

29 June 2017

Alcohol Policies and Legislation Review
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Dear Review Manager

SUBMISSION TO THE ALCOHOL POLICIES AND LEGISLATION REVIEW

Thank you for the opportunity to provide a submission to the Northern Territory (NT) Government's *Alcohol Policies and Legislation Review*. This review process provides the NT Government with an important opportunity to implement comprehensive reforms to strengthen the regulation of alcohol and reduce alcohol-related harms in the NT.

In the NT, 38.6 per cent of people aged 12 years and older consume alcohol at rates that place them at risk of short-term harm and 28.8 per cent over consume alcohol at levels that place them at risk of long-term harm, including chronic disease and illness.¹ This is significantly more than the proportion reporting such consumption nationally (25.7 per cent and 17.6 per cent respectively).¹ The NT also has some of the heaviest consumption rates in the world. The latest data shows that consumption rate in the NT is 11.9 litres per capita.², on par with the top ten countries with the heaviest consumption rates.³

I am a Senior Research Fellow at the National Drug Research Institute, Curtin University and the Centre for Alcohol Policy Research and welcome the opportunity to provide a submission to *The Alcohol Policies and Legislation Review*. My colleague, Ingrid Wilson is a research fellow at the Judith Lumley Centre for Mothers' and Children's Health and together we have prepared this submission.

The Judith Lumley Centre is a multidisciplinary public health research centre at La Trobe University in Melbourne, Australia. Established in 1991, the Centre has built a strong program of research addressing issues of major public health importance for mothers, parents and their infants. Professor Angela Taft leads a program of research focused on reducing violence against women and children, which includes research on alcohol-related intimate partner violence. Recent doctoral research conducted by Ingrid Wilson at the Centre provides an in-depth insight into the dynamics of alcohol-related intimate partner violence from the perspective of women survivors.

The Centre for Alcohol Policy Research at La Trobe University, under the direction of Professor Robin Room, has undertaken a range of research into the relationship between alcohol consumption, alcohol policy and family violence. The work of Michael Livingston identified a longitudinal association between alcohol outlets and family violence incidents. The Centre has also undertaken a broad program of research into alcohol's

¹ Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey 2013*. Retrieved from: <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/ndshs-2013/>

² Department of the Attorney-General and Justice. (2016). NT wholesale alcohol supply for 2008-2015. *Northern Territory Government*. Retrieved from: <https://justice.nt.gov.au/attorney-general-and-justice/statistics-and-strategy/wholesale-alcohol-supply-data>

³ World Health Organization (2016). Global Health Observatory data repository. Recorded alcohol per capita consumption, from 2000 Last update: May 2016. Retrieved from: <http://apps.who.int/gho/data/node.main.A1026?lang=en?showonly=GISAH>

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harm to others, incorporating a series of studies relevant to family violence led by myself (Anne-Marie Laslett) also of the National Drug Research Institute at Curtin University.

The National Drug Research Institute (NDRI) conducts and disseminates high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm in Australia. NDRI, which was formed in 1986, plays a key role in national harm prevention strategies through research designed to establish the preventive potential of legislative, economic, regulatory and educational interventions. My role at NDRI is one focussed on assessing alcohol's harm to children, particularly due to the drinking of others.

My work at and CAPR intersects with that of the Judith Lumley Centre for Mothers' and Children's Health, and together we are jointly working on a multidisciplinary research program to build strategies to prevent and reduce alcohol-related domestic violence.

We take a keen interest in evidence-based policy development and evaluation. We wish to submit our own work on the impact of public policy measures on alcohol harm. Research that we have conducted suggests that alcohol-related harms to children are widespread across Australia, and given both rates of alcohol consumption and child abuse and neglect higher are higher in the NT it is of some urgency that further descriptive and intervention based research is conducted to reduce, identify and manage children at risk of harm from others' drinking. Alcohol has also been linked to the triggering and severity of intimate partner and family violence and warrants policy action and service responses to prevent harm to and assist women and other family members.

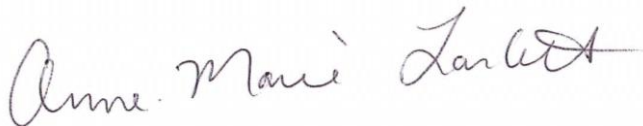
This research has important implications for public policy, and may be used to guide strategies to reduce the harm caused by alcohol in our communities. For this reason, we urge you to consider this research in the context of the NT's *Alcohol Policies and Legislation Review*.

In our view, this research warrants consideration of trading hour restriction and local banning laws, both in communities and residents' homes.

If you have any questions relating to our work, or would like to discuss the issue further, please do not hesitate to contact any of us.

