

Alcohol, Young Persons and Violence

Alcohol, Young Persons and Violence

Edited by Paul Williams



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Foreword

On 13 December 1999 the Australian Institute of Criminology (AIC) hosted a Roundtable on Alcohol, Young Persons and Violence. Its purpose was to highlight new empirical data, to explore innovative interventions, and to inform the development of the National Alcohol Strategy.

Participants comprised:

- John Braithwaite, Australian National University;
- Sally Brinkman, National Drug Research Institute;
- Aaron Briscoe, Office for Aboriginal and Torres Strait Islander Health Services;
- Margaret Cox, Commonwealth Department of Health and Aged Care;
- Charlotte de Crespigny, Flinders University;
- Peter Grabosky, Australian Institute of Criminology;
- Siobhan Hennessy, Australian Institute of Criminology;
- Robyn Lincoln, Bond University;
- Michael Lynskey, National Drug and Alcohol Research Centre;
- Toni Makkai, Australian Institute of Criminology;
- Sean Minney, Commonwealth Attorney-General's Department;
- Jennifer Taylor, Commonwealth Department of Health and Aged Care;
- Steve Vaughan, Commonwealth Department of Health and Aged Care;
and
- Paul Williams, Australian Institute of Criminology.

Nine of the papers appearing in this publication were presented at the Roundtable. One paper (Hennessy and Williams) was commissioned for the publication, and substantial sections of two papers (Cameron, Williams) have previously been published in the AIC's *Trends and Issues in Crime and Criminal Justice* series. The Institute wishes to acknowledge the support provided for this project by the Commonwealth Attorney-General's Department, National Crime Prevention Program.

This publication complements the long history of Australian Institute of Criminology research into violence. A list of this research appears in Appendix 1. Appendix 2 provides an explanation of the National Violence Prevention Awards, together with a complete list of the awardees in 2000.

Adam Graycar
Director, Australian Institute of Criminology
January 2001

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Introduction

While the association between alcohol and violence is not fully understood, the overwhelming evidence is that the two are proximate. Violence is more likely to occur in the presence of alcohol consumption than when alcohol is not consumed. Similarly, levels of alcohol consumption and violence are higher among younger than older persons, and particularly so for young males.

In 1988 the National Committee on Violence was established to examine the causes and consequences of violence and the scope for violence interventions in Australia. The Committee's fifth term of reference specifically addressed the effects of drugs and alcohol on violent behaviour. The Committee concluded:

- "The suggestion that 'drugs cause violence' is an oversimplification. The effect of a drug on an individual's behaviour is the product of a range of drug and non-drug factors which include the pharmacological properties of the substance in question, the individual's neurological foundation, personality and temperament, his or her expectations of the drug's effects and the social setting in which the individual is located.
 - Drug use and violent behaviour may result from a common cause—the inability to control one's impulses. Beyond this, drug use may compound the impairment of impulse control in an otherwise aggressive person.
 - Alcohol—a close association exists between alcohol and violence, but the relationship is complex. It is probably less a result of alcohol's pharmacological properties and more a product of coexisting psychological, social and cultural factors.
 - Illicit drugs—except in the case of PCP (angel dust) and, to a lesser extent, amphetamines, violence is rarely associated with the pharmacological effects of illicit drugs. Of course, violence is frequently associated with the trafficking and distribution of these substances."
- (National Committee on Violence 1990, pp. xxv–xxvi)

Explanations for the Association Between Alcohol and Violence

Despite the passage of time, the Committee's conclusions would still resonate with explanations reviewed in this publication. Williams (Chapter 6) describes, at the very fundamental level, three propositions: "alcohol use causes [violence], [violence] leads to heavy alcohol use, [and] both alcohol consumption and social disorder are independent from each other, but share a common third cause".

Brinkman et al. (Chapter 4) refer to the "Prevention Paradox" which describes the phenomenon whereby the "majority of people involved in alcohol-related violence would generally be classified as, on average, light or moderate drinkers, who also occasionally 'binge drink'". de Crespigny (Chapter 2) and Lincoln and Homel (Chapter 3) mention "rites of passage". Both Makkai (Chapter 5) and Carcach and Conroy (Chapter 9) refer to the disinhibition and social learning models. "The former model is based on the pharmacological properties of alcohol to lower criminal and other inhibitions that normally restrain individuals from antisocial behaviour. The latter model argues that individuals learn to behave in certain ways while intoxicated, knowing that such behaviour will not be condemned."

Hennessy and Williams (Chapter 7), in examining Indigenous alcohol-related violence, refer to a social learning "excusive" model—"I was drunk, I couldn't help it, I don't know what I was doing, I don't remember" that "allows" alcohol-related violence to occur. Lynskey (Chapter 8) refers to situational attraction where "aggressive people may seek out locations and social situations (such as crowded bars) where violence is less socially unacceptable" and socio-psychological factors such as "social disadvantage ... family history of substance abuse and/or violence, disrupted or dysfunctional family environment [and] early behavioural difficulties".

About this Report

This report is divided into four sections. The first can be loosely described as epistemological in content and comprises papers by Taylor and Carroll, de Crespigny, Lincoln and Homel, and Brinkman et al. The first three papers look at the meanings and understandings which Australians attach to the alcohol "problem" and the fourth looks at a framework for measuring

alcohol-related violence. The second section presents empirical evidence on the prevalence of alcohol-related violence and comprises papers by Makkai, Williams, Hennessy and Williams, Lynskey, and Carcach and Conroy. The third section looks at violence prevention initiatives and comprises papers by Vaughan and Cameron. The fourth section (Appendixes 1 and 2) provides a bibliography of Australian Institute of Criminology research into violence and a description of the Australian Violence Prevention Awards.

Taylor and Carroll report results from market research for the National Alcohol Campaign, which is being conducted by the Commonwealth Department of Health and Aged Care. They report that negative alcohol-related experiences are common among young people and a significant proportion have witnessed or experienced alcohol-related violence and aggression. However, “despite high levels of recent experiences of negative consequences related to drinking, young people believe that positive outcomes are more likely to occur and are valued most highly. In contrast, negative outcomes are seen as less likely to occur and heavier drinkers rate those circumstances as less negative than non-drinkers”.

de Crespigny reports the results of an ethnographic study of young females. Results indicate that young women enjoy a particular “pub culture”, selecting particular pubs and “purposely seek a particular level of intoxication that they want and have learnt to recognise from past social drinking experience. This was based on being ‘tipsy’ enough to be confident, sociable and relaxed and yet able to maintain control of their own behaviour and decorum”. As they aged, they were “better able to plan and carry out their binge drinking ‘successfully’”. However, by “just being” in pubs they are “at greater risk of harm due to the presence and behaviours of aggressive and predatory men”. While recognising that young women are responsible for their own behaviour, de Crespigny argues that “there is a very real responsibility for State and local government, public and private industry, including the media, to advocate for and improve the safety of [young women] who choose to patronise licensed venues”.

Lincoln and Homel report further results from the widely published Surfers Paradise situational intervention study. The situational factors which were related to violence were “drink promotions; groups of young males; crowding; lack of comfort; aggressive bar staff and security personnel; and inept methods for dealing with patrons”. They argue that “youthful alcohol use has an overriding ‘rites of passage’ element”. The rites are described as “paradoxical” in that there is “little responsibility on the providers of alcohol

venues to provide safe environments and on the broader community with respect to alcohol consumption attitudes”.

Brinkman, Chikritzhs, Stockwell and Mathewson argue that the use of surrogate measures of alcohol-related violence can be used to target and evaluate local [violence] prevention initiatives and policies. The underlying premise is that a number of direct measures of efficiency and effectiveness are hidden from investigators largely due to under-reporting. Three “proxy” or surrogate indicators are suggested: “night-time assaults occurring in public places; night-time presentations of assault injuries to emergency departments and local aetiological fraction-adjusted hospital admissions for assault injuries”.

Makkai updates her previous AIC alcohol-related social disorder research to include the most recent (1998) National Drug Strategy Household Survey. It confirms that alcohol-related social disorder is widespread in the Australian community, with two in every five persons experiencing victimisation within the previous 12 months. Concerning young persons more particularly, “as age increases, then the probability of being a victim declines”. For example, persons aged 14–24 years are over three times more likely than older persons to experience physical abuse and they were between five and six times more likely to perpetrate physical abuse. Concerning the overlap between victimisation and offending, Makkai recognises more “complex preventative models that target both offending and victimisation need to be developed”. She recommends that as “these kinds of behaviour tend to be concentrated within particular socioeconomic groups, scarce resources can be carefully targeted and their impact evaluated to determine models of best practice”.

Williams’ paper uses the same data source as Makkai, and compares rates of alcohol-related disorder occurring among rural and metropolitan youth. Over one-third of 14–19-year-olds and two-thirds of 20–24-year-olds experienced alcohol-related physical or verbal abuse in the previous 12 months. Approximately three-quarters of all alcohol-related abuse was committed by just 12 per cent of persons aged 14–24 years and about three-quarters of perpetrators were also victims of alcohol-related abuse. Most of the abuse in rural areas occurred in pubs and clubs and often involved sexual intimates; more so than was the case for metropolitan areas. Williams concludes the “successful efforts of the liquor industry in promoting responsible serving practices (supported where necessary by regulatory frameworks) may need reinvigorating and strengthening”.

Hennessey and Williams report that while slightly fewer (urban) Indigenous persons consumed alcohol than did non-Indigenous persons, there was a far higher level of hazardous and harmful drinkers among Indigenous alcohol consumers. Less than one in five young Indigenous drinkers consumed at moderate levels. Indigenous persons were, however, aware of and concerned about the effects of alcohol, with over 95 per cent believing alcohol consumption to be a serious issue and over 90 per cent believing that alcohol-related violence was a serious issue. Over one-third of Indigenous persons aged 14–24 years had been a victim of an alcohol-related abuse in the previous 12 months and over a quarter had been perpetrators. Over half of the abuses were committed by just 15 per cent of the cohort.

Lynskey reports results from a Christchurch (New Zealand) longitudinal survey which has tracked a 1977 birth cohort. Youth who had misused alcohol were almost six times more likely to have committed violent offences than were youth who had not. “After controlling for a range of prospectively assessed factors, the associations between alcohol misuse and offending were substantially reduced ... Nonetheless, even after controlling for these factors, there was a significant association between hazardous alcohol consumption and violent offending”. Those at risk of hazardous consumption and violent offending were also at increased risk of other problem behaviours and mental health problems. Lynskey concludes “much of this association is likely to arise from the common effects of social, family and individual characteristics that place individuals at heightened risks for a wide range of adverse outcomes”.

Carcach and Conroy use 10 years’ data from the AIC’s National Homicide Monitoring Program to examine the relationship between alcohol and homicide, and in particular the applicability of “routine activities” to describe the likelihood of homicides being alcohol-related. “Alcohol-related homicides tend to be the result of altercations involving a male offender and a male victim who are very likely to know each other and to have congregated in a place other than the home”. Carcach and Conroy are reluctant to identify policy implications, however the finding of “the concentration of [alcohol-related homicide] in recreational locations, arguably places where alcohol is sold and consumed” suggests situational prevention measures might be explored.

Vaughan describes an “Alcohol Accord” model which identifies law enforcement, the alcohol industry and local government as stakeholders in a collaborative partnership “to operate profitably whilst protecting the

community against the mayhem resulting from excessive consumption of alcohol in licensed premises". Using the "City of Bright Lights" as a test case, Vaughan takes us through the steps required, including the identification and attention to barriers, in order to develop, implement and maintain an Accord.

Cameron reports on a recent AIC consultation with young men who had perpetrated violence, including alcohol-related violence. She identifies a range of interventions which might be implemented. "The young men [who participated in the consultation] hoped that their families would change, but violence prevention in this area has proven to be difficult". As a result of the consultation, Cameron concludes "programs that appear promising for working with violent young men include new approaches to policing and the provision of anger management programs and recreational facilities". Cameron identifies better relations with the police as the cornerstone to better outcomes for these young men.

Concluding Remarks

The relationship between alcohol, young persons and violence remains murky. This publication does not attempt to provide a comprehensive description of the extent and nature of the "problem". Nor does it offer a prescriptive policy solution. It provides, however, examples of recent research and policy opportunities in the area and offers evidence which will contribute to the development of the National Alcohol Strategy. A national strategy which fails to address the alcohol–violence cycle in which many young people are engaged, is fundamentally flawed. The development of the National Alcohol Strategy does appear, however, to have addressed the issue.

The recently released *National Alcohol Action Plan 2000–2001 to 2002–2003* (NEACA 2000) identifies the following "primary objectives":

- to reduce the incidence of premature mortality related to the misuse of alcohol;
- to reduce the incidence of acute and chronic morbidity (disease and injury) related to the misuse of alcohol;
- to reduce the incidence of social disorder, family disruption, violence, including domestic violence, and other crime related to misuse of alcohol; and

- to reduce the level of economic loss (to individuals, communities, industries and Australia as a whole) related to misuse of alcohol.

Eleven key strategy areas are also identified:

1. informing the community;
2. protecting those at higher risk;
3. increasing social and emotional well-being in children;
4. improving the effectiveness of legislation and regulatory initiatives;
5. responsible marketing of alcohol;
6. harm reduction—drinking environments;
7. harm reduction—drink-driving and related issues;
8. intervention by health professionals;
9. workforce development;
10. pricing and taxation; and
11. research and evaluation.

The first four of these key strategy areas are “priorities” for action under the National Alcohol Action Plan.

Consultations on the Action Plan are continuing. The National Expert Advisory Committee on Alcohol is to be applauded on its efforts in addressing the link between alcohol and violence.

References

- National Committee on Violence 1990, *Violence: Directions for Australia*, Australian Institute of Criminology, Canberra.
- National Expert Advisory Committee on Alcohol (NEACA) 2000, *National Alcohol Action Plan 2000–2001 to 2002–2003*, NEACA, Canberra.

Contributors

At the time of writing, **Sally Brinkman** was with the National Drug Research Institute (NDRI; formerly the National Centre for Research into the Prevention of Drug Abuse). Sally had previously managed the South Australian Health Commission's Port Pirie Investigation Group environmental epidemiology team. At NDRI, Sally worked on the Western Australian Liquor Licensing Demonstration Project, the National Alcohol Indicators Project, issues to do with the formulation of a "service population figure", and various consultancies concerning indicators of alcohol-related harm. Sally was also a member of the Alcohol and Injury Reference Steering Committee for the Health Department of Western Australia's Alcohol and Injury Surveillance Project while at NDRI. Currently, Sally is a Senior Research Manager at Right Marketing Australia, a market research firm based in Perth and Melbourne.

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Dr Tom Carroll is a public health social marketing specialist who has spent the last 15 years consulting on national campaigns and communication strategies across a range of public health areas, including alcohol, tobacco, pharmaceutical and illicit drugs, HIV/AIDS, mental health, breast and cervical cancer, child protection, and childhood immunisation. Tom's PhD thesis focused on social marketing and teenage drinking. His current

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Tanya Chikritzhs is a Research Fellow at the National Drug Research Institute where her principal role is coordinating the National Alcohol Indicators Project. Her background is in psychology, epidemiology and biostatistics. Tanya's doctoral thesis concerns the evaluation of the public health impacts of licensing policy initiatives such as extended trading hours and Alcohol Accords. Recently, she was also principal author of a major report concerning the economic and health benefits of the Northern Territory's Living With Alcohol program.

Rowena Conroy was a Research Assistant with the Crime Analysis and Modelling Program at the Australian Institute of Criminology until November 1999. She holds an Honours Degree in Psychology from the Australian National University. She is currently working towards her PhD at the University of New South Wales.

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At the time of writing, **Siobhan Hennessy** was a Project Officer at the Australian Institute of Criminology in the Illicit Drugs Evaluation Program. Siobhan has research interests in the area of illicit drugs, criminal activity, and antisocial behaviour. At the AIC Siobhan was responsible for two projects: the Illicit Drug Reporting System (ACT), a triangulated convergent validity study of illicit drug use; and Drug Use Careers of Offenders (DUCO). This latter study looks at the intersection of drug using and criminal careers, using a combination of inmate interviews and matched administrative data. Siobhan is currently a Project Officer at the Australian Bureau of Criminal Intelligence (ABCI).

Ross Homel is Professor of Criminology and Criminal Justice at Griffith University. He has published widely on his alcohol and violence research, with extensive work in the crime prevention field. He is a lead researcher and author for the recent works by the Developmental Crime Prevention Consortium—*Pathways to Prevention*.

Robyn Lincoln is Assistant Professor in Criminology at Bond University. She has special research and publications interest in the area of Aboriginal criminal justice, especially with respect to theoretical developments. She has also written and researched in the fields of crime prevention, juvenile justice and media representations of crime.

Dr Michael Lynskey currently works as a lecturer in the National Drug and Alcohol Research Centre at the University of New South Wales in Sydney. He is working in a number of areas including the epidemiology of illicit drug use and drug-related harm, the comorbidity of substance use and mental health problems, and the prevention of substance-related harm. Michael previously worked at the Christchurch Health and Development Study. While working on this study he developed research interests in a range of topics including: the development of substance use and misuse during adolescence; the aetiology and assessment of mental health problems, criminal offending and adjustment problems during adolescence; and the statistical analysis of large data sets.

Dr Toni Makkai is Deputy Director of Research and Head of the Illicit Drugs Monitoring Program at the Australian Institute of Criminology. She has a PhD from the University of Queensland and has held research and teaching positions at universities in Australia and the United Kingdom. She has written widely on the patterns of illicit drug use and regulatory compliance. Her current interests are illicit drugs and crime, and professional values and ethics. Toni is currently project manager of the Drug Use Monitoring in Australia (DUMA) project and co-investigator of the 30-year panel study of the Professions in Australia project.

At the time of writing, **Payson Mathewson** worked at the National Drug Research Institute. Payson's qualifications are mainly in the fields of English Literature and Film and Media. Payson worked at NDRI as a Research Assistant and continues to have a keen interest in social issues research. Payson is currently directing a documentary for the Australian Broadcasting Corporation on scholarship funding.

Professor Tim Stockwell was Director of the National Centre for Research into the Prevention of Drug Abuse from 1996 to 1999 and is now Director of the National Drug Research Institute, Curtin University. He studied Psychology and Philosophy at Oxford University, obtained a PhD at the Institute of Psychiatry, University of London, and is a clinical psychologist. Before emigrating to Australia in 1988, Professor Stockwell worked closely with GPs to set up one of the first home detoxification programs in the United Kingdom. He was Regional Editor for Australasia of the journal *Addiction* (1993–99) and has published over 120 research papers, book chapters and monographs, plus several books on prevention and treatment issues. His current interests include alcohol taxation, liquor licensing legislation and the assessment of alcohol consumption and related problems at the community level. He currently serves on the National Expert Advisory Committee on Alcohol and the National Health and Medical Research Council's Working Party Reviewing the National Drinking Guidelines.

Jenny Taylor is Director of the Research and Marketing Group, Department of Health and Aged Care. She is a registered psychologist and has a Master of Public Health. Jenny has over 10 years of public sector experience in health psychology and public health communication. As Director, she is responsible for providing expert advice and management of research for development and evaluation of the Department's social marketing campaigns. In addition to alcohol, these have included tobacco use, harmful use of other licit and illicit drugs, childhood immunisation, mental health, breast and cervical cancer screening, and HIV/AIDS-related discrimination.

Steve Vaughan is the Law Enforcement Policy Officer in the National Drug Strategy Program at the Commonwealth Department of Health and Aged Care. In this position he is responsible for consultation and liaison with State, Territory and Commonwealth law enforcement and health agencies to ensure drug-related issues which involve law enforcement, or which may potentially impact on law enforcement, are referred to the appropriate officers or agencies for consideration. Steve represents the Department as a law enforcement voice on identified and relevant national committees, subcommittees and working groups. Prior to joining the Department, Steve was a serving member of the Victorian Police Service.

Paul Williams is Head of the Illicit Drugs Evaluation Program at the Australian Institute of Criminology. He is a social scientist specialising in program evaluation and, in the past four years, has evaluated aspects of the National Childhood Immunisation Program, the National Mammography and Cervical Screening Programs, and the National Drug Strategy. He was the principal investigator for the 1998 National Drug Strategy Household Survey. At the Australian Institute of Criminology, Paul is responsible for the development and management of the Drug Use Careers of Offenders (DUCO) study, the Illicit Drugs Reporting System (Australian Capital Territory) and the National Inventory of Alcohol and Other Drug Treatment Services in Corrections facilities.

1 Youth Alcohol Consumption: Experiences and Expectations

Jenny Taylor and Tom Carroll

Abstract

This chapter focuses on key issues emerging from research undertaken for the National Alcohol Campaign in relation to teenage and young adult drinking, experience and expectations of violence and other negative consequences occurring as a result of excessive drinking, and parental attitudes. Despite high levels of experiences of negative consequences from alcohol consumption, youth are more likely to rate positive potential outcomes as more likely to occur.

Background

The National Drug Strategic Framework 1998–99 to 2002–03, adopted by the Ministerial Council on Drug Strategy in November 1998, has as its mission “to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society”. Within this framework, alcohol is recognised as a major cause of drug-related harm in Australia, second only to tobacco as a preventable cause of morbidity and mortality. The framework also recognises the role of education campaigns to increase public awareness of health impacts of drug use, including an increase in the understanding of drug-related harm and the wider impacts of drug use on individuals, families and communities.

Within this context, the Federal Minister for Health, Dr Michael Wooldridge, undertook to fund the development and implementation of a national campaign to contribute to a reduction in alcohol-related harm in Australia, particularly amongst young people. A campaign reference group was established to assist the Department of Health and Aged Care in developing the campaign. The campaign reference group is comprised of members of the National Expert Advisory Committee on Alcohol—one of the expert advisory committees established to provide advice to the Ministerial Council on Drug Strategy.

Method

A two-staged qualitative/quantitative approach was adopted for a formative research study to guide the development of the campaign. The Department of Health and Aged Care (then known as the Department of Health and Family Services) commissioned Elliott & Shanahan Research to conduct the research in consultation with the six-person National Alcohol Campaign Reference Group. A more detailed description of the research methodology is provided in Shanahan and Hewitt (1999).

Stage 1: Qualitative Research

Stage 1 comprised a series of group discussions and individual interviews among teenagers aged 15–17 years, young adults aged 18–24 years, parents of 12–17-year-olds, teachers and key stakeholders. In total, 17 group discussions, 16 mini-group discussions and 40 in-depth interviews were conducted. The aim of the qualitative research was to explore current beliefs, attitudes and behaviours regarding alcohol consumption amongst young people and to identify likely barriers or enablers that could be expected when attempting to produce a positive change in behaviour.

The qualitative research was conducted in six locations across three States to provide respondents from a broad range of environments. The fieldwork was conducted in Sydney, Melbourne, Newcastle (New South Wales), Ballarat (Victoria), Sunshine Coast (Queensland), and Condobolin (New South Wales).

The sample is outlined below.

15–17-year-olds

- Six mini-groups of male drinkers;
- two mini-groups of male non-drinkers;
- six mini-groups of female drinkers;
- two mini-groups of female non-drinkers;
- 14 individual interviews (with Indigenous youth and teenagers who had left school and were unemployed, working or studying).

All drinkers were recruited on the basis of having drunk alcohol within the last 12 months.

18–24-year-olds

- Four male group discussions;
- three female group discussions.

Parents of Teenagers Aged 12–17 years

- Three male group discussions;
- three female group discussions;
- three individual interviews with sole parents.

Key Stakeholders

Twenty individual interviews with people such as hotel, club and bar staff/managers, ambulance/paramedics and police.

Stage 2: Quantitative Research

A series of national surveys followed the qualitative phase of research to quantify key measures to provide a benchmark for monitoring of the proposed campaign. Three surveys were conducted:

1. teenagers aged 15–17 years: 800 face-to-face interviews;
2. parents of teenagers aged 12–17 years: 404 telephone interviews;
3. young adults aged 18–24: 601 telephone interviews.

Sample breakdowns for each survey are presented in Appendix 1.

This chapter focuses on results from the teenage and young adult components of the research, drawing on the parental component where appropriate. It does not address the teacher or stakeholder research component as these were only included in Stage 1 of the research.

Results

Perceptions of Teenage Drinking

Seventy-eight per cent of 15–17-year-olds reported that they believed that more teenagers were “drinking too much alcohol” now, compared with 12 months previously. In a similar study carried out in 1988, 70 per cent of 15–17-year-olds had reported that more teenagers were drinking too much alcohol. It would be expected that alcohol consumption among teens would increase with age, however, amongst teenagers themselves there is a

perception of increasing teenage consumption. Also, in contrast to the 1988 study, a higher perception of hopelessness, despondency and uncertainty about the future was noted in the qualitative research with teenagers.

Some findings, however, were very consistent with those observed a decade previously, including perceptions of the significant role that alcohol plays in adolescent culture and the propensity for teenagers to adopt binge drinking styles, aiming to get drunk and to do so quickly. Binge drinking was seen as routine and planned behaviour. Both boys and girls believed drinking by teenage girls was more problematic than that by boys. Reasons for this concern related to girls getting intoxicated more quickly and therefore being more likely to suffer the potential negative consequences of excessive drinking and resultant shame and humiliation. Boys, on the other hand, were expected to be able to “handle” their alcohol and, therefore, were perceived to be less vulnerable to negative consequences.

Some “environmental” changes relevant to teenage drinking which were observed in 1998 include the greater range of alcoholic drinks now available, the increased number of outlets for alcoholic beverage sales, and the greater ease with which more cash for drinking can be accessed from automatic teller machines or EFTPOS (electronic funds transfer at point of sale) facilities.

Consumption

Only 15 per cent of 15–17-year-old males and 11 per cent of females reported that they had never had an alcoholic drink. More than half (53%) of 15–17-year-olds reported that they had consumed more than 10 drinks in their life, increasing from 35 per cent amongst 15-year-olds to 70 per cent amongst 17-year-olds. There was no difference between 15–17-year-old boys and girls on this measure.

In terms of recency of drinking, amongst the 39 per cent of teenagers who had drunk within the previous two weeks, 57 per cent of teenage girls, compared with 45 per cent of teenage boys, reported drinking on two or more occasions during the previous two weeks. However 10 per cent of boys, compared with five per cent of girls, had consumed alcohol on six days or more over this period.

In terms of the level of consumption on the most recent drinking occasion, 42 per cent of males (who had ever drunk alcohol, n=322), compared with 34 per cent of females (n=326), consumed the equivalent of five or more drinks, and 32 per cent of males, compared with 24 per cent of females, consumed seven or more drinks.

Hence, while teenage girls appear to be generally drinking as frequently as boys, and often to high levels of consumption, heavy drinking is still more common amongst boys. This, however, can be contrasted with teenagers' subjective assessment of their drinking, where girls (43% of those who had ever drunk alcohol) were more likely than boys (39%) to report that there had been an occasion when they had drunk "too much".

Respondents aged 18–24 years reported somewhat different drinking patterns and claimed to be more "controlled, regular and responsible" in their drinking. However, this is not reflected in their reported behaviour. Ninety-four per cent reported they had ever consumed alcohol and, of these, 62 per cent reported drinking in the last seven days. Among males, 51 per cent had consumed five or more standard drinks and 30 per cent had drunk 10 or more standard drinks on their last drinking occasion. Among females, 36 per cent had drunk five or more standard drinks and 15 per cent had drunk 10 or more drinks on their last drinking occasion.

Venues for Drinking and Supervision

Locations which teenagers identified as places where they were likely to drink excessively included public places such as parks and beaches. These were also the locations where parents believed teenagers would be drinking.

However, when location of consumption on the previous drinking occasion was examined it became clear that almost two-thirds of 15–17-year-olds (63% of those who had ever tried alcohol, $n=695$) had consumed alcohol in a home setting where there was some form of adult presence, if not supervision. These settings were designated as "at a party (with adult supervision)", "in my home with parents or parents' friends", "in my home with friends (with adult supervision)", or "at my friend's home (with adult supervision)".

Of concern in relation to this drinking was the fact that amongst those who had consumed seven or more drinks on this last drinking occasion ($n=184$), more than half (55%) had been drinking in one of these settings with adult supervision. Furthermore, 32 per cent of teenagers reported that the last time they drank "too much" occurred in one of these settings.

Alcohol was seen by youth to be easy to access, with many stating that older siblings, friends or older-looking friends would purchase alcohol for them. In the qualitative research, some parents reported that they supplied alcohol for their teenagers in an attempt to either influence what they were drinking or to exercise some control over how much they were drinking. These results

are supported by the quantitative findings. Almost nine in 10 (88%) 15–17-year-olds reported that they had not purchased their own alcohol on the last occasion, with 29 per cent reporting that their parents supplied it. Of note is that 16 per cent of girls and nine per cent of boys reported that on the last occasion of “drinking too much” their parents had provided the alcohol.

Among 18–24-year-olds, the most commonly reported venue for drinking on the last occasion was at a friend’s house (23%), however licensed premises are now also common venues for alcohol consumption (for example, 22 per cent reported a hotel, 20 per cent a club, and 12 per cent a nightclub).

