



Royal Commission
into Family Violence

WITNESS STATEMENT OF INGRID MARY WILSON

I, Ingrid Mary Wilson, PhD candidate, of 215 Franklin Street, Melbourne in the State of Victoria, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

2. I am a PhD candidate at the Judith Lumley Centre, La Trobe University and my research explores opportunities to reduce alcohol-related intimate partner violence, drawing on the experience of women survivors.
3. I established and co-ordinate the La Trobe University Violence Against Women Research Network.

Background and qualifications

4. I have an Honours degree in Criminology from the University of Melbourne, a postgraduate diploma in law from the University of Law (United Kingdom) and I have a background in alcohol policy, having previously worked for the Victorian State Government and the Australian Drug Foundation.
5. A list of the key references which have informed the content of my statement is attached to this statement and marked 'IW 1'.

The need for policy and prevention efforts focusing on problem alcohol use

6. Last year, I was involved in conducting a systematic review of the evidence base over the last 20 years, with a view to understanding what work has been done in relation to interventions that reduce alcohol related intimate partner violence through reducing harmful drinking.
7. Having regard to the amount of evidence that exists in relation to alcohol's role in increasing the risk and severity of violence I expected to find a lot more. Disappointingly, what we instead found was a significant lack of attention to

interventions of this kind. Attached to this statement and marked 'IW 2' is a copy of the related article that I co-authored, entitled *Alcohol interventions, alcohol policy and intimate partner violence: a systematic review*, which was published in August 2014.

8. One potential explanation for the small evidence base could be that alcohol policy interventions tend to focus more on the public side of violence. For example, community interventions to reduce trading hours or implement lockout strategies.
9. That said, we did identify some encouraging studies such as Michael Livingston's longitudinal study, which examined licensing data and police-recorded intimate partner violence incidents in Melbourne, over 10 years and found a positive association between intimate partner violence and outlet density, with a large and significant effect found for packaged liquor ("off premises") outlets.
10. Essentially, our review maps what is known and where there are some positive directions for further research or interventions to be developed.
11. Many studies that we examined involved intervening at the individual level. However, I think that the State of Victoria will get a better cost benefit from starting at a population or community level. In that regard, I consider that the 18 to 25 year old age group should be targeted because domestic violence is most prevalent in this age group and where there are the highest rates of risky alcohol consumption.
12. In relation to intervention initiatives targeting younger populations, one of the studies, developed in the United States, that we reviewed assessed an individual motivational feedback session on aggression and intimate partner violence risk factors (including alcohol use) among a sample of 49 dating university couples. The study found a greater decrease in harmful alcohol consumption and physical aggression in the intervention group compared with those in the control condition who received minimal non-motivational feedback; however, the reductions in alcohol use and physical aggression were not related.
13. Certain settings may present opportunities for interventions to reach younger populations. Young men and women are known to drink heavily at pubs and clubs. Sporting clubs are also a clear example of an environment where young people spend a lot of time and where drinking takes place. Australia is a sporting nation and the alcohol industry is completely enmeshed with the sporting industry in promoting a drinking culture.

14. I am aware that some sporting organisations are working to address gender inequity and how it relates to family violence through fostering respectful relationships. However, I do not consider that this will be effective unless the drinking culture, which is omnipresent in such organisations, is also addressed.
15. In the course of my PhD research, I have interviewed women who relay experiences of their partner's drinking, which for several of the women interviewed occurs in sporting clubs. A regular scenario that is described by a woman involves their partner's drinking starting at training on a Thursday night and continuing through until a Sunday drinking session, after the game. Women in these situations often described how afraid they became about what would happen when their partner returned home, after drinking heavily in that sporting environment all weekend.
16. It is for these reasons that I think, for sporting organisations to address family violence issues, it is fundamental that they have regard to the role that alcohol and the drinking culture plays. Not only do men have an opportunity to prevent family violence by changing their attitudes towards women but by being aware that allowing a teammate to get very drunk, can place their teammate's family at risk of violence. Sporting clubs have a role to play in minimising risky drinking and requirements under licensing laws not to serve alcohol to intoxicated patrons. Effort should be put into strategies to encourage peers to prevent mates drinking excessively.
17. I am also supportive of the Foundation for Alcohol Research and Education's campaign for a "National framework for action to prevent alcohol-related family violence", which includes alcohol tax reform which could result in money being put into actions to address the problem to which the alcohol industry is contributing and that is costing the government.
18. We need a better focus on alcohol-related domestic violence in our policy frameworks. Historically, alcohol has been given little attention in national and state domestic violence frameworks, although much focus has been on strategies to reduce alcohol-related violence affecting Indigenous communities. Yet the data show that alcohol-related domestic violence is not confined to Indigenous Australians. Hence, policy and intervention frameworks should look to reduce alcohol-related violence across the whole Australian community.
19. There is limited attention given to alcohol in the *National Plan to Reduce Violence against Women and their Children 2010-2022*. The associated actions focus on

harm in Indigenous communities. Gaps exist in the *National Drug Strategy 2010-2015* regarding domestic violence.

20. At the state level, Victorian policy responding to alcohol-related domestic violence is also scant. *Reducing the Alcohol and Drug Toll: Victoria's Plan 2013-2017* cross-references Victoria's Action Plan to Address Violence against Women and Children. This plan acknowledges the role of alcohol as a risk factor in men's perpetration and women's victimisation. However, the potential for effective interventions to reduce alcohol-related domestic violence has not been actively pursued within the domestic violence prevention field.