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely,



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Alcohol's impact on children and families: a research summary

Introduction

This submission presents a brief summary of the evidence of the relationship between alcohol misuse and child harm and family problems, including child abuse and neglect and family violence, paying particular attention to the prevalence of alcohol-related harms to women and children. With this background of evidence, the submission proposes several options for consideration by the NT Government's *Alcohol Policies and Legislation Review* to address alcohol-related harms to families, including child abuse and neglect, and intimate partner violence in the NT. This summary draws on in particular the following research publications:

Major research reports

1. Laslett, A.-M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S. & Room, R. (2015). *The Hidden Harm: Alcohol's Impact on Children and Families*. Canberra: Foundation for Alcohol Research and Education.
2. Laslett, A.-M., Callinan, S., Mugavin, J., Jiang, H., Livingston, M. & Room, R. (2015). *Beyond the Drinker: Changes in Alcohol's Harm to Others*. Canberra: Foundation for Alcohol Research and Education.
3. Laslett A.-M. (2014) *Alcohol and child maltreatment in Australia through the windows of child protection and a national survey*. PhD Thesis submitted in requirement of the University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences, Melbourne School of Population and Global Health, The University of Melbourne.
4. Laslett A.-M., 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*. Canberra: Alcohol Education and Rehabilitation Foundation.

Peer review articles

5. Jiang, H., Callinan, S., Laslett, A.-M., Room, R., (2017). Measuring time spent caring for drinkers and their dependents. *Alcohol and Alcoholism*, 52(1): 112-118.
6. Laslett, A.-M., Rankin, G., Waleewong, O., Callinan, S., Hoang, H.T.M., Florenzano, R., Hettige, S., Obot, I., Siengsounthone, L., Ibanga, A., Hope, A., Landberg, J., Vu, H.T.M., Thamarangsi, T., Rekve, D & Room, R. (2017). A multi-country study of harms to children because of others' drinking. *Journal of Studies on Alcohol and Drugs*.
7. Wilson, I. M., Graham, K., & Taft, A. (2017). Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. *Drug and Alcohol Review*, 36(1), 115-124. doi: 10.1111/dar.12405
8. Laslett, A.-M., Jiang, H. and Room, R. (2016) Alcohol's involvement in an array of harms to intimate partners. *Drug and Alcohol Review*. Early view. DOI: 10.1111/dar.12435 (Published online 11 June, 2016).
9. Room, R., Laslett, A.-M., and Jiang, H. (2016). Conceptual and methodological issues in studying alcohol's harm to others. *Nordic Studies on Alcohol and Drugs*, 33(5-6): 455-478.

10. Tamutienė, I. and Laslett, A.-M. (2016). Associative stigma and other harms in a sample of families of heavy drinkers in Lithuania. *Journal of Substance Use*. Early view, DOI.org/10.1080/14659891.2016.1232760 (Published online: 16 November 2016)
11. Jiang, H., Callinan, S., Laslett, A.-M., & Room, R. (2015). Correlates of caring for the drinkers and others among those harmed by another's drinking. *Drug and Alcohol Review*, 34(2): 162-169.
12. Berends, L., Ferris, J., & Laslett, A.-M., (2014). On the nature of harms reported by those identifying a problematic drinker in the family, an exploratory study. *Journal of Family Violence*, 29(2): 197-204.
13. Laslett, A.-M., Room, R. & Dietze, P. (2014). Substance misuse, mental health problems and recurrent child maltreatment. *Advances in Dual Diagnosis* 7(1): 15-23.
14. Laslett, A.-M., Wilkinson, C., Room, R., Livingston, M. Ferris, J., & Mugavin, J. (2014). Alcohol's harm to others: an overview of Australian work and results so far. *Australasian Epidemiologist*, 21(2): 10-11.
15. Manton, E., MacLean, S., Laslett, A.-M. & Room, R. (2014) Alcohol's harm to others: using qualitative research to complement survey findings. *International Journal of Alcohol and Drug Research*. 3(2): 143-8.
16. Mugavin, J., Livingston, M. & Laslett, A.-M. (2014). Seeking help because of others' drinking. *Drug and Alcohol Review*, 33(2): 161-168.
17. Wilson, I. M., Graham, K., & Taft, A. (2014). Alcohol interventions, alcohol policy and intimate partner violence: a systematic review. *BMC Public Health*, 14, 881. doi: 10.1186/1471-2458-14-881
18. Laslett, A.-M. (2013). Commentary on Holmila and Raitasalo (2013): Understanding the situation of mothers who abuse substances. *Nordic Studies on Alcohol and Drugs*, 30: 383-385.
19. Laslett, A.-M., Deitze, P., Room R., & Ferris J. (2013). Carer drinking and more serious child protection outcomes. *British Journal of Social Work*, 43(7): 1384-1402.
20. Laslett, A.-M., Callinan, S., & Pennay, A. (2013). The increasing significance of alcohol's harm to others research. *Drugs and Alcohol Today*, 13(3): 1-10.
21. Berends, L., Ferris, J. & Laslett, A.-M. (2012). A problematic drinker in the family: variations in the level of negative impact experienced by sex, relationship, and living status. *Addiction Research & Theory*, 20:300-6.
22. Laslett, A.-M., Ferris J, Room R, & Deitze, P. (2012). Social demography of alcohol-related harm to children in Australia. *Addiction*; 107(6): 1082-1089.
23. Laslett, A.-M., Room, R., Dietze, P., & Ferris, J. (2012). Alcohol's involvement in recurrent child abuse and neglect cases. *Addiction*, 107(10): 1786-1793.
24. Ferris J, Laslett, A.-M., Room R & Wilkinson C. (2011). The impacts of others' drinking on mental health. *Medical Journal of Australia*, 195(3): S22-S26.
25. Laslett, A.-M., Room, R., Ferris, J., Wilkinson, C., Livingston, M. & Mugavin, J. (2011). Surveying the range and magnitude of alcohol's harm to others in Australia. *Addiction* 106(9): 1603-1611.
26. Livingston, M., Wilkinson, C. & Laslett, A.-M. (2010). The impact of heavy drinkers on health and wellbeing. *Journal of Studies on Alcohol and Drugs*, 71: 778-85.
27. Room, R., Ferris, J., Laslett, A.-M., Livingston, M., Mugavin, J. & Wilkinson, C. (2010). The drinker's effect on the social environment: A conceptual framework for studying alcohol's harm to others. *International Journal of Environmental Research and Public Health*, 7(4): 1855-1871.

