

Victorian Health Promotion Foundation (VicHealth) Parliamentary Inquiry Submission

Submission No. 26

(Youth Violence)

A.O.C. Date: 23/10/2009

Inquiry into the impact of violence on young Australians

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Violence is now accepted as a critical public health issue for focus at both international and national levels (WHO 2002). Consequently the Victorian Health Promotion Foundation (VicHealth) is pleased to respond to the Inquiry into the impact of violence on young Australians being undertaken by the House Standing Committee on Family, Community, Housing and Youth.

For the past six years VicHealth has focused on the prevention of violence with priority being placed on the prevention of violence perpetrated against women. This focus acknowledges 1) the prevalence of violence perpetrated against women, 2) the health and economic burden associated with this violence and 3) the significant impact of this violence at the individual, family, community and societal levels.

Whilst referring to youth violence broadly and including discussion regarding the role of alcohol in youth violence, our submission to the Inquiry is largely based on data indicating the prevalence and impact of violence perpetrated against young women and draws on our expertise relevant to the prevention of gendered violence. Consequently this submission draws on work conducted by our staff and associates with emphasis on:

- **knowledge resulting from research and program work focusing on the prevention of violence against women** led by Dr Melanie Heenan from VicHealth;
- **a state and national survey on community attitudes to violence against women** led by Kim Webster and Dr Melanie Heenan from VicHealth;
- **an evidence based framework to support the prevention of violence against women** developed by Ms Kim Webster from VicHealth;
- ***An Assault on Our Future: The impact of violence on young people and their relationships***, written by Dr Michael Flood, a VicHealth Research Practice Leader, in collaboration with Dr Lara Fergus from the Victorian Office of Women's Policy;
- **knowledge resulting from research and program work focusing on the prevention of alcohol misuse** led by Mr Brian Vandenberg from VicHealth; and
- **an evidence review on the links between alcohol and violence and strategies to prevent this violence** commissioned by VicHealth in 2009.

Prevalence of violence occurring between young men and women

Violence perpetrated against young women is prevalent and serious

In data collected by the Australian Bureau of Statistics it was found that 12% of young women aged 18-24 years experienced at least one incident of violence in the last twelve months, compared to 6.5% of women aged 35-44 years (Australian Bureau of Statistics 2006).

The Australian Longitudinal Study on Women's Health indicates that among young women aged 18-23, 12% report that they have been in a violent relationships with a partner or spouse (Young, Byles & Dobson 2000).

The relationships between bullying and violence on the wellbeing of young Australians

The health, economic and social impacts of interpersonal violence existing between young people are well documented and serious. Through analysis of research focusing on **violence existing between young men and women**, Flood and Fergus (2008) concluded that:

- while physical aggression by both males and females is relatively common in young people's relationships, young women face particularly high risks of violence and are more likely to be physically injured;
- girls and young women suffer more, they are more afraid, and they experience much more sexual violence than boys and young men; and
- girls and young women face high risks of sexual violence and harassment including high levels of sexual harassment in schools.

In nationally representative surveys of adolescent girls in the United States it was found that girls who reported abuse from dating partners were more likely to:

- use alcohol, tobacco and cocaine;
- engage in unhealthy weight control;
- engage in sexual health risk behaviour including first intercourse before the age of 15 years and multiple partnering;
- have been pregnant; and seriously consider or attempt suicide (Silverman et al 2001).

Through research into the burden of disease associated with intimate partner violence conducted by VicHealth and the Department of Human Services in 2006 it was found that:

- this violence is the most significant modifiable risk factor for the health of women aged 15-45 years, indicating that women are significantly vulnerable to violence during their child-bearing years;
- mental health problems were the most common health outcome of intimate partner violence; and
- there are links between women who experience violence and their consumption of alcohol, drugs and tobacco (VicHealth 2006).

