, 'Changing the density of alcohol outlets to reduce alcohol-related problems', *Drug and Alcohol Review*, vol. 26, issue 5, pp. 557-66
- Loxton D, Schofield M, Hussain R & Gita M 2006, 'History of domestic violence and physical health in midlife', *Violence Against Women*, vol. 12, issue 8, pp. 715-731
- Makela P, Rossow I & Tryggvesson K 2002, 'Who drinks more and less when policies change? The evidence from 50 years of Nordic studies', in Room, R (ed.), *The effects of Nordic alcohol policies. What happens to drinking and harm when alcohol controls change?*, Nordic Council for Alcohol and Drug Research, Annankatu
- Maquire M & Nettleton H 2003, *Reducing alcohol-related violence and disorder: An evaluation of the 'TASC' project*, UK Home Office, London
- Marka T, Kassedra C, Vandivort-Warrenb R, Levita K & Kranzlerc H 2009, 'Alcohol and opioid dependence medications: Prescription trends, overall and by physician specialty', *Drug and Alcohol Dependence*, vol. 99, issue 1-3, pp. 345-349
- Markowitz S 1999, *The price of alcohol, wife abuse and husband abuse*, Working paper, no. 6916, National Bureau of Economic Research, Cambridge, MA
- McCullum EE, Stith SM, Miller MS & Ratcliffe GC 2011, 'Including a brief substance-abuse motivational intervention in a couples treatment program for intimate partner violence', *Journal of Family Psychotherapy*, vol. 22, issue 3, pp. 216-231
- McIlwain G & Homel R 2009, *Sustaining a reduction of alcohol related harms in the licensed environment: a practical experiment to generate new evidence*, Key Centre for Ethics, L, Justice & Governance, Griffith University, Brisbane
- McKeganey N, Neale J & Robertson M 2005, 'Physical and sexual abuse among drug users contacting drug treatment services in Scotland', *Drugs: Education, Prevention and Policy*, vol. 12, issue 3, pp. 223-232
- McKinney CM, Caetano R, Harris TR & Ebama MS 2009, 'Alcohol availability and intimate partner violence among US couples', *Alcoholism: Clinical and Experimental Research*, vol. 33, issue 1, pp. 169-176
- McQueen J, Howe T, Allan L, Mains D & Hardy V 2011, 'Brief interventions for heavy alcohol users admitted to general hospital wards', *Cochrane Database of Systematic Reviews*, vol. 10, issue 8, CD005191