Parents’ Perceptions

Parents reported being concerned about teenage drinking but, in general, were more concerned about the possibility of their children using illicit drugs than they were about them drinking alcohol. They reported that alcohol was something they were familiar with, but illicit drugs were completely out of the realm of experience of many. Specific concerns about drinking related to drink-driving and the immediate effects such as:

- injury or accidents;
- experimenting with illicit drugs;
- violence; and
- sexual behaviour or abuse.

Parents also perceived that their daughters were more vulnerable to these effects than their sons.

Just over half of parents (53%) considered “underage drinking” to be a problem, with two out of three single parents (66%) believing this to be the case. However, echoing the qualitative findings, there are other issues that were seen to pose a greater problem. When asked to identify from a prompted list of eight issues which they felt posed the greatest problem for teenagers (17 years and younger), more parents identified unemployment (29%) and “taking hard drugs” (25%) than “drinking too much alcohol” (13%).

There appears to be a “growing but reluctant acceptance of underage drinking” amongst parents. Elliott & Shanahan Research concluded that parents appeared to feel “powerless and overwhelmed” by the issue of underage drinking. This finding is supported by the survey finding that 51 per cent of parents agreed with the statement that most parents find it hard to talk to their teenagers about drinking alcohol.

Nevertheless, almost all parents (95%) agreed with the statement that it is parents' responsibility to teach their children when, where and how to drink, with 69 per cent of parents strongly agreeing. In terms of teaching young people to drink responsibly, 89 per cent of parents saw the family as carrying this role, although the Government (18%) and school education (16%) were also seen to carry responsibility.

Recent Experiences

Teenagers and young adults were asked how often, if at all, during the previous three months, they had experienced a range of potential negative consequences of excessive alcohol consumption.

Of particular note was that two in three teenagers reported they had "experienced seeing violence by someone who was drunk and aggressive" and "had had to look after a friend after they had drunk too much". The latter experience was reported by more females than males (73% versus 61%) and 22 per cent of girls reported that it had happened "often" in the last three months.

Eighty-three per cent of teenagers who had consumed five or more drinks on their last drinking occasion reported they had witnessed violence compared with 49 per cent of those reporting they had never had an alcoholic drink. Similarly, 87 per cent of those drinking five or more drinks on their last occasion reported having to look after friends who were drunk, compared with 31 per cent of non-drinkers. Although there was a marked difference in the likelihood of experiencing these situations according to drinking status, these results demonstrate that exposure to the negative effects of alcohol consumption among teenagers is not restricted to those who are drinking excessively.

The experience of these negative events was even higher among 18–24-year-olds who, although drinking at a wider range of venues, believe they are drinking in more controlled and responsible ways than they did when younger. In the qualitative phase of research, violence was consistently mentioned as a concern associated with drinking. The environments in which young adults drink were seen to encourage the experience of violent and aggressive acts, particularly as they were often drinking in close proximity to intoxicated strangers. As with 15–17-year-olds, most experiences were more commonly reported among those who said they drank five or more drinks on their last drinking occasion. Teenagers believed that as they were more likely to drink in locations where they were only

drinking with friends, they were less likely to encounter random acts of aggression. The proportion of 15–17-year-olds and 18–24-year-olds who reported each of the experiences is presented in Table 1.

Table 1: Experience of negative situations related to alcohol

Experience in the last three months	15–17-year-olds %		18–24-year-old %	
	Male	Female	Male	Female
Having to look after friends who have had too much to drink	60	72	75	72
Seeing violence by someone who was drunk and aggressive	67	68	75	69
A fight at a party caused by someone who was drunk	43	51	54	53
A friend who got drunk and became violent	45	39	48	39
Getting into an argument after drinking too much	41	39	48	44
Being abused by someone who was drunk and aggressive	37	36	54	42
Receiving unwanted sexual advances from someone who was drunk	28	40	52	64
Being threatened by other people who were drunk	44	39	53	43
A brawl in a pub or club caused by someone who was drunk	29	22	58	60
Being violent after drinking too much	24	22	25	17
Being injured by someone who was drunk	19	23	26	20

Although the experience of these events increased with age for males, this was not the case for all events for females. However, “receiving unwanted sexual advances” and experiencing “a brawl in a pub or club” were experienced by significantly more older than younger females.

The majority of these events were more likely to have been experienced by youth living in metropolitan than regional locations. These differences are not all large but are consistent in direction. Among 15–17-year-olds these differences were:

- seeing violence by someone who was drunk and aggressive (69% metropolitan compared with 64% regional);
- a fight at a party (51% metropolitan compared with 41% regional);
- a friend who got drunk and became violent (46% compared with 34%);
- being threatened by other people who were drunk (43% compared with 36%);
- being abused by someone who was drunk and aggressive (38% compared with 29%);
- receiving unwanted sexual advances (36% compared with 26%);
- a brawl at a pub or club (30% compared with 22%);
- being violent after drinking too much (25% compared with 16%); and
- being injured by someone who was drunk (24% compared with 16%).

The research also explored young people's use of other drugs. Youth believed that frequent or heavy drinking increased the likelihood that they would try or continue to take other drugs. Among the 25 per cent of 15–17-year-olds who reported “drinking too much alcohol” in the last 12 months, 51 per cent reported smoking marijuana in the last 12 months compared with just 15 per cent who had not “drunk too much”. Similarly, 31 per cent (compared with five per cent) reported taking other illegal drugs in the last 12 months. Approximately one in three teenagers believed they were more likely to smoke marijuana or illegal drugs when they had “drunk too much”.

Among the 47 per cent of 18–24-year-olds who reported “drinking too much alcohol” at some time in the last 12 months, 40 per cent reported smoking marijuana in this time compared with just nine per cent of those not “drinking too much”. Similarly, 27 per cent who reported “drinking too much” reported taking other illegal drugs compared with six per cent who reported not “drinking too much”.

Alcohol-Related Expectancies

As well as actual outcomes, perceived outcomes of drinking were explored. In the qualitative research, the benefits of alcohol use were seen to far outweigh any negatives. The perceived benefits of alcohol among all target groups were enjoyment, its qualities as a social lubricant, its ability to relax and, specifically among youth, its ability to bind them to a social group and to lose control when desired. Among teenagers, the potential negative outcomes were strongly associated with violence, aggression and getting pregnant or catching a sexually-transmitted disease (STD) through unplanned or unprotected sex. There was little awareness or understanding of longer-term health problems associated with alcohol use. Short-term consequences, such as vomiting, hangover and loss of consciousness, were not always associated with harm to health. For many youth the aim of drinking was to get drunk and to get drunk quickly, and this was not necessarily seen as harmful.

Perceived outcomes of alcohol consumption, or alcohol-related expectancies, were measured by asking respondents how likely, on a five-point scale (where 1 = very unlikely and 5 = very likely) they believed each of 27 items was likely to occur when drinking alcohol. They were then asked to rate how positive or negative (again using a five-point scale) each would be if it happened to them. Those experiences perceived as most likely to occur are presented in Table 2.

Table 2: Perceived likelihood of events occurring among 15–17-year-olds

Statement	Mean scores					
	Males	M 5+*	Rank	Females	F 5+*	Rank
Having fun	4.04	4.47	1	4.09	4.45	1
Feeling more relaxed	3.90	4.17	2	3.87	4.17	2
Feeling more confident talking to girls/boys	3.78	4.22	3	3.86	4.02	3
Trying new experiences	3.67	3.63	4	3.56	3.43	7
Feeling more confident generally	3.58	3.99	5	3.70	3.93	6
Experiencing a hangover	3.47	3.93	6	3.71	3.99	5
Feeling more a part of your group of friends	3.46	3.43	7	3.38	3.20	10
Losing control a bit	3.43	3.62	8	3.51	3.62	8
Talking too much	3.37	4.19	9	3.85	3.53	4
Losing respect of my parents because of what I did	3.28	3.20	10	3.42	4.19	9

* consumed five or more drinks on the last drinking occasion

Males were more likely than females to believe that “trying new experiences” and “feeling more a part of your group” would occur when drinking alcohol (Table 2). Girls were more likely than boys to believe they would “talk too much” when drinking alcohol. Heavier drinkers were slightly more likely than the total to believe that most of the above outcomes, specifically the positive ones such as “having fun” and “feeling more relaxed and confident”, would occur.

The most positively rated outcomes among 15–17-year-olds are listed in Table 3.

Table 3: Most positively rated outcomes among 15–17-year-olds

Statement	Mean scores					
	Males	M 5+*	Rank	Females	F 5+*	Rank
Having fun	3.87	4.24	1	4.01	4.40	1
Feeling more relaxed	3.64	3.94	2	3.67	3.92	2
Feeling more confident talking to girls/boys	3.55	3.88	3	3.63	3.93	3
Feeling more confident generally	3.34	3.55	4	3.48	3.80	7
Feeling more a part of your group of friends	3.28	3.53	5	3.33	3.62	6

* consumed five or more drinks on the last drinking occasion

Both males and females ranked their three most positive outcomes in the same order. Of note was the more positive value attributed to each of these outcomes among those drinking five or more standard drinks on the last occasion compared with their gender as a whole. Highest ratings on most items were provided by girls drinking five or more drinks on their last drinking occasion.

There were differences by gender regarding the ranking of the most negative occurrences if they were to occur; specifically, girls rate friends' rejection more negatively and boys rate becoming tearful more negatively (Table 4). Interestingly, heavier drinkers rated each of these events as slightly less negative than their gender as a whole.

It appears that heavier drinkers' expectancies are that the outcomes of their drinking are more likely to be positive than negative and that if they are to occur, negative outcomes are viewed less negatively. This suggests that at present the perceived likelihood of negative events occurring as a result of drinking is not a strong motivator to moderate drinking patterns among heavier drinkers.

Table 4: The most negatively rated outcomes among 15–17-year-olds

Statement	Mean scores					
	Males	M 5+*	Rank	Females	F 5+*	Rank
[Partner] becoming pregnant though unplanned sex	1.83	1.93	1	1.92	2.14	3
Catching an STD through unprotected sex	1.91	1.97	2	1.89	2.16	1
Becoming more violent and aggressive	1.99	2.13	3	1.91	2.01	2
Injuring myself	2.01	2.19	4	2.06	2.16	6
Becoming more tearful	2.02	2.06	5	2.22	3.62	16
Being harassed or taken advantage of sexually	2.04	2.16	6	1.97	2.09	4
Being rejected by my friends because of what I did	2.16	2.14	12	2.02	2.16	5

* consumed five or more drinks on the last drinking occasion

A similar exercise was completed for 18–24-year-olds, but with a shorter list of possible outcomes. These results are presented in Table 5.

Table 5: Perceived positivity and negativity of events occurring among 18–24-year-olds

Statement	Mean scores			
	Males	M 5+*	Females	F 5+*
Having fun	3.93	4.17	3.82	3.91
Feeling more relaxed	3.78	4.00	3.59	3.68
Feeling more a part of your group of friends	2.32	2.98	2.95	2.87
Doing things that will make me feel humiliated or degraded	2.30	2.33	2.00	2.04
Having a fight with my boyfriend or girlfriend	2.08	2.05	2.01	2.06
Becoming more violent and aggressive	1.94	1.94	1.73	1.71

* consumed five or more drinks on the last drinking occasion

As with the 15–17-year-olds, there was a tendency for those drinking five or more drinks on their last drinking occasion to rate positive events slightly more positively. The events of humiliation, violence and aggression were rated as more negative by females than males but no difference was detected

by the amount drunk on the last drinking occasion. Having a fight with a boyfriend or girlfriend was rated on average as fairly negative regardless of gender or amount consumed on the last occasion.

Conclusions

It appears that teenagers and young adults are exposed to a variety of negative experiences associated with alcohol consumption, with violence and aggression featuring strongly in their experiences. Although strongly related to the amount of alcohol consumed, alcohol-related violence and aggression is still being witnessed or experienced by a significant proportion of teenagers who do not drink. Experience of alcohol-related violence is not restricted to underage drinkers but it increases in young adult years.

A number of factors related to alcohol consumption may influence this situation. Binge drinking is routine, planned, and is considered the norm among teenagers and young adults. Easy access to cash outside of business hours is a recent structural change that has resulted in easier and continued access to alcohol for many teenagers. Many young people who are drinking excessively report having also used other drugs, potentially placing them in situations in which they are more vulnerable to negative consequences.

In addition, perceptions about their consumption may place young people in situations where they are more likely to encounter negative consequences. Despite high levels of recent experience of negative consequences related to drinking, young people believe that positive outcomes are more likely to occur and they are valued most highly. In contrast, negative outcomes are seen as less likely to occur and heavier drinkers rate these occurrences less negatively than non-drinkers.

The challenge for the National Alcohol Campaign will be to increase the salience of the potential negative consequences of alcohol consumption among young people in a way which is relevant and credible, and which increases motivation for young people to moderate their consumption to avoid the potential negative consequences.

References

- Shanahan, P. & Hewitt, N. 1999, *Developmental Research for a National Alcohol Campaign*, Summary Report, Commonwealth Department of Health and Aged Care, Canberra.

Attachment 1

Sample breakdown of 18–24-year-olds

	%	N
TOTAL	100	601
GENDER		
Male	51	302
Female	49	306
LOCATION		
Total urban	65	424
Total rural	35	177
AGE		
18–20 years	44	264
21–24 years	56	337
FATHER'S COB		
Australia	61	360
Other	39	241
MOTHER'S COB		
Australia	65	382
Other	35	219
ATSI DESCENT		
Yes	1	9
No	99	592
SOCIOECONOMIC STATUS		
White	46	276
Blue	54	325
STUDENT		
Yes full time	37	227
Yes part time	17	102
No	46	272
WORK STATUS		
Full time	39	235
Part time	28	166
No	34	200
RECEIVE GOVT. BENEFITS	10	80
Yes	26	156
No	74	445

Notes:

COB = country of birth

ATSI = Aboriginal or Torres Strait Islander

These figures have been weighted in accordance with ABS Census (1996) statistics for gender, age and location.

Sample breakdown of 15–17-year-olds

	%	N
TOTAL	100	800
GENDER		
Male	51	411
Female	49	389
LOCATION		
Total urban	80	640
Total rural	20	160
AGE		
15 years	36	292
16 years	33	265
17 years	31	243
FATHER'S COB		
Australia	64	512
Other	36	288
MOTHER'S COB		
Australia	67	539
Other	33	261
ATSI DESCENT		
Yes	3	22
No	96	778
SOCIOECONOMIC STATUS		
White	50	399
Blue	38	307
Not working/other	12	94
STUDENT		
Yes full time	87	700
Yes part time	2	19
No	10	81
DISPOSABLE INCOME PER WEEK		
Under \$10	26	210
\$11–\$20	29	229
\$21–\$40	19	149
\$41–\$60	10	80
\$60+	17	132

Notes:

COB = country of birth

ATSI = Aboriginal or Torres Strait Islander

These figures have been weighted in accordance with ABS Census (1996) statistics for gender, age and location.

Sample breakdown of parents

	%	N
TOTAL	100	404
GENDER		
Male	39	161
Female	61	243
LOCATION		
Total urban	60	324
Total rural	40	80
AGE		
Under 40 years	25	100
40–45 years	48	194
Over 45 years	27	110
NUMBER OF TEENS IN HOUSEHOLDS		
1	53	224
2	40	152
3+	7	28
SINGLE OR DUAL PARENT		
Dual	83	337
Single	17	67
SOCIOECONOMIC STATUS		
Yes	57	240
No	43	164
EDUCATION LEVEL		
Primary/secondary	57	221
Tertiary	28	125
TAFE	15	58
HOME OWNERSHIP		
Own	39	157
Paying off	41	169
Rent	20	78

Note:

The figures have been weighted in accordance with ABS Census (1996) statistics for location.

2 Young Women, Pubs and Safety

Charlotte de Crespigny

Abstract

This chapter presents findings and discusses key issues related to young women's attendance at pubs, and related exposure to male-perpetuated violence. Recent findings in South Australia indicate that young women who patronise pubs report that they binge drink intentionally and weekly, prefer spirits, but usually consume full-strength beer at pubs. They are frequently at risk from their own hazardous drinking. However, in practice young women are more concerned about, and regularly affected by, the physical and psychological risks from being near or in contact with violent men in particular pubs, clubs and transport services. More effective strategies by licensees and security staff, underpinned by partnerships among legislators, service providers and community members, are required to better identify and respond to, and thus prevent and reduce, the harms associated with violence that currently impact on young women and others who attend licensed premises.

Background

While it has become very clear over the last five years that many young women aged 14 years and over drink alcohol, often at hazardous levels (AIHW 1999; Single & Rohl 1997), there has been little attention to this group, in particular those aged 18 to 30 years. As a consequence, there is little in the extant literature to guide us in our understanding and responses to the needs of contemporary young Australian women who drink as young adults (Hands, Banwell & Hamilton 1995; Faust 1995; Broom 1994; Hamilton 1991) and who patronise pubs and other licensed premises (de Crespigny, Ask & Vincent 1998b).

Recent research by de Crespigny has started to redress this deficit and it has already revealed some complex issues and associated conditions that impact on young women who attend pubs. A particular concern is that despite young women's presence in pubs now being a common phenomenon, this group is yet to be recognised in the literature on hazardous drinking-related

issues associated with licensed premises in this country (Stockwell, Somerford & Lang 1991; Stockwell et al. 1992).

While there are serious risks associated with young women's binge drinking and related intoxication, there is also now evidence of serious and pervasive threats to young women's safety due to male aggression. While young women's drinking behaviour is within their own realm of responsibility and control, they cannot and should not be held responsible for the behaviour of others, such as violent and/or predatory males who attend the same pubs and who use public transport where young women are present. That young women's safety is continually compromised by such males, and that many pub settings and transport services are unsafe, is unacceptable.

The Research

Following extensive consultations with health professionals, women's health policy-makers and service providers, licensees, police, liquor licensing advisers and young women, a critical ethnographic study was conducted in two stages. Semi-structured interviews, participant observations, focus groups and then a specific questionnaire were used to critically examine young women's social drinking experiences in association with one city and four suburban pubs in South Australia. Key data sets were also used to compare particular findings, such as drinking patterns and beverage preferences, with those from national aggregated data sets. This allowed an estimate of how similar the cohort was to a nationally representative cohort in the age range. While no claims of generalisability can be made, the use of multiple methods increased the "trustworthiness" (that is, validity) of the self-reported data of young women. The findings from young women's self-reported data were thereby substantiated by staff reports, key informants and observational data. It was also possible to substantiate through a two-staged approach that this design is transferable to other similar settings and women (de Crespigny, Ask & Vincent 1998a, 1998b).

Methods

Face-to-face, audio-taped, semi-structured interviews were used to elicit information from young women as well as security, bar and management staff from the same pubs. A focus group of key industry informants was also conducted to seek their experiences, views and concerns regarding young

women in pubs. Once the preliminary analysis had been completed, a focus group of young women was then held for them to consider, refute, confirm and add to the findings and assist in formulating key recommendations.

A survey questionnaire (the Young Women in Pubs Survey, or YWPS) was developed based on the ethnographic findings. In addition, a knowledge test on drinking and health was included, along with a well-validated self-administered alcohol consumption questionnaire, AUDIT (Dawe & Mattick 1997). The questionnaire was trialed with a small group of young women, refined and then administered to young women (n=30) aged 18 to 30 years in one of the suburban pubs investigated earlier. Results from this later study confirmed earlier qualitative findings, and identified both high levels of knowledge about alcohol and yet hazardous drinking patterns of these young women. This study will be reported in the near future.

Venue Selection

Several criteria were used for convenience sampling of venues. These were firstly based on the likely and observed presence of young women patrons aged between 18 and 30. Venues needed to be in the inner city or southern metropolitan region, and to have an appropriate and suitable internal location for participant observations. Final inclusion of selected pubs then relied on the willingness and the written agreement of managers to be involved, including approval for their staff from the bar, security and management to be approached for interview. Of seven venues approached, four agreed to participate, three of which were in southern suburbs and one in inner-city Adelaide.

Sampling and Recruitment of Participants

Convenience sampling occurred through direct contact with the researchers in the selected pub venues during observation sessions. This resulted in the recruitment of the targeted number of young women and pub staff from the four venues, with a total of 41 young women participants and 12 pub staff. A group of eight senior female pub managers or licensees were also accessed as key informants through the assistance of the Australian Hotels Association (South Australia). This group discussed their experiences of, and opinions about, young women as patrons of their facilities, commenting on drinking patterns and behaviours, issues such as sexual harassment and violence, and strategies that publicans and staff should use to prevent and minimise the risks and harms associated with violent behaviours. These discussions were recorded as notes and used as data. Snowball sampling

was then used to recruit a further convenience sample of young women from the same age range and who drank in pubs to confirm, refute and add to the preliminary findings, as well as to contribute to key recommendations in a focus group (n=5). The response rate of young women and pub staff was very high. More than 70 per cent of all young women who were approached agreed to and successfully completed an interview, and 100 per cent of all staff approached agreed to and successfully completed an interview.

In a further stage, a survey questionnaire (the YWPS) was developed and administered to a similar convenience sample of young women (n=30) “in situ” in a pub previously investigated. Again the response rate was high, whereby over 70 per cent of young women invited to undertake the survey instrument in the venue agreed to and completed the survey. The findings from this study will be reported elsewhere.

Participant Observations

An observational “checklist” was developed and employed for no less than 12 hours of observations per venue (at two to three hours per session), over two selected attendance periods per week, based on the likelihood of young women’s attendance. Most observation sessions were conducted on Thursday and Saturday nights between 10pm and 1am, and they were carried out in the presence of a “partner” in order to provide “normal” presentation of the researcher in the setting. The partner also gave feedback on what was being observed and recorded. All observations were conducted and recorded according to the predetermined sequence and checklist, within the venues. All observational data was systematically and covertly recorded directly onto a paper grid. Partner debriefing on the night and in team debriefing contributed to inter-rater reliability. Observational data were no longer collected once data saturation had occurred and sufficient participants had completed the semi-structured interview. No interviews of young women took place at the pub on the night or when they could be intoxicated.

Semi-structured Interviews

Young women (n=41) were recruited for interview by the researcher in the pub venue during observation periods. The participants gave their consent at that time and then during a follow-up phone call and in writing at the time of their interview, which was a few days after meeting the researcher at the venue. Interviews took place at a time and place of the participants’ choice, such as during the day or at night in coffee shops, libraries or at

home. The interviews were semi-structured and had been pre-tested with health professionals and young women prior to use. Each interview was audio-taped and took between 30 minutes and an hour. Sociodemographic and key data sets from national surveys were included in the interview format. The same process was used to engage pub staff in interviews and they too selected a convenient time and place for their interview. All interview tapes were transcribed and thematically analysed using a manual technique.

Results

Purposeful Drinking and Getting “Tipsy”

A range of different issues and influences were associated with young women’s drinking as a social phenomenon. The young women were aged 18 to 29 years and almost all patronised pubs weekly. Binge drinking, usually weekly, was their typical drinking style when at pubs (de Crespigny, Vincent & Ask 1999). Most drank well over the recommended limits for low-risk drinking—no more than two standard drinks or 20 grams of alcohol in 24 hours (Pols & Hawks 1992) for adult Australian women. They also attended dance clubs up to three or four times a month. All but two were weekly binge drinkers, and typically consumed seven standard drinks in a session of between three and six hours at the pub.

While young women preferred spirits at pubs and clubs, in practice over 50 per cent always consumed full-strength beer when in pubs. This was due to budget limitations and the belief that beer offered better value for money than spirits or designer drinks. They also claimed that they liked the taste of full-strength beer. They did not and would not consume low-alcohol beer (de Crespigny, Ask & Vincent 1998b).

This and subsequent empirical research (Thornley 1998) has also found that young women purposefully seek a particular level of intoxication that they want and have learnt to recognise from past social drinking experience. This was based on being “tipsy” enough to be confident, sociable and relaxed and yet able to maintain control of their own behaviour and decorum. It was on this basis that young women engaged in and managed consumption, rather than actually counting or otherwise limiting the number of drinks they thought they should consume to stay in control. Their intoxication was thus deliberate and reportedly improved self-confidence when socialising in public, allowing young women to feel relaxed and therefore have fun. Most times young women reported that they were successful in estimating and

limiting intoxication, calling this “being tipsy”. They stayed in control by reducing consumption when necessary, substituting water for alcohol, not buying in rounds or ceasing alcohol consumption altogether. All young women had had previous experiences of being very intoxicated as adolescents and young adults, particularly at what they termed “big nights” (de Crespigny, Ask & Vincent 1998b). They reported that this was likely to happen from time to time and believed that this was to be expected for people of their age and stage in life. There were more reports of gross and unintended intoxication by young women aged less than 21 years than those over 21 years, suggesting that experience and/or additional responsibilities may have positively influenced their drinking and intoxication behaviours as they matured. Even when young women did become too intoxicated, most believed that they were still not easily swayed from their original plans such as using particular forms of transport, and staying with girlfriends who they usually relied on to help them maintain their safety and dignity in public at this time.

The Transition from Adolescent to Adult Drinking

Young women revealed that from about 15 years of age they had drunk alcohol with friends, excessively and sporadically, and that they usually became grossly intoxicated whenever they drank. They revealed that underage drinking and resultant intoxication was desirable because it was illegal and “naughty”. They also recognised that it was something you did with friends as a way of experimenting with adult behaviour. They realised that by the time they reached their later teens and early twenties they had moved away from this drinking pattern and become regular, often weekly, binge drinkers who wanted, and had learnt how, to achieve control over their intoxicated behaviour. Young women viewed this change in drinking behaviour as part of their maturation, becoming more socially experienced and competent. This change in what young women viewed as being more controlled in their social drinking was based on the way in which they had reduced the times they became very intoxicated compared with before when they were younger.

Young women also reported that taking on added or new responsibilities, such as a career, becoming a parent or engaging in further studies, changed their socialising and drinking priorities, either in the short or longer term. These conditions influenced when and how often they went to the pub and engaged in binge drinking, rather than not going at all or not binge drinking. Examples of this change were:

- not going out on a work night;
- not going out before exams;
- going out to friends' places more than pubs;
- not drinking as much at the pub; and
- arranging a babysitter in advance for the night and next morning after being out drinking.

Their modification of drinking behaviour was thereby based on getting older, being better-informed and more socially skilled, and being better able to plan and carry out their binge drinking "successfully". Young women interpreted this as still drinking at binge levels but remaining in control, rather than not binge drinking at all. While their overall consumption and incidence of binge drinking fell, when they did binge drink they still drank at hazardous and harmful levels and were still at risk of alcohol-related harm, such as injury from accidents.

Being Independent

The age of legal drinking in Australia is 18 years and, for most young people, including young women, becoming a legal drinker provides a critical "rite of passage" from childhood to adulthood. The young women in this study revealed that they placed particular value on their social independence as adult women. Their social drinking in the pub was thus a mechanism for them to present themselves as such. Bush (1992) supported this in his claim that the reasons why young adults consumed alcohol, often to intoxication, was because of the symbolic nature of drinking having adult status. Bush's view was that young people's drinking was more likely to be a celebration of their adulthood than the more popular view that it was in response to unwanted pressures or problems associated with being young: "Where risk-taking behaviours occur they do so within the context of these freedoms, rather than as a response to coping with the stress and strain of transition" (Bush 1992, p. 2).

When young women reached 18 they realised that they had reached a new phase in their lives as females, one which encompassed their positive expectations of autonomy through their new social and financial freedom. However, reaching this period and knowing how to behave as an adult did not automatically follow. Young women then needed time and incremental experience to accumulate the knowledge, confidence and skills to manage their drinking behaviour and settings appropriately.

Young Women's Pub Culture

According to Taylor (1994) and Wolf (1993), exclusive female friendships enable young women to claim "girls' space", and to establish and draw upon their feminine culture even when in the presence of males. The finding that young women deliberately go to the pub to socialise with each other rather than with males is an example of this. According to young women there is now a distinct pub culture of young women that is analogous to male pub culture whereby men socialise and drink exclusively with each other in their "local pub". Young women's pub culture was also evident in the way they gathered in female groups, excluded male peers, and drank and socialised together regularly in what they considered to be their "local pub". They did this whether or not they had a boyfriend or socialised with men at other times and in other places, such as nightclubs. In other words, the pub was an important meeting place for these young women to engage in "women-only" business. Until quite recently there have been barriers to women being accepted in, and therefore going to, pubs to socialise. It thus appears that young women's pub culture is a recent and developing phenomenon.

Female Friends

Young women revealed that as well as being confidantes and social partners, girlfriends maximised each other's autonomy, provided advice, helped in decision-making, enhanced their drinking experiences, and tried to identify and minimise risks to each other's physical safety. They relied on one another in practical matters such as transport and staying at each other's houses when too intoxicated to go home. Female friendship was "the safety net" from which young women could more safely avoid or reject difficult males, or engage with people whom they wanted to interact with but would not do so alone.

Pub Selection

Particular drinking environments impact differently on the motivations, experiences and outcomes of drinkers according to a number of interrelated factors (Graham & Homel 1997; Gossop 1996; White 1991; Zinberg 1984). One such factor is the way in which a pub environment will simultaneously influence, and be influenced by, young women's social expectations and drinking behaviours, as well as those of other patrons (Goffman 1969). "Behaviour in the licensed drinking environment is not only determined by what occurs within a physical setting but by what drinkers bring to the setting from the outside" (Bush 1992, p. 19).