The role of alcohol in family violence

21. There has been resistance to paying attention to the role of alcohol within the family violence service sector due to concerns that men will blame their choice to be violent on being drunk, rather than taking responsibility for their own actions. However, taking action to address alcohol as a contributor to family violence will not, in my view, undermine other issues (such as addressing gender inequity). There is no single causal pathway - both violence and problematic alcohol use are complex behaviours with many contributing factors and the primary focus should be on keeping women safe.
22. The issue of alcohol being a risk factor is in fact a feminist issue in any event. The temperance movement in the 1800s in the United States was a driver for women's political empowerment due to women suffering from violence as a result of their husbands' drinking and alcoholism. Key women campaigners agitated for women to have the vote based on the platform of "Home Protection", protesting against the wide availability of alcohol so that women could be safe at home. Therefore, the issue of alcohol's involvement in women's experience of family violence has had a long history with women trying to speak up against alcohol-related violence in the home.
23. Ensuring perpetrators are accountable for their violence is crucial irrespective of being under the influence of alcohol. It is important that we view this issue through the lens of 'responsible disinhibition' (a theoretical model developed by Sarah Galvani); that is, of men exercising the choice to drink and to use violence.
24. Alcohol use 'makes things worse' for female partners of violent spouses not only in terms of risk and severity of violence, but also in terms of the broader impacts on women's lives. For example, partners of male alcoholics experience 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. Therefore it is important that we include a focus on alcohol as a contributing factor within any domestic violence prevention framework.

25. Decades of research the world over has shown that problem alcohol use is a risk factor for domestic violence. Heavy drinking and binge drinking increase the likelihood of male-to-female partner violence in intimate relationships. The risk of violence is between 8 and 11 times higher on days of men's drinking. Alcohol is involved in a significant proportion of violent incidents.
26. Alcohol use also increases the severity of violence in relationships. In relationships where the man or both partners drink heavily, there are higher odds of male-to-female violence. However, men and women may drink for different reasons. Women who are victims of domestic violence are more likely to self-medicate which can lead to problematic drinking levels. Many studies show that increased levels of alcohol problems among women can increase their vulnerability to intimate partner violence. However, women's drinking alone is not strongly associated with the perpetration of violence, compared to when the male partner has been drinking or both partners.
27. Alcohol is a risk factor for violence across the lifespan of intimate relationships, although particularly in the early years. High levels of alcohol use are associated with dating violence in youth populations. Alcohol use has also been identified as a risk factor in young adult relationships (studies in college populations, in early relationships (newlyweds), and established adult relationships.
28. Higher levels of domestic violence are found in populations with more severe alcohol problems, such as alcoholics seeking treatment and Indigenous populations.
29. Another key reason that we need to move to a position of recognising all factors that contribute to family violence is so that women's voices are heard. For example, if a woman presents to a service and explains that her husband's drinking is the most crucial thing that is affecting her and her children's lives, then that must be taken seriously and women should not be dissuaded from articulating that as an issue.
30. I believe that addressing gender inequity is absolutely crucial to preventing family violence. However, it is necessary to consider additional factors that contribute to family violence, such as alcohol.

31. Including alcohol and drugs in the picture expands upon the opportunities for women to disclose family violence. Women may be more prepared to disclose family violence in the context of alcohol and drug use, than if only asked about family violence. One of the questions we asked in recruiting women to participate in my PhD study was 'have you ever felt afraid when your partner has been drinking?'. Many women answered yes to this question, who had never spoken to anyone about family violence issues before. This is representative of the kind of opportunities that exist in using alcohol as a way to open the door to finding out about violence that is occurring. This is the case for women and there may be similar avenues to being able to identify men who can be provided with support to address their drinking and their violence.

Addressing problem alcohol use with perpetrators

32. I understand that the content of Men's Behaviour Change programs have a strong focus on gender equity, challenging men's power and control and negative attitudes towards women, and not a lot in relation to dealing with alcohol problems. There is scope to design a more comprehensive model of behavioural change programs that takes alcohol and its contribution to violence into account.
33. The other area in which perpetrators (and their partners) could be both identified and supported through intervention is in general practice settings. We understand that a lot of alcohol misuse goes undetected in general practice and the possibility of identifying domestic violence perpetrators and partners experiencing alcohol-related domestic violence may be missed. In our view this should urgently be addressed through training general practitioners to enquire about alcohol use and relationships, commencing in undergraduate training and continuing through accreditation and into continuing professional education for general practitioners. This would involve working with the Royal Australian College of General Practitioners. I do however, recognise that men are less likely to go to the doctor than women.
34. There is a need to start training health professionals about the reality of family violence issue much earlier. It is currently dealt with in the medical curricular in a very minimal way and we are in the process of looking at establishing a specific training program at La Trobe, where we have a substantial intake of nurses each year.

35. Workplace health promotion could be another potential site for intervention because whilst men are less likely to go to the doctor, they do need to attend for work and alcohol misuse is a huge cost to workplaces.

Better data required

36. There is a need for better Australian data on alcohol's role in domestic violence – we need this to measure and inform policy intervention and prevention. For example, the *Personal Safety Survey* from the Australian Bureau of Statistics should ask questions about the involvement of offender alcohol and/or other drug use specifically for partner violence.
37. The Commission should consider actions to reduce harmful drinking; although the factors that contribute to the perpetration of violence against an intimate partner are many and complex, alcohol misuse is one of the few risk factors that we have the ability to change at the individual, community and societal level.



Ingrid Mary Wilson

Dated: 9 July 2015