Part 1 Alcohol misuse is a substantial contributor to child abuse and neglect: child protection data – alcohol and substantiated cases, protective interventions and court orders

Alcohol misuse is identified as involved in a significant proportion of child maltreatment cases internationally and in Australia. For example in Victoria correlates of child protection outcomes were examined in 38,487 Victorian state Child Protection Services (CPS) cases substantiated between 2001 and 2005. Rates were fairly stable in the five-year period (Figure 1). Likely alcohol abuse was identified in 33% of all substantiations, 36% of the subgroup of cases with protective interventions and 42% of the smaller group of children who were involved in court orders. In substantiated cases, likely alcohol abuse was identified as a factor in 12% of sexual abuse cases, 27% of physical harm cases, 39% of emotional or psychological harm cases and 35% of neglect cases (Table1). Carer alcohol abuse remained significant, along with several other risk factors, alcohol abuse by a carer significantly predicted more serious child protection outcomes among substantiated cases, after accounting for the effects of other factors.

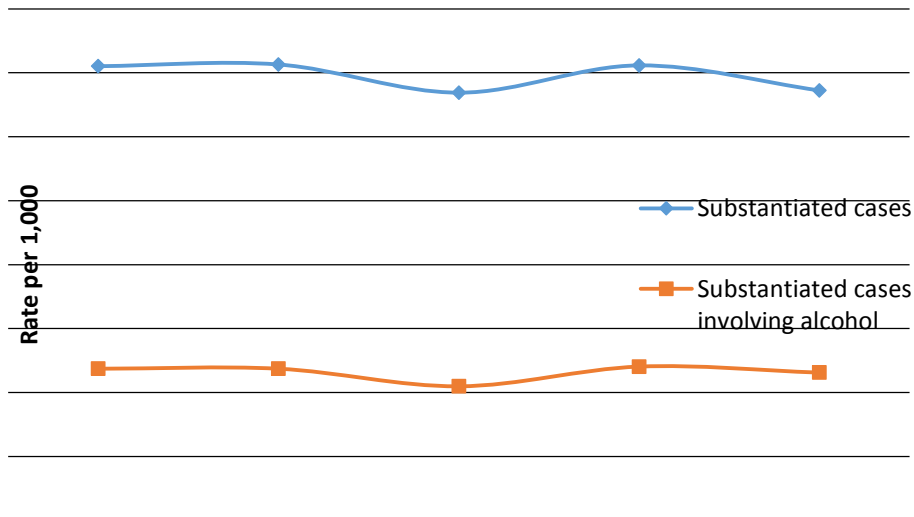


Figure 1 Child protection cases per 10,000 aged 0-16 years in Victoria, Australia, 2001-2005* *17 year olds have been excluded from this figure because of small numbers and comparability with existing published rates for Victoria, Australia

Table 1 Alcohol involvement in substantiated cases by type of primary harm, 2001-2005

Alcohol involvement	Child abandoned	Parents deceased or incapacitated	Physical harm	Sexual abuse	Emotional psychological harm	Physical development or health affected	Total
n	245	245	2,554	385	6,661	2,681	12,771
%	37.9	55.4	27.0	12.3	38.9	35.0	33.2
Total	647	442	9,478	3,121	17,114	7,655	38,487

Much greater rates of alcohol involvement have been reported in other states, for instance, studies utilising smaller child protection samples and in different settings were also located. In WA 47 per cent of applications to the Children’s Court in 2000 involved alcohol (Farate, 2001) and over three-quarters of the families of children entering alternative (out-of-home) care in SA were identified as involving parental misuse of alcohol (Jeffreys et al., 2009). In the NT, whilst there are limited statistical data, the media and literature around the role of alcohol in child abuse and the ‘rivers of grog’ is compelling and so severe that a number of inquiries have been implemented into the abuse of children in the state (see The little children are sacred report (Wild and Anderson, 2007) and the NT inquiry into child protection (Bamblett et al., 2010)). Both of these reports identify alcohol as an obvious problem, although only limited statistical data are presented in the NT reports.