Figure 1: Indicates the Health outcomes contributing to the disease burden of intimate partner violence in Victorian women

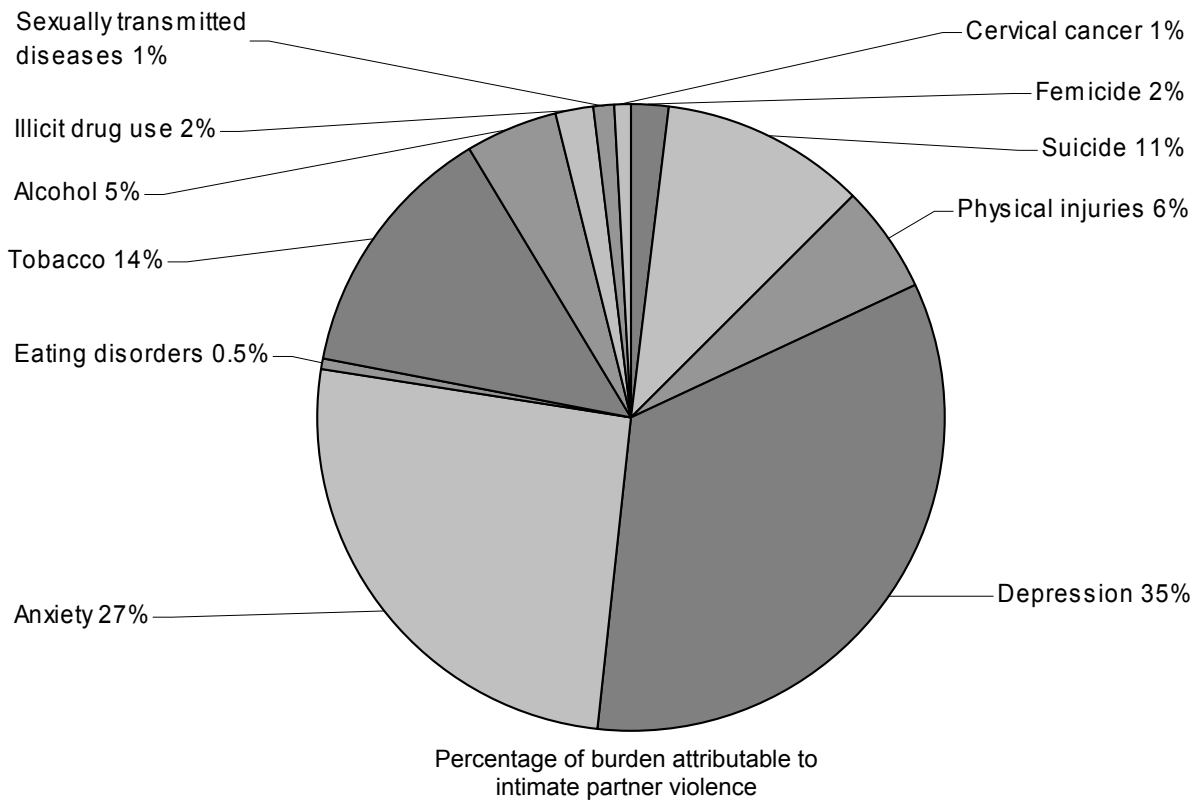
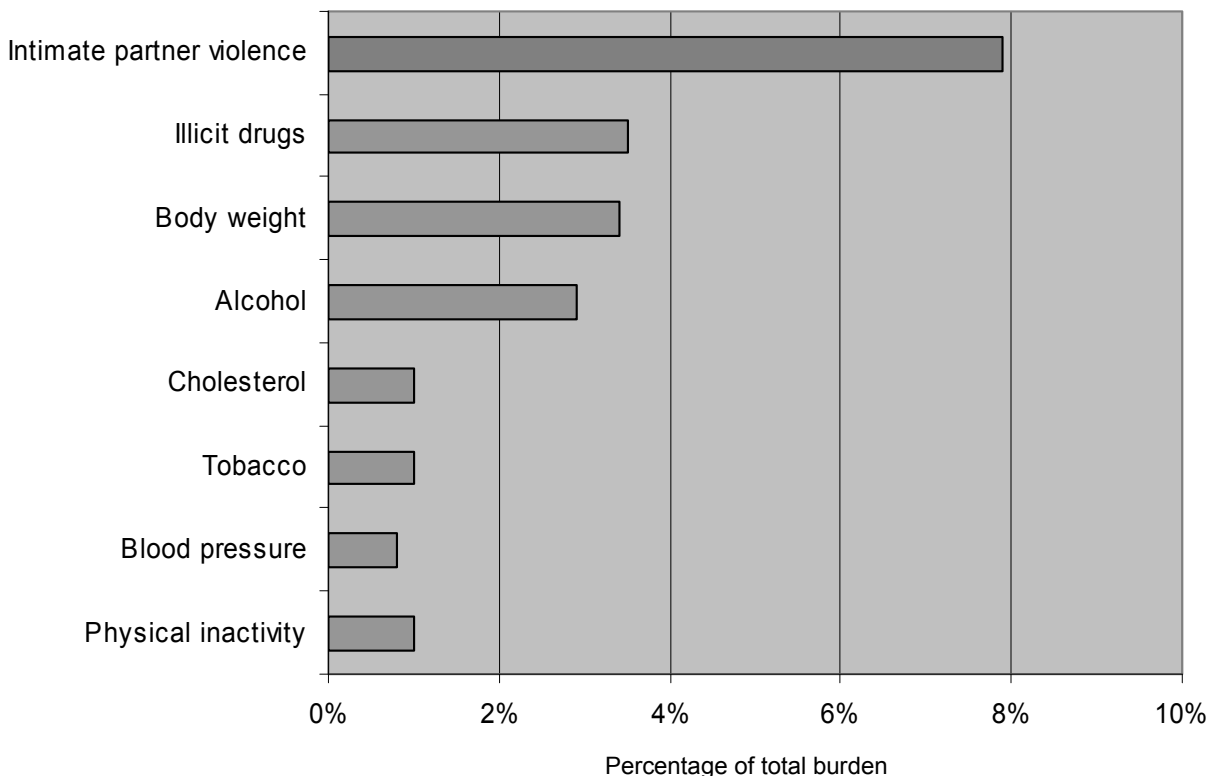