This work identified that the known location, style, type of patron and milieu of a particular pub are major influences on whether or not young women select to attend that environment and the way in which they present themselves if they do attend. What they described as their “local” offered a friendly, casual, non-sexist environment in which they could socialise without feeling the need to dress a special way and where there were other people with whom they felt comfortable.

In selecting pubs, young women reported that they wanted an environment that their friends and peers attended, one that offered fun, particular music or bands, friendly staff, good women’s facilities, freedom from sexual harassment and safety from predatory or violent males. Young women actively avoided pubs that they believed did not offer these conditions, in particular seeking co-attendance by peers and safety from harassment and violence. The exception to this was when such a pub was inaccessible, or when other factors outweighed their concerns, such as seeing a band they especially liked or meeting particular friends they wanted to be with. A venue that might not offer safety or other desirable conditions might thus still be risked on occasions.

The prospect of sexual harassment, verbal or physical assault or other offensive behaviours of particular types of males was a powerful deterrent to young women’s choice to go to pubs where such men went and unsafe conditions could exist. It was not just pubs that concerned young women in this regard but also nightclubs, adjacent car parks, alcoves, laneways, streets, taxis and public transport. This was a result of their prior knowledge of incidents or personal experience of being approached, sexually harassed, or assaulted by aggressive males. If young women believed that there might be aggressive men at a venue or its broader environs, they reported that they knew that their enjoyment and safety could be severely compromised, even if not in direct contact with such a male. They had to be continually vigilant, self-protective and protective of their female friends, which greatly diminished the fun and relaxation that young women sought. This, in turn, strongly influenced their decision not to go to such a setting or use particular forms of transport. However, if young women had no other opportunity to patronise a safer, alternative venue due to their limited resources, transport options and so on, young women indicated that they would still attend such a venue while aiming to remain as safe as possible.

Male Aggression

Male sexual harassment and verbal abuse were reported by young women, venue staff and key informants as commonplace, impacting frequently and unrelentingly on young women at public events, in pubs and clubs, on buses and trains, as well as bus and train stops (de Crespigny, Ask & Vincent 1998b). Although young women were aware that they consumed alcohol at high-risk levels at pubs and clubs, they actually expressed far greater concern for their own and girlfriends' need for safety from abusive men than any risks that followed from their own drinking behaviours.

Keeping Each Other Safe

Young women relied on the presence of girlfriends to protect one another if intoxicated, as well as reducing the risks associated with being in the presence of predatory or aggressive males in or near venues and on public transport. Young women also reported the need for friendly and approachable bar and security staff to prevent and deal effectively with abusive men, but found such staff only in a minority of venues.

Violence

Solomon & Payne (1996; cited in Plant 1997) reported that pub-related violence is closely associated with venues where bar staff continue to serve alcohol to patrons known to be intoxicated. These authors have also drawn attention to the reluctance of Australian courts to acknowledge that continuing to serve intoxicated patrons carries significant and increased risk. Additional risk factors are serving cheap drinks, and engaging and tolerating aggressive security personnel (Plant 1997). The local study found clear evidence from young women, staff and key informants that security staff in particular venues refused help to young women who were deemed to be intoxicated or dressed inappropriately, and were thus clearly neglectful in their duty to these patrons. For example, the self-report of a security services manager included the view that young women who dressed skimpily (for example, in miniskirts or brief tops) and/or became obviously intoxicated were undeserving of his or his staffs' attention and protection. He claimed that such young women were personally responsible if men sexually harassed or physically abused them. This was irrespective of his other claim that it was good business to advertise cheap, highly alcoholic drinks to young women to entice them, and therefore males, into his venue. Conversely, other staff reported that they always tried to assist young women no matter how they presented themselves or how much alcohol they

had consumed. It was notable that in contrast to the venue where the negative security report was given, the types of venues which offered young women security regardless of their behaviour had a lower level of male aggression, and did not market cheap or free drinks specifically to entice young women into the venue.

Getting to and from Licensed Venues

Young women reported that they routinely felt unsafe when they had to use poorly lit streets and car parks, wait at bus and train stops or use public transport at night when going to or from a pub or other social drinking venues. This concern also included travelling in taxis alone (de Crespigny, Ask & Vincent 1998b). A number of young women (14%) attributed their decision to drink-drive, to walk home alone or to take a ride home with a driver who had been drinking, to the lack of adequate, safe public transport and/or their limited budget. They displayed a belief in their right to walk alone or seemed to take more risks when overly intoxicated. Such young women were predominantly under 21 years of age. One 19-year-old in particular claimed that she preferred to drive home, even if intoxicated, and did this regularly as it was cheaper than taking taxis alone. However she was an exception; the majority of young women did stick to their plans to organise sober drivers, catch taxis in groups or stay at a friend's house overnight.

Discussion

This work cannot be generalised to young women from other sociocultural and/or geographical groups. However, there is now strong evidence that it is common for many young women to socialise in pubs and to drink hazardously, at least weekly, and therefore be at risk from accidents, injury, drink-driving offences and other harms during their late teens and early twenties. Despite this, young women view pub life and binge drinking as normal for their age and stage in life, believing that this will change as they get older and accumulate greater adult responsibilities: "It's what you do at my age ... I won't be doing it later" (young woman aged 20 years).

Additionally, due to the unsafe conditions of many licensed premises, street environs and public transport facilities, young women are at particular risk of injury from drink-drivers and from men who sexually harass and are verbally or physically violent towards them. Any opportunity for a young

woman to experience what she believed to be her right of autonomy was commonly diminished by potential or actual male violence in or near licensed premises and public transport. Any semblance of equity and freedom for young women was thus always reliant on times or situations where there were no threats from aggressive males. Female autonomy in this context was thus illusory. The undercurrent of fear of male predation and/or aggression resulted in young women needing and expecting to be constantly vigilant and self-protective to prevent and manage this situation. The nature of some men's aggressive behaviours in drinking settings reinforced young women's perception that they could never socialise, drink or travel safely in public.

Young women who have been drinking in pubs and clubs and have been exposed to or harmed by violent males are frequently blamed for their predicament by the media and, at times, in public education campaigns, even when serious crimes such as rape or murder have occurred. It seems that there is an assumption that simply by "being there" females are always potential victims and, if attacked, have unnecessarily placed themselves at risk. These views can perpetuate a belief that young women who drink make poor decisions, take risks deliberately and leave themselves open to attacks by violent males. This view makes young women responsible for, and required to possess the skills to prevent, males who abuse them. Victim-blaming based on this form of gender bias only serves to reinforce community views that women must always be at risk because they are the "natural" victims of violent men who patronise pubs or are on the streets.

A damaging outcome of stereotyping and victim-blaming of these young women is that, along with others in the community, they can accept and internalise blame for being at risk or attacked by abusive men. This runs the risk of inhibiting young women from reporting incidents or seeking help for aggression, violence, sexual harassment or rape. If there is the perception that they are to blame, there may also be the perception that others will not help. Research indicates that women do display low levels of help-seeking for alcohol problems due to community attitudes (Plant 1997). It is thus essential that health promotion strategies targeting young women do not reinforce stereotypes and are based on young women's identified needs and situations.

Reducing Venue-Related Risks and Harms

Young women, staff participants and women licensees (Graham & Homel 1997) believed the following conditions, when combined, had the likelihood of improving the safety of drinking and associated environments:

- better venue design;
- venue presentation and management that set high standards of behaviour;
- employment of “peace loving” staff; and
- the provision of responsible serving training to improve bar staff practices.

However, responding to the particular needs of women at licensed premises has, until recently, been ignored. Plant (1997, p. 221) noted “the issue of safer bars and training staff may be particularly appropriate in relation to gender differences”.

It is essential, therefore, that all licensees are expected to implement ongoing safety audits so as to identify and respond effectively to risks to patrons, including young women, and staff. Voluntary safety improvements made by members of the licensed venue industry have so far been inadequate and unreliable. Too much focus has been given to safer serving practices of bar staff rather than broadening approaches to safety management by developing and implementing multiple strategies. It may well be necessary for legislation to be adopted that requires evidence of safety audits, specific management practices and staff training in order for subsequent liquor license approval. Similarly, licensees may need to comply with other licensing requirements that include the employment of bona fide security staff. Security companies seeking accreditation and reaccreditation as training providers, subcontractors or employers, as well as individuals seeking security licenses, might be required under legislation to provide safety services for all young women and other patrons irrespective of dress, behaviour or situation. Security staff may need to undertake accredited training programs and refresher courses on the particular needs of women in order to meet their ongoing licensing requirements.

Evidence that venues have improved safety practices could be an increase in young women patrons, a reduction of complaints or reports of sexual harassment, a reduction in the incidences of male violence in and near venues and reports of greater patron satisfaction. Other evidence could include the use of “safety first” advertisements targeting young women, and notices in and around venues that disruptive or verbally abusive patrons will be expelled. Non-violent and non-sexist behaviour should be expected regardless of a person’s dress or gender characteristics. There could also be advertisements in “gig” guides, posters, newspapers and notices in venue bathrooms and walkways emphasising that staff are able and willing to assist any patron who needs help or may be at risk.

Particular projects have been developed and appear effective in reducing harms associated with violence and licensed premises. These could be implemented more widely in an effort to reduce environmental risks and harm to young women in pubs. One of these is a “Safe Profit” model (Fisher 1996; SA Attorney-General’s Department and the Australian Hotels Association [SA] 1997), which was developed to help licensees identify and reduce alcohol-related violence. The Safe Profit model offers guidance, resources and support for licensees to undertake continual risk assessment or safety audits in order to identify where risks or harms occur and how best to prevent, reduce and manage unsafe patron behaviour in and near their venue environs.

Another example is the Licensed Premises component of the Young People’s Rape Prevention Project, a project conducted jointly by Yarrow Place Rape and Sexual Assault Service and the City of Adelaide. This project has combined safety audits of licensed premises, training for senior hotel and security staff, and problem-solving crime prevention in an effort to reduce the risk of rape and sexual assault for young people who attend licensed premises.

Models such as these, and projects such as the “Surfers Paradise Project” (Homel et al. 1994) have important information and strategies that other groups could adapt to local conditions.

Conclusion

There is little doubt that many young Australian women engage in binge drinking when patronising pubs, and as such, are at risk of harm associated with their intoxication and other behaviours such as drink-driving. Young women who binge thus have an implicit responsibility to modify their own drinking behaviour. This requires them to develop the motivation and skills related to their drinking behaviours. However, when young women engage in binge drinking and go to pubs they are not solely at risk from their own drinking behaviours. By “just being” in pubs and surrounding environs they are arguably at greater risk of harm due to the presence and behaviours of aggressive and predatory men.

It is essential that venue management take responsibility for providing “female-safe and friendly venues” by setting, promoting and keeping high standards for patron and staff behaviour. A blatant zero-tolerance policy of antisocial, sexist or aggressive behaviour would undoubtedly increase the

opportunity for young women, and in fact all patrons, to be safer and better able to enjoy themselves. The media, community, police, service providers, policy-makers and health educators all have a responsibility to inform and educate both men and women about the needs of young women. The public needs to understand that it is not young women who are responsible for the behaviours and outcomes of being assaulted or harassed by violent males.

Service providers, legislators, industry and community leaders also need to join and publicly voice their rejection of male violence in licensed venues, public transport and elsewhere. Together, these groups need to employ more effective strategies to identify, prevent and reduce the risks associated with male violence. There is a very real responsibility for State and local government, public and private industry, including the media, to advocate for and improve the safety of young women who choose to patronise licensed venues.

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3 Alcohol and Youthful Rites of Passage

Robyn Lincoln and Ross Homel

Abstract

This chapter reports the most recent empirical data from a series of observational studies of alcohol-related violence in nightclubs in Surfers Paradise. It does not report the totality of the findings from these studies but instead focuses on the contributions these studies can make to a National Alcohol Strategy, especially where young people and the potential for violence are concerned. It includes some policy development suggestions that arise from the data and concludes with principles that might be incorporated in such a national approach, particularly with respect to crime prevention strategies.

Introduction

The major objective of the series of studies was to improve the safety of the environments in and around licensed venues in central city entertainment areas. The initial location was in Surfers Paradise (Homel et al. 1997a), but safety action projects have also been conducted in Cairns, Townsville and Mackay (Fox 1996; Hauritz et al. 1998a, 1988b). Of course, perceived and actual violence problems in and around nightclubs are not restricted to Queensland locations nor to tourist destinations, and nor are the crime prevention strategies that deal with them (see Wilson 1997 on Melbourne's West End Precinct, among others).

Other community action projects, through the use of Accords, have been implemented in Victoria (Rumbold et al. 1998), South Australia (Fisher 1993) and Western Australia (see Vaughan, this volume) and of course these parallel similar United States projects (Treno & Holder 1997). The key to these community action projects is to encourage responsible server programs, to back this up where possible with external enforcement, and to empower those involved to take a problem-solving approach. The international data on alcohol, crime and victimisation (Greenfeld 1998) present a statistical snapshot suggesting that over one-third of victims report

an offender affected by alcohol; two-thirds tend to be victimised by offenders they know; the majority of alcohol-related crimes are assaults; and up to 70 per cent of such alcohol-related incidents occur in the home. So it is imperative to recognise that resolving the alcohol and violence loop by implementing situational measures in nightclubs constitutes a narrow approach to addressing the alcohol–violence problem.

Australia's "wet" drinking culture (Homel & Clark 1994; Makkai 1997; Room 1988) is often contrasted with the "mixed" drinking culture of the United States or the "dry" drinking cultures of Scandinavian countries (Homel & Clark 1994). It implies that alcohol use is both "socially integrated" and a part of "popular culture" (Makkai 1997). For young people in particular, alcohol is seen as being integral to their maturation and recreation (see Williams, this volume). Drinking in Australia is socially structured, culturally defined, environmentally influenced, as well as being the result of individual risk factors (such as family situations, socioeconomic status, psychological state) and so on (Whelan 1999). A majority of adult Australians consume alcohol and most are "regular drinkers consuming alcohol at least once a week", with about 26 per cent being non-drinkers, 53 per cent being moderate drinkers and the remaining 21 per cent being in the harmful, heavy or binge categories (Makkai 1998, p. 3). While alcohol use among adolescents has been reported as being in decline during the 1980s, about nine in 10 young people report having engaged in drinking and it is this "initiation into alcohol use" of adolescents that is of most concern (McAllister, Moore & Makkai 1991) when the environments of licensed nightclub venues are examined.

There is a strong but multifactorial relationship between alcohol use and violence but it is not described as "causal" (see Carcach & Conroy, this volume). There are background factors that are implicated—individual, situational and cultural. Clearly the relationship implicates the actual properties of the drugs that impair or exacerbate certain kinds of thinking and behaviour; there may be predisposing psychological factors at the individual level; there is certainly learning and modelling in what drunks can do and can get away with; and there are the contextual factors or opportunity structures for drinking (see Carcach & Conroy, this volume). Alcohol is implicated for both victims and offenders in more than half the offences, and these can take place in "high risk" environments like nightclubs and pubs (see Brinkman et al., this volume). Yet, the constant refrain is that our data collection processes are poor. Better data collection

efforts, triangulation of indicators, and the potential use of proxies within some data sets are recommended (see Brinkman et al., this volume). Under-reporting of violent incidents, either to medical or police agencies, means that observational data can be useful in helping to elucidate the relationship.

Our concern about youthful drinking is not only focused on the physiological consequences (Whelan 1999) nor on the implications for future adult drinking patterns. Our focus is on the “rites of passage” drinking behaviours that may exacerbate the propensity for committing violence or being a victim of violence (Hollin & McMurren 1993; Stevenson 1996). The AIC reports based on the National Drug Strategy National Household Surveys on victims and offenders in alcohol-related incidents (Makkai 1997, 1998) demonstrate that there is considerable concordance between the two groups with the key overlapping factors being: male, single and young. Physical abuse (over 10%), verbal abuse (over 30%) and being placed in a position of fear (over 20%) are significant outcomes (Makkai 1997). What is of importance to the present study are the differences between type of drinking style, where it is suggested that binge drinking—of the kind often observed in nightclubs—may be more likely to be influenced by environmental factors (Makkai 1998 and this volume).

The present study therefore examines the consequences for alcohol-related incidents in licensed venues where some key environmental variables have been modified. While there are formal regulations that govern licensed premises, there are also informal standards required by the community (Homel et al. 1997b). It was these informal requirements that led to the instigation of the Surfers Paradise Safety Action Project in 1993. The project drew together criminologists, relevant local and State government agents, community representatives and local business operators to formulate an intervention strategy. One of the major thrusts of the project was to overcome the freewheeling unregulated approach to the supply of alcohol which failed to discourage drinks promotions that have been cited as major risk factors for violence (Homel et al. 1997b). The major aims of the Surfers Paradise Safety Action Project (Homel et al. 1994) were to reduce violence and public disorder, to impact on drink-driving incidents, to reduce fear of crime and to improve the image of the area, which could increase profitability and tourism trade.

The Project

Details of the Surfers Paradise Safety Action Project have been documented elsewhere (see Hauritz et al. 1998a, 1988b; Homel et al. 1994, 1997a, 1997b) so only a brief overview is reported here. The project established a community forum from which community-based task groups were formed. Safety audits and risk assessments were conducted, from which a code of practice was developed. The process was largely informal. Changes came from voluntary and informal regulator monitoring. This strategy worked more successfully than any formal regulatory process would have. It resulted from the efforts of individuals and the training and communication initiated by the involvement of the Licensed Venues Association and the Monitoring Committee.

A key feature of the empirical elements of the project involved participant observation studies to record levels of violence in nightclubs in the Cavill Mall and Orchid Avenue areas. The patron observations were conducted in 1993, 1994, 1996 and the present paper reports findings from the 1999 data collection. The aim of the observation study was to determine whether violence and aggression in nightclubs differed from the levels previously recorded.

The 20-page observation schedule was the same as that used in earlier data collection phases. The schedule consisted of items covering the physical and social environments, patrons, bar and security staff, drinking patterns, serving practices, and aggression and violence (extracted from Hauritz et al. 1998b, p. 28). The section on conflict/violence was divided into verbal aggression, challenges/threats, friendly fights, rough ejections, accidents leading to injury and physical aggression or assaults such as bumping deliberately, grabbing, pushing, kicking and punching. Data were recorded on the people involved, the features of the incidents and any intervention strategies (extracted from Hauritz et al. 1998b, p. 28).

The observations were conducted by 20 students from a university crime prevention class between 23 February and 14 April 1999. The student-observers received formal training sessions in order to most closely replicate the earlier procedures. They worked in teams of two or more for observation sessions of two hours in duration. A total of 57 visits were made to 17 nightclubs in the Surfers Paradise area. Each club, on average, was visited three times with a range from one to six. The observation periods were divided into three phases: early (10pm to midnight) which comprised 39 per cent of visits; middle (midnight to 2am) which comprised 47 per cent

of visits; and late (2am to 4am) which comprised 14 per cent of visits. While the majority of clubs (77%) close at 5am, some clubs closed early or were not open at all for their scheduled visit. Observation sessions were distributed across the days of the week as some clubs have theme nights or staff nights for workers from entertainment venues on the quieter weeknights. However, the majority of visits (63%) were on Thursday, Friday and Saturday nights.

Key Findings

Overall, the findings replicate those of the earlier studies and support the results reported in the literature; namely that major factors related to violence include:

- “drink promotions;
- groups of young males;
- crowding;
- lack of comfort;
- aggressive bar staff and security personnel; and
- inept methods for dealing with patrons” (Homel et al. 1997b, pp. 265).

It is not the use of alcohol per se, but the way it is managed, and it is not one single factor that causes violence around licensed venues, but an interaction of various factors (Homel et al. 1994). The most important data, however, relate to the observed levels of aggression compared with those reported for the previous data collection phases (see Table 1). It is clear that the trends observed in 1996 have continued in the intervening three years, where overall aggression has increased, and in some cases exceeded, the pre-intervention levels for 1993. What is significant is that physical assaults have declined.

Table 1: Observed rates of aggression per 100 hours for 1993, 1994, 1996 and 1999

Type of aggression	1993 (n=56)	1994 (n=43)	1996 (n=48)	1999 (n=57)
Verbal abuse	12.5	2.3	8.3	13.2
Arguments	7.2	2.3	13.5	11.4
Challenges/threats	1.8	0.0	9.4	14.0
Total non-physical	21.4	4.7	31.3	38.6
Physical assaults	9.8	4.7	8.3	6.14

$\chi^2=19.13$, $df=9$, $p<.05$

In general, the 17 (mainly “disco”) venues observed were comfortable, attractive and clean. Crowding was not a major problem. Transport and the provision of food, however, were extremely limited. The majority of venues provided security who were generally of Anglo-Australian origin, relatively young and most often male. Bouncer interaction with patrons was characterised as reserved as they patrolled aisles and bars or checked identification at entrances. Generally, the decorum expectations placed upon patrons by management were of a moderate standard and it was observed that over half the patrons seemed to be out for a “big night”. The number of patrons ranged from less than 50 people up to 200. Most of the patrons appeared of Anglo-Australian origin with few tourists present.

Young males (in groups) constituted the majority of the patron population (51–75%). The males were tidily dressed on the whole. While they tended to stay in their own groups, males regularly made contact with potential partners, mainly in the form of “chatting up”. Overall, males were friendly and cheerful but male hostility, roughness, bumping and rowdiness were apparent at low to medium levels, with some swearing observed. Female patrons were likewise young, tended to be in groups and to remain within those groups, and were well groomed and tidily dressed. In contrast to males, female sexual activity was mainly of the non-contact variety such the “checking out” of potential partners. Overall, females were very friendly and cheerful with very low levels (usually none) of female hostility, roughness, bumping and rowdiness but with similar swearing levels.

There were 15 verbal aggression incidents observed but these were deemed not severe. The aggressors were generally male patrons, although recipients were equally of both sexes. The incidents generally occurred inside the venues with intervention by others in 60 per cent of observations. Of the 13 arguments observed, over 40 per cent were described as having a high level of severity, with more than half the participants having high levels of drunkenness. Both male and female patrons were involved with some (14%) incidents having bouncer involvement. Intervention by patrons or staff occurred in 86 per cent of these events. Observers reported 16 challenge/threat incidents although these were seen as not severe. Both perpetrators and victims tended to be male patrons with high levels of drunkenness. In one-third of these incidents there was no intervention. The seven assault incidents were of average severity and the participants were at average to high levels of drunkenness. Again, the aggressors tended to be male patrons and, similarly, about one-third of these events received no

intervention. In the cases where bouncers intervened, treatment of the situation varied with inflaming, mediating or controlling techniques being employed. Only one incident of property damage was recorded and most observers (82% of visits) reported that there were no ejections during their two-hour periods at the venues.

The majority of venues provided adequate numbers of bar staff and these were generally fairly even mixes of male and female staff. Overall, bar staff were of a young age and of Anglo-Australian origin. Most staff were friendly, were only slightly or not permissive of deviant behaviour and were good at defusing aggression. In the case of drunken patrons, staff intervened most of the time and treatment mainly involved the refusal of service or being asked to leave. In a small number of cases, management was called.

More than half of all males were observed to have a medium to high level of drunkenness, as a result of drinking three or more drinks per hour. Normal beer was the most common drink consumed, followed by mixed spirits, straight spirits and water. The majority of drinks were consumed from either bottles or middies (285ml). Only one incident of drug consumption (cocaine) was recorded for a male. Female drunkenness was slightly lower than that of males at approximately 46 per cent reporting medium to high levels of drunkenness. Mixed spirits were the most common drink consumed, followed by cocktails and normal beer, and no drug consumption was observed among females.

Drink promotions were provided by over half the venues and included "happy hour", gimmicks and various other promotions. In the qualitative component of the observation schedule, a number of observers commented on the prevalence of drink promotions (see Atkin, Hocking & Block 1986). This includes handing out "two free drinks" cards in the Cavill Mall and promotions sponsored by beverage producers. However, the majority of venues provided alcohol care signage, such as underage drinking warnings, house policy notices and drink-driving warnings. Self-testing breathalysers were available in only 23 per cent of venues.

The initial data collection periods found that physical violence decreased from 9.8 to 4.7 per 100 hours of observation and that incidents of non-physical violence declined even more (Homel et al. 1994). The hypothesised reasons for these declines were that males had reduced their levels of binge drinking; that management of clubs displayed more responsible practices; and that patrons seemed to be better dressed (Homel et al. 1994).

The parallel police figures also showed declines in assaults, some property offences and disorder offences (Homel et al. 1994). By the time of the 1996 data collection, however, there were indications that “two years after the project, much of the impact had ‘worn off’, with levels of aggression and risky drinking practices being approximately at pre-project levels” (Hauritz et al. 1998b). The project was then implemented in modified forms in North Queensland and the results showed that “all forms of aggression and violence observed within venues declined, especially physical violence” although these decreases were not statistically significant (Hauritz et al. 1998b).

The original Surfers Paradise studies, and the subsequent ones in North Queensland, aimed to observe in each venue at least three occasions to achieve one visit for the early, middle and late periods. This was the case in 1994, but only 2.5 visits on average were completed in 1996 (Hauritz et al. 1998a). In 1999 there was an average of 3.3 visits across the 17 venues, however these were not evenly dispersed. As has been pointed out in previous publications (Hauritz et al. 1998a), aggression is more likely to occur near closing times of premises, yet in 1999 only 14 per cent of visits were in the late period (compared with 20 per cent for the previous years). The same inconsistency applies with respect to the days of the week on which the observations took place, with only 63 per cent of visits in 1999 being on Thursdays to Saturdays, which were the exclusive focus of the earlier data collections.

Conclusions and Recommendations

The current study supports the general findings from previous data collection phases incorporated into the Surfers Paradise Safety Action Project. In common with other similar interventions, it is generally found that the strategies are highly effective in the short term but lack continuity of effect in the longer term (Homel et al. 1997b). Labelling such interventions as “failures”, however, is short-sighted (Felson & Clarke 1997; Gilling 1997; Sherman et al. 1998; Baum 1999). As Homel et al. (1997b, p. 281) have noted, these projects do have a significant impact on aggression levels and alcohol consumption behaviours, even if for a limited period; other more traditional approaches have clearly not found enduring success either; and such community intervention strategies “are dynamic and pass through many phases, but rarely will they leave the site unchanged”. This is the case for

Surfers Paradise, where at least the levels of physical aggression have remained below the pre-intervention level, even if the non-physical aggression measures have climbed again. When combined with more recent work on developmental crime reduction approaches, our key recommendation is that there needs to be a range of crime prevention measures implemented (Graham & Homel 1997; Sherman et al. 1998; Rosenbaum, Lurigio & Davis 1998; Wikstrom 1995).

It seems that a national alcohol strategy needs to address the three strands of crime prevention: developmental, community and situational (Tonry & Farrington 1995). Drawing on the empirical data, there are specific recommendations that can be made across the three avenues to crime prevention. While this present project takes a situational/community crime prevention focus, it also must be recognised that youthful alcohol use has an overriding “rites of passage” element. This is particularly evident in the Surfers Paradise precinct which is housed in a tourist location and which has a large number of alcohol venues that attract young people. The student observers were themselves regular club-goers and so were able to frame the research through their own participation in the “club scene”. Surfers Paradise has again recently attracted large numbers of school-leavers for their graduation celebrations. The 1999 Schoolies Festival, with estimates that up to 70,000 school-leavers came to the Gold Coast, is evidence that a more holistic, entertainment-oriented and unobtrusive approach is required (Shearing & Stenning 1997). Certainly, young women see the use of alcohol as a critical rite of passage (see de Crespigny, this volume) where they drink to relieve stress and pressure, but also as a celebration.

Contrasted against the celebratory nature of alcohol use by young people are findings from some studies that suggest that a sense of hopelessness motivates a significant amount of adolescent consumption (see Taylor & Carroll, this volume). Alcohol clearly plays a large role in adolescent culture and, as others have noted, it tends to be of the binge-drinking kind. Females seem to be drinking as frequently but not yet as heavily as young males (see Taylor & Carroll, this volume). Indeed, much of their self-reported drinking is happening in their own homes, friends’ places (often under adult supervision) or in public areas. This would therefore seem to call for very different crime prevention initiatives than those described for Surfers Paradise clubs.

A paradoxical message is sent to young people about alcohol as a rite of passage with little responsibility on the providers of alcohol venues to create safe environments and on the broader community with respect to alcohol

consumption attitudes. This paradox is replete within the crime prevention literature—crime prevention strategies are aimed at providing well regulated and cohesive communities, and yet it is these very communities that are unregulated and lack cohesion that have higher crime rates (Tonry & Farrington 1995; Mazerolle & Roehl 1999).

One approach at refining intervention strategies is to target different types of drinkers. Young males represent a large proportion of harmful and binge drinkers and they are also prone to other social disadvantages (high unemployment) with resultant personal consequences (suicide and other risk behaviours). Thus, it is suggested that prevention measures be activated in early childhood to equip young men with “general life skills”, which would include alcohol prevention strategies (Makkai 1998). It is further suggested that binge drinkers may be more likely to be influenced by changes to environmental factors via situational crime prevention measures; whereas harmful drinkers would benefit from specific treatment interventions (Makkai 1998). It is these binge drinkers—out for a “big night”—who appeared to predominate in our recent observational study.