Repeat cases of child abuse and neglect and alcohol’s involvement

Ongoing analyses show that alcohol is more prevalent in cases which come back into the system and are re-substantiated one or more times than cases that are identified only once in child protection systems. Again, the Victorian example shows that almost one-quarter of children in the child protection system were re-substantiated during the five years studied; and children in the CPS system were substantiated on average 1.3 times (range 1-6 times) in the five years of data analysed. In general as the number of recurrences increased, alcohol abuse was more likely to be reported (Table 2). A total of 38.5% of children who experienced re-substantiated child maltreatment were from families where caregiver alcohol abuse was identified (Table 3). Children were significantly more likely to be re-substantiated than those whose caregivers were not identified with alcohol abuse, after adjusting for a range of other risk factors. Data such as these are not available for NT, yet would highlight the extent and severity of alcohol-related child maltreatment in the NT.

Table 2 Number of substantiations for each child and recorded caregiver alcohol abuse (at first substantiation) Victoria, 2001-2005

Number of substantiations	Children	Case-files	% of all children in files	% with alcohol recorded at first substantiation
1	22,614	22,614	76.9	29.0
2	5,079	10,158	17.2	37.5
3	1,412	4,236	4.8	39.3
4	278	1,112	0.9	51.4
5	65	325	0.2	41.5
6	7	42	0.0	57.1
Total	29,455	38,487	100	31.2

Table 3 Alcohol abuse by caregiver and re-substantiation

	No recurrence	Recurrence	Total
Alcohol abuse by caregiver reported	6,561	2,633	9,194
%	29.0	38.5	31.2

Pearson $\chi^2(1) = 219.6328$ Pr = 0.000

Recommendation:

- **That child protection system data in the Northern Territory record and report the percentage of cases and repeat cases that involve alcohol misuse (and other risk factors)**
- **That alcohol-related child maltreatment be considered a harm according to Section 3 (1)a and 3(2)a and be taken into account when determining recommendations for licensing premises and the conditions of sale as per Section 6(1) using criteria as outlined in 6(2), in particular (a), (c) and (j) .**

The national survey of alcohol's harms to others

This study established the prevalence of different types of alcohol-related harms to children (ARHC) that have occurred because of others' drinking in the general Australian population and examined how this varied by who was reported to have harmed the child, demographic and social factors. A randomly selected cross-sectional national population telephone survey undertaken in 2008 was used to generate national estimates. The present analysis is based on the subsample of 1,142 Australian adult respondents who indicated they currently lived with or had a parental/carer role for children. Questions included whether children had been left unsupervised or in an unsafe situation, verbally abused, physically hurt or exposed to serious family violence because of others' drinking in the past year. Respondents were not asked about possible effects of their own drinking on the children.

A total of 22% of respondents reported children had been affected in one or more of the specified ways, or in unspecified ways, because of another's drinking in the past year, and 3% reported substantial harm (Table 4). Respondents most commonly reported children had been verbally abused because of others' drinking (9%). Among demographic characteristics, only household family structure was significantly associated with ARHC. Table 5 demonstrates that 61% of children were affected by a parent/guardian or sibling and 12% by other relatives because of their drinking.

Conclusions: While the majority of ARHC identified in this study is unlikely to be severe, one in five respondents reported that a child or children they lived with or were responsible for had been adversely affected by others' drinking in some way in the past year. The absence of differentiation by socio-demographic factors highlights that children in families from a wide range of social backgrounds experience harm because of others' drinking, suggesting that alcohol policies with wide application may be indicated, rather than approaches which focus only upon sub-groups.

Table 4 The percentage of respondents (families) reporting ARHC by maltreatment type and level of effect (n=1,142, %)

	Total (n)	Total (%)	95% CI (%)
<i>“Because of someone else’s drinking how many times in the last 12 months.....”</i>			
Were children left in an unsupervised or unsafe situation?	40	3	(2, 5)
Were children yelled at, criticised or verbally abused?	97	9	(7, 11)
Were children physically hurt?	16	1	(1, 2)
Did children witness serious violence in the home?	34	3	(2, 4)
Was a protection agency or family services called?	5	0.3	(0.1, 0.8)
A. Reporting one or more of above¹	135¹	12	(10, 14)
<i>“How much has the drinking of other people negatively affected your children/the children you are responsible for?”²</i>			
A lot	40	3	(2, 4)
A little	168	14	(12, 16)
B. A lot or a little	208	17	(15, 19)
Specifically affected in any way or affected a lot or a little (A or B)	258	22	(19, 24)

¹Total ns and %s across items do not add to 135 and 12% as some respondents reported that their children experienced more than one type of abuse.