Figure 2: Indicates the top eight risk factors contributing to the disease burden in Victorian women aged 15-44 years



In regard to **bullying between young people**, whilst large proportions of both girls and boys experience harassment in schools, girls are more likely than boys to feel self-conscious (44% of girls compared to 19%), embarrassed (53% to 32%), less confident (32% to 16%), change behaviour in school and at home (30% to 18%) and avoid the person who harassed them (56% to 24%) (AAUW 2001).

Perceptions of violence and community safety among young Australians

Whilst the majority of young men believe that violence against women is unacceptable, the attitudes and behaviour of young men require priority attention.

In 2006 VicHealth undertook a survey to assess community attitudes to violence perpetrated against women. The survey was implemented at a national level in 2009 with data analysis currently taking place.

The results of the current survey will be announced by the Prime Minister in November 2009; however, preliminary data analysis indicates that young people's attitudes to violence and subsequent behaviour requires priority attention.

Whilst awaiting release of the findings of the 2009 survey the following data, collected through the National Crime Prevention survey conducted in 2001, provides a snap shot of the attitudes of young people to violence occurring within relationships.

- 14% of males, but only 3% of females agreed with the statement, "It's okay for a boy to make a girl have sex with him if she has flirted with him or led him on".
- In the survey of 12-20 year olds, boys aged 12 -14 showed higher support for violence supportive attitudes than older males (National Crime Prevention 2001).

Links between illicit drug use, alcohol abuse & violence amongst young Australians

All Australians, whether drinkers or non-drinkers, are touched in some way by the negative consequences of harmful alcohol consumption. These consequences include public intoxication, alcohol-fuelled violence, property damage, workplace absenteeism, road injury and alcohol-attributable diseases.