- Messerschmidt J 1993, *Masculinities and crime*, Rowman & Littlefield, Lanham MD
- Mouzos J & Makkai T 2004, *Women's experiences of male violence: findings from the Australian component of the International Violence Against Women Survey (IVAWS)*, Canberra
- Murphy CM & Ting L 2010, 'The effects of treatment for substance use problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behavior*, vol. 15, issue 5, pp. 325-333
- National Institute on Alcohol Abuse and Alcoholism 2000, 'New advances in alcoholism treatment', *Alcohol Alert, National Institute on Alcohol Abuse and Alcoholism*. Viewed 30 April 2012 <<http://pubs.niaaa.nih.gov/publications/aa49.htm>>
- National Preventative Health Taskforce 2009, *Preventing alcohol-related harm in Australia: a window of opportunity, Australia: the healthiest country by 2020*, no. 3, Commonwealth of Australia, Canberra
- Nicholas R 2005, *The range and magnitude of alcohol's harm to others*, The Australasian Centre for Policing Research, Marden, South Australia
- O'Farrell T, Van Hutton V & Murphy C 1999, 'Domestic violence before and after alcoholism treatment: a two-year longitudinal study', *Journal of Studies on Alcohol*, vol. 60, issue 3, pp. 317-321
- O'Leary K & Schumacher J 2003, 'The association between alcohol use and intimate partner violence: Linear effect, threshold effect or both?', *Addictive Behaviours*, vol. 28, issue 9, pp. 1575-1585
- Osgood D, Johnson L, O'Malley P & Backman J 1988, 'The generality of deviance in late adolescence and early adulthood', *American Sociological Reviews*, vol. 53, pp. 80-92
- Perkins H & Craig D 2003, *A multifaceted social norms approach to reduce high-risk drinking: Lessons from Hobart and William Smith colleges*, Newton, MA
- Perry C, Williams C, Veblen-Mortenson S, Toomey T, Komro K, Anstine P, McGovern P, Finnegan J, Forster J, Wagenaar A & Wolfson M 1996, 'Project Northland: Outcomes of a community-wide alcohol use prevention program during early adolescence', *American Journal of Public Health*, vol. 86, issue 7, pp. 956-965
- Poole N, Greaves L, Jategaonkar N, McCullough L & Chabot C 2008, 'Substance use by women using domestic violence shelters', *Substance Use and Misuse*, vol. 43, issue 8-9, pp. 1129-1150
- Popova S, Giesbrecht N, Bekmuradov D & Patra J 2009, 'Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review', *Alcohol and Alcoholism*, vol. 44, issue 5, pp. 500-516
- Quigley B & Leonard K 2006, 'Alcohol expectancies and intoxicated aggression', *Aggression and Violent Behavior*, vol. 11, issue 5, pp. 484 - 496
- Quigley B & Leonard KE 2000, 'Alcohol and the continuation of early marital aggression', *Alcoholism: Clinical and Experimental Research*, vol. 24, pp. 1003 - 1010
- Quinlivan J & Evans S 2001, 'A prospective cohort study of the impact of domestic violence on young teenage pregnancy outcomes', *Journal of Pediatric and Adolescent Gynecology*, vol. 14, issue 1, pp. 17-23
- Room R 1980, 'Alcohol as an instrument of intimate domination', paper presented to *Annual Meeting of the Society for the Study of Social Problems*, New York, 23-26 August
- Room R, Jernigan D, Carlini-Marlatt B, Gureje O, Makela K & Marshall M 2002, *Alcohol in developing societies: A public health approach*, Finnish Foundation for Alcohol Studies in collaboration with the World Health Organization, Helsinki
- Schineanu A, Velander F & Siggers S 2010, "Don't wake up angry no more": *The evaluation of the Norseman voluntary liquor agreement*, National Drug Research Institute - Curtin University of Technology, Perth
- Schwartz M & DeKeseredy W 1997, *Sexual assault on the college campus: The role of male peer support*, Sage, Thousand Oaks
- Scott L, Donnelly N, Poynton S & Weatherburn D 2007, *Young adults' experience of responsible service practice in NSW: An update*, Alcohol Studies Bulletin, no. 9, NSW Bureau of Crime Statistics and Research, Sydney
- Scribner RA, Mason KE, Simonsen NR, Theall K, Chotalia J, Johnson S, Schneider SK & DeJong W 2010, 'An ecological analysis of alcohol-outlet density and campus-reported violence at 32 US colleges', *Journal of Studies on Alcohol and Drugs*, vol. 71, issue 2, pp. 184-191
- Sherman L & Strang H 1996, 'Policing domestic violence: The problem solving paradigm', paper presented to *Problem Solving Policing as Crime Prevention*, Stockholm, 10-11 September
- Sim M, Morgan E & Batchelor J 2005, *The impact of enforcement on intoxication and alcohol-related harm*, Accident Compensation Corporation, Wellington, NZ
- Skov S, Chikritzhs T, Kypri K, Miller P, Hall W, Daube M & Moodie A 2011, 'Is the "alcopops" tax working? Probably yes but there is a bigger picture', *Medical Journal of Australia*, vol. 195, issue 2, pp. 84-86
- Smedslund G, Dalsbø T, Steiro A, Winsvold A & Clench-Aas J 2007, 'Cognitive behavioural therapy for men who physically abuse their female partner', *Cochrane Database of Systematic Reviews*, issue 3, CD006048.pub2