²12 people were excluded from the denominator because they did not report any level of effect (i.e., did not answer a lot, a little or not at all)

Table 5 The number of respondents reporting specific alcohol-related harms to children by relationship of the affecting drinker to the children, and % of harms attributed to each relationship (%s in italics)

Relationship	Parent		Siblings		Other relative		Family friend		Other		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
<i>“Because of someone else’s drinking how many times in the last 12 months.....”</i>												
Were children yelled at, criticised or verbally abused? (n yes/% of cases by relationship)	52	52	10	56	11	48	16	52	10	46	99	51
Did children witness serious violence in the home?	17	17	2	11	7	30	3	10	5	23	34	17
Were children left in an unsupervised or unsafe situation?	21	21	3	17	4	17	8	26	5	23	41	21
Were children physically hurt?	7	7	3	17	0	0	4	13	2	9	16	8
Were child protection/family services called?	4	4	0	0	1	4	0	0	0	0	5	3
Total number of identified harms	101	100	18	100	23	100	31	100	22	100	195	100
Percent of total harms attributed to persons in that relationship to the child (row %)	52		9		12		16		11		100	

Bringing the findings on alcohol-related child harms together

The heavy drinking of others impacts on the relationships and experiences of children within families, and is implicated in child maltreatment. There is a spectrum of harm, where at one end alcohol is implicated in

single incidents with relatively minor consequences, whilst at the other children are neglected and abused repeatedly. At the serious end, system data indicates that 0.3% of Australian families included one or more children who had been a victim of alcohol-related substantiated child abuse (including, physical, emotional, sexual abuse and neglect cases). In the Australian Alcohol's harm to others survey, measuring the reach of the issues, 22% of families reported that their child/ren had been affected in some way because of someone else's drinking. Families in the general population who reported that their child/ren had been a victim of alcohol maltreatment were on average far more socially advantaged than families identified in Child Protection data.

The rate of alcohol-related adverse effects on children in the general population was 60 times the rate of alcohol-related abuse identified in the child protection system. The data supports a structural explanation where the most severe cases end up in the system whilst less severe manifestations of child maltreatment are common but not managed by the system. Alternatively, this evidence may be used to support hypotheses that child abuse may be occurring at similar or higher rates in the general population but more economically powerful groups are less likely to be observed by and managed within the system. Both factors are likely to be part of the explanation of the disjunction between the pictures from the two frames (i.e., the child protection system and the survey data).

Children in the Child Protection system and those affected by others' drinking but not identified as such in the general population experience the effects of the problematic drinking of their parents, carers and others. Both vulnerable and less disadvantaged children would benefit from effective alcohol control policies. Hence, population strategies that encourage pricing and licensing controls on alcohol (that have an increased effect upon lower income and younger people) are most effective in limiting alcohol-related harm (Babor et al., 2010) should be considered in the NT. Such interventions are consistent with a central object of the NT Liquor Act (1980), to minimise the harm associated with the consumption of liquor (Section 3(1)a).

Recommendations:

- **That a range of harms to children from alcohol consumption be explicitly considered within the Objects of the NT Liquor Act in Sections 3(1)(a) and 3(2)(a) and within the public interest criteria in Section 6(2) when assessing the granting of liquor licences and their impact as per Section 6 (1).**
- **Licensing restrictions that enhance the safety of children by prohibiting the consumption of liquor in the NT (in general described in Section 101), and specifically in private premises (see Section 101A) such as, i) homes (e.g., Section 101C where private premises are declared restricted premises) and ii) other private premises, including hospitals, churches, schools or privately owned land should be supported and evaluated.**
- **Licensing restrictions that enhance the safety of children by prohibiting the consumption of liquor in the NT, in iii) areas of land that are designated restricted areas (see Section 120F) should also be evaluated with a view to their impact on harms to children. Note: These restricted areas (see Section 74) may be declared general restricted areas (and include private premises) or public restricted areas (that private premises and spaces, unless otherwise restricted).**

Part 2 Focusing on the relationship between alcohol misuse and family violence

Domestic and family violence is a complex phenomenon, with a myriad of factors contributing to its occurrence at the individual, relationship, community and societal levels (Krug et al., 2002).

Alcohol-related domestic violence is prevalent in Australia; it is estimated that alcohol contributes to 50.3 per cent of all partner violence, and 73 per cent of physical assaults by a partner (Laslett et al., 2010). In the NT, there was a steady rise between 2008 to 2013 in alcohol-related family violence incidents attended by police, from approximately 804 to approximately 1,310 incidents per 100,000 people (Laslett et al., 2015). It should be noted that these figures under-represent the full extent of alcohol-related domestic violence in the community as domestic violence incidents are under-reported and those that reach the police are often the more severe cases. The rate of alcohol-related family violence incidents in the NT in 2013 was six times the rate recorded in Victoria and Western Australia in that year, and ten times the rate recorded in New South Wales in 2014 (Laslett, et al., 2015).

Women and children are disproportionately affected by family violence. The 2010 National Drugs Strategy Household Survey showed that women consistently reported higher rates than did men of being the victim of alcohol-related violent incidents from a current or former spouse. Over thirty per cent of females aged 14 and above had ever experienced alcohol-related verbal abuse from a current or former spouse or partner compared with 10.7 per cent of males, while 39.6 per cent of females experienced alcohol-related physical abuse from a partner compared with 11.4% of males. Twenty one per cent of females reported being put in fear by an alcohol-affected current or former spouse or partner compared with 6.3% of males. Men, however, had higher rates of victimisation from a male non-intimate partner (Australian Institute of Health and Welfare, 2011).