The majority of Australians who regularly drink do so in moderation: around three quarters (72.6%) of Australians drink below levels for long-term risk of harm (Australian Institute of Health and Welfare 2007).

However, short-term consumption of alcohol at harmful levels, while only occasional, is also a prominent feature of Australia's drinking culture. One in five (over 20%) Australians aged 14+ years drink at short-term risky/high-risk levels at least once a month (Australian Institute of Health and Welfare 2007).

Consumption accounts for just over 3% of the total burden of disease and injury in Australia: nearly 5% in males and 1.6% in females (Begg et al 2007):

- There is little difference between men and women in the risk of alcohol-related harm at low levels of drinking.
- At higher levels of drinking, the lifetime risk of alcohol-related disease increases more dramatically for women, and the lifetime risk of alcohol-related injury increases more dramatically for men (National Health and Medical Research Council 2009).

- Age is also an important variable in the health burden caused by alcohol, as harm from alcohol-related accident or injury is disproportionate among younger people.
- Over half of all serious alcohol-related road injuries occur among 15–24-year-olds

The impact on communities

In Australia, concern among the general public about the adverse health and social effects of alcohol is prominent. A recent survey of Australians revealed that 84% of people are concerned about the impact of alcohol on the community (Australian National Council on Drugs 2008). These consequences include harm to family members (including children), friends and workmates, as well as to bystanders and strangers. The negative impacts of drinking by individuals are felt regularly by many Australians:

- 13.1% of Australians report being 'put in fear' by a person under the influence of alcohol, and 25.4% report being subjected to alcohol-related verbal abuse (Australian Institute of Health and Welfare 2008).

The impact of drinking on children, by their parents and/or other adults, is a particular concern:

- 13% of Australian children aged 12 years or less are exposed to an adult who is a regular binge drinker (Dawe, Harnett & Frye 2008).
- It has been estimated that 31% of parents involved in substantiated cases of child abuse or neglect experience significant problems with alcohol use (Department of Human Services 2002).

The impact on crime

Alcohol-related disturbance and assault ranges from acts of vandalism, offensive behaviour and disruption to far more serious antisocial behaviour, which can result in violence or injury to others (National Health and Medical Research Council 2009). Hence, it is not surprising that much of the time and resources of policing in Australia are related to incidents involving alcohol. Alcohol is significantly associated with crime, with some studies suggesting that alcohol is involved in up to half of all violent crimes and a lesser but substantial proportion of other crimes (National Health and Medical Research Council 2009).

The links between alcohol and gendered violence

In a current review of evidence regarding the links between alcohol and violence occurring between men and women, it was concluded that violence against women and alcohol consumption often co-occurs. In general the literature suggests that:

- the presence of violence and/or controlling behaviour is the most significant factor for predicting alcohol associated violence. For instance, in a National Survey of women's experiences of male violence, it was found that men's negative attitudes towards women and their engagement in controlling behaviours were far better predictors of partner violence than their drinking alcohol. (Mouzos & Makkai 2004);
- whilst alcohol can not be indicated as a direct cause of gendered violence, there is a clear link between the level of intoxication of the perpetrator and severity of violence used, particularly in relation to sexual assault; and
- the most significant factors accounting for co-occurrence of alcohol and violence against women are the widespread social norms and attitudes that both support the use of

alcohol as a social and sexual facilitator and as an excuse for violent behaviour (VicHealth, in press).

We purport that alcohol consumption compromises cognitive control which leads to disinhibition of attitudes and behaviours that are ordinarily restrained through social expectations and norms. Disinhibition of specific attitudes and behaviours such as sexist attitudes and behaviours can then lead to violence, in this case, violence perpetrated against young women. We further purport that by reducing alcohol consumption and changing sexist attitudes and behaviours, the incidence and severity of violence can be reduced.