Further, with respect to developmental crime prevention, key risk and protective factors inherent in criminal or drug-use behaviours have been identified (DCPC 1999). The risk factors relate to conflict and violence in the family, poor parental supervision and discrimination based on social or cultural attributes (DCPC 1999). It is also noted, however, that these risk factors, from a developmental crime prevention approach, need not be deterministic; indeed they are affected differently at different stages of the life cycle, so there are key transition periods. What concerns us here is the transition from high school to work or further studies. The relevant risk factors are community acceptability of levels of violence and harmful alcohol consumption, and it is the converse that provides strong protective factors.

With respect to community crime prevention strategies, a number of important proposals have been made. Positive reports of successful intervention approaches have emerged. Recommendations common to all strategies include:

- (i) the need to include a range of stakeholders in the changes made to the local community;
- (ii) the need for consistent licensing laws and serving practices where regulation is enforced but in a preventive rather than reactive way;

- (iii) the use of a range of strategies to ensure compliance and facilitate the extended life of interventions;
- (iv) provision of alternative venues and activities for young people;
- (v) appropriate training for security and bar staff in licensed venues; and
- (vi) education campaigns for patrons in terms of safety and reduction of fear of violence.

With respect to the more situation-based crime prevention strategies (see Clarke 1997) there emerges some key factors in permanently reducing alcohol-related violence in licensed venues (Homel et al. 1997b, pp. 78–80):

- encourage community-based action, rather than heavy policing;
- empower and motivate licensees to be primary decision-makers, thus encouraging proactive rather than reactive action;
- utilise the media in promoting responsible drinking practices, which will consequently lead to greater public support for the licensees; and
- establish a community-based committee that oversees licensees to ensure they abide by the Code of Practice.

While there is considerable overlap between the three approaches in dealing with alcohol-related disorder, each approach offers concrete strategies that target different groups or different motivating factors. We need to draw on all approaches to crime prevention:

- developmental—looking at the risk and protective factors;
- community—to build and reorient problematic communities and behaviours; and
- situational—to implement specific localised strategies to focus on specific problems and areas.

By drawing on these three approaches to crime prevention, the key principles that emerge revolve around community responsibility for alcohol consumption and its related violence.

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4 An Indicator Approach to the Measurement of Alcohol-Related Violence

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Abstract

This chapter makes a case for using surrogate measures of alcohol-related violence as a tool for targeting and evaluating local prevention initiatives and policies. We suggest that a sufficient volume of timely health and police data on conditions or cases known to be highly alcohol-related can be used to develop effective surrogate measures of alcohol-related harm. The use of three main varieties of indicators will be illustrated and discussed: night-time assaults occurring in public places; night-time presentations of assault injuries to emergency departments; and hospital admissions for assault injuries adjusted by a locally estimated aetiologic fraction. The data sources covered include: hospitalisation records (morbidity and mortality data); police recorded charges (in particular assaults); emergency room (ER) data; and surveys. This chapter recommends that, whenever possible, steps should be taken to increase the electronic recording of time and place of occurrence of violent events, especially in ER data. It also recommends that, where possible, “triangulation” between different sets of indicators should be used in order to confirm and interpret observed trends. Each source of data has its own inherent biases that the researcher must be aware of and attempt to allow for. The more indicators available, and the greater the researcher’s knowledge of potential threats to validity, then the greater confidence there can be in the observed trends.

Introduction

From the outset, this chapter assumes that intoxication from alcohol increases the risk of conflict and frustration, resulting in violence in a number of situations including crowded licensed premises (see Graham & West, in press). The main focus of this chapter will be to examine “indicators” of levels of violence at the community or State level that can be derived from available health and crime statistics. Rather than attempting to

“measure” absolute levels of violent crime associated with alcohol, our intention is to describe and illustrate the use of sets of such indicators to measure trends in alcohol-related violence over time. The main interest is in the evaluation of the impacts of local alcohol policies (for example, the extension of trading hours, the creation of greater policing presence around hotels and clubs, and the application of liquor licensing legislation).

For the purposes of developing reliable indicators for the occurrence of alcohol-related violence, it is useful to use the framework provided by Cohen and Felson (1979) in their discussions of Routine Activity Theory as applied to crime events. In essence, they suggest that the occurrence of most crime events can be best understood in terms of a combination of certain risk factors for particular crimes (for example, visibility of the act, ease of transport for stolen items) and the daily rhythms and routines of people’s lives. Patterns of alcohol-related violence, especially in public places, are a prime example as they fluctuate according to the movement of (mainly young) people into and out of licensed premises during recreational times (Stockwell 1997).

The Association Between Alcohol and Violence

The link between alcohol and violence has been examined from many different perspectives. Evidence for the association has been gathered from:

- case series of victims and perpetrators;
- careful observational studies of licensed drinking settings with a reputation for violence; and
- ecological studies linking rates of violence to rates of alcohol consumption in different communities.

Recent research primarily focusing on alcohol-induced aggression and crime has been explored in relation to the personal characteristics of the drinker, in addition to pharmacological, social and cultural factors (Graham & West, in press).

In 1968, Bartholomew found that 59 per cent of offenders in New South Wales had consumed alcohol before committing an offence. Eighteen years later, the same investigator found that 81 per cent of perpetrators consumed alcohol prior to committing a violent offence (Bartholomew 1985). In a meta-analysis of a series of international clinical case studies, based on assessments

of the presence of alcohol intoxication, English et al. (1995) estimated that 47 per cent of perpetrators consumed alcohol prior to committing a violent assault. Moreover, after examining 19 case series publications measuring blood-alcohol concentrations among victims, English et al. (1995) concluded that 43 per cent of complainants had also consumed alcohol prior to being assaulted. Notably, the implicated causal relationship is not confined to the perpetrator, but also the victim.

Multiple studies have demonstrated the same high-risk demographic characteristics associated with alcohol and violence. Intoxicated males between the ages of 18 and 25 years make up the majority of victims and perpetrators where injuries are sustained from assaults and fights (Borges, Cherpitel & Rosovsky 1998). Brismar and Bergman (1998) found that the majority of cases involving violence-related injuries were male (89%), with two-thirds being under the age of 25 and 34 per cent testing positive for blood-alcohol concentration (BAC). Homel, Tomsen and Thommeny (1992) found that the greatest proportion of casualties in the "high risk" category of harm resulting from alcohol consumption tend to be male drinkers between the ages of 18 and 26. In the majority of cases, this type of violent behaviour takes place inside or directly outside licensed premises. There is a growing body of evidence implicating levels of patron intoxication with a variety of demographic factors (being young, male and single) and environmental characteristics (crowding, poor entertainment, cheap drinks) linked to alcohol-related violence (Homel, Tomsen & Thommeny 1992; Graham & West, in press; Lang et al. 1993; Lang et al. 1992).

The type of liquor license (for example, nightclub, hotel, social club or restaurant) and the availability of alcohol correlates with the degree of harm. Stockwell, Somerford and Lang (1991) found that:

... per dollar of alcohol sold there is a higher probability that customers of (high-risk locations) nightclubs, hotels, and taverns will be involved in incidents of alcohol-related harm than will customers of clubs (sporting) and restaurants.

The "harms" in this study included assault offences reported to police that occurred on licensed premises and drink-driving offences and road crashes following drinking at the premises.

Likewise, aggregate-level data on rates of both violence and alcohol consumption indicate a strong association between alcohol and violence. When other key sociodemographic variables are controlled for, significant and large associations have been demonstrated between local levels of per

capita alcohol consumption and rates of violent assault in Australia (Stockwell et al. 1998; Stevenson, Lind & Weatherburn 1999) and the United States (Gorman et al. 1998; Scribner, MacKinnon & Dwyer 1995).

Alcohol-Related Violence, Binge Drinking and the Prevention Paradox

Alcohol-related violence is a major component of “acute” alcohol-related harm, collectively contributing to nearly half of all alcohol-related deaths and two-thirds of all alcohol-related Person Years of Life Lost (PYLL) in Australia (English et al. 1995). Stockwell (1998) states that these acute episodes of alcohol-related harm (for example, injuries obtained through violence) are generally caused by occasional excessive drinking (greater than 60 grams of pure alcohol) by young males, often in licenced premises.

Stockwell (1998) suggests that an individual’s frequency of heavy drinking episodes contributes to the risk of a range of alcohol-related harms over and above the individual’s average level of consumption. In fact, several papers provide evidence that a measure of drinking patterns rather than average volume consumed over time, is the best predictor of harm (Bondy & Rehm 1998; Wichstrom 1998).

Alcohol-related violence is an illustration of the Prevention Paradox. The majority of people involved in alcohol-related violence would generally be classified as, on average, light or moderate drinkers who also occasionally “binge drink”. Stockwell et al. (1996a) showed specifically that drinking risk categories were related to levels of harm. The amount of alcohol consumed prior to involvement in violence-related harm highlighted the issue of different patterns of high-risk drinking. The problem with the traditional approach to alcohol policy is that it bases policy on average consumption rates and fails to examine the detailed episodic patterns of alcohol consumption by medium- and low-level drinkers. In 1986, Kreitman argued that if less alcohol was consumed as a whole by all levels of drinkers (that is, high and low risk) then levels of harm would decrease. Stockwell et al. (1996b) challenged Kreitman’s (1986) paradoxical findings, stating that his approach did not take into consideration the actual levels of consumption on drinking days and how this in turn related more directly to levels of alcohol-related harm. Stockwell concluded that alcohol control policies could be advanced on a more secure basis if reducing episodes of intoxication became a main policy objective.

Indicators of Alcohol-Related Violence

Our approach to the “measurement” of local trends in alcohol-related violence is guided by two main principles:

- While careful interviews with perpetrators and offenders are probably the most precise method of determining likely involvement of alcohol in a violent act, it is not usually possible (for practical and economic reasons) to conduct sufficient numbers of local surveys of local residents for this purpose.
- Estimates of alcohol involvement in officially recorded offences and any resulting injuries are not collected with sufficient reliability to be a sound basis for monitoring trends. Police and hospital emergency staff are generally too busy to reliably and consistently make the complex judgement as to whether alcohol caused a particular event.

As neither surveys, case series interviews nor official statistics are reliable sources of information about the contribution of alcohol to violent acts, researchers are limited in the conclusions that can be drawn from such investigations. One of the National Drug Research Institute’s (NDRI) main research strategies has been to develop proxy or surrogate measures of alcohol-related harm. These indicators can be independently verified under research conditions to identify subsets within official health and police statistics (which contain incidents that are known to be highly likely to involve alcohol). An example of a surrogate measure of alcohol-related harm is the single-vehicle night-time road crash which, where studied in the English-speaking world, has been found to involve prior alcohol consumption in the majority of instances (Holder & Wagenaar 1993).

We will describe the use of two principal varieties of surrogate measures for alcohol-related violence: night-time assaults occurring in public places; and the application of an “aetiologic fraction” to health data where time of occurrence is missing.

It is important to recognise that the use of official data on violence for the purpose of deriving indicators involves certain risks. As is well expressed by Grunewald et al. (1997):

Community indicators typically arise as a measure of the performance of the community systems and may only indirectly represent the concepts of interest in community research (e.g. rates of crime).

Gruenewald stresses the value of “triangulation” across different sets of data to discern trends and patterns. The more sources of information that point in the same direction, the more confident one can be in interpreting an observed trend from such data. Researchers must estimate external threats to the data validity, such as major changes in reporting systems, major changes in police enforcement practices or in hospital recording systems.

Different Sources of Indicators of Alcohol-Related Violence

Developing Indicators of Alcohol-Related Violence from Police Data

In all Australian jurisdictions police maintain records of incidents of violent assault. Official police reports on violent assault usually contain details regarding: date; day of week and time of day of the incident; age and sex of the complainant; age and sex of the perpetrator(s) (often largely incomplete); type of assault charge; non-identifying address of the complainant (for example, postcode); and location of the offence. Just as morbidity data only include those cases where an individual has presented to hospital for treatment, police statistics only include those cases where the violent incident has come to the attention of the police. For various reasons there is a substantial degree of under-reporting of violent crime to police. The Victorian Community Council Against Violence commissioned a study investigating the level of under-reporting of violent incidents to the police which found that only 22 per cent of assault victims sought medical treatment and only 16 per cent reported the incident to police (cited in Stockwell 1995a).

In recent years, many official police crime databases have included a flag that indicates whether the officer believed alcohol or drugs was involved in the incident. On the whole, these judgments are made solely on the basis of the attending officer’s perception, without any formal validation by breath or blood alcohol test or specific operational criteria for making such a determination. Moreover, due to the highly subjective nature of these observations and the fact that reporting rates are strongly influenced by changes in police practices, such information is generally considered unreliable and not suitable for measuring the magnitude of alcohol-related harm or changes over time. For example, Ireland and Thommeny (1993) estimated that the routine use of such flags results in an underestimate of

cases involving consumption of alcohol in the previous six hours by as much as 50 per cent.

By contrast, among cases which come to the attention of the police, it can be reasonably assumed that, at least in comparison with judgements about alcohol or drug involvement, the type of crime event plus its time and place of occurrence will be recorded with a high degree of accuracy. Thus “surrogate” or “proxy” measures, which utilise temporal and geographical details, can be developed. Local research has identified a strong association between alcohol consumption and night-time assaults, especially among those occurring in public places (Stockwell et al. 1998). For example, Ireland and Thommeny (1993) found that 91 per cent of assaults occurring in public places between the hours of 10pm and 2am are alcohol-related. In the same publication, Ireland and Thommeny report that 77 per cent of all assaults involved prior consumption of alcohol, but in only 40 per cent of the police records was alcohol “flagged”. By creating subsets of data which group together assaults likely to have a high degree of alcohol involvement (that is, those occurring during night hours), it is possible to derive a relatively reliable and stable indicator of alcohol-related assault. Combined with population data, numbers of estimated alcohol-related assaults can be expressed as population rates and compared between regions at State and local levels. However, it should be noted that not all alcohol-related assaults will be captured by use of a proxy measure. At the same time, some assaults unrelated to alcohol consumption will be included. Due to the imprecision of surrogate measures of alcohol-related assaults, results are best perceived as “indicators” to be used for tracking changes in levels of problems over time and across places, not as absolute measures of the magnitude of harm.

Police records of assault charges or events may include many different types of charges ranging from verbal assault, to assaulting a public officer, to grievous bodily harm. Some of these charges are less likely to have been influenced by prior alcohol consumption than others. In addition, it is generally presumed that the more serious offences are likely to be more reliably recorded than less serious offences, as they are more likely to come to the attention of police. Homicides are the most serious type of assault, but they occur relatively infrequently and are not particularly suitable for measurement of trends in alcohol-related assaults where populations are relatively small. In such situations it is often preferable to include all charges or incidents where the assault is of a more serious nature (for example, grievous bodily harm, wounding, bodily assault, aggravated sexual assault).

The investigator must also be aware of charges that relate to assaulting a public officer. These types of offences are likely to be unduly influenced by changes in policing practices and are not generally suitable for inclusion in estimates of assault rates.

When using police recorded data, it is important that the investigator be aware of any changes in policing practice, legislation or community interventions that may impact upon the reliability or consistency of the data. For example, in an investigation of the impact of extended trading permits on the relationship between alcohol and assault, it was necessary to control for the introduction of “zero tolerance” in multivariate analyses (Chikritzhs, Stockwell & Masters 1997). Here “zero tolerance” refers to the practice of police officers no longer using discretion when dealing with offenders and reporting all offences. This may have otherwise had the undesirable effect of artificially elevating reported numbers of assaults, particularly among the less serious charges. Similarly, the introduction of community strategies to reduce alcohol-related harm, such as the now commonplace “Accords”, might impact directly on policing practice. Hawks et al. (1999) found that incidents of violence in and around licensed premises increased during the period of operation of an Accord in Fremantle, Western Australia—a finding that is likely to be due to the increased police presence. Putnam, Rockett and Campbell (1993) noted that following a community intervention in Rhode Island, United States, numbers of assault charges increased while ER attendances for assault injuries were shown to decline. The explanation provided was that police arrests were elevated as a direct artefact of increased police presence. In such instances, care must be taken when interpreting intervention outcomes. It is therefore preferable that several indicators of alcohol-related assault are used and interpreted in light of what is known about external factors which may impact on particular indicators.

Our use of the proxy measure of night-time assaults has been encouraged by results from two key studies. The Measurement of Alcohol Problems for Policy (MAPP) project found that population rates of night assaults (occurring between 10pm and 6am) were highly associated with rates of alcohol consumption across 130 local areas of Western Australia (Stockwell et al. 1998). This relationship was particularly strong for the consumption of high-strength beer and cask wine, and weak for low-strength beer—a predictable relationship if it is assumed that one has a valid measure of alcohol-related violence. In a second study of the relationship between numbers of assaults and increased alcohol availability, Chikritzhs, Stockwell

and Masters (1997) found predictable changes in numbers of assaults occurring on licensed premises with changes in trading hours. The occurrence of violent incidents on licensed premises was found to build up during the evening and peak just before closing time. This peak shifted when closing times were delayed, and overall numbers of assaults increased with every one extra hour of alcohol availability.

A Western Australian pilot project is currently investigating the efficacy of establishing a database of alcohol-related harm, which includes police assault records, to inform and assist community groups and stakeholders (Brinkman, Penna & Stockwell 1999). Of particular interest is whether surrogate measures of alcohol-related harm will be granted any legal status as permissible evidence in court cases concerned with liquor licensing issues (for example, granting of new licences in areas with a high pre-existing level of alcohol-related harm).

The Aetiologic Fraction Approach for Measuring Alcohol-Related Violence in Health Statistics

When an individual is admitted to hospital for treatment in all Australian States and Territories, the underlying cause of the condition, whether disease or injury, is recorded using standard International Classification of Diseases codes. Hospitalisation data are collected from all major public hospitals, although the degree of collection from smaller private hospitals varies between States and is less well represented in earlier years. Morbidity data can generally be accessed from individual State or Territory health departments, however the Australian Institute of Health and Welfare also collects and maintains a national morbidity database from the same source. Similarly, for mortality data, the principal cause of death as determined from coronial reports is available from individual States or from the Australian Bureau of Statistics, which compiles such information.

The International Classification of Diseases classifies deaths and hospitalisations arising from an assaultive incident using specific external cause codes or “E-codes”. These codes identify many types of violent assault including rape, brawl, fight, assault by firearms or explosives, wounding by piercing instrument, arson, pushing from a high place, striking with a blunt instrument, scalding, and injuries inflicted by police or law-enforcement agencies (International Classification of Diseases 9th Revision [ICD-9-CM] 1980). From 1999, ICD-10-AM is used to classify all deaths, and “E-codes” are no longer a feature.

As discussed previously, English et al. (1995), in their widely recognised quantification of drug-caused morbidity and mortality, have assigned a population aetiologic fraction of 47 per cent to define the degree to which alcohol is a causal factor in assaultive injury and death. Following the identification of assaultive injuries from morbidity/mortality data, application of the assigned alcohol aetiologic fraction allows the researcher to determine estimates of alcohol-caused assault rates for a given population.

Where morbidity/mortality data can be accessed at regular intervals, it is possible to generate trends in alcohol-related violence over time. Dates of death or hospital admission can also be obtained, allowing the possibility to examine population rates by temporal intervals. The investigator can identify high-risk or peak periods of assault such as may be evident in holiday or tourist seasons. Alternatively, a single “snapshot” can be generated, providing a profile of alcohol-related violence in a community at any one point in time.

Major changes in hospital procedures aside, rates of assault generated from morbidity/mortality data are relatively reliable and consistent over time, with the use of standard codes facilitating comparisons between regions. Adding to the utility of morbidity/mortality data is the ability to extract non-identifying residential address information regarding the patient or the deceased (for example, their residential postcode or statistical local area). This allows the identification of specific local or regional rates of harm by identifying injured persons who reside in a particular community of interest. Residential address information is a useful tool for evaluating local-level strategies designed to reduce alcohol-related violence, or for examining rates across locations. Additionally, the availability of demographic information (such as sex, age and ethnicity) allows stratification and standardisation where necessary, in order to compare rates between regions. Similarly, demographic profiles of persons who are seriously injured or killed due to assault can be useful for identifying “at risk” subpopulations.

A further benefit implicit in the use of morbidity/mortality data is that with readily applicable aetiologic fractions that define the proportion of cases caused by alcohol, there is no need to rely on subjective judgments made by hospital or police personnel regarding alcohol involvement. However, it should be noted that while rates of alcohol-related deaths and hospitalisations provide useful indicators of trends over time, or may otherwise facilitate comparisons between regions, they cannot provide an

absolute measure of the magnitude of alcohol-related violence. This is because only the more severe cases present.

Generally, assault injuries that require hospitalisation are relatively serious in nature. Less serious injuries, which may be greater in number but less likely to be alcohol-related than serious injuries, may be treated in ERs or private surgeries and will not appear on official hospitalisation records. There are likely to be many more assaultive injuries where the degree of injury is negligible, and where an individual is not obliged to seek medical treatment. Other injuries resulting from interpersonal violence may remain unrecorded due to incorrect diagnosis by medical or coding personnel, or where—for whatever reason (for example, fear of reprisal)—the patient was unwilling to disclose the true cause of injury. In addition, hospitalisation records do not include the time of day or the specific place where the incident occurred. Thus, unlike police data, surrogate measures that make assumptions about alcohol involvement, time of day and day of week, are not applicable. Nor are temporal surrogate measures appropriate for use with hospitalisation data where aetiological fractions can be used effectively to derive rates. It is essential, therefore, that users of officially recorded statistics (that is, morbidity and police data) remain aware that such monitoring systems can only record the occurrence of an incident where individuals come forth or become known to authorities.

By comparison, since coroner reports are likely to capture almost all deaths due to homicide, mortality information does not suffer from the same level of under-reporting as hospitalisations. However, while providing a sound indication of magnitude, only a small number of homicides occur in any one year, resulting in unstable rates. Alcohol-caused death rates for assaults are not generally appropriate for calculating rates at regional and local levels.

Differences between health regions and hospitals (such as admission procedures, bed availability and funding rules) may confound comparisons between locations and influence trends over time. One example of a relatively recent and major change to hospital recording procedures was the implementation of “casemix” to State and Territory hospitals. Victoria was the first State to adopt the new system in 1994. A subsequent effect of the implementation was a marked increase in the number of short-stay admissions made in that State as a result of attempts to reduce patients’ average length of stay (Hanlin & Jonas, pers. comm.). This has direct implications for comparing Victorian hospitalisation rates with all other States and Territories that did not introduce the system until after 1996.

Whether admission rates for assaultive injury were influenced is a matter for further investigation.

Another issue requiring more attention, and one which affects both morbidity and mortality data, is the desirable application of regionally and temporally specific alcohol aetiologic fractions for assault. As discussed earlier, alcohol aetiologic fractions underlie the calculation of alcohol-caused population rates of harm. Therefore, any underestimate or overestimate of the aetiologic fraction will subsequently be reflected in the derived rate. For ease of explanation, the following discussions of attributable risk for assault have assumed the standard aetiologic fraction of 47 per cent (English et al. 1995). However, it is possible to adjust the estimated fraction such that it reflects changes in the level of alcohol consumption in the community of interest (Chikritzhs et al. 1999).

For assault and other similar external cause conditions, English et al. (1995) derived estimates of population aetiologic fractions utilising a methodology known as the “direct method”, using the pooled results of case series studies. The “indirect method”, however, is preferable as it is based on the pooled results from cohort and case-control studies to produce an estimate of relative risk. The estimated relative risk is then combined with information (when available) which permits an estimate of the frequency of hazardous or harmful drinking in the community of interest in order to calculate a more precise fraction.

It is generally accepted that the five international studies of assaultive injury utilised by English et al. (1995) to estimate alcohol aetiologic fractions were generalisable to a national Australian population at that time. However, in a large and diverse country such as Australia there is a great deal of variability in the prevalence of high-risk alcohol consumption. During 1989–1990, the prevalence of high-risk drinking among males throughout Australia was approximately 17.6 per cent (Australian Bureau of Statistics 1994). By comparison, in 1992, 30 per cent of males in the Northern Territory consumed alcohol at hazardous or harmful levels (d’Abbs 1993). Similarly, there may be large variations over time within the same community. Between 1989–1990 and 1996–97, national per capita consumption of pure alcohol declined from 8.5 to 7.6 litres per person—a fall of over 10 per cent (World Drink Trends 1998). Thus, it is readily evident that prevalence of high-risk alcohol consumption can vary substantially between regions and over time.

In their evaluation of the Northern Territory's Living with Alcohol Program, Chikritzhs et al. (1999) adjusted alcohol aetiologic fractions for assault and similar external cause conditions, to reflect both the particularly high levels of consumption in the Northern Territory and annual changes in the prevalence of high-risk drinking. Since annual estimates of prevalence of hazardous or harmful drinking were not available, adult per capita consumption was employed as a surrogate measure to estimate change in drinking levels over time. Notably, due to the high level of alcohol consumption in the Northern Territory, there was a marked difference between Northern Territory-specific and national aetiologic fractions. In 1992, for instance, the estimated assault aetiologic fraction specific to the Northern Territory was 65 per cent (Chikritzhs et al. 1999) compared to an attributable risk of 47 per cent for Australia (English et al. 1995). Many factors may affect levels of consumption within a community, including seasonal changes, mean temperature (that is, northern versus southern regions), level of urbanity, cultural differences, economic factors, legislative changes, level of unemployment and intervention strategies. With these factors in mind, we recommend that, where possible, future attempts to derive rates of alcohol-related harm should utilise time- and location-specific aetiologic fractions.

The accuracy of derived assault rates could be enhanced by the provision of age- and sex-specific aetiologic fractions. As with most other alcohol-caused conditions, aetiologic fractions may vary markedly between age groups and by sex. It is evident that the large majority of perpetrators of assault—and, to a lesser degree, victims of assault—are males aged between 18 and 24 years (Borges, Cherpitel & Rosovsky 1998; Bismar & Bergman 1998; Graham et al. 1980). Additionally, the degree of alcohol involvement in assaultive injury is higher for males than for females (Shepherd et al. 1989). Although requiring the use of studies that delineate on the basis of age and sex, it is possible to derive more specific fractions for assault as has been done successfully with alcohol-related drowning (English et al. 1995). Future research efforts to derive more sophisticated fractions will facilitate more accurate estimates of alcohol-caused assault rates.

The Use of Accident and Emergency Data as a Source of Indicators

Victims of alcohol-related assaultive injury will often report to hospital for treatment when they do not report the incident to police, but generally only in the cases of serious injuries which require emergency medical treatment (Cherpitel 1993). Victims of assault are less fearful of hospital personnel than

of police, and the hospital environment is considered “safer” for those who fear police presence.

Similar to police flags, ER data lacks a degree of reliability in the determination of alcohol-related injuries. In the case of such data, the actual validity of statements and descriptions of injuries sustained are in many cases subject to nurses’ or doctors’ discretion and invariably substantially under-report alcohol’s involvement in injury. These are further arguments for the use of proxy measures. Proxy measures take into account the inaccuracy in raw data, without judgments of whether alcohol is involved in each case.

An ER investigation performed by Treno, Gruenewald and Johnson (1998) showed that certain demographic factors were significant in terms of quantifying alcohol-related acts of aggression. The study found that groups of males aged between 18 and 25 years were more likely to become involved in injuries relating to alcohol consumption (Treno, Gruenewald & Johnson 1998). The study included a number of demographic variables: age; gender; race or ethnicity; education; marital status; and income. Additionally, blood-alcohol content levels were recorded for each subject. Questionnaires were utilised to determine the amounts of alcohol consumption prior to the assault, where the assault took place, and the time of its occurrence. Results also showed that ER presentations were more likely to be female, young, less educated, from a minority group, and with lower income, creating significant “bias effects in the ER sample”. Treno, Gruenewald and Johnson (1998) also reported that:

- assaults were as a result of alcohol consumption by either or both the perpetrator and/or the victim;
- “drinking patterns were significant non-linear predictors of alcohol involvement”; and
- respondents were “sensitive” to self-reporting prior to taking part in a blood-alcohol content test in the ER.

A study performed by Borges, Cherpitel and Rosovsky (1998) in Mexico City showed that male drinkers presenting at the ER with violence-related injuries were a result of either assaults or fights in cantinas (Mexican bars). The study found that those who consumed larger quantities of alcohol less frequently were 30 times more likely to be involved in violence-related injuries sustained from either assaults or fights. Also, those who consumed over 100 millilitres of alcohol in the past six hours were 14 times more likely

“to have violence-related injuries” (Borges, Cherpitel & Rosovsky 1998). Cherpitel (1997) compared wet and dry region consumption areas using ER data. Data were collected for exploring the differing influences of drinking patterns on violence-related injury. The study arrived at similar conclusions as Treno, Gruenewald and Johnson (1998) and Borges, Cherpitel and Rosovsky (1998) in relation to positive blood-alcohol content tests, indicating an increased likelihood of violence-related injuries in persons admitted to ERs.