Indigenous men and women are both at much greater risk of family violence than non-Indigenous men and women; Indigenous women and men were 35 and 21 times more likely to be hospitalised for family violence than non-Indigenous women and men respectively (ANROWS, 2017). Colonialism, trauma, family dysfunction, alcohol and gender all play a role in indigenous family violence (Tayton et al., 2014).

Witnessing family violence is now defined as a form of child abuse and neglect (Richards, 2011) and children are most vulnerable when parents have mental health issues, are substance abusers or when children are exposed to family violence (Cummins et al., 2012). While alcohol contributes to violence within the intimate relationship, parental/carer alcohol misuse also has a significant impact on children. The most severe cases of harm show up in the service and social system data; in the child protection systems across Australia, between 15 and 47 per cent of child protection cases involve carer alcohol abuse as a significant risk factor (Laslett, et al., 2015). Three per cent of Australian children (140,000) were substantially negatively affected by others' drinking (Laslett, 2014).

While both men and women drink, alcohol consumption and harm is gendered behaviour; men are more likely than women to drink and to drink in more problematic ways (i.e., high frequency and high volume drinking) while women are more likely to drink substantially less or be lifetime abstainers (Wilsnack et al., 2009). Both men and women perpetrate violence in intimate relationships, however the risk of male-to-female violence increases when the male or both partners drink heavily (Abramsky et al., 2011). Women's drinking alone is not strongly associated with men's perpetration, compared to the male partner's drinking (White and Chen, 2002); a recent meta-analysis of gender differences in risk factors for IPV, found that problem drinking in men is more strongly related to their perpetration of IPV than is women's problem drinking related to women's IPV perpetration (Spencer et al., 2016). Women's drinking may also relate to partner violence perpetration and victimisation, though the direction of the relationship is unclear, that is, women's heavy drinking may also be a consequence of experiencing violence (Devries et al., 2014). In 2004 and 2007 the rates of short- and long-term high-risk consumption of alcohol were 39% and 23% respectively for Indigenous Australians, and 21% and 10% for the non-Indigenous population. It is estimated that harmful use of alcohol consumption amongst the Indigenous population is twice as high as in the non-Indigenous population (Wilson et al., 2010). Heavy drinking is repeatedly identified in the literature as key compounding factors in family violence in Aboriginal and Torres Strait Islander communities (Tayton, et al., 2014).

No single explanation accounts for the occurrence of alcohol-related public and private violence. It involves multiple contributing factors including the direct pharmacological effects of alcohol on thinking and behaviour and the ability to resolve conflict, characteristics and attributes of the individual and others involved in the interaction, the circumstances and interaction in the setting, and broader social expectations and values about alcohol and violence (Graham et al., 1998). Alcohol misuse may also indirectly contribute to family violence by its effect on the quality of marital relationships leading to situations in which aggression may result (Leadley et al., 2000).

What is clearly demonstrated in research the world over is that alcohol misuse is a consistent risk factor for domestic and family violence (Abramsky, et al., 2011; Graham et al., 2011). Alcohol misuse is a risk factor for violence across the lifespan of intimate relationships from dating violence in youth populations (Rothman et al., 2012), studies in college populations (Stappenbeck and Fromme, 2010), in newlywed relationships (Leonard and Quigley, 1999; Quigley and Leonard, 2000) and established adult relationships. Higher levels of domestic violence are found in populations with more severe alcohol problems, such as alcoholics seeking treatment (O'Farrell and Murphy, 1995) and Indigenous populations in Canada, New Zealand, Venezuela and Australia (Brady, 2000; Seale et al., 2002; Seale et al., 2006). Heavy drinking and binge drinking increase the likelihood of male-to-female partner violence in intimate relationships (Foran and O'Leary, 2008) and also increases the severity of violence in relationships (Graham, et al., 2011).

Therefore, intervening to reduce alcohol misuse to prevent and reduce domestic and family violence is recognised as an important public health priority (Braaf, 2012; World Health Organization, 2010), though currently interventions in this area are scarce (Wilson et al., 2014).

The lived experience and impact of alcohol-related domestic and family violence

While the association between alcohol misuse and family violence is well-established, less is known about the experience of alcohol-related family violence from the perspective of victims/survivors and the dynamics of drinking and violence.

Alcohol use 'makes things worse' for female partners of violent spouses not only in terms of risk and severity of violence (Graham, et al., 2011) but also in terms of the broader impacts on women's lives. For example, partners of male alcoholics report experiencing higher levels of verbal and physical abuse, and sexual coercion, in addition to other aspects such as financial abuse associated with the partner's drinking, and taking on the burden of caring and work (Asher, 1992; Wiseman, 1991; Zajdow, 2002). The impact on children living in this environment is also significant.

Qualitative research conducted by Wilson et al., (2017) provides new insight into the dynamics of drinking and intimate partner violence from the perspective of women's experience of living in a relationship with a violent drinker (Wilson et al., 2017).