In summary, whilst alcohol in isolation does not cause gendered violence, negative attitudes toward women, combined with alcohol consumption, is likely to increase the incidence and severity of assaults.

The economic impact

The cost to the Australian community from alcohol-related harm in 2004/05 was estimated to be more than \$15 billion (Collins & Lapsley 2008).

- Much of this cost is borne outside the health system.
- One of the major tangible costs is lost productivity in the workplace (\$3.5 billion).
- An estimated 689,000 Australians attend work under the influence of alcohol each year (Australian Institute of Health and Welfare 2008).
- Other costs outside the health system include road accidents (over \$2 billion), crime (\$1.6 billion) and lost productivity in the home (\$1.5 billion).
- It is also estimated that alcohol is responsible for insurance costs totalling \$14 million (Collins & Lapsley 2008).

Alcohol availability

In recent years there has been a significant liberalisation of state and territory liquor licensing laws, and a corresponding growth in the diversity and number of alcohol outlets, both on- and off-premises. Recent research from three states (Chikritzhs & Stockwell 2006; Chikritzhs et al 2007; Donnelly et al 2006; Livingston 2008a; Livingston 2008b) has demonstrated consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there. In particular, these studies have linked rates of violence to density of alcohol outlets. The results of this research are clear: liberalising alcohol availability is likely to increase alcohol-related problems.

The price of alcohol

The price of alcohol clearly impacts on consumption patterns. Australian and international studies confirm that when alcohol increases in price, consumption is reduced. A recent systematic review of 112 studies examined the relationships between alcohol tax or price levels and alcohol sales or self-reported drinking. The review concluded that alcohol price and tax increases are related inversely to drinking levels; in other words, policies that raise the price of alcoholic beverages are an effective means of reducing alcohol consumption (Wagenaar, Salois & Komro 2009).

In addition, studies have shown that price increases reduce problems due to alcohol, including binge drinking and a variety of alcohol-related harms (for example, motor vehicle accidents, cirrhosis mortality and violence) (Markowitz 1999; Chaloupka, Grossman & Saffer 2002; Cook 2007).

Social and economic factors that contribute to violence by young Australians

Through conduct of an international evidence review undertaken by VicHealth in 2007 and through analysis of research conducted by Flood and Fergus in 2006, three common features emerge:

1) Gender roles and relationships

- Young people's vulnerability to violence in relationships is heightened by strong peer norms, inexperience, age differences in relationships and lack of access to services.
- Among young people, attitudes towards relationship violence are worst among younger males.
- Males are more likely to accept violence against females if they have traditional gender attitudes.
- Male dominated dating relationships and sexist peer cultures are also key risk factors for violence.
- Young people's violence supportive attitudes and norms can be shaped by pornography and the media.
- At the same time, a majority of young men believe that violence against women is unacceptable.

2) Social norms and practices relating to violence

- Violence is invisible and "normal" among young people.
- Violence in the community, exposure to violent relationships among peers and childhood exposure to family violence are all risk factors for relationship violence.

3) Access to resources and systems for support

- Social disadvantage is a risk factor for violence.
- Young women who are socially isolated are more at risk.
- Personality disorders and adolescent delinquency increase males' likelihood or perpetrating violence.
- Alcohol and drugs may be used by some males to avoid responsibility for perpetrating violence or as a strategy to overcome resistance (Flood & Fergus 2008).

Strategies to reduce violence and its impact on young Australians

Preventing gendered violence

Substantial research and associated activity has taken place to develop evidence based frameworks to guide activity to prevent gendered violence. The Committee is referred to the following reports which are available or which will become available during 2009.

1) A national community attitudes survey on gendered violence including focus on young people

A national community attitudes survey on gendered violence has been conducted by VicHealth in collaboration with the Centre for Social Research and the Australian Institute for Criminology, with results to be released by the Commonwealth government in November 2009. This survey contains data on contemporary attitudes of young Australians and makes recommendations on actions that could be implemented to support development of attitudes and behaviours to prevent gendered violence.