McLeod et al. (1999) conducted an ER investigation at the Fremantle Hospital in Western Australia between February and November 1997. This investigation was the first of its kind to be performed in Australia, and the results yielded very similar findings to Cherpitel’s studies in the United States, with the exception that the difference between gender-specific rates of alcohol-related injury were not as large. McLeod suggests this could be explained by the increasing prevalence of hazardous drinking by females in Australia (Makkai & McAllister 1998). McLeod (2000) found that the derived aetiologic fractions for alcohol-related injury differed significantly between night and day. These findings were specific to all presentations that reported drinking alcohol within the previous six hours (the reference group being people who had not consumed any alcohol during the same time period). Specifically, the aetiologic fraction for all injuries where a person consumed alcohol in the six hours prior to hospital presentation between the hours of 9pm and 9am was estimated as 30.51 per cent compared to 6.37 per cent for those who presented during the hours of 9am to 9pm and who had also consumed alcohol in the six hours prior to presentation.

An advantage of ER data is the depth of information that can generally be gathered. Text descriptions of the injury event enable a good chance of identifying specific causal factors and the events leading to the injury. Well constructed ER studies can be useful for informing liquor licensing regulation, general injury surveillance, injury control strategies, and policy development. ER surveillance is particularly useful at a community level, especially in high-risk communities, to inform and develop targeted injury prevention strategies. However, because ER studies are reliant on efficient, unbiased, well trained and reliable personnel, they are intensive in terms of resources and personnel. ER studies suffer high costs in relation to staff training, high staff turnover, low staffing levels and changing shifts. Ethical approval, specifically relating to informed consent, can hinder ER studies, as some subjects may be debilitated or extremely inebriated.

We recommend the use of proxy measures, due to the depth and consistency of ER studies, the inherent biases associated, and the expense of administration. Indicators can easily be derived on the basis of current aetiological fraction methodology and date- and time-specific records of all ER presentations. Where accurate prevalence rates of alcohol consumption are available, these measures can be developed at the local, regional, State or national level. However, without the standard recording of admission time these proxy measures cannot be developed. Currently, neither approximate time of the injury event nor the admission time is recorded electronically by ER personnel as standard hospital protocol throughout Australia. The implementation of standard electronic recording of time of admission across all hospitals is a strong recommendation of this chapter.

Surveys

Population-representative surveys are the best method for estimating prevalence of alcohol-related violence as they do not suffer from the “tip of the iceberg” problem associated with police and hospital records. Although this chapter focuses on the use of surveys to investigate drinking consumption patterns, it should be noted that surveys have been successfully used to investigate alcohol-related violence. For example, Lang et al. (1992) conducted an intensive community survey where respondents were asked whether they had experienced an alcohol-related problem in the past three months (including fights) due to their alcohol use. Information obtained from this survey included:

- demographics;
- consumption patterns;
- characteristics of drinking settings;
- the characteristics of drinkers and the drinking situation;
- knowledge of laws relating to the sale and consumption of alcohol; and
- attitudes to server responsibilities and drinking to intoxication, and alcohol-related harm.

Lang’s findings were useful for both targeting health promotion activities and identifying high-risk characteristics and situations.

Surveys are also very useful when investigating specific communities or special population groups. Some notable examples include: Wilks (1985), who surveyed university students; Lightfoot & Hodgins (1988), who

surveyed offender groups in a series of inmate studies; Wallace (1993), who surveyed women's refugees; and Gray et al. (1981, 1996, 1998), who surveyed various Aboriginal communities.

As mentioned above, prevalence rates for specific communities are required to generate accurate aetiologic fractions for local areas (refer to discussion surrounding the Northern Territory Living with Alcohol Evaluation). Survey estimates of alcohol consumption providing best estimates of the prevalence of high-risk drinking in a community, combined with estimates of relative risks, are required to generate aetiologic fractions. A limitation to the strength of proxy measures reliant on accurate alcohol consumption prevalence rates, is the lack of comparability between surveys. Surveys conducted in Australia (such as the National Drug Strategy Household Survey) have used different sampling techniques and questionnaire design, and lack consistency when repeated over time (Australia Social Issues Research 1992; Commonwealth Department of Health, Housing, Local Government and Community Services 1993; Commonwealth of Australia 1996). We recommend that surveys investigating levels of hazardous or harmful drinking should use the levels of daily consumption defined by the National Health and Medical Research Council—that is, more than 60 grams for men and more than 40 grams for women (NHMRC 1992). Furthermore, we suggest that there is a need for regularly updated national surveys, representative to the Australian Bureau of Statistics' statistical local area level of geographical division, administered using a standard interview technique where limited descriptive information is required, but consistent information is sought.

Discussion

A strong association exists between alcohol use and violence. This relationship is indicated by fluctuations across space and time in the occurrence of violent acts and the consumption of alcohol. Alcohol-related violence is a major public health and safety issue, and warrants the careful development of prevention policies. Illustrating the prevention paradox, most instances of alcohol-related violence involve people who only occasionally drink to excess. Policies need to be guided by appropriate and timely local data to aid targeting and evaluation. The development of public policies that may adversely affect levels of violence have been illustrated

with the application of the abovementioned indicators in National Drug Research Institute studies.

The value of data varies according to the purpose for which it is intended. A case has been made for the use of two main varieties of surrogate measures of alcohol-related violence in order to assist with the monitoring and evaluation of prevention policies at the local level.

Night-time assaults have been demonstrated to be a reliable indicator of alcohol-related violence. Official police records can provide detailed information regarding individual offences, which can be used to derive proxy measures of alcohol-related harm. Researchers should be aware of the intrinsic limitations of police data, including under-representation and recording inconsistencies, due to changes in enforcement practices.

The application of a standard alcohol aetiologic fraction to death and hospitalisation data is generally accepted as a reliable means of generating rates of alcohol-caused morbidity and mortality. Aetiologic fractions are relatively easy to apply and they eliminate reliance on subjective judgments by attending personnel.

Researchers should endeavour to identify threats to validity and reliability of their data. Official records are limited by the fact that they are directly influenced by hospital and police recording systems and they are reliant upon the reporting of incidents by individuals. These indicators should therefore not be singularly relied upon as measures of magnitude. However, when examined in unison, such methods can provide reliable indications of trends in alcohol-related harm over time and place.

Recommendations

It is recommended that researchers, enforcement agencies and health personnel cease reliance on “flags” unless they are trained in the application of the term “alcohol-related”. It is preferable that both the victims and perpetrators of alcohol-related violence be asked if they have consumed alcohol in the previous six hours. It should also be recorded whether subjects display obvious signs of intoxication (for example, impairment of coordination, balance and/or speech, plus smell of alcohol). National standard use of breathalysers in both a hospital emergency setting and for use by police attending assaults would eliminate the reliance on subjective judgment and the need for surrogate indicators of alcohol-related crime.

We strongly suggest the national coordination of data collection. For example, a national police recording system, similar to that used by hospitals, would allow for better comparisons across States and community regions.

Proxy measures can be derived from the use of aetiology fractions or the use of date- and time-specific records. Neither the approximate time of injury or admission time is recorded electronically by ER personnel as standard hospital protocol throughout Australia. It is recommended that standard electronic recording of time of admission across all States be implemented.

Estimates of aetiology fractions that are applied to morbidity and mortality data require regular updating and greater specificity. For example, alcohol aetiology fractions should be made specific to age and sex to derive more precise fractions for assault. It is recommended that future research efforts focus on deriving improved estimates of aetiology fractions in order to facilitate more accurate rates of alcohol-related harm.

Surveys with enhanced prevalence measures of hazardous and harmful alcohol consumption are required from the local to the national level. The majority of current approaches relating alcohol and violence generally rely on estimates of overall volume of alcohol intake, while neglecting to incorporate the significance of drinking patterns (for example, binge drinking). With these recommendations, surveys on alcohol drinking patterns will enable precise and informative indicators of alcohol-related harm, including the ability to track changes over time.

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5 Alcohol and Disorder in the Australian Community: Some Results from the National Drug Strategy Household Survey

Toni Makkai

Abstract

Alcohol-related social disorder is widespread in Australia, most often involving young males. While the causal connection between alcohol consumption and disorder is not fully understood, previous research has indicated that there is an overlap between victims and perpetrators. This chapter confirms that the likelihood of being a victim or perpetrator of alcohol-related disorder declines with age and that for repeat or chronic offenders, the vast majority also report being victims. The data suggest that policies will need to target both offending and victimisation, as the target groups are likely to comprise a significant proportion of common members.

Introduction

Although there has been considerable concern in Australia over the extent of illicit drug use in recent times, alcohol-related disorder remains a significant problem for law enforcement. This problem manifests itself in two important ways—aggression and violence associated with excessive alcohol consumption, and drink-driving. Both of these activities also impact on the wider society in terms of the social harm to others in the community, the health care costs associated with the direct and indirect harms associated with these activities, and economic costs in terms of lost productivity and workplace accidents. The link between alcohol and crime is by no means certain; many people who consume alcohol do not commit crimes of any sort. Some argue that abuse of alcohol and aggression coexist and are not causally related. Two theories that have been proposed to account for the purported link between alcohol and crime is the disinhibition model and the social learning model. The former model is based on the pharmacological properties of alcohol to lower criminal and other inhibitions that normally

restrain individuals from antisocial behaviour. The latter model argues that individuals learn to behave in certain ways while intoxicated, knowing that such behaviour will not be condemned (Barnett & Fagan 1993).

Recent research at the Australian Institute of Criminology has highlighted the importance of fear of crime. In part, fear of crime comes from perceptions of disorder in the local community. Disorder is a term within criminology that is used primarily to refer to behaviour that is not necessarily criminal but is considered by the community as deviant behaviour. "In its broadest sense, disorder is incivility, boorish and threatening behaviour that disturbs life, especially urban life" (Kelling & Coles 1996, p. 14). Research in the United States has shown that within communities there is agreement on what behaviours are constituted as disorderly, regardless of ethnicity, class or other characteristics (Skogan 1990). Much of this disorder is perceived to be associated with both licit and illicit drugs. Thus, excessive consumption of alcohol in public places can contribute to disorder, and sometimes violence, that heightens fear of crime. The link between disorder and more serious predatory behaviour has been demonstrated (Skogan 1990). However, it is important to realise that there have been variations over time and space in legal thresholds of permissible disorders. This applies to both laws on the statute books as well as law enforcement policies.

Official crime statistics do not inform us about the link between alcohol use and criminal or disorderly activity. Few jurisdictions routinely collect data on the alcohol-relatedness of non-alcohol-specific offences (Atkinson 1992). When an individual is arrested for assault they are not recorded as an alcohol-related assault. It is possible to examine individual police files but the recording practices will vary from officer to officer. Even drink-driving statistics will underestimate the extent of such activity as they are based partly on police activity. When, where and how often random breath testing is undertaken will necessarily impact on the number of detected drink-drivers. Police and court records are widely recognised as representing only a very small proportion of offences and offenders. In addition, the various jurisdictions employ different methods to record and count statistics, particularly in the area of drug-related crimes. As a result, self-report data remains one of the major methods for collecting this type of information.

This chapter relies on self-report data from the National Drug Strategy Household Surveys that are conducted every two to three years in Australia. Table 1 indicates the surveys and their collection periods. Since 1993 the

questionnaire has included a series of questions concerning alcohol-related violence and disorder. This data provides information on whether the individual reports being a victim of such behaviour.

As with any self-report data on activities that are regarded as “deviant” or illegal in the community, there are limitations on its reliability and validity. However, there is an extensive body of literature on victimisation and delinquency that suggests that self-report data is more accurate than most official records that come from police, courts or treatment agencies.

Table 1: The 1985–1998 National Drug Strategy Household Surveys

Year	Data collection	Fieldwork	Sample coverage	Sample size	Interview technique
1985	Reark Research	Nov–Dec	Quota sample, urban population centres of 5,000+, aged 14+	2,791	Personal interview
1988	Australian Market Research	Mar–Apr	Random sample, urban population centres of 5,000+, aged 14+	2,255	Personal interview, sealed self-completion booklet
1993	AGB McNair	Mar–Apr	Random sample, population aged 14+	3,500	Personal interview, sealed self-completion booklet
1995	AGB McNair	May–Jun	Random sample, population aged 14+	3,850	Personal interview, sealed self-completion booklet
1998	Roy Morgan Research (managed by AIHW)	June–Sep	Random sample, population aged 14+	10,030	Personal interview, sealed self-completion booklet; leave behind self-completed booklet

This chapter is divided into two major sections. The first section focuses on victims, the second on perpetrators. The material here updates data on alcohol-related disorder and crime contained in earlier papers (Makkai 1997, 1998) with the addition of the 1998 survey data.

Data and Sample

The data come from national surveys conducted since 1985 under the auspices of the National Drug Strategy (NDS) to examine primarily self-reported drug use. In 1993, 1995 and 1998, specific questions were included on alcohol-related behaviour. The purpose was to gain some indication of the extent to which individuals reported being victims and perpetrators of such behaviour. In 1993, 3,500 people participated in the survey. The survey was repeated again in 1995 when 3,850 people completed the questionnaire.

In 1998 the sample size was increased to 10,340 people. The surveys were conducted face-to-face with persons aged 14 or more, however, the more sensitive “drug use”, “victimisation” and “engagement in disorder” questions were included in a self-completion component.

The 1998 survey greatly expanded the number of questions about when and where alcohol-related incidences occurred in relation to victimisation. However, the primary focus of this chapter is on examining changes in trends; most of the analysis concentrates on those questions that have been consistently asked across the surveys.

The sample design was the same in the 1993 and 1995 surveys, with oversamples of some jurisdictions to enable jurisdictional comparisons to be made. The 1998 survey had a number of innovations that resulted in three samples:

- a national random sample;
- a second sample of the youngest person within the household other than that first selected; and
- a third sample of randomly selected households within capital cities of persons aged between 14 and 39 years.

As was consistent with previous years, the national random sample was conducted face-to-face. For the other two samples, a questionnaire was left for completion which the interviewer returned to pick up, or a reply-paid envelope was left for the respondent to mail the survey back to the market research company. In the third sample, there were 310 persons who returned the questionnaire but who were outside the age range. For the purposes of this chapter they have been excluded from the analyses. This reduces the sample size to 10,030. Detailed analyses of the three samples indicated no significant differences due to the different methodologies (Roy Morgan Research 1999).

The analyses here are for the whole of Australia, so the data have been weighted accordingly. In the 1998 survey, design effects were provided for the first time. Although these will not affect the estimates, they will affect the standard errors and hence the tests of significance. The design effects are not available for the previous surveys. As the surveys were conducted in the same manner, the design effects for the 1998 national random sample have been applied to the 1995 and 1993 surveys. As a result, the data presented in this paper may vary from those presented in earlier papers; however, no

substantive conclusions are affected. The total number presented in the tables represent the actual number of people interviewed—the percentage estimates are based on the weighted data and significance tests are based on the design effect-adjusted weighted data.

To increase compliance, a letter from the Federal Minister for Health encouraged people to participate. The response rates for the 1993 survey were 52 per cent. In 1995, 57 per cent agreed to be interviewed and in 1998, 56 per cent either agreed to the interview or returned a self-completed questionnaire. In all the surveys, the more sensitive drug use and offending/victimisation data were collected via a self-completion component. The use of self-completion has been shown to enhance the quality of the data collected (Porritt 1990; Makkai & McAllister 1992).

Once the samples are weighted, detailed comparisons with census data indicate few differences between the sample and the population as a whole for basic sociodemographic characteristics (Commonwealth Department of Health and Family Services 1996; Roy Morgan Research 1999). National surveys of this type are based on surveying people within a dwelling. Not all Australians live in a dwelling, and some Australians are constantly mobile across dwellings. In particular, the homeless, those in institutions such as prisons, and itinerant individuals will not be captured by this methodology. Despite these limitations, these groups as a percentage of the total population are very small and thus any sample of them, regardless of the prevalence of drug use among this group, will result in an extremely small number of people who would not have a dramatic effect on the distributions. Examining drug use and violence amongst these groups requires a different methodology and would tell us a story specifically about those groups rather than the population as a whole. Other chapters in this book provide us with examples of detailed studies of specific groups within the community.

The data were made available by the Social Science Data Archive, Research School of Social Sciences, Australian National University. The surveys were originally undertaken for the Commonwealth Department of Health and Aged Care for the National Drug Strategy. Neither the collector of the original data nor the archive bears any responsibility for the analyses or interpretation presented here.

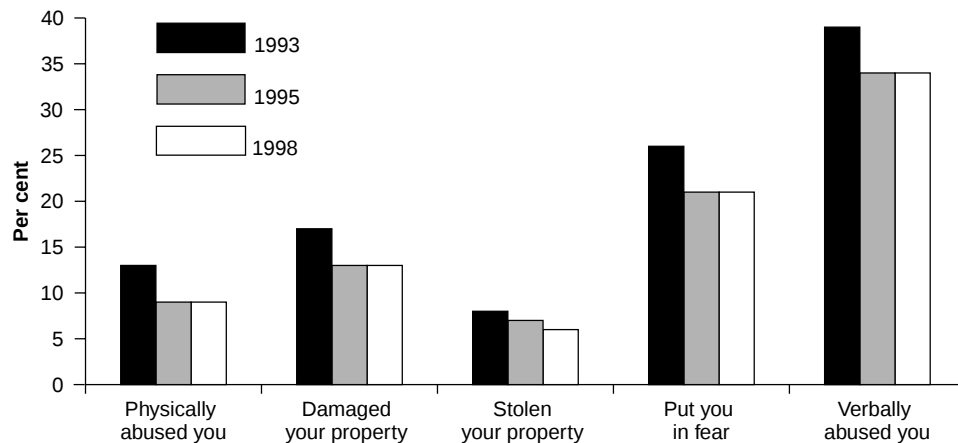
Victims of Alcohol-Related Disorder

Respondents were asked whether they had been victims of five types of “incidents”, which included physical and verbal abuse as well as property crime, in the past 12 months. It is important to remember that this does not mean that the perpetrators were actually under the influence of alcohol, nor that alcohol caused the person to commit the behaviour; it is simply the victim’s perception that alcohol was affecting the perpetrator at the time. However, perceptions are important—they are what drive public opinion and they influence individual attitudes, values and behaviours.

Figure 1 focuses on whether respondents report having experienced the “event” in the past 12 months regardless of the frequency of occurrence. Five forms of disorder were asked about in each year that the survey has been conducted.¹ The data indicate that:

- the slight decline in self-reported victimisation between 1993 and 1995 continued in 1998;
- respondents are more likely to report experiencing disorder rather than violence:
 - in 1998 around one-third reported having been verbally abused by a person affected by alcohol in the past 12 months;
 - just under one-quarter reported having been put in fear by a person affected by alcohol in the past 12 months.

Figure 1: Self-reported victimisation, 1993–98



Source: 1993, 1995, 1998 NDS National Household Surveys, weighted samples

¹ “Disorder” is a term widely used in criminology.

Levels of alcohol-related criminal behaviour are also high:

- 13 per cent in 1993 and nine per cent in 1995 and 1998 report having been physically abused by someone affected by alcohol;
- 17 per cent in 1993 and 13 per cent in 1995 and 1998 report having had property damaged by a person affected by alcohol; and
- eight per cent in 1993, seven per cent in 1995 and six per cent in 1998 report having had property stolen by a person affected by alcohol.

Table 2 focuses on repeat victimisation and indicates how often respondents had experienced the “event” in the past 12 months. The data indicate a number of important factors:

- although there was some decline in repeat victimisation between 1993 and 1995, there has not been a noticeable further decline in 1998;
- repeat victimisation occurs for all the indicators of disorder; and
- repeat victimisation is greatest for being put in fear and verbal abuse.

Table 2: Perpetrators of alcohol-related disorder^(a) (row percentages)

	Never	Once only	2–5 times	6+ times	Sample (n)
Someone affected by alcohol has ...					
Physically abused you					
1993	87	7	4	2	(3,393)
1995	91	6	2	1	(3,756)
1998	94	4	2	1	(9,403)
Damaged your property					
1993	83	11	5	1	(3,384)
1995	87	8	4	1	(3,755)
1998	92	5	3	1	(9,423)
Stolen your property					
1993	92	6	2	0	(3,370)
1995	93	4	2	1	(3,755)
1998	96	3	1	<1	(9,364)
Put you in fear					
1993	74	14	8	4	(3,385)
1995	79	12	7	2	(3,752)
1998	84	8	6	2	(9,465)
Verbally abused you					
1993	61	15	15	9	(3,391)
1995	66	15	14	5	(3,767)
1998	71	11	13	5	(9,599)

(a) Exact question wording was “In the past 12 months, how often have you ...?”

Source: 1993, 1995, 1998 NDS National Household Surveys, weighted samples

Table 3 shows the gender and age differences in who reports being a victim at any time in the past 12 months. Here we are interested in determining if there are any differences in self-reports between the groups. Given that the overall percentage of people who self-report being a victim is small, breakdowns by sociodemographic characteristics can be problematic. To overcome this problem the data have been pooled and appropriately weighted.

Taking into account that Table 2 showed a trend toward less self-reported victimisation, the data indicate differences in experience of alcohol-related disorder between males and females:

- men are more likely than women to report experiencing verbal and physical assault;
- the only category in which women report higher rates of victimisation is “being put in fear”—this is the only category where the differences between males and females have increased.

Table 3: Percentage of persons who were victims of alcohol-related disorder by gender and age in the past 12 months^(a) (row percentages)

	Gender			Age		
	Female	Male	(Diff)	14–24	25–39	40+
Someone affected by alcohol has ...						
Physically abused you						
1993	9	17	(+8)	24	15	7
1995	6	12	(+6)	17	12	4
1998	5	8	(+3)	12	7	4
(1998–1993)	(–4)	(–9)		(–12)	(–8)	(–3)
Damaged your property						
1993	15	19	(+4)	30	20	8
1995	9	17	(+8)	21	15	9
1998	8	9	(+1)	13	11	5
(1998–1993)	(–7)	(–10)		(–17)	(–9)	(–3)
Stolen your property						
1993	7	9	(+2)	14	9	5
1995	4	6	(+2)	8	7	3
1998	3	4	(+1)	7	4	2
(1998–1993)	(–4)	(–5)		(–7)	(–5)	(–3)
Put you in fear						
1993	27	25	(–2)	47	34	12
1995	24	20	(–4)	36	29	12
1998	18	14	(–4)	26	20	9
(1998–1993)	(–9)	(–11)		(–21)	(–14)	(–3)
Verbally abused you						
1993	34	44	(+10)	60	46	25
1995	29	39	(+10)	50	44	21
1998	26	33	(+7)	44	36	20
(1998–1993)	(–8)	(–11)		(–16)	(–10)	(–5)

(a) Exact question wording was “In the past 12 months, how often have you ...?”

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

There are notable age variations in risk of victimisation. Thus, respondents under 40 years of age are more likely to report having been subjected to all the forms of alcohol-related disorder than older persons. Within those aged under 40 years, the levels of alcohol-related disorder are much higher amongst those aged 14 to 24 than those aged between 25 and 40 years. This suggests that people are being exposed to a culture of alcohol-related disorder at a young age and this has important policy implications for developing mechanisms for reducing alcohol-related disorder within the community.

The data indicate that the self-reported experience of public disorder and other crimes has declined. However, in 1998, one-third of males and one-quarter of females reported being verbally abused by somebody in the past 12 months. The Australian Bureau of Statistics' Women's Safety Survey found that 70 per cent of women felt unsafe when walking alone after dark during the evening (Carcach & Mukherjee 1999) and 18 per cent of women in the NDS Household Survey reported that they had been put in fear in the past 12 months. The self-reported experience of verbal abuse and being put in fear by individuals perceived to be intoxicated with alcohol in the National Household Survey might be a significant contributing factor to fear of crime. In public policy terms, reducing general levels of social disorder may impact on perceptions of fear of crime.

Socioeconomic Risk Factors

Research on victimisation at the population level indicates that victims have a number of common characteristics—being young rather than old, and being male rather than female are the two most common.² However, it is important to understand that some direct associations may be due to other factors that have not been taken into account. For example, on the surface age might be an important factor linked to victimisation, but we might find that this relationship does not hold up once we control for the extent to which people are going out in the evening. Thus it is not age but night-time activity that is the important factor. Multivariate analysis allows us to determine the relative importance of a number of risk factors.

In Table 4 we examine six socioeconomic risk factors and the likelihood of experiencing a particular form of disorder using logistic regression.³

² Levels of victimisation vary between groups and settings. For example, as Williams' paper in this publication shows, women are more likely than males to be victims in the home, while males are more likely than females to be victims on the street.

³ The risk factors are limited to the questions asked in the survey.

To simplify matters, only the odds values are shown rather than the actual coefficients.⁴ The odds values are interpreted in the same form as racing odds. Thus, a value of one indicates that the likelihood of that factor influencing the outcome is even. Values greater than one indicate that the factor increases the chances of the outcome occurring while values less than one indicate that the factor reduces the chances of the outcome occurring. Odds close to the value of one indicate that the factor is not a significant risk factor associated with the behaviour.

Table 4: Socioeconomic risk factors associated with alcohol-related disorder ^(a)

	Physically abused odds	Property damaged odds	Property stolen odds	Put in fear odds	Verbally abused odds
Female	0.57	0.71	0.76	1.37	0.73
Aged 14–19 years	3.22	3.37	2.66	4.26	3.47
Aged 20–24 years	3.44	3.74	3.41	4.36	4.54
Aged 25–39 years	2.25	2.01	2.08	2.77	2.18
Australian-born	1.15	1.17	1.02	1.01	1.04
Post-secondary qualifications ^(b)	0.94	1.24	0.99	1.31	1.24
Married	0.55	0.71	0.63	0.65	0.64
Paid employment ^(c)	1.46	1.35	0.90	1.45	1.78
(Sample n)	(15,069)	(15,060)	(15,004)	(15,112)	(15,252)

(a) See text for explanation of odds values. The model controls for the year of the survey.

(b) Defined as those with technical or university education

(c) Defined as working full time or part time in the paid labour market

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

The data indicate that a number of risk factors are associated with experiencing various forms of alcohol-related disorder in the past 12 months:

- as age increases, the probability of being a victim of any of the five forms of disorder declines significantly;
- men are significantly more likely to report being a victim of alcohol-related physical and verbal abuse while women are significantly more likely to report they have been put in fear;
- there are virtually no differences in self-reported victimisation between Australian-born and non-Australian-born; however, the sample size is too small to distinguish between different birthplace groups or Indigenous persons;⁵

⁴ The coefficients and standard errors are available on request from the author.

⁵ For information on Indigenous persons, see the paper by Hennessy and Williams in this publication.

- persons with some form of post-secondary qualification are significantly more likely to report that they have experienced property damage, verbal abuse and being put in fear from someone intoxicated with alcohol;
- married respondents are significantly less likely to have experienced alcohol-related social disorder; and
- those who are in paid employment have a greater probability of experiencing physical and verbal abuse and being put in fear by someone under the influence of alcohol—this probably reflects their greater exposure to risk as they have the financial capital to be out and about.

Overlapping Experiences of Victimisation

Criminological research has persistently demonstrated that once a person is a victim of crime then the likelihood of a repeat incidence is greatly increased. In Table 5 we examine the extent to which respondents report experiencing different forms of disorder. For example, in 1998, 21 per cent of those who reported experiencing physical abuse also reported experiencing verbal abuse in the past 12 months. Although generally speaking persons who report experiencing one form of disorder also report experiencing another, there is variation in the extent to which this occurs, depending on the types of disorder.

Table 5: Overlapping experiences of victimisation (column percentages)

	Physically abused	Property damaged	Property stolen	Put in fear
1993				
Property damaged	39	—	—	—
Property stolen	35	76	—	—
Put in fear	36	38	20	—
Verbally abused	29	33	16	58
1995				
Property damaged	35	—	—	—
Property stolen	37	74	—	—
Put in fear	28	36	14	—
Verbally abused	25	29	12	51
1998				
Property damaged	40	—	—	—
Property stolen	37	67	—	—
Put in fear	28	31	15	—
Verbally abused	21	21	10	43

Source: 1993, 1995, 1998 NDS National Household Surveys, weighted sample

We see that:

- The strongest overlaps are between property damage and property stolen, and being put in fear and experiencing verbal abuse. However, as the overall level has declined, the overlap in victimisation has also decreased. For the former grouping, around two-thirds (67%) report experiencing both events in the past 12 months in 1998. In the latter case just over half in 1993 (58 per cent) and about half in 1995 (51 per cent) report experiencing both fear and verbal abuse by persons thought to be intoxicated with alcohol in the past 12 months—this declined to 43 per cent in 1998.
- The weakest overlap is between property stolen and fear and verbal abuse.
- Experience of physical abuse and other forms of disorder is relatively common.

Alcohol Consumption and Victimisation

Studies on intoxication and aggression indicate that both the offender and the victim have often consumed alcohol at the time of the incident. The 1993 and 1995 NDS surveys do not determine the extent to which alcohol is being consumed at the time, or times, that the respondent reports being a victim. However, we can examine the respondents' regular drinking patterns and their self-reported victimisation. In all the surveys, respondents were asked how often they drank alcohol and how much they consumed on a usual drinking day. From these two measures individuals can be classified into five different drinking types—harmful/hazardous, binge drinking, heavy drinking, moderate drinking and non-drinking.^{6, 7} Using this schema, Table 6 indicates 20 per cent are currently non-drinkers and 52 per cent are moderate drinkers. Just over a quarter of Australians self-report that they are either heavy, binge or harmful/hazardous drinkers; with the largest group being heavy drinkers. The data in Table 6 indicate an important

⁶ Homel (1988, pp. 132–4) uses a similar quantity–frequency index to classify individuals into broad categories.