This research highlights that for some women, a partner's drinking and associated aggression and violence presents an ongoing risk to the safety of family life. Women and children living in these situations face a precarious existence where the partner's predictable drinking patterns are accompanied by the unpredictability of heightened violence. Many women remain in these relationships and enact strategies to maintain safety focused around the partner's drinking - ...reducing the supply of alcohol was a key strategy used by women to varying degrees of success depending on the nature of the partner's drinking problems.

What opportunities are there to address family violence within the NT?

In light of the strong evidence of the association between alcohol misuse and family violence, and the impact on the lives of women and children, we argue that reforms to the liquor licensing regime in NT provide a key opportunity to reduce family violence in the state.

This submission proposes several options for further exploration by the review. Consistent with an ecological understanding of violence (Krug, et al., 2002) which sees violence as a complex interplay of factors operating at multiple levels, we take the view that there are a range of measures that could be taken through liquor regulation that operate to address the issue of alcohol-related family violence at different levels.

- a) Societal level: Addressing alcohol promotion that supports excessive drinking and violence against women and children
- b) Community level: Reducing alcohol availability
- c) Relationship level: Empowering individuals to make their homes safe
- d) Individual level: Reducing the risk of harm from a recidivist violent drinker

We discuss each option further below.

a) Addressing alcohol promotion that supports excessive drinking and violence against women

There is considerable evidence of the influence of constructions of masculinity on both heavy drinking and aggression in drinking settings, particularly amongst young males (Hart, 2016; Lindsay, 2012; Miller et al., 2014; Wells et al., 2011). Masculinity is also linked to partner violence (Moore and Stuart, 2005) and excessive alcohol use can play a role in “demonstrating masculinity” through aggression against an intimate partner (Lisco et al., 2015), particularly for those for whom traditional markers of masculinity, such as employment, are absent (Peralta et al., 2010). Advertising can play a role in reinforcing attitudes towards gender roles and stereotypes, and as one review found, alcohol advertising can provide potent representations of dominant forms of masculinity and gender relations, which are at odds with the prevention of domestic violence and violence against women (Towns et al., 2012).

The NT Liquor Act requires that alcohol is promoted responsibly and that the public interest including harms from alcohol are taken into account when making licensing decisions. Specifically, section 31(4)(b) of the Liquor Act places conditions on licences to prevent advertising that could induce irresponsible or excessive consumption on licensed premises. We note that guidance exists on the NT Government’s website regarding acceptable and unacceptable alcohol promotion practices (see <https://nt.gov.au/industry/hospitality/promote-alcohol-responsibly>). However, we argue that it is in the public interest that this guidance should be extended to prohibit advertising or promotion of liquor:

- that is linked to sexual imagery or that implies sexual success,
- that suggests any association with risk taking, or with violent, aggressive, dangerous or anti-social behaviour (these two conditions are consistent with existing guidance in Victoria), and
- that promotes harmful gender representations including representations of masculinity connected to dominant gender roles, excessive drinking and disrespectful attitudes towards women.

The guidelines and provisions for responsible liquor promotion should also be strongly enforced.

Recommendation:

- **That guidance to licensees for responsible liquor advertising and promotion be made consistent with the Victorian responsible liquor promotion guidelines,**
- **That this guidance specifically address harmful representations of gender including representations of masculinity connected to dominant gender roles, excessive drinking and disrespectful attitudes towards women and**
- **That the provisions for responsible liquor promotion be strongly enforced by the Director-General of Licensing.**

b) Reducing alcohol availability

Research on alcohol consumption and purchasing behaviour in Australia shows that a higher percentage of alcohol is consumed in the home 63% and much less is consumed in licensed premises (Callinan et al., 2016). The majority of off-licence purchases are from liquor barns which are known to make available cheaper alcohol in larger quantities. Those who purchase more alcohol, and lower income also purchase cheaper alcohol (Jiang et al., 2016).

There is good evidence that the availability of packaged liquor is related to rates of family violence in Australia. For example, research by Dr Michael Livingston examined the relationship between the density of alcohol outlets in a neighbourhood and rates of family incidents reported to the police in Melbourne over a ten year period, finding that increases in the density of packaged liquor outlets were associated with increases in rates of family violence (Livingston, 2011). Further analyses of these data identified varying relationships across different types of neighbourhood, with positive relationships in most neighbourhood types (Livingston, 2012). Evidence from Western Australia also revealed the link between increased availability of alcohol from off-site outlets and violence occurring at residential premises. The volume of alcohol sold had the biggest impact; this research showed that for every 10,000 additional litres of pure alcohol sold by an off-site outlet, the risk of violence on residential premises increased by 26 per cent (Liang and Chikritzhs, 2011). These findings provide local evidence that broad alcohol policies can influence rates of family violence in the community, supporting a growing body of similar international research (Cunradi et al., 2011).