More information: www.vichealth.vic.gov.au/Programs-and-Projects/Mental-Health-and-Wellbeing/Preventing-Violence/National-Community-Attitudes-Survey-2009

2) A framework to prevent gendered violence: A multi level, cross-sector approach

In Australia, VicHealth's *Preventing violence before it occurs: A framework to guide the primary prevention of violence against women* (VicHealth 2007) provides a blueprint for understanding the problem and directing prevention efforts across sectors over the short, medium and longer term. In particular the framework indicates the importance of adopting multi-method approaches across sectors with particular effort placed on development of 1) school based education programs, 2) social marketing strategies targeting young people and 3) community level strategies to reduce violence supportive attitudes and establish positive social norms.

More information: www.vichealth.vic.gov.au/Programs-and-Projects/Mental-Health-and-Wellbeing/Preventing-Violence/Preventing-violence-before-it-occurs

3) A report on young people and violence

The report *An Assault on Our Future: The impact of violence on young people and their relationships* (Flood & Fergus 2008) makes a significant contribution to issues pertaining to young people and violence by presenting a comprehensive overview of violence experienced by young people and recommendations regarding the actions required to prevent this violence.

More information:

www.whiteribbonday.org.au/media/documents/23546WhiteRibbonYouthSummary.pdf

4) An international review of school based approaches to prevent gendered violence

An additional seminal work is that produced by Heenan and Flood focusing on an international review of school based programs designed to address gendered violence. The review has been conducted in conjunction with the Victorian Department of Education and will be released toward the end of 2009.

5) The links between alcohol and violence: An evidence review

An evidence review on the links between alcohol and violence and models of good practice to prevent alcohol related violence has recently been conducted by VicHealth. The results of this review will be released toward the end of 2009.

Preventing alcohol as a contributing factor to violence

In the past, Australia has held an impressive track record in taking bold action to prevent and reduce the harm caused by alcohol. Our drink driving campaigns and low taxes on light beer are examples of prevention measures that have been exported around the world. Measures such as these are now decades old, however, and while they provide a foundation to build upon, more determined and progressive action is required to tackle the nature and extent of the harmful drinking culture that prevails in Australia today.

VicHealth strongly endorses the recent recommendations of the National Preventative Health Taskforce in relation to preventing alcohol related harm (see National Preventative Health Taskforce 2009). These represent a comprehensive, multi-pronged and evidence-based approach to prevention. In sum and individually, these recommendations have great promise to prevent and reduce alcohol related harm, including the incidence of violence, in the Australian community. Some of the recommendations most relevant to this Inquiry include:

1.1 States and territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws, including:

- *Outlet opening times, outlet density*
- *Accreditation requirements prior to the issuing of a liquor licence*
- *Late-night and other high-risk outlets*
- *Responsible Serving of Alcohol (RSA) and training model*

1.2 Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations, relating to:

- *Optimal levels of enforcement of drink-drinking laws*
- *Intelligence-led, outlet-focused systems of policing and enforcement*
- *Annual review of liquor licences as part of annual licence renewal process*
- *Demerit points penalty systems for licensees who breach liquor control laws, with meaningful and graduated penalties depending on severity and frequency of offence*
- *Monitoring and reporting on enforcement of legislation*

4.1 Commission independent modelling under the auspices of Health, Treasury and an industry panel for a rationalised tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.

4.2 Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promotes safer consumption.

It is critical that violence prevention policies and programs relating to alcohol are informed by sound data on alcohol consumption and alcohol-related harm in the Australian population. There is an urgent need to collect and analyse nationally consistent data about alcohol sales, consumption, outlets and alcohol-related health and safety outcomes. This data will then inform the modelling of safer patterns of alcohol consumption in different communities and settings, and the monitoring of the impact of changes in alcohol policies, alcohol availability and other factors.

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