⁷ The harmful/hazardous group includes males who consume five or more drinks on seven days a week, or seven or more drinks on four to six days a week, or more than 12 drinks on two to three days a week. As the levels of harmful drinking are lower for women, those in the harmful/hazardous group are defined as women who consume three or more drinks at least four days a week, or five or more drinks on two to three days a week or more than six drinks twice a week or more often. Binge drinkers are defined as males who drink more than seven drinks but once a week at most, and females who drink more than five drinks but once a week at most. Males who usually drink five or more drinks and females who usually drink three or more drinks are classified as heavy drinkers. Moderate drinkers are those who drink lesser amounts than those defined above. The non-drinking category groups those who have tried alcohol and those who no longer drink.

difference in self-reported drinking styles between younger and older respondents. Older Australians are significantly more likely to report being moderate drinkers, while younger respondents report significantly higher rates of binge drinking.

In 1998, respondents who were victims of alcohol-related disorders reported that they had, in general, been consuming alcohol at the time the incidents took place. There is a strong correlation between drinking classification and whether the person was consuming alcohol at the time an incident took place. Those who were drinking at the time of victimisation are more likely to be heavy, binge and harmful/hazardous drinkers. The strong association between the young and binge drinking found in other research is replicated here. Of those aged 14 to 24 years who were drinking at the time they were a victim, 29.3 per cent report that their normal drinking style is one of binge drinking, compared to 9.6 per cent of victims aged 25 years or older.

Table 6: Drinking style by age and drinking behaviour at time of offence

	1993–98 (pooled) Current drinking pattern			(1998) Drinking pattern at time of offence			
	Total	14–24 years	25+ years	14–24 years		25+ years	
				Not drinking	Drinking	Not drinking	Drinking
Non-drinker	20.2	24.2	20.5	28.7	–	21.7	–
Moderate	52.3	33.4	59.3	35.1	24.7	58.6	45.8
Heavy	13.3	18.8	11.2	15.3	27.8	10.7	24.8
Binge	6.8	17.5	3.2	16.7	29.3	3.0	9.6
Harmful/hazardous	7.3	6.2	5.8	4.2	18.2	5.9	19.7
(Sample n)	(16,896)	(3,432)	(13,464)	(1,402)	(531)	(7,189)	(711)

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample, 1998 weighted sample

Table 7 also looks at the likelihood of being a victim and the victims' self-reported usual drinking style. It shows the percentage that report being a victim by their drinking classification and whether they self-reported alcohol consumption at the time of the occurrence. Those who have never drunk alcohol or no longer drink, and moderate consumers, report lower levels of victimisation. From 1993 and 1995 to 1998 there was a noticeable drop in self-reported victimisation amongst binge drinkers. However, they are still somewhat more likely to report being put in fear and experiencing verbal abuse. The 1998 data continue the declining trend in self-reported victimisation observed between 1993 and 1995.

The final column of Table 7 presents the percentage of people who self-reported drinking alcohol at the time of the incident in 1998. Half of all

respondents who reported physical abuse by an intoxicated person in the past 12 months also reported that they had consumed alcohol at the time. A similarly strong association is noted for verbal abuse. The association is less marked for the other disorders but over one-third report drinking at the time of the self-reported incidents.

Table 7: Alcohol consumption and propensity for alcohol-related disorder

	Non-drinker	Moderate drinker	Heavy drinker	Binge drinker	Harmful/ hazardous	Been drinking ^(a)
Someone affected by alcohol has ...						
Physically abused you						
1993	9	13	13	37	21	—
1995	6	7	12	25	10	—
1998	4	4	11	13	14	51
Damaged your property						
1993	9	16	24	32	25	—
1995	9	12	16	26	19	—
1998	6	7	10	15	13	37
Stolen your property						
1993	5	8	9	11	17	—
1995	5	4	6	12	7	—
1998	4	2	5	9	7	37
Put you in fear						
1993	22	26	32	43	32	—
1995	17	20	28	43	25	—
1998	14	14	20	28	20	36
Verbally abused you						
1993	25	40	47	65	50	—
1995	20	32	49	58	46	—
1998	17	27	41	46	43	44

(a) Only asked in 1998

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

These data do not enable us to determine a causal path between personal drinking and experience of alcohol-related disorder but they do suggest that the two coexist. Those who drink more are more likely to be victims and those who report victimisation also report consuming alcohol at the time of the incident. Personal drinking may be associated with other lifestyle behaviours that increase the risk of victimisation—for example, being out more at night or spending more time in clubs and pubs.

Prevalence of Involvement in Disorderly Behaviour

Respondents were asked the extent to which they had committed any of six alcohol-related incidents in the past 12 months. In contrast to the general decline in self-reported alcohol-related victimisation, engagement in alcohol-

related disorder has remained either stable or (in the case of drink-driving) has increased. Overall, the vast majority reported that they never committed any of the disorders in 1993, 1995 and 1998. However Table 8 indicates that in 1998 in the last 12 months, while intoxicated by alcohol:

- around two per cent self-reported physically abusing somebody;
- around three per cent self-reported damaging property;
- around 18 per cent self-reported drinking and driving; and
- around 10 per cent self-reported verbally abusing somebody.

Table 8: Perpetrators of alcohol-related disorder^(a)

	Never	Once only	Two or more times	(n)
Physically abused someone when affected by alcohol				
1993	96	2	2	(3,342)
1995	98	1	1	(3,706)
1998	98	1	1	(9,596)
Damaged property when affected by alcohol				
1993	97	2	1	(3,342)
1995	97	2	1	(3,707)
1998	97	2	1	(9,580)
Stolen property while affected by alcohol or while with others who were affected				
1993	98	1	1	(3,342)
1995	99	1	>1	(3,711)
1998	99	1	>1	(9,583)
Created a public disturbance or nuisance while affected by alcohol or while with others who were affected				
1993	94	3	3	(3,336)
1995	95	3	2	(3,712)
1998	95	3	2	(9,591)
Driven a motor vehicle after drinking too much alcohol				
1993	88	6	6	(3,334)
1995	90	5	5	(3,730)
1998	83	7	11	(9,722)
Verbally abused someone when you were affected by alcohol				
1995	90	5	5	(3,335)
1995	92	4	4	(3,709)
1998	91	5	5	(9,603)
Summary across all six disorders				
1995	82	8	10	(3,500)
1995	83	9	8	(3,849)
1998	77	16	7	(10,030)

(a) Exact question wording was "In the past 12 months, how often have you ... ?"

Source: 1993, 1995, 1998 NDS National Household Surveys, weighted sample

Respondents were asked about two further disorders committed while either being intoxicated or with others who were intoxicated.⁸ In these circumstances, around two per cent reported stealing property and five per cent self-reported creating a public disturbance or nuisance. The data show that respondents admit to participation at higher levels of lower-level disorder, such as creating a public nuisance and verbal abuse, than for more serious crimes such as physical assault, stealing and damaging property. This is consistent with the victimisation data. Given that low-level disorder can often result in more serious crime, prevention strategies need to be directed at this broader level of disorder and incivility to forestall escalation to more serious offences.

The highest rates of disorder are for drink-driving in the past 12 months. Statistics from the Office of Road Safety indicated that between 1997 and 1998 the number of fatalities remained almost stable but that over the same period there had been a 12.2 per cent increase in hospital admissions from road accidents. Drink-driving is strongly correlated with road accidents and has significant consequences for both law enforcement and health resources. Targeting of this alcohol-related behaviour remains a priority area for both sectors.

The total summary line in Table 8 indicates that in 1998, 23 per cent of respondents (16% + 7%) self-report that they committed some form of disorder in the previous 12 months. Of those who have engaged in an act of disorder, almost two-thirds report that this only occurred on one occasion in the previous 12 months. But of the total sample, seven per cent reported engaging in such activity two or more times in the past 12 months. In terms of population estimates, this represents approximately 1,000,000 people aged over 14 years.

Socioeconomic Risk Factors Associated with Disorderly Behaviour

Criminological research has demonstrated that crime is associated with a range of socioeconomic characteristics. These include being male, being young, living in an urban environment, unmarried and from socially and economically deprived backgrounds. By having some understanding of the correlates of criminal behaviour, it may be possible to more effectively target

⁸ In the 1998 survey, only personal intoxication was included in the question wording.

prevention initiatives. Table 9 examines the relative risks (odds values) of a number of socioeconomic characteristics on self-reported alcohol-related disorder.

There are consistent age and gender effects. Females are significantly less likely to report committing alcohol-related disorders than men. This is particularly the case for damaging and stealing property. In terms of age, except for drink-driving, the likelihood of committing disorders decreases with age. Adolescents are consistently more likely to be involved in acts of disorder, particularly property damage and public disturbances, than older people. Not unexpectedly, adolescents aged 14 to 19 years are less likely to report drinking and driving than those aged 20 to 39 years. However, they are somewhat more likely to drink and drive than those aged over 40 years.⁹ Amongst the 20 to 24 year age group, those in their twenties are 2.9 times more likely to drink and drive than those over 40 years of age.

Geographical location, as measured by capital city/non-capital city, appears to have little to do with alcohol-related offending. Williams' chapter in this book, which examines rural/urban differences in alcohol-related disorder, confirms this overall picture.

Table 9: Socioeconomic risk factors associated with alcohol-related offending (odds values) ^(a)

	Physically abused	Property damaged	Property stolen	Public disturbance	Verbally abused	Drink- driving
Female	0.30	0.27	0.20	0.35	0.43	0.41
Aged 14–19 yrs	6.18	20.28	11.94	17.36	7.11	1.32
Aged 20–24 yrs	5.71	18.00	12.98	15.22	7.78	2.94
Aged 25–39 yrs	2.16	4.05	4.11	4.66	2.26	1.96
Post-secondary qualifications ^(b)	0.61	—	—	—	—	1.19
Married	0.62	0.64	—	0.52	0.67	0.54
Lives in a capital city	—	—	—	1.66	—	—
Paid employment ^(c)	—	—	—	1.51	1.70	2.72
(Sample n)	(15,157)	(15,146)	(15,150)	(15,148)	(15,167)	(15,265)

(a) Only significant odds values are shown. The model controls for the year of the survey.

(b) Defined as those with technical or university education

(c) Defined as working full time or part time in the paid labour market

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

Similarly, post-secondary qualifications are only related to two of six disorders. As is consistent with the literature, education is a protective factor for engagement in criminal activity. In this case, those with post-secondary qualifications are somewhat less likely to report physically abusing someone

⁹ Unfortunately we are unable to examine the reporting patterns of those aged 18 and 19 years (as an age group separately) as the 1993 survey did not collect age in individual years.

when intoxicated. However, qualifications are not a protective factor in regard to drink-driving. Those with post-secondary educational qualifications are significantly more likely to self-report drinking and driving. This finding may result from a better understanding of levels of consumption and their relationship to intoxication, hence improving the reliability of the self-report data. Alternatively it may represent an opportunity factor: those with education may have higher incomes, greater access to cars and the opportunity to drink-drive. However, the education measure is a relatively crude indicator and a more detailed study is required before definitive conclusions can be drawn.

There are consistent effects for marriage. Those who are married are significantly less likely to be involved in alcohol-related disorder, other than stealing property. Thus, the likelihood of physically or verbally abusing an individual, creating a public disturbance, damaging property or driving while intoxicated with alcohol for married individuals is almost half that of non-married respondents. It is important to recognise that marriage could well be a substitute for other factors: greater economic and social stability and lower probability of being out and about at certain times. It is equally important, however, to acknowledge that the model does control for age and gender.

Those in paid employment are more likely to report being involved in public disturbances, verbally abusing others and drink-driving. Employment is usually regarded as a protective factor in crime control, suggesting that a complex relationship between alcohol and disorder may be at work. Those who work may have the financial resources to be out and about, and in situations like clubs and bars, where the opportunity for such activity is higher. Similarly, they may be more likely to use a car. Clearly, a purpose-built survey that addresses these complex dynamics in alcohol-related offending is required before any definitive answers can be provided.

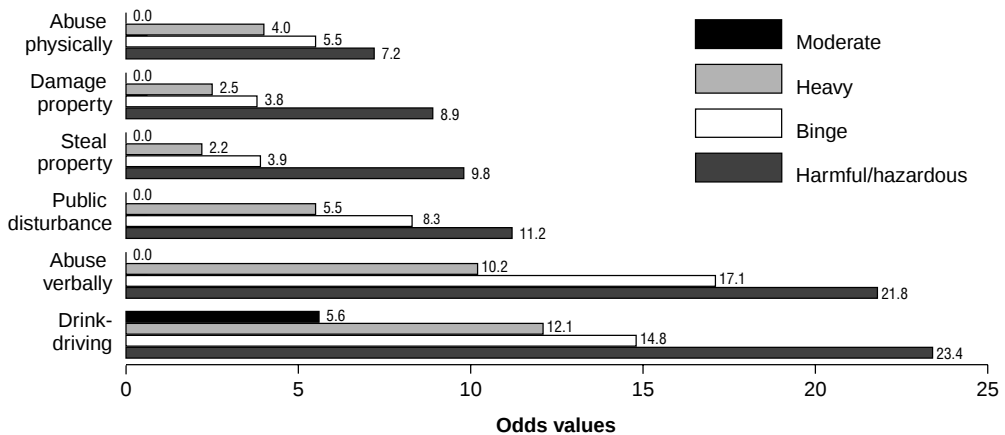
Alcohol Use and Self-Reported Offending

The prevalence of alcohol in Australian society has never been disputed. Around 80 per cent of adults currently drink alcohol and the majority are regular drinkers consuming alcohol at least once a week (Williams 1999). Around one in 10 individuals report that they no longer consume alcohol, while another one in 10 say that they have never had more than one glass of alcohol. Earlier in this chapter, levels of alcohol consumption were shown to

be related to self-reported victimisation. Figure 2 presents the relative risks of committing various disorders for the different styles of drinking reported upon earlier in the paper. A number of conclusions can be drawn:

- harmful/hazardous drinkers, in the main, have much higher odds of reporting that they commit various alcohol-related disorders than other types of drinkers;
- harmful and binge drinkers have greater odds of reporting various social disorders than heavy, moderate or non-drinkers;
- harmful, binge and heavy drinkers have much higher odds of reported involvement in public disturbances, verbally abusing others and drinking and driving, than being involved in property crime and physical abuse; and
- the likelihood of drinking and driving is very high for harmful and binge drinkers.

Figure 2: Odds of committing disorder for different types of drinkers



Propensity to Disorder

Criminological research indicates that some offenders commit a range of offences, indicating a general propensity for disorderly conduct. To what extent is alcohol-related disorder a general feature of a very small group in the community? Such behaviour has important ramifications for public policy. Should scarce resources be directed toward those offenders who commit a range of offences on numerous occasions, or should resources be

devoted toward preventing one-time offenders from moving on to becoming multiple offenders?

Using data provided on the number of times a person self-reports committing each of the disorders, we can create a typology of offenders taking into account both their propensity to commit repeat disorder as well as their propensity to commit a range of different forms of disorder.¹⁰ As the number of individuals who self-report drink-driving is much higher than for the other forms of alcohol-related disorder, Table 10 shows the extent of offending for all the disorders including drink-driving, while the second part of the table shows the extent of offending excluding drink-driving. When drink-driving is excluded, the proportion of non-offenders in the past 12 months increases by 10 per cent.

We see from Table 10 that 79 per cent self-reported that they had not committed any alcohol-related incident in the past 12 months. Of those who self-report perpetrating an alcohol-related disorder, around one-third (33%) had committed a single incident once in the past 12 months (single offenders—7%). A further 31 per cent reported they had committed only one type of incident but on repeat occasions (repeat offenders—6%). Twenty-two per cent of respondents reported that they had committed multiple offences on a number of occasions (repeat multiple offenders—5%). At the other extreme, there were 15 per cent of individuals who reported committing between three and six of the alcohol-related offences six or more times in the past 12 months. Thus, around three per cent of the total sample are chronic offenders of a range of alcohol-related disorders.

Table 10: Typology of alcohol-related offending

	N	All types (%)	Rebased % ^(a)	Excluding drink-driving N	(%)
In the past 12 months:					
No offending	13,022	(79)		14,652	(89)
Single offence, no repeat (single offenders)	1,137	(7)	33	657	(4)
Single offence, repeat (repeat offenders)	1,114	(6)	31	374	(2)
Multiple offences, repeat offending (repeat multiple offenders)	728	(5)	22	515	(3)
Chronic offending	511	(3)	15	331	(2)

(a) as a proportion of offenders only

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

¹⁰ See Makkai and McAllister (1997) for details on the creation of the typology.

Further analyses of the typology in terms of the types of disorder committed indicate that chronic offenders are least likely to be drink-drivers and most likely to self-report damaging and stealing property (data not shown). Thus, 19 per cent of those who had been intoxicated while driving in the past 12 months were chronic alcohol-related offenders. In comparison, 69 per cent of those who had damaged property and 78 per cent of those who had stolen property in the past 12 months were chronic offenders. Sixty-one per cent of those who self-reported physically abusing somebody were chronic offenders and a further 25 per cent were multiple offenders. In terms of public disorder and verbal abuse, 48 per cent of those involved in the former and 32 per cent in the latter were chronic offenders; the comparable figures for multiple repeat offenders were 34 per cent and 41 per cent.

Socioeconomic Risk Factors and Propensity for Disorder

Table 11 examines a range of possible risk factors associated with different types of offending. A number of observations can be made from the data, however we need to keep in mind that these risk factors may be surrogates for other factors. For example, the fact that single people are more likely to self-report being repeat multiple and chronic offenders may have less to do with their marital status and more to do with the likelihood of them being young, with fewer family obligations and more disposable income. Better data are required. Given this caveat, there are some interesting trends that are worthy of further investigation. These include:

- those aged between 14 and 24 are more likely to be multiple repeat and chronic offenders;
- those who are unemployed or male are more likely to report being repeat multiple and chronic offenders; and
- there are no differences in offending rates between capital and non-capital cities.

Table 11: Socioeconomic characteristics and propensity for alcohol-related disorder

	None	Single	Repeat	Repeat multiple	Chronic
Age groups			(%)		
Aged 14–24 years	64	11	5	10	10
Aged 25–39 years	75	8	10	5	3
Aged 40+years	89	4	5	2	1
Gender					
Male	72	8	8	7	5
Female	86	6	4	3	1
Marital status					
Single	73	8	6	7	6
Married	84	6	6	3	1
Education					
University qualification	82	6	6	4	3
Post-secondary qualification	76	8	8	5	3
Secondary/primary qualification	82	6	6	4	3
Employment status					
Non-manual occupation	75	9	10	4	2
Manual occupation	70	8	9	7	5
Unemployed	72	6	7	8	8
Domestic duties	91	3	3	2	1
Retired	95	2	2	*	*
Geographical location					
Capital city resident	82	6	4	5	3
Non-capital city resident	78	7	7	4	3

* Sample size is too small to provide estimates

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

Alcohol Consumption and Propensity for Disorder

Is it the case that the individual's style of alcohol consumption is associated with their propensity for disorder? Table 12 focuses on this issue. There is a clear and significant association between individual consumption and disorder. Both binge and harmful/hazardous drinkers are more likely to report being repeat multiple and chronic offenders. Twenty-three per cent of harmful/hazardous drinkers and 28 per cent of binge drinkers are in these two groups. Policy initiatives that focus on lowering levels of alcohol consumption for these groups could well result in less alcohol-related disorder.

Table 12: Alcohol consumption and propensity for alcohol-related disorder

	Non-drinker	Moderate	Heavy	Binge	Harmful/ hazardous
Propensity for disorder			(%)		
None	97	83	63	49	50
Single	1	6	12	14	11
Repeat	1	6	10	9	16
Multiple repeat	1	3	9	16	12
Chronic	1	1	6	12	11

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

Perpetrators and Victims

Criminological research has shown that offenders and victims are very similar in social and personal characteristics (Gottfredson & Hirschi 1990, p. 17). The risk factors associated with offending noted above—being male, young, single, having income, high alcohol consumption—are also characteristics found, earlier in this chapter, to be associated with being a victim. Given the similarities between the two groups, are those who report being offenders also victims? Table 13 shows the extent of the victim–perpetrator overlap for those aged 14 to 24 years and those aged 25 years or more.

Table 13: Coexistence of victims and perpetrators of alcohol-related disorder (row percentages)

Victims										
Aged 14 to 24 years						Aged 25+ years				
Type of offending										
Offending	None	Single	Repeat	Multiple repeat	Chronic	None	Single	Repeat	Multiple repeat	Chronic
None	53	13	7	18	8	69	10	6	10	5
Single	17	16	16	31	20	29	15	11	23	23
Repeat	20	7	26	29	17	46	4	17	18	14
Multiple repeat	7	4	11	30	48	18	8	9	28	37
Chronic	9	4	11	20	55	4	3	9	36	48

Source: 1993, 1995, 1998 NDS National Household Surveys, pooled file weighted sample

Of those who report that they have not offended in the past 12 months, 53 per cent of those aged 14 to 24 years and 69 per cent of those aged 25+ years report that they have not been a victim in the past 12 months. Of chronic offenders, 55 per cent of young people and 48 per cent of those aged 25 or more report having been chronically victimised in the past 12 months. This high overlap in self-reported victimisation and offending

is a common finding within criminological research generally. It has profound implications for preventative strategies—the issue of victimisation cannot be addressed without acknowledgment that victims of alcohol-related disorder are also likely to be perpetrators.

Conclusion

These data indicate that alcohol-related disorder is widely prevalent in the community, with 39 per cent self-reporting victimisation at least once in the past 12 months. The most common forms of alcohol-related disorder that a person reports experiencing are verbal abuse and being put in fear. The high levels of experiencing such behaviour raise important issues for policing. In recent times there has been a concerted effort by law enforcement to move away from policing “disorder” and to concentrating on more serious crime. However, if the majority of citizens experience disorder, and disorder is associated with both fear of crime and actual serious crime, this suggests that strategies should be in place to deal with disorder. This does not automatically translate into incarceration or enforcement tactics such as street sweeping. Just as police are now diverting illicit drug users into education or treatment, there is no reason why they cannot play an effective role in directing alcohol-related offenders into education, counselling and treatment options. Given that alcohol-related offending represents a significant proportion of their work, effective strategies may have no long-term payoffs.

There are much lower levels of self-reported engagement in such behaviour. These data suggest that the self-reported perpetration of alcohol-related disorder range from just two to 18 per cent, the most prevalent activity being drink-driving. However, the next two most prevalent are activities that are primarily about “disorder” rather than serious criminal activity. As a result, official crime statistics which may not collect data on disorder will underestimate the extent to which individuals are engaged in such behaviour.

The descriptive analyses show that young persons, males, those in the paid labour force and the non-married have a greater probability of being victims of alcohol-related disorder. In addition, the person’s own level of alcohol consumption is significantly related to levels of victimisation and engagement in disorder. These same factors are also identified as correlates of offending. The causal connection between offending and victimisation

cannot be determined from these data but, in all likelihood, there are a group of people who are in a cycle of alcohol and violence. This cycle is more pronounced for the young. Studies of offenders have shown that once an individual becomes enmeshed within the criminal justice system, their capacity to “escape” is limited. From a prevention perspective it is critical that mechanisms are put in place that reduce this possibility. These data provide some indication that targeting needs to occur early in childhood rather than later. As young males are more likely to engage in alcohol-related disorder than other groups, measures need to be directed to this group in the first instance. More recent work on the importance of situational and environmental factors in clubs and bars (see Homel 1997) in reducing violence also needs to be considered by local and State governments. The latter activities may be more appropriate policy responses to binge drinkers while early childhood and treatment interventions may be more appropriate for harmful/hazardous drinkers.

Finally, given that the criminal justice system is barely able to cope with the demands being placed upon it at the present time, civil remedies may become a more popular approach to solving alcohol-related disorder. Licensing regimes may regulate the time, place and manner of alcohol consumption in ways that balance the interests of drinkers with those of the wider public. In conjunction with community groups, police, and local governments, solutions may be sought that involve restitutive law rather than punitive criminal law (Roach Anleu 1997). This has already begun with Australian citizens who have sought recourse to civil law successfully winning lawsuits against licensees who permit drunken customers to remain on the premises (Stockwell 1994). There are some situations, however, where the civil law has proved inadequate. This has led to a uniquely Australian approach to alcohol-related crime prevention, with local councils establishing safety action projects (see Homel 1997). The close association between alcohol consumption and offending requires more creative partnerships between policy-makers, policy enforcers and industry to minimise the association between intoxication and alcohol-related disorder.

There are important policy and political implications from the finding that offenders and victims of alcohol-related disorder tend to overlap. Strategies designed to reduce the probability of being a victim need to be cognisant of the fact that the target group is highly likely to comprise offenders as well. More complex preventative models that target both offending and victimisation need to be developed. As these kinds of

behaviour tend to be concentrated within particular socioeconomic groups, scarce resources can be carefully targeted and their impact evaluated to determine models of best practice.

Although the 1998 NDS National Household Survey added some additional items in regard to alcohol-related victimisation, the data source is limited in terms of the types of information collected on offenders. Without more detailed information on the nature of the offences, where they occurred, and the offenders' attitudes and values, we are unable to address key issues about the nature and form of alcohol-related offending. We are also unable to address the complex issue of the connection between alcohol and other drugs and crime in Australian society without more systematic data collection that incorporates key criminological variables upon which effective public policy can be based.

These data tend to suggest that citizens are more likely to experience alcohol-related disorder rather than more serious crime. Overseas research suggests that disorder generally is experienced more widely and that this disorder is associated with neighbourhoods in decline and decay and higher crime rates. In Australia there has been no systematic study of disorder, crime and neighbourhoods. For example, is there a general consensus as to what constitutes "disorder" or does it vary from community to community? Is alcohol-related disorder associated with other forms of harassment, vandalism and urban decay? If these associations exist, what does this mean for policing and public policy on crime? The NDS Household Survey is not designed to collect such data. What is required is a systematic survey of self-reported engagement in disorder, crime and drug-related activity. Without data for basic benchmarking purposes, serious public policy proposals cannot be formulated and then evaluated.

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6 Alcohol-Related Social Disorder and Rural Youth, 1993–1998

Paul Williams

Abstract

The consumption of alcohol is embedded in the cultural psyche of rural Australia. By their early teens, most rural youth have tried alcohol and for some, alcohol is regularly consumed. When they drink, the young often do so at hazardous and harmful rates, increasing their likelihood of being involved in socio disorder as victims or perpetrators, or both. Proportionally, between 1993 and 1998 there were more alcohol consumers and more hazardous and harmful drinkers among rural youth than among their metropolitan counterparts. In both regions in this period, however, the number of persons reporting alcohol-related victimisation declined. Nonetheless, in 1998 one-third of rural youth aged 14 to 19, and two-thirds of rural youth aged 20 to 24, were victims of alcohol-related verbal or physical abuse, or were “put in fear” by alcohol-affected persons. About two-thirds of these abuses occurred in pubs and clubs.

About three-quarters of all alcohol-related social disorders were committed by persons aged 14 to 24 years. About three-quarters of these disorders were committed by just 12 per cent of the age cohort and about three-quarters of perpetrators were also victims of alcohol-related social disorders. On average, rural youth whose usual alcohol consumption pattern was at harmful levels offended on four occasions, compared to less than one occasion by responsible drinkers. The results suggest that the greatest impact on rates of alcohol-related social disorder in rural regions would flow from the promotion and observance of responsible serving practices in pubs and clubs, the early identification of multiple and repeat offenders, and their diversion into appropriate treatment and education programs.

Introduction

Alcohol is the most widely used and socially approved drug in Australia. Regular consumption by adults is considered acceptable by three in five Australians aged 14 years or older (61%), nine in 10 Australians (89%) have

tried alcohol, and it is the preferred drug of choice for one in two persons (51%) (AIHW 1999a). Less than one in seven Australians (14%) associate alcohol with “a drug problem” and the majority do not support raising the legal age for drinking, reducing the number of outlets or reducing trading hours. In contrast to its level of public acceptance, the burden of disease, injury and social disorder associated with alcohol consumption is considerable.

In 1997 there were 3,668 deaths attributable to alcohol (AIHW 1999b). For younger Australians more particularly, “alcohol dependence and harmful use and road traffic accidents are the leading causes of disease burden” (Mathers, Vos & Stevenson 1999, p. 19). While the link between alcohol consumption and social disorder is not fully understood, the overwhelming evidence is that there is an increased risk of being a victim or a perpetrator, or both, where alcohol is consumed or following alcohol consumption.

Apparent higher consumption of alcohol in rural Australia compared to other parts of the country is associated with values of “self-reliance”, “hardiness” and “mateship” (Dunn 1998). Local hotels in rural and remote areas are the main (and in some instances, the only) source of entertainment. They provide a focus for social interaction and often provide sponsorship for local sporting teams and community groups (Reilly & Griffiths 1998). Actual alcohol consumption levels by adults in Australia, however, appear to be immune from geographic influences. The National Health Survey in 1995 found that males from metropolitan centres had the highest proportion of hazardous or harmful alcohol consumers, followed by men in large remote towns (Strong et al. 1998). Among females, highest consumption patterns were reported in small rural centres, but females in remote towns reported the lowest.