Over the past 15 years, the number of packaged liquor outlets in Victoria has increased by 49.4% overall (from 1,354 in 2001 to 2,023 in 2016), and by 18.2% relative to population (from 28.7 per 100,000 in 2001 to 33.9 in 2016). The number of 'big box' stores has increased dramatically from 3 to 68 – an increase of 2000% per capita (Livingston, 2016). Between 2003/04 and 2012/13, the per-capita rate of alcohol-involved family incidents recorded by the Victorian Police has increased by nearly 60% (Foundation for Alcohol Research and Education, 2014). While per capita alcohol consumption has decreased in the NT between 2005/05 and 2011/12 (Loxley et al., 2016) research needs to be conducted in the NT to monitor alcohol availability as has been undertaken in Victoria and other states.

We support the liquor licensing policy changes proposed in the submission by the Foundation for Alcohol Research and Education (FARE) to this review. Reforms to the licensing process are urgently needed, with only 1% of licence applications refused in 2014/15. In particular, the system needs to be reformed to:

- a) require applicants to satisfy harm and public interest tests,
- b) require the Director-General of Licensing to consider the cumulative impact of existing licences in the area,
- c) include clear and comprehensive definitions of harm, public interest and cumulative impact,
- d) introduce broader, consistent grounds for objecting to licence applications, and
- e) limit the Director-General of Licensing's discretion to grant licences where licences will contribute to harm or are not in the public interest.

Recommendation:

- **That the review adopt reforms to the licensing process recommended by FARE minimise the harm associated with alcohol misuse, particularly alcohol-related family violence and child maltreatment.**

c) Empowering individuals to make their homes safe

As highlighted in research by Wilson et al., 2017 a key preventive strategy to remain safe employed by spouses of violent drinkers is to reduce the availability of alcohol within the home. The women in her study described actions such as hiding alcohol from their partner, pouring alcohol down the sink and declaring their home an alcohol-free zone, however this was not adhered to by the partner and difficult for an individual who is the subject of violence to enforce. Liquor Acts can help to empower and support women with these strategies by enshrining enforceable provisions that declare a private premises alcohol-free.

Two jurisdictions in Australia – Western Australia and the NT – currently contain provisions in their licensing regulation whereby family homes and private premises may be designated as a restricted licence premises, that is, alcohol availability is either limited or not permitted (section 101C of the Liquor Act (NT) and Part 5B of the Liquor Control Act 1988 (WA)). For example, in NT these provisions allow property owners or occupiers or a prescribed person to apply to have premises declared a restricted area.

In determining an application, the Director-General of Licensing must be satisfied that making the declaration either reflects the wishes of the majority of the occupiers of the premises; or is in the public interest, despite not reflecting the wishes of the majority of the occupiers of the premises; and is reasonable in the circumstances.

Where an application has been granted in NT, a notice must be displayed onsite. If drinking takes place or liquor is brought into the restricted premises, the Police have the power to enter premises and seize liquor and take action against the person who committed the offence. Police may also conduct a search and seize any liquor opened or unopened on the premises. Applied in this way, liquor regulation can give family members such as spouses and children experiencing alcohol-related family violence a mechanism for having their voices heard through enforceable limitations on the violent drinker's ability to drink in the family home.

A similar system exists in WA. The Department for Child Protection is commonly named on applications to have private premises declared an alcohol-free zone. Applications in WA are approved by the Department of Racing, Gaming and Liquor who may seek advice from the local government authority and the Police Commission. Between 1 July 2012 and 30 June 2016, a total of 346 premises across the state of WA were declared restricted by the Director. While no formal evaluation has yet been conducted, anecdotal evidence suggests that the majority of applications for alcohol-free premises are voluntary and that applicants acknowledge that the 'safe house' initiative offers them considerable support in dealing with a problem drinker.

A formal evaluation of the NT provisions allowing the declaration of alcohol-free zones on private premises is urgently needed, with specific attention to the impact on victims experiencing alcohol-related domestic violence. Conducting such an evaluation across the two jurisdictions (NT and WA) would provide important and valuable comparison data to determine the effectiveness of such measures in keeping families safe, and enable consideration of national application of these provisions.

Recommendation:

- **That the provisions that enable owners and occupiers of private premises to apply to the Director-General of Licensing for restrictions on the use of alcohol in private premises be evaluated in the NT, and if found to be effective strengthened and promoted.**
- **That the NT Government support an evaluation of the equivalent provisions in the WA liquor legislation to be conducted concurrently.**

d) Reducing the risk of family violence and other harms in communities

The NT Liquor Act recognises that that alcohol misuse by individuals presents a risk to the safety and well-being of others and through a range of mechanisms can be used to limit harm, including classification of restricted areas. The risk of violence, including family violence, with alcohol misuse is recognised within NT Liquor Act provisions and at the Federal level. Communities can both apply for and be designated restricted areas. Such restrictions can be declared by the Minister at the behest of communities or unilaterally.

Recommendation:

- **That the use of restricted area declarations continue to be considered at community level, supported and evaluated, particularly with consideration of the risk to family members of alcohol-related violence and child maltreatment**
- **That evidence of alcohol-related family violence be utilised in the assessment of risk to support community restrictions.**

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