- Snyder L, Milici F, Slater M, Sun H & Strizhakova Y 2006, 'Effects of advertising exposure on drinking among youth', *Archives of Pediatrics and Adolescent Medicine*, vol. 160, issue 1, pp. 18-24
- Sonkin D 1985, 'The batterer: An overview', in Sonkin, D, Martin, D & Walker, L (eds.), *The male batterer: A treatment approach*, Singer, New York
- Stark E 2007, *Coercive control: how men entrap women in personal life*, Oxford University Press, New York
- Stark E & Flitcraft A 1996, *Women at risk: Domestic violence and women's health*, Thousand Oaks, CA, Sage
- Stith SM & Farley SC 1993, 'A predictive model of male spousal violence', *Journal of Family Violence*, vol. 8, issue 2, pp. 183-201
- Stockwell T & Chikritzhs T 2009, 'Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking', *Crime Prevention and Community Safety*, vol. 11, pp. 171-88
- Stuart GL, Moore TM, Kahler CW & Ramsey SE 2003, 'Substance abuse and relationship violence among men court-referred to batterers' intervention programs', *Substance Abuse*, vol. 24, issue 2, pp. 107-122
- Stuart GL, Ramsey SE, Moore TM, Kahler CW, Farrell LE, Recupero PR & Brown RA 2002, 'Marital violence victimization and perpetration among women substance abusers', *Violence Against Women*, vol. 8, issue 8, pp. 934-952
- SuccessWorks 2009, *Review of the integrated response to family violence: Final report*, Tasmania Department of Justice, Hobart
- Swan S, Farber S & Campbell D 2000, *Violence in the lives of women in substance abuse treatment: Service and policy implications*, LCSW for The Connecticut Women's Consortium 7 March 2012 <http://www.vawnet.org/sexual-violence/summary.php?doc_id=1206&find_type=web_desc_GC>
- Testa M, Quigley BM & Leonard KE 2003, 'Does alcohol make a difference?', *Journal of Interpersonal Violence*, vol. 18, issue 7, pp. 735-743
- Thompson MP & Kingree J 2006, 'The roles of victim and perpetrator alcohol use in intimate partner violence outcomes', *Journal of Interpersonal Violence*, vol. 21, issue 2, pp. 163-177
- Ting L, Murphy C, Jordan-Greene L & Pitts S 2009, 'Substance use problems, treatment engagement, and outcomes in partner violent men', *Research on Social Work Practice*, vol. 19, issue 4, pp. 395-406
- Victorian Alcohol and Drug Association 2010, *Alcohol taxation*, Position Paper, VAADA, Melbourne
- Victorian Alcohol and Drug Association 2011a, *Connections: family violence and AOD*, Position paper, VAADA, Melbourne
- Victorian Alcohol and Drug Association 2011b, 'Not just alcohol pricing, but advertising must be better regulated to reduce harm caused by excessive drinking', VAADA, Melbourne, 6 July 2011, media release. Viewed 5 April 2012 <http://www.vaada.org.au/resources/items/2011/07/373188-upload-00001.pdf>
- Virueda M & Payne J 2010, *Homicide in Australia: 2007-08 National Homicide Monitoring Program annual report*, Monitoring Report, no. 13, Australian Institute of Criminology, Canberra
- Wagenaar A, Salois M & Kromro K 2009, 'Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies', *Addiction*, vol. 104, issue 2, pp. 179 - 190
- Wallace C, Burns L, Gilmour S & Hutchinson D 2007, 'The relationship between substance use, mental health and violence in pregnancy', *Australian and New Zealand Journal of Public Health*, vol. 31, issue 1, pp. 51-56
- Wintour P & Mulholland H 2012, 'David Cameron to back minimum alcohol price', *The Guardian*. Viewed 20 March 2012 <<http://www.guardian.co.uk/society/2012/feb/15/cameron-supports-minimum-price-alcohol>>
- World Health Organization 2006, *Interpersonal violence and alcohol: WHO policy briefing*, Geneva
- Zhu L, Gorman D & Horel S 2004, 'Alcohol outlet density and violence: a geospatial analysis', *Alcohol and Alcoholism*, vol. 39, issue 4, pp. 369-375
- Zubretsky T 1995, *Adult domestic violence: The alcohol connection*, New York State Office for the Prevention of Domestic Violence, Saratoga, US
- Zubretsky T 2002, 'Promising directions for helping chemically involved battered women get safe and sober', in Roberts, A (ed.), *Handbook of domestic violence intervention strategies: policies, programs and legal remedies*, Oxford University Press, Oxford

ENDNOTES

- i For example, the North Queensland Police campaign, 'Walk away, be cool', included messages that perpetrators of domestic violence who misuse alcohol have two problems that need to be addressed.
- ii In Australia, these include the Youth Drug and Alcohol Court in New South Wales (NSW), MERIT in NSW, Northern Territory Alcohol Court, Queensland Indigenous Alcohol Diversion Program (QIADP) and Courts Integrated Services Program (CISP) in Victoria. Other court programs for specific populations, including some Indigenous courts and courts for offenders with a mental illness or intellectual disability, also aim to refer offenders to treatment for alcohol problems.
- iii AVA Stella Project web site, viewed 12 April 2012 <<http://www.avaproject.org.uk/our-projects/stella-project.aspx>>
- iv While not a Federal Government document per se, it is a national framework with input and endorsement from all states and territories. See: http://www.aic.gov.au/crime_community/crimeprevention/ncpf.aspx

Publication information

ISSN: 1443 – 8496

© 2012

Australian Domestic & Family Violence Clearinghouse

The University of New South Wales
Sydney NSW 2052

p: +61 2 9385 2990

f: +61 2 9385 2993

freecall: 1800 753 382

e: clearinghouse@unsw.edu.au

<http://www.adfvc.unsw.edu.au>

This is a refereed publication. The views expressed in this Issues Paper do not necessarily represent the views of the Australian Government or the Australian Domestic & Family Violence Clearinghouse. While all reasonable care has been taken in the preparation of this publication, no liability is assumed for any errors or omissions.

The Australian Domestic & Family Violence Clearinghouse is linked to the Centre for Gender- Related Violence Studies, based in the University of New South Wales, School of Social Sciences. The Clearinghouse is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.



UNSW
THE UNIVERSITY OF NEW SOUTH WALES



Australian Government