In the first chapter in this volume, Taylor and Carroll, citing research by Elliott and Shanahan (1999), show that younger Australians see alcohol playing a “fundamental role in community life, featuring strongly in most social and recreational activities of both a formal and informal nature”. Young persons in rural areas are aware of alcohol-related disorder and they identify the associated social problems as “increased incivility, displays of public violence, vandalism and destruction of property and its potential role in the breakdown of family life”. Advantages of alcohol, however, are seen to outweigh the disadvantages, with enjoyment experienced through its use, its benefits as a social lubricant to ease awkwardness of social occasions, and its relaxant qualities figuring prominently in these perceptions. Rural teenagers are more likely than their metropolitan counterparts to believe that

aggression, in particular, is associated with alcohol, but they are also more likely to attribute the causes of alcohol-related disorder to external influences such as advertising.

Bachelor and Spinster (B&S) Balls, for example, which are largely rural phenomena and targeted at young persons, are events where the consumption of large amounts of alcohol is a feature of activities. B&S Balls are advertised widely (including on the Internet) as vehicles for raising money for local communities, but the prospect of consuming alcohol in quantity, and other risk-taking components, are inevitably highlighted. A popular car sticker proclaims such events, in part, as "... Rum Scullin', ... Beer Drinkin', ... Tree Hittin', ... Lose ya Boot', ... Hangover Plus, ... Legends".

The Relationship Between Alcohol and Disorder

The relationship between alcohol and social disorder (and more particularly between alcohol and aggressive and violent behaviour) has usually been explained thus:

1. alcohol use causes the behaviour; or
2. the aberrant behaviour leads to heavy alcohol use; or
3. both alcohol consumption and social disorder are independent from each other, but share a common third cause (White, Fagan & Pihl 1994).

Concerning the first of the theories, the association is also explained variously as due to one or more of three factors:

- a) the physiological effects of alcohol;
- b) expectations and characteristics of drinkers; and
- c) sociocultural norms (see, for example, Collins & Messerschmidt 1993; White & Humeniuk 1993; Graham et al. 1997).

Under the physiological model, the impairment of cognitive processes due to alcohol consumption leads to antisocial behaviour. Expectancies theory suggests that beliefs about drinking (for example, beliefs of increased likelihood of violence) lead to the event, regardless of any physiological effect. Sociocultural explanations see accepted rules for behaviour modified when drinking alcohol (that is, conduct which would otherwise be unacceptable becomes acceptable when drinking).

Alcohol-related criminal activity can also be categorised into a troika (Hayes 1993, cited in Deehan 1999):

- i. causal—alcohol-induced offences (similar to the physiological model above) and alcohol inspiration (offences committed in order to obtain alcohol);
- ii. contributory—the consumption of alcohol for “dutch courage” in order to facilitate an offence; and
- iii. coexistence—where alcohol consumption is a characteristic of the offender, but has nothing to do with the criminal activity.

While a causal link between alcohol consumption and social disorder is not fully understood, the evidence is that drinking and antisocial behaviour are proximate; there is an increased risk of social disorder in the presence of alcohol consumption (Mason & Wilson 1989; Wallace & Travis 1994; Graham et al. 1996). Indeed, there is a positive association between the levels of alcohol sales and the incidence of assaults (Stevenson, Lind & Weatherburn 1999). By type of outlet, there are also significant relationships in rural areas between the locations of hotels and off-licences, and the location of assaults.

Rural Delinquency

In the past, rural youth delinquency, including misuse of alcohol, has been attributed to a “boys will be boys” rowdiness (Donnermeyer 1992). However, a (statistical) relationship between alcohol and aggression, in isolation from other factors, is not strong (White & Humeniuk 1993). Alcohol-related problems experienced during younger ages, however, appear to be predictors for similar problems later in life (Hammer & Pape 1997). Alcohol-related problems in youth generally may be due to socioeconomic factors, particularly unemployment and poverty (Hammer 1992, Janlert and Hammarstrom 1992). Rural areas also have disproportionately fewer drug and alcohol treatment services (Webster et al. 1998). As with perceptions about adult drinkers, it is a common belief in Australia that proportionally greater numbers of younger persons living in rural areas than other parts of the country are drinkers, and that they are more likely to consume at higher risk levels.

Unemployment rates among young persons (indeed for all ages) are generally higher in rural areas than in metropolitan areas. It might be expected, then, to find that both alcohol consumption and alcohol-related social disorder are higher than in metropolitan areas.

Alcohol-Related Disorder and Youth

Makkai, in this publication and earlier (1997a, 1997b), reports national data on the extent and nature of alcohol-related social disorder for the Australian population aged 14 years or older. Younger persons, particularly males, were more likely to be victims of alcohol-related social disorder, and post-secondary education was associated with higher rates of alcohol-related property damage, verbal abuse and being “put in fear”. The same factors were influential in the likelihood of being a perpetrator. Indeed, Makkai shows that among chronic offenders, 55 per cent of young people and 48 per cent of offenders aged 25 years or older, were also victims of alcohol-related disorder.

The Present Study

Using the same data source as Makkai, this chapter seeks to provide information from 1993 to 1998 on the nature and extent of alcohol-related social disorder among young persons aged 14 to 24 living in rural areas of Australia. It compares these rates with those occurring in metropolitan areas. As the data come from self-report surveys, there are some limitations on reliability and validity, particularly as the information was collected within respondents’ residences—the site, for at least some of the respondents, of the disorder.

The data come from the three most recent National Drug Strategy Household Surveys conducted in 1993, 1995 and 1998.¹¹ Respondents were drawn by multi-stage geographic stratified random selections of persons aged 14 years or older. The earlier surveys were conducted exclusively by face-to-face personal interviews, with a self-completion booklet for the more sensitive questions. In 1998, approximately 60 per cent of the overall sample completed the survey entirely by self-completion booklet. In 1993, 3,500 persons completed the survey, as did 3,850 persons in 1995 and 10,030 persons in 1998. Data in this chapter have been weighted to the respective population distributions for each year. Comparisons with census data indicate very few differences between the samples and the population as a whole for basic sociodemographic characteristics.

¹¹ The data used in this paper were made available by the Social Sciences Data Archives, Research School of Social Sciences, Australian National University. They were originally collected for the Commonwealth Department of Health and Aged Care.

In 1998, questions on alcohol-related social disorders which had been included in 1993 and 1995 were supplemented by an additional battery of items including time and place of incident, and relationships between victims and perpetrators. For this chapter, the samples have been stratified into metropolitan (capital city, other metropolitan) and rural (rural/remote) according to the Rural and Remote Area classification system (Department of Human Services and Health 1994). For brevity, they are referred to as rural and metropolitan. Prevalence rates are only shown for rural Australia. Where comparisons are made with metropolitan Australia, relative rate ratios (RRR) are referred to.¹²

Alcohol Consumption

In Australia, the highest proportion of drinkers is found among persons aged 30 years or younger. Males in this age group are more likely than females to consume regularly (AIHW 1999a). In 1998, it is estimated that there were almost two million persons aged under 30 years who were regular consumers of alcohol and another two million who were occasional drinkers.

Lifetime alcohol consumption in rural Australia was higher in 1998 than in 1993 or 1995, reaching almost universal proportions (Table 1):

- over nine in 10 persons (93.9%) aged 14 years or older living in rural areas had consumed alcohol at some time in their lives (lifetime consumption);
- males were more likely (96.5%) to have consumed alcohol than females (91.5%); and
- consumption was highest for persons aged 20 to 24 (99.7%).

These rates in rural areas of the country were consistent with consumption levels in other parts of Australia, with relative rate ratios of between 1.0 and 1.1. If anything, rates between rural and metropolitan regions converged between 1993 and 1998 (that is, there was less variability between them).

¹² A relative rate ratio is a summary comparison measure. For the purposes of this chapter, it is the ratio of the rural proportion : metropolitan proportion. If the relative rate ratio of the proportion consuming alcohol is 0.9, for example, this is interpreted as “the rural rate of drinking is only 90 per cent that of metropolitan areas”. Conversely, if the relative rate ratio is 1.5, then this is interpreted as “the rural rate is 1.5 times, or 50 per cent higher than in metropolitan areas”.

Table 1: Lifetime and recent alcohol consumption in rural Australia, by age and sex, 1993, 1995, 1998

Consumption												
Age groups	Lifetime ^(a)			Recent ^(b)			Lifetime ^(a)			Recent ^(b)		
	Year											
	1993	1995	1998	1993	1995	1998	1993	1995	1998	1993	1995	1998
	(%)						(Ratio ^(c))					
	Males											
14–19	71.4	82.0	85.1	60.8	81.7	82.4	1.0	1.2	1.1	0.9	1.2	1.1
20–24	100.0	91.7	100.0	99.3	92.5	96.8	1.0	1.1	1.1	1.1	1.0	1.1
25+	96.4	92.5	97.6	84.9	87.0	88.7	1.0	1.0	1.0	1.0	1.0	1.0
All ages	94.2	90.9	96.5	83.9	86.5	88.7	1.0	1.1	1.1	1.0	1.0	1.0
Females												
14–19	58.4	86.0	82.1	48.7	81.0	81.6	0.9	1.5	1.1	0.8	1.4	1.2
20–24	92.2	96.6	99.5	86.1	87.0	93.0	1.1	1.1	1.1	1.1	0.9	1.1
25+	85.4	83.7	92.2	73.7	75.5	79.1	1.0	1.0	1.0	1.0	1.0	1.0
All ages	83.5	85.0	91.5	72.4	77.1	80.3	1.0	1.1	1.1	1.0	1.0	1.0
Persons												
14–19	64.8	83.6	83.4	54.7	81.4	82.0	0.9	1.3	1.1	0.8	1.3	1.1
20–24	96.0	94.7	99.7	92.5	89.1	95.0	1.1	1.1	1.1	1.1	1.0	1.1
25+	90.7	88.1	94.8	79.2	81.2	83.7	1.0	1.0	1.0	1.0	1.0	1.0
All ages	88.7	88.0	93.9	78.0	81.8	84.3	1.0	1.1	1.1	1.0	1.0	1.0

(a) Used at least once in lifetime

(b) Used within last 12 months

(c) Rural rate : Metropolitan rate

Source: National Drug Strategy Household Survey, unit record files, weighted samples

Recent alcohol use in rural Australia in 1998 was only slightly lower than lifetime levels:

- eight in 10 persons (84.3%) aged 14 years or older consumed alcohol in the previous 12 months;
- males (88.7%) were more likely than females (80.3%) to have consumed alcohol in the previous 12 months; and
- consumption rates were highest among persons aged 20 to 24 years (95%).

As with lifetime consumption, these rates were consistent with consumption patterns in other parts of Australia in 1998, with relative rate ratios of between 1.0 and 1.2. Between 1993 and 1998, differences between rural and metropolitan regions diminished.

Hazardous and Harmful Consumption

The National Health and Medical Research Council's (NHMRC) recommendations on responsible drinking are for males to consume less than five standard drinks and females less than three standard drinks per day, and for two alcohol-free days per week (NHMRC 1992). Up to two standard drinks in excess of the recommended levels are defined as "hazardous". Beyond two standard drinks in excess of recommended levels is defined as "harmful".

In 1998, levels of hazardous and harmful consumption were higher, and in some instances considerably higher, than in 1993 and 1995 (Table 2):

- approximately one in five rural drinkers (19.1%) usually consumed alcohol at hazardous levels; and
- one in five (19.8%) usually consumed at harmful levels in 1998.

Table 2: Hazardous and harmful alcohol consumption (a,b) in the past 12 months in rural Australia, by age and sex, 1993, 1995, 1998

Consumption												
Age groups	Hazardous (c)						Harmful (d)					
	Year											
	1993	1995	1998	1993	1995	1998	1993	1995	1998	1993	1995	1998
	(%)			(Ratio (e))			(%)			(Ratio (e))		
	Males											
14–19	23.1	24.3	9.0	2.6	1.1	0.5	8.4	32.3	52.6	0.3	1.6	1.2
20–24	11.0	5.7	18.6	0.6	0.3	1.3	30.4	40.9	54.7	1.2	1.6	1.6
25+	9.1	16.5	17.3	0.7	1.3	1.2	6.3	13.3	16.3	0.9	1.6	1.6
All ages	10.4	16.9	16.6	0.8	1.1	1.2	9.5	17.5	23.0	0.8	1.6	1.5
Females												
14–19	30.6	46.1	24.6	0.9	1.3	1.0	45.6	36.7	49.8	1.6	1.5	1.2
20–24	19.1	30.9	15.2	0.7	1.2	0.6	13.1	30.9	34.5	0.4	1.0	1.1
25+	18.4	16.4	21.9	1.1	0.9	1.0	5.7	6.9	9.6	0.9	1.2	1.0
All ages	19.3	21.0	21.7	1.0	1.0	1.0	9.3	15.3	16.3	0.8	1.5	1.1
Persons												
14–19	26.5	33.2	17.6	1.3	1.1	0.8	25.0	34.1	51.1	0.8	1.5	1.2
20–24	14.8	20.7	17.1	0.7	0.8	0.8	22.3	51.6	45.9	0.8	1.9	1.4
25+	13.6	16.5	19.5	0.9	1.1	1.1	6.0	10.4	13.1	0.9	1.4	1.3
All ages	14.7	18.8	19.1	0.9	1.1	1.1	9.4	16.5	19.8	0.8	1.6	1.3

(a) Exact question wording was "On a day that you have an alcoholic drink, how many standard drinks do you usually have?"

(b) Base equals all drinkers

(c) Usual consumption, males 5–6, females 2–3 standard drinks

(d) Usual consumption, males 6+, females 4+ standard drinks

(e) Rural rate : Metropolitan rate

Source: National Drug Strategy Household Survey, unit record files, weighted samples.

Similar proportions of male and female drinkers consumed at above-moderate risk levels; however, when they consumed alcohol:

- males (23.0%) were more likely to consume at harmful levels than females (16.3%); and
- females (21.7%) were more likely than males (16.6%) to consume at hazardous rates.

There were similar gender disparities by age in the likelihood of hazardous or harmful consumption among rural youth:

- over three-quarters of rural female teenagers usually consumed alcohol at hazardous (24.6%) or harmful (49.8%) levels; and
- rural male teenagers were much less likely to consume at hazardous (9.0%), but slightly more likely to consume at harmful (52.6%) levels.

By the ages of 20 to 24 years the roles were reversed. Three-quarters of male rural residents aged 20 to 24 years consumed at hazardous (18.6%) or harmful (54.7%) levels compared to one in two females aged 20 to 24 years (15.2% and 34.5%).

In 1998, when compared to consumption levels in metropolitan Australia:

- rural persons were 10 per cent more likely to be hazardous alcohol consumers (RRR 1.1) and 30 per cent more likely to be harmful drinkers (RRR 1.3);
- rural teenagers were 20 per cent less likely to drink at hazardous rates (RRR 0.8), but 20 per cent more likely to drink at harmful rates (RRR 1.2); and
- older youth aged 20 to 24 years in rural Australia were also 20 per cent less likely to consume alcohol at hazardous rates (RRR 0.8) but 40 per cent more likely to drink at harmful levels (RRR 1.4).

If the association between alcohol consumption and social disorder was a simple dose–response function, then the higher proportion of alcohol consumers per se in rural Australia, and harmful drinkers among those who consumed alcohol recently, might lead to speculation that the levels of alcohol-related social disorder would also be higher in those areas. However, the relationship is not so straightforward.

Alcohol-Related Social Disorder

In 1998, and despite a trend towards fewer alcohol-related incidents when compared to 1993 and 1995, over one in three males and over one in five females living in rural Australia experienced an alcohol-related incident (Table 3). Verbal abuse was reported by over one in four persons (28.1%), followed by being “put in fear” by slightly less than one in eight persons (13.6%). Property damage was reported by just under one in 10 persons (8.3%).

Table 3: Victims of alcohol-related social disorder^(a) in rural Australia in the past 12 months, age and sex, 1993, 1995, 1998

Sex and age groups												
Disorder	Male	Female	14–19	20–24	25+	All ages	Male	Female	14–19	20–24	25+	All ages
	(%)						(Ratio) ^(b)					
Verbally abused												
1993	42.3	34.4	46.5	73.9	32.7	38.3	0.9	1.0	0.9	1.1	1.0	1.0
1995	37.5	29.5	45.1	69.3	28.7	33.5	0.9	1.0	1.1	1.2	0.9	1.0
1998	33.7	22.8	27.8	58.3	25.2	28.1	1.1	0.8	0.7	1.1	1.0	1.0
Physically abused												
1993	18.1	10.2	23.3	37.0	10.0	14.1	1.1	1.1	1.1	1.6	1.0	1.1
1995	10.7	7.8	17.8	25.0	6.5	9.2	0.9	1.5	1.2	1.6	0.9	1.1
1998	8.1	3.6	6.0	14.1	5.0	5.8	1.1	0.7	0.5	1.0	1.1	0.9
Put in fear												
1993	24.1	27.9	45.3	68.2	18.3	26.0	0.9	1.0	1.1	1.5	0.8	1.0
1995	16.5	26.0	30.6	50.3	17.3	21.2	0.8	1.1	0.9	1.3	0.9	1.0
1998	10.4	16.4	21.2	21.0	11.8	13.6	0.7	0.9	0.9	0.7	0.9	0.8
Property damaged												
1993	20.8	16.0	19.6	54.7	13.5	18.3	1.2	1.1	0.9	1.7	1.1	1.2
1995	17.0	9.4	18.6	29.0	11.0	13.2	1.0	1.0	1.2	1.1	1.0	1.0
1998	9.5	7.3	10.9	12.3	7.6	8.3	1.1	0.9	1.0	1.0	1.1	1.0
Property stolen												
1993	8.9	8.3	6.7	22.2	7.1	8.6	1.1	1.2	0.8	1.2	1.2	1.1
1995	7.4	4.4	12.1	13.7	4.3	5.9	1.3	1.1	3.6	1.8	0.9	1.2
1998	5.3	4.2	7.1	7.3	4.1	4.7	1.4	1.4	1.0	0.9	1.7	1.4

(a) 1993 question wording: “In the past 12 months, how often have you experienced any of the following? (been physically abused by someone affected by alcohol), (been verbally abused by someone affected ...)”

1995 question wording: “In the past 12 months, has there been any occasion when you (... were physically abused by someone affected by alcohol), (... were verbally abused by someone affected by ...)”

1998 question wording: “How many times in the past 12 months has a person or persons affected by alcohol ... (physically abused you), (verbally abused you)”

(b) Rural rate : Metropolitan rate.

Source: National Drug Strategy Household Survey, unit record files, weighted samples

One in 17 (5.8%) rural Australians experienced alcohol-related physical abuse and one in 20 (4.7%) had property stolen in an alcohol-related incident.

Males were more likely than females to experience all forms of alcohol-related disorder except for being put in fear:

- one in three (33.7%) males were verbally abused compared to less than one in four females (22.8%);
- males were twice as likely (8.1%) to experience alcohol-related physical abuse than were females (3.6%); however
- one in six females (16.4%) were put in fear by an alcohol-affected person or persons, compared to one in 10 (10.4%) males.

Both 14–19 and 20–24 year age groups were more likely to experience alcohol-related abuse or to have property damaged or stolen, than were other age groups. Of the two younger age groups, those aged 20 to 24 experienced higher rates:

- over one in two persons aged 20 to 24 (58.3%) were verbally abused compared to just over one in four persons aged 14 to 19 (27.8%) and persons aged 25 or older (25.2%); and
- persons aged 20 to 24 (14.1%) were more than twice as likely as persons aged 14 to 19 (6.0%) and persons aged 25 or older (5.0%) to be physically abused by a person or persons affected by alcohol.

When compared to alcohol-related disorder in metropolitan areas in 1998, rural Australians (all ages) were:

- as likely to experience verbal abuse or to have property damaged (RRR 1.0);
- 10 per cent less likely to experience physical abuse (RRR 0.9);
- 20 per cent less likely to be put in fear by an alcohol-affected person or persons (RRR 0.8); and
- 40 per cent more likely to have property stolen by an alcohol-affected person or persons (RRR 1.4).

Young persons aged 14 to 24 in rural Australia in comparison with their metropolitan counterparts were, in general, less likely to experience alcohol-related social disorder. In 1998 rural Australians aged 14 to 19 were:

- as likely to have property stolen or damaged (RRR 1.0); but
- 10 per cent less likely to be put in fear (RRR 0.9);
- 30 per cent less likely to be verbally abused (RRR 0.7); and
- 50 per cent less likely to be physically abused (RRR 0.5).

Compared to their counterparts in metropolitan Australia, persons aged 20 to 24 in rural areas in 1998 were:

- 10 per cent more likely (RRR 1.1) to be verbally abused; and
- as likely to experience physical abuse (RRR 1.0); but
- 10 per cent less likely to have property stolen (RRR 0.9);
- 20 per cent less likely to have property damaged (RRR 0.8); and
- 30 per cent less likely to be put in fear (RRR 0.7).

Multiple Victimisation

When we concentrate on just those younger persons aged 14 to 24 in rural Australia who experienced alcohol-related disorder, we find that there is a high prevalence of repeat victimisation (Table 4).

Table 4: Number of occasions rural victims aged 14 to 24 years experienced alcohol-related social disorders in the previous 12 months, 1993, 1995, 1998 ^(a)

Disorder and year	Number of times							
	Once only	2–5 times	6–9 times	10+ times	Once only	2–5 times	6–9 times	10+ times
	(%)				Ratio ^(b)			
Verbally abused								
1993	24.9	40.5	7.7	26.9	0.7	1.1	0.7	1.5
1995	32.3	47.1	5.3	15.3	0.9	1.1	1.1	1.0
1998	29.7	43.2	11.3	15.9	0.8	1.0	1.5	1.4
Physically abused								
1993	54.8	38.2	5.4	1.6	1.1	1.4	0.6	0.1
1995	81.4	17.3	0.8	0.4	1.2	0.6	0.7	0.1
1998	75.8	23.3	0.0	0.9	1.2	0.7	0.0	0.3
Put in fear								
1993	56.7	28.3	5.5	9.5	1.1	0.9	0.6	1.4
1995	56.4	39.0	2.5	2.0	0.9	1.5	0.4	0.4
1998	52.8	40.2	3.6	3.4	1.1	0.9	1.0	0.7
Property damaged								
1993	63.5	35.5	0.4	0.6	1.1	1.1	0.1	0.2
1995	67.9	26.6	0.7	4.8	1.3	0.7	0.2	1.6
1998	71.2	25.5	2.7	0.6	1.2	0.8	0.7	0.6
Property stolen								
1993	53.4	43.2	0.0	3.4	0.7	2.8	0.0	1.3
1995	68.8	20.3	0.0	10.9	1.1	0.6	0.0	2.5
1998	70.6	24.9	2.4	2.1	1.0	0.9	3.4	1.2

(a) Bases equal disorder-specific victims 14–24 (refer to (n's))

(b) Rural rate : Metropolitan rate

Source: National Drug Strategy Household Survey, unit record files, weighted samples

For example, in 1998 two-thirds of victims of alcohol-related verbal abuse were victims on more than one occasion. Over one in 10 (11.3%) were victims on six to nine occasions, and slightly less than one in six (15.9%) were victims on 10 or more occasions.

Similarly, approximately one in four victims of alcohol-related physical abuse (23.3%), property damage (25.5%) or loss of property (24.9%) were victims on two to five occasions, and two in five victims (40.2%) of being put in fear were victims on two to five occasions.

When compared to their counterparts in metropolitan Australia, young rural victims were:

- 50 per cent more likely to be victims of alcohol-related verbal abuse on two to five occasions (RRR 1.5);
- 40 per cent more likely to be victims of verbal abuse on 10 or more occasions (RRP 1.4);
- 30 per cent less likely to experience repeat victimisation for alcohol-related physical abuse (RRR 0.7);
- 20 per cent less likely to be repeat victims of property damage (RRR 0.8); and
- 10 per cent less likely to be put in fear on multiple occasions (RRR 0.9).

Victims' Alcohol Consumption Status

Between 1993 and 1998, among persons aged 14 to 24 years, rates of alcohol-related social disorder in rural Australia declined for all categories of drinkers and for all disorders, with the exception of physical abuse among hazardous drinkers (Table 5). In general, however, the rates of decline were highest among non-drinkers, and lowest among hazardous or harmful drinkers. For example, whereas alcohol-related verbal abuse declined by 56 per cent (from 34.3% to 15.0%) among non-drinkers between 1993 and 1998, the decline was 37 per cent for harmful (from 78.3% to 48.9%) and 32 per cent for hazardous drinkers (from 66.9% to 45.8%) in the same period. It remains, however, that non-drinkers are least likely, and hazardous or harmful drinkers most likely, to experience alcohol-related social disorder at all.

Table 5: Victims' alcohol consumption status and victimisation history, rural persons aged 14 to 24 years, Australia, 1993, 1995, 1998

	Current alcohol consumption status				Alcohol-related victimisation history ^(a)				
	Non-drinker	Moderate	Hazardous	Harmful	Verbally abused	Physically abused	Put in fear	Property damaged	Property stolen
(%)									
Verbally abused									
1993	34.3	63.3	66.9	78.3	n/a	91.9	79.0	89.2	100.0
1995	28.6	39.7	59.3	70.9	n/a	98.9	79.2	81.8	74.6
1998	15.0	35.0	45.8	48.9	n/a	98.2	76.5	69.7	72.7
Physically abused									
1993	9.5	41.7	4.4	48.8	46.1	n/a	48.3	56.6	36.4
1995	3.7	17.6	7.8	39.5	37.5	n/a	39.3	44.7	30.2
1998	3.0	4.7	10.2	14.0	23.2	n/a	28.7	32.5	31.5
Put in fear									
1993	40.5	72.1	51.4	46.1	74.4	90.9	n/a	78.2	76.8
1995	20.9	25.1	34.5	60.2	55.7	75.1	n/a	60.3	62.9
1998	9.6	18.5	25.6	26.8	41.3	63.7	n/a	59.9	58.0
Property damaged									
1993	17.0	34.1	66.7	55.6	55.0	69.8	51.3	n/a	90.1
1995	2.7	18.1	22.6	35.2	34.0	48.9	34.7	n/a	82.8
1998	3.0	11.8	8.3	15.6	20.7	40.9	34.0	n/a	64.5
Property stolen									
1993	9.7	9.7	27.6	24.9	23.9	17.5	19.6	35.1	n/a
1995	1.8	13.9	14.0	16.0	17.7	18.8	21.6	47.2	n/a
1998	3.0	3.2	3.0	13.1	13.6	24.8	20.9	41.4	n/a

(a) Bases equal disorder-specific victims aged 14–24 years

n/a = not applicable

Source: National Drug Strategy Household Survey, unit record files, weighted samples

For example, in 1998 three per cent of non-drinking young persons in rural areas experienced alcohol-related physical abuse. This rose to 4.7 per cent of moderate drinkers, 10.2 per cent of hazardous drinkers, and 14.0 per cent of harmful drinkers. The pattern is slightly less evident, but generally holds for property disorders (damage, stealing).

Rural victims were more likely than their metropolitan counterparts to have consumed alcohol or other drugs at the time the incidents occurred. In 1998 three-quarters of young rural victims had been consuming alcohol (58.5%), drugs other than alcohol (2.3%) or alcohol and other drugs (13.3%) at the time they were victimised (data not shown). This compares with 45.9 per cent, 4.1 per cent and 9.9 per cent respectively for their metropolitan counterparts.

Cross-Victimisation

Between 1993 and 1998, not only were persons who experienced an alcohol-related incident likely to be repeat victims of that particular type of incident, but they were also likely to experience a range of other alcohol-related incidents (Table 5).¹³

Of those young rural victims of alcohol-related verbal abuse in 1998, for example:

- almost all (98.2%) also experienced alcohol-related physical abuse;
- two-thirds (63.7%) also experienced being put in fear;
- two in five (40.9%) also experienced alcohol-related property damage; and
- one in four (24.8%) also had property stolen.

As occurred with overall victimisation rates, for most types of disorders the likelihood of cross-victimisation declined between 1993 and 1998.

For example, using the victims of verbal abuse again, in 1993, 89.2 per cent were also victims of alcohol-related property damage. By 1998 this had declined to 69.7 per cent.

Location of Victimisation

In 1998 most young rural persons who experienced alcohol-related personal abuse (verbal, physical, put in fear) were victims in pubs or clubs (Table 6).

In 1998, three in every five victims of alcohol-related verbal (60.6%) or physical abuse (59.9%), and almost one in two victims (45.5%) of being put in fear by an alcohol-affected person or persons, experienced victimisation in pubs or clubs. Male victims were more likely than female victims to experience victimisation in pubs or clubs.

Female victims, however, were more likely than males to experience victimisation in the home. Two in five female victims of alcohol-related physical abuse (43.8%) experienced abuse in the home, compared to just 3.7% of male victims. One in three female victims (32.1%) of being “put in fear” experienced it in the home, compared to one in 10 male victims (10%).

¹³ Not necessarily at the same time as the “primary” incident.

Female victims were less likely to experience alcohol-related personal abuse in the street or at workplaces, than were male victims.

Table 6: Location of victimisation, by type of disorder, by sex, rural persons aged 14 to 24 years, Australia, 1993–98

Location	Alcohol-related disorder experienced									
							Property			
	Verbal abuse		Physical abuse		Put in fear		Damage		Theft	
	(%)	Ratio (a)	(%)	Ratio (a)	(%)	Ratio (a)	(%)	Ratio (a)	(%)	Ratio (a)
Males										
Home	5.9	0.6	3.7	0.3	10.0	0.9	81.2	1.8	66.9	1.4
Pubs/clubs	66.3	1.2	68.9	1.4	64.0	1.8	6.7	0.5	2.4	0.2
Workplace	2.5	0.4	4.6	0.9	5.7	3.2	0.0	0.0	0.0	0.0
School/uni	0.9	0.4	0.0	—	0.0	—	0.0	—	0.0	—
Street	26.2	0.7	31.5	0.9	31.8	0.6	4.9	0.1	0.0	0.0
Other	24.7	1.3	9.5	0.7	28.1	1.2	24.2	2.1	30.7	1.9
Females										
Home	25.1	1.1	43.8	1.4	32.1	1.6	66.5	1.0	56.0	1.1
Pubs/clubs	55.0	1.1	47.3	1.5	37.5	1.0	25.3	2.6	7.1	0.4
Workplace	1.5	0.2	0.0	—	1.3	0.1	1.2	0.7	0.0	—
School/uni	1.9	0.6	2.3	1.9	1.7	0.6	1.2	0.3	5.3	1.2
Street	21.8	0.7	18.5	1.1	15.5	0.4	14.9	1.5	17.5	2.1
Other	28.8	1.3	6.1	0.3	33.5	1.4	8.5	0.7	28.8	1.8
Persons										
Home	15.6	1.0	20.5	1.0	25.4	1.6	72.1	1.3	60.5	1.3
Pubs/clubs	60.6	1.1	59.9	1.4	45.5	1.2	18.2	1.5	5.2	0.4
Workplace	2.0	0.3	2.7	0.6	2.6	0.4	0.7	0.3	0.0	—
School/uni	1.4	0.6	1.0	0.7	1.2	0.4	0.7	0.2	3.1	1.1
Street	24.0	0.7	26.1	0.9	20.4	0.4	11.1	0.5	10.3	0.4
Other	26.7	1.3	8.1	0.5	31.9	1.3	14.5	1.2	29.6	1.8

(a) Rural rate : Metropolitan rate

Source: National Drug Strategy Household Survey, unit record file, weighted sample, 1998

As might be expected, alcohol-related property disorders were concentrated in the home for both male and female victims, with male victims slightly more likely than females to experience property loss or damage in their homes. However, female victims of alcohol-related property damage were four times more likely (25.3%) than male victims (6.7%) to experience property damage in pubs or clubs.

Compared to their metropolitan counterparts, young rural victims of alcohol-related physical abuse, for example, were:

- 10 per cent less likely to be victims in the street (RRR 0.9);
- 30 per cent less likely to be victims in school or university (RRR 0.7);
- 40 per cent less likely to be victims in their workplace (RRR 0.6); and
- 50 per cent less likely to be victims in other places (RRR 0.5); but
- 40 per cent more likely to be victims in a pub or club (RRR 1.4).

Similar differentials existed in 1998 between young rural and young metropolitan victims for other disorders.

Sociodemographic Risk Factors for Being a Victim

In addition to age and gender as demonstrated above, a range of other sociodemographic risk factors are associated with alcohol-related disorder. In this publication, Lynskey's chapter shows that cannabis use and earlier police contact are co-morbid with multiple "problem behaviours" including alcohol-related violence. Carcach and Conroy's chapter shows that the victim-offender relationship and racial appearance of the victim were important variables in explaining alcohol-related homicide. Makkai's chapter shows that post-secondary qualifications, being Australian-born or being married, are risk factors for certain types of alcohol-related disorder.

Table 7: Sociodemographic risk factors for alcohol-related victimisation, Australia, 1993–98

Risk factor	Verbally abused	Physically abused	Put in fear	Property damaged	Property stolen
	Odds ratios (a)				
Male	1.3	1.4	0.6	1.3	1.3
Australian-born	—	—	—	—	—
Aged 14–19	1.4	1.5	1.8	1.5	1.7
Aged 20–24	3.2	3.1	2.9	2.9	2.9
Employed or full-time education	2.1	1.9	2.1	1.6	—
Rural	—	—	—	—	—
(Sample n)	(16,488)	(16,327)	(16,355)	(16,303)	(16,240)

— Not significant

(a) Rural rate : Metropolitan rate

Source: National Drug Strategy Household Survey, pooled sample, design effect applied = 2.1

In terms of which sociodemographic factors might explain the patterns observed among rural Australian youth, when the victimisation results are subjected to a logistic regression, rurality ceases to be a (statistically) significant factor (Table 7):^{14, 15}

- males were 30 per cent to 40 per cent more likely than females to be victims of alcohol-related disorder (odds ratio [OR] 1.3–1.4);
- the employed and those in full-time education were 2.1 times more likely to be verbally abused or put in fear than those who are not employed or in full-time education, they were 1.9 times as likely to be physically abused and 1.6 times more likely to have property damaged by an alcohol-related person or persons;
- persons aged 20 to 24 years were about three times more likely to be victims of all alcohol-related disorders (OR 2.9–3.1); and
- living in rural Australia was not a risk factor for being a victim.

Who Does the Victimising?

In 1998, for the first time, a question of the relationship between victim and perpetrator was included in the Household Survey. Over half the male victims of personal abuse in rural Australia aged 14 to 24 years identified a friend or acquaintance as the perpetrator (56.4%) compared to just 37.1 per cent of young rural females (Table 8).

¹⁴ Logistic regression is a statistical technique which enables investigation of characteristics which may be associated with the presence or absence of an outcome (that is, the dependent variable is dichotomous). In this case, the dependent variable is the alcohol-related disorder and the characteristics are the risk factors. Association is measured by odds ratios. Values of one indicate that the risk factor is not associated with the likelihood of being a victim (of the particular disorder). Values of above and below one indicate higher and lower likelihoods (for example, 1.5 indicates that individuals who share that characteristic are 1.5 times more likely to be a victim of [particular alcohol-related disorder]). Only statistically significant values are shown.

¹⁵ The sample n(s) vary from those shown in Makkai's chapter, due to differences in the extent of missing values among cases. Makkai includes post-secondary education, married and in paid employment in place of rurality and being in paid employment or full-time education.

Table 8: Alleged perpetrators of alcohol-related social disorder against rural persons aged 14 to 24 years, by sex, Australia 1998

	Males				Females			
	Personal abuse ^(a)		Property disorder ^(b)		Personal abuse		Property disorder	
Alleged perpetrator	(%)	Ratio ^(c)	(%)	Ratio ^(c)	(%)	Ratio ^(c)	(%)	Ratio ^(c)
Spouse or partner	6.8	0.7	—	—	16.7	1.2	31.8	2.2
Parent	4.9	0.8	2.2	1.0	7.3	0.9	4.6	0.8
Sibling	2.2	0.3	13.0	2.0	0.7	0.1	8.6	1.8
Other relative	2.6	0.5	2.2	0.5	9.7	2.5	11.6	4.3
Housemate	24.0	2.9	8.4	2.0	8.4	2.3	4.0	0.8
Current boy/girlfriend	2.9	0.8	—	—	15.7	2.4	31.0	7.4
Former spouse/boy/girlfriend	23.0	2.9	—	—	12.9	1.3	11.6	1.2
Workmate	36.2	2.0	34.0	3.6	5.7	0.8	2.3	0.3
Friend/acquaintance	56.4	1.6	14.8	0.4	37.1	1.0	20.2	0.5
Unknown	56.1	0.8	62.4	1.2	42.3	0.7	10.3	0.3

(a) Verbal, physical, put in fear

(b) Damage, theft

(c) Rural : metropolitan

Source: 1998 National Drug Strategy Household Survey, unit record files, weighted sample

In 1998, in comparison to their metropolitan counterparts when identifying perpetrators, young male victims of alcohol-related personal abuse were:

- three times more likely (24.0%) to identify a housemate (RRR 2.9);
- twice as likely (36.2%) to identify a workmate (RRR 2.0);
- 60 per cent more likely (56.4%) to identify a friend or acquaintance (RRR 1.6);
- three times more likely (23.0%) to identify a former spouse, boyfriend or girlfriend (RRR 2.9); but
- 70 per cent less likely (2.9%) to identify a current boyfriend or girlfriend (RRR 0.3).

In terms of perpetrators of alcohol-related property disorder in 1998, young rural male victims were:

- twice as likely (13.0%) to identify a sibling (RRR 2.0);
- twice as likely (8.4%) to identify a housemate (RRR 2.0);
- almost four times as likely (34.0%) to identify a workmate (RRR 3.6); but
- 60 per cent less likely (14.8%) to identify a friend or acquaintance (RRR 0.4).

Compared to their metropolitan counterparts, when identifying perpetrators of alcohol-related personal abuse, young rural female victims in 1998 were:

- 20 per cent more likely (16.7%) to identify their spouse (RRR 1.2);
- more than twice as likely (9.7%) to identify a relative other than a parent or sibling (RRR 2.5);
- more than twice as likely (8.4%) to identify a housemate (RRR 2.3); and
- more than twice as likely (15.7%) to identify a current boyfriend or girlfriend (RRR 2.4).

Additional data not reported here show that among married victims in rural areas, two in five (42.0%) females and one in five (19.8%) males identified their spouses as perpetrators.

Prevalence of Committing Alcohol-Related Social Disorder

In 1998 about one in four rural persons (22.9%) reported committing an alcohol-related social disorder, a rate higher than in both 1993 and 1995 (Table 9). The proportion of the population driving a motor vehicle in 1998 while affected by alcohol largely explains the increase from previous years. Rates of drink-driving by rural residents increased from 10.3 per cent to 16.3 per cent between 1995 and 1998. If this offence and that of operating hazardous machinery are excluded, about one in 10 rural persons (11.7%) committed an alcohol-related social disorder in 1998, a rate lower than in 1993 but higher than in 1995 (9.4%) in rural Australia.

Between 1995 and 1998, rates of committing alcohol-related verbal abuse by rural residents rose from 7.5 per cent to 9.6 per cent, from 2.1 per cent to 3.1 per cent for property damage and from 0.6 per cent to 1.3 per cent for property theft. Causing a public disturbance increased from 3.9 per cent to 4.7 per cent and the rate of physically abusing someone while affected by alcohol decreased from 2.3 per cent to 1.6 per cent in the same period.

Males in both regions in 1998 were between two and four times more likely than females to commit alcohol-related social disorders. Youth aged 20 to 24 years were up to three times more likely than 14–19-year-olds, and both youth age groups were between three and six times more likely than all ages combined to commit alcohol-related social disorders.

Table 9: Prevalence of committing alcohol-related disorders, by age and sex, rural Australia, 1993, 1995, 1998

Disorder and year	Sex		Age groups				Sex		Age groups			
	Male	Female	14–19	20–24	25+	All ages	Male	Female	14–19	20–24	25+	All ages
	(%)						Ratio (a)					
Verbal abuse												
1993	8.2	7.1	15.1	24.2	4.6	7.6	0.6	1.2	0.7	0.8	0.8	0.8
1995	9.5	5.4	19.7	25.4	4.0	7.5	0.8	1.1	1.3	1.2	0.7	0.9
1998	13.5	6.1	16.7	33.4	6.5	9.6	1.1	1.0	0.9	1.3	1.1	1.0
Physical abuse												
1993	3.4	3.1	7.8	9.3	1.9	3.3	0.6	1.2	1.2	1.1	0.6	0.8
1995	3.3	1.3	10.6	5.9	0.7	2.3	0.8	2.2	1.5	0.7	0.6	0.9
1998	3.0	0.4	1.7	3.4	1.5	1.6	1.0	0.4	0.3	0.5	1.9	0.8
Property damage												
1993	4.3	1.5	9.6	6.9	1.5	2.8	0.9	1.3	2.6	0.6	0.8	0.9
1995	3.1	1.1	7.2	8.5	0.7	2.1	0.7	0.7	0.6	1.2	0.6	0.7
1998	5.5	0.9	10.2	12.0	1.3	3.1	1.4	1.0	1.1	1.1	2.2	1.2
Property theft												
1993	2.7	1.0	2.9	6.9	1.0	1.8	1.0	1.7	0.8	1.4	1.1	1.1
1995	0.7	0.4	3.5	1.2	0.0	0.6	0.4	2.0	1.1	0.8	0.0	0.7
1998	0.5	0.5	2.3	8.5	0.5	1.3	0.4	1.7	0.6	3.3	2.5	1.6
Driving a motor vehicle												
1993	21.1	5.3	2.6	43.3	10.0	12.9	1.2	0.9	0.4	1.5	1.0	1.1
1995	14.8	5.8	13.1	20.5	9.0	10.3	1.1	0.8	2.1	1.1	0.9	1.0
1998	22.7	10.5	10.3	35.2	15.4	16.3	0.9	0.9	1.4	1.3	0.8	0.9
Operating hazardous machinery												
1993	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1995	1.8	0.0	2.3	1.7	0.7	0.9	0.7	0.0	0.9	0.6	0.6	0.6
1998	2.2	0.3	3.4	1.6	0.9	0.8	1.7	3.0	2.6	0.8	2.3	1.1
Create public nuisance												
1993	4.0	3.3	15.9	10.4	1.3	3.6	0.4	0.9	0.8	0.5	0.4	0.5
1995	5.3	2.4	14.9	14.1	1.2	3.9	0.7	0.6	0.9	0.9	0.4	0.7
1998	6.5	3.0	12.9	13.8	2.7	4.7	1.0	1.4	0.9	0.9	1.6	1.1
Summary across all disorders												
1993	25.6	12.0	23.6	56.1	13.1	18.6	0.9	1.0	0.8	1.3	0.9	0.9
1995	22.8	11.6	33.4	42.8	12.4	17.2	0.9	1.0	1.3	1.1	0.9	1.0
1998	30.4	15.9	35.0	50.7	18.7	22.9	1.0	1.0	1.3	1.2	0.9	1.0
Summary excluding drove/operated												
1993	14.1	9.8	23.6	35.5	7.4	11.9	0.7	1.2	0.8	1.0	0.8	0.8
1995	12.5	6.2	29.5	26.8	4.6	9.4	0.8	0.9	1.2	0.9	0.6	0.8
1998	15.3	8.4	27.6	35.7	7.3	11.7	1.1	1.2	1.1	1.2	1.1	1.1

n/a = not asked in 1993

(a) Rural : Metropolitan

Source: National Drug Strategy Household Surveys, unit record files, weighted samples

Compared to their metropolitan counterparts in 1998, rural persons aged 14 to 19 years were:

- less likely (16.7%) to verbally abuse someone (RRR 0.9);
- 70 per cent less likely (1.7%) to physically abuse someone (RRR 0.3);
- 40 per cent less likely (2.3%) to steal property (RRR 0.6); and
- less likely (12.9%) to cause a public disturbance (RRR 0.9).

However they were:

- more likely (10.2%) to damage property (RRR 1.1);
- 40 per cent more likely (10.3%) to drive a motor vehicle (RRR 1.4); and
- 160 per cent more likely (3.4%) to operate hazardous machinery (RRR 2.6).

These latter two results might be associated with a higher likelihood of youth in rural regions being engaged in activities involving driving vehicles and/or operating hazardous machinery.

Compared to their metropolitan counterparts in 1998, rural youth aged 20 to 24 years were:

- less likely (3.4%) to physically abuse someone (RRR 0.5);
- less likely (1.6%) to operate hazardous machinery (RRR 0.8); and
- less likely (13.8%) to cause a public nuisance (RRR 0.9).

However, they were:

- more likely (33.4%) to verbally abuse someone (RRR 1.3);
- more likely (12.0%) to damage property (RRR 1.1);
- more likely (8.5%) to steal property (RRR 3.3); and
- more likely (35.2%) to drive a motor vehicle (RRR 1.3).

Frequency of Committing Alcohol-Related Social Disorders

Between 1993 and 1998 the proportion of perpetrators of alcohol-related social disorder aged 14 to 24 in rural Australia who committed social disorders *once only* increased for all disorders except driving a motor vehicle and operating hazardous machinery (Table 10).

In other words, there were declines in the proportions of perpetrators committing alcohol-related social disorders on multiple occasions.

Compared to their metropolitan counterparts, rural perpetrators aged 14 to 24 years in 1998 were:

- more likely (59.8%) to verbally abuse someone once only (RRR 1.3);
- more likely (86.0%) to physically abuse someone once only (RRR 1.7);
- more likely (87.9%) to steal property once only (RRR 1.7); and
- more likely (49.0%) to drive a motor vehicle once only (RRR 1.1).

That is, young metropolitan perpetrators of these offences were more likely than rural perpetrators to offend on multiple occasions.

In 1998, however, young rural perpetrators of alcohol-related social disorder were:

- less likely (49.9%) to damage property once only (RRR 0.9); and
- less likely (19.4%) to operate hazardous machinery once only (RRR 0.4).

That is, young rural perpetrators of these offences were more likely than their metropolitan counterparts to offend on multiple occasions. Again, the latter result is possibly due to an increased likelihood of rural persons being engaged in activities which required operating hazardous machinery.

Table 10: Number of times alcohol-related social disorders were committed by perpetrators aged 14 to 24, by region, Australia, 1993, 1995, 1998

Disorder and year	Times perpetrated							
	Once only	2–5 times	6–9 times	10+ times	Once only	2–5 times	6–9 times	10+ times
	(%)				Ratio ^(a)			
Verbal abuse								
1993	50.0	37.3	0.9	11.8	1.2	0.8	0.2	1.3
1995	42.8	42.5	6.5	8.2	1.0	0.9	1.5	1.0
1998	59.8	23.5	0.2	16.4	1.3	0.6	0.0	1.7
Physical abuse								
1993	63.7	36.3	0.0	0.0	0.9	1.3	—	—
1995	75.9	24.1	0.0	0.0	1.9	0.5	—	—
1998	86.0	14.0	0.0	0.0	1.7	0.4	—	—
Damaged property								
1993	40.2	56.0	0.0	3.8	0.5	2.9	—	—
1995	69.6	27.4	0.0	3.0	1.1	1.1	—	0.3
1998	49.9	47.1	2.0	1.0	0.9	1.5	0.3	0.2
Stolen property								
1993	56.8	43.2	0.0	0.0	0.8	1.5	—	—
1995	39.6	60.4	0.0	0.0	0.7	8.5	—	—
1998	87.9	9.8	0.0	2.3	1.7	0.2	—	0.8
Drove a motor vehicle								
1993	84.6	14.0	0.0	1.5	1.7	0.3	—	0.2
1995	59.8	36.5	2.2	1.5	1.1	1.1	1.2	0.1
1998	49.0	33.8	0.6	16.6	1.1	0.8	0.1	1.8
Operated hazardous machinery								
1993	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1995	67.8	32.3	0.0	0.0	1.2	0.9	—	—
1998	19.4	80.6	0.0	0.0	0.4	1.7	—	—
Created a public disturbance								
1993	40.1	48.5	0.0	11.4	0.8	1.1	—	2.0
1995	55.2	26.1	0.0	18.8	1.3	—	—	2.0
1998	54.5	42.1	2.5	0.8	1.0	1.4	0.5	0.1

n/a = not asked in 1993

Base(s) equal disorder-specific perpetrators

(a) Rural : Metropolitan

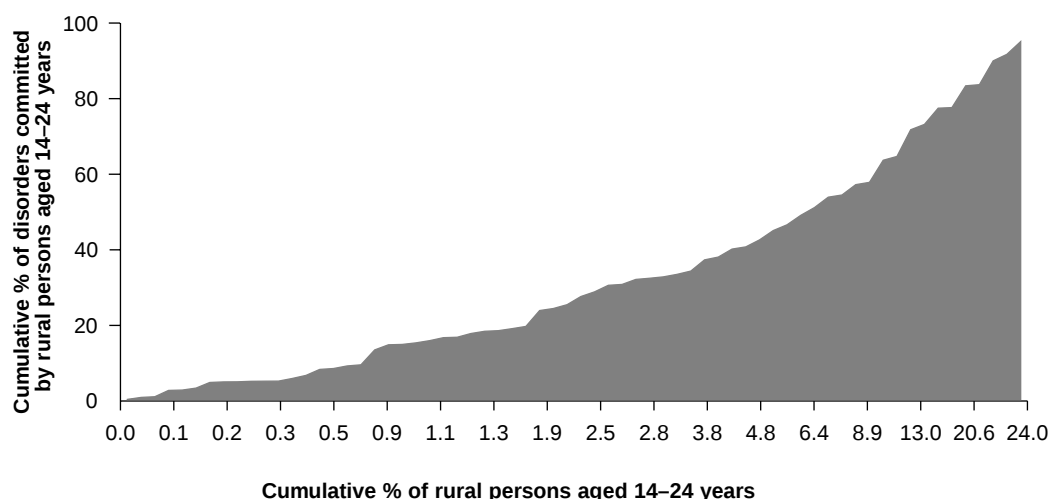
— nil or set to zero (e.g. denominator = 0)

Source: National Drug Strategy Household Survey, unit record files, weighted samples

Concentration of Perpetrators

Using the pooled samples from 1993 to 1998, we find that 71 per cent of all alcohol-related social disorder was committed by persons aged 14 to 24 years. In rural regions the proportion was 74 per cent (data not shown). The vast majority of youth, however, were not involved in alcohol-related social disorder. Just one per cent of rural youth was responsible for 16 per cent of the disorders committed by the cohort and six per cent committed about half (Figure 1). Three-quarters were committed by 12 per cent of the age group.

Figure 1: Alcohol-related disorders committed by rural persons aged 14–24 years, by proportion of rural persons aged 14–24 years, Australia, 1993–98



Source: National Drug Strategy Household Survey, unit record files, 1993, 1995, 1998, pooled weighted samples

Consumption Status and Number of Offences

In Table 5 it was shown that the likelihood of being a victim of an alcohol-related social disorder increased with the level of (the potential victim's) personal alcohol consumption. It is perhaps no surprise then to find that the average number of alcohol-related social disorders committed by persons aged 14 to 24 years also increased with the level of alcohol usually consumed by perpetrators (Table 11).

Table 11: Mean number of alcohol-related social disorders perpetrated, by alcohol consumption status and region, persons aged 14 to 24 years, Australia, 1993–98

Region	Consumption		
	Low	Hazardous	Harmful
Rural	0.9	1.5	4.1
Metropolitan	1.6	2.5	4.9

Source: National Drug Strategy Household Survey, unit record files, pooled weighted samples

The mean number of times alcohol-related social disorders were perpetrated by rural persons aged 14 to 24 years in the previous 12 months for whom alcohol was usually consumed at low risk levels was less than one (0.9 disorders). This rose to a mean of 1.5 disorders for hazardous alcohol consumers and a mean of 4.1 disorders for those youth who usually

consumed alcohol at harmful levels. The mean number of occasions metropolitan drinkers aged 14 to 24 years offended was higher than rural counterparts for each consumption status.

Perpetrators as Victims

Makkai (1997b; and in Chapter 5 of this publication) has shown that in the Australian context perpetrators of alcohol-related social disorder also reported being victims. Using the pooled 1993–98 sample again, we find that the data relating to perpetrators aged 14 to 24 years confirm these findings (Table 12). The association is stronger among rural than metropolitan youth.

Table 12: Overlap between being a perpetrator and being a victim, rural persons aged 14 to 24 years, Australia, 1993–98 (column percentages)

Victims	Perpetrators							
	Verbal abuse		Physical abuse		Damaged property		Stolen property	
	(%)	Ratio (a)	(%)	Ratio (a)	(%)	Ratio (a)	(%)	Ratio (a)
Verbal abuse	77.5	1.1	82.8	1.2	71.7	1.1	84.6	1.2
Physical abuse	55.4	1.1	83.0	1.2	51.7	0.9	39.5	0.7
Property damaged	48.9	1.2	60.1	1.5	56.8	1.1	47.7	0.9
Property stolen	23.9	1.5	26.8	1.3	42.9	1.8	40.3	1.2

(a) Rural : Metropolitan

Source: National Drug Strategy Household Survey, unit record files, weighted samples

For example, compared to their metropolitan counterparts between 1993 and 1998, rural *perpetrators* of alcohol-related verbal abuse aged 14 to 24 years were:

- more likely (77.5%) to be victims of verbal abuse (RRR 1.1);
- more likely (55.4%) to be victims of physical abuse (RRR 1.2);
- more likely (48.9%) to be victims of property damage (RRR 1.2); and
- more likely (23.9%) to be victims of property theft (RRR 1.5).

Similar profiles are observed for perpetrators of alcohol-related physical abuse, property damage and property theft, with few exceptions. Metropolitan perpetrators are more likely than rural perpetrators to also be victims (RRR <1.0) in only three out of 16 overlaps.

Sociodemographic Risk Factors for Committing an Alcohol-Related Social Disorder

As occurred with estimating likelihoods of selected sociodemographic characteristics being associated with being a victim, when the perpetrator results are subjected to a logistic regression, rurality ceases to be a (statistically) significant factor (Table 13).¹⁶

Table 13: Sociodemographic risk factors for perpetrating alcohol-related social disorders, Australia, 1993–98

Risk factor	Verbally abused	Physically abused	Damaged property	Stole property	Caused public disturbance	Drove motor vehicle	Operated machinery
	Odds ratio						
Male	2.1	3.1	4.2	4.6	2.5	2.3	8.3
Australian-born	1.8	—	—	—	—	1.3	—
Aged 14–19	3.2	5.4	9.0	7.1	7.3	0.4	2.5
Aged 20–24	5.4	5.6	10.7	7.8	7.8	2.1	3.0
Employed or full-time education	1.5	0.7	—	—	1.6	3.0	2.1
Rural	—	—	—	—	—	—	—
(Sample n)	(16,404)	(16,390)	(16,381)	16,381)	(16,384)	(16,497)	(13,035)*

— not significant

* not asked in 1993

Source: National Drug Strategy Household Survey, pooled sample, design effect applied = 2.1

Males were between two and eight times more likely than females to commit alcohol-related disorders. Australian-born youth were almost twice as likely (OR 1.8) as overseas youth to verbally abuse someone and 30 per cent more likely (OR 1.3) to drive a motor vehicle while intoxicated. With the exception of driving a motor vehicle while intoxicated, teenagers (14–19-year-olds) were:

- between three and over five times more likely than older Australians to physically abuse someone while affected by alcohol; and
- up to nine times more likely to steal or damage property while intoxicated.

Males aged 20 to 24 years displayed the highest likelihoods of committing alcohol-related disorders. They were over five times more likely than older Australians to verbally abuse someone (OR 5.4) or physically abuse someone (OR 5.6) while affected by alcohol and almost 11 times more likely to damage property (OR 10.7).

¹⁶ Once again, the differences in the sample n(s) from those shown in Makkai's chapter, are due to differences in the extent of missing values among cases, following on from differential factor selection in the models. Also once again, only significant odds ratios are shown.

Education and/or full-time employment protected against being a perpetrator of alcohol-related physical abuse (OR 0.7), but increased the risks for committing alcohol-related verbal abuse (OR 1.5) and other disorders.

As occurred with sociodemographic risk factors for being a victim, rurality was not a significant risk factor for being a perpetrator of alcohol-related disorder in general, and alcohol-related violence more particularly.

Summary

A number of patterns emerge from these analyses of alcohol-related social disorder among rural youth aged 14 to 24 years.

Between 1993 and 1998

- Proportions consuming alcohol and drinking at hazardous and harmful levels increased.
- Somewhat paradoxically, the number of victims of alcohol-related social disorder decreased, but the number of perpetrators remained stable or slightly increased.
- Relative rates between rural and metropolitan regions were inconsistent but, generally, rural youth were less likely to be victims or perpetrators of alcohol-related disorder.

In 1998

- One-third of 14–19-year-olds and two-thirds of 20–24-year-olds were victims of alcohol-related personal abuse.
- One in seven 14–19 and 20–24-year-olds were victims of an alcohol-related property offence.
- One in three 14–19-year-olds and one in two 20–24-year-olds were perpetrators of an alcohol-related social disorder.

Over the full period 1993 to 1998 (pooled results)

- Almost three-quarters of all alcohol-related social disorders were committed by youth aged between 14 and 24 years.
- About half of the disorders were committed by just six per cent of the cohort, and three-quarters were committed by 12 per cent.

- Over two-thirds of perpetrators of alcohol-related social disorders were also victims.
- The likelihood of being a victim or perpetrator increased with the level of alcohol consumed.
- Disorders predominantly took place in pubs and clubs, and for females, the home was also frequently a location of victimisation.
- Disorders often involved social or sexual intimates (for example, workmates, friends, acquaintances, and former or current boyfriends, girlfriends and spouses).

However, most importantly, while there were many relative risk ratios which appeared to indicate higher or lower likelihood of rural youth being involved in alcohol-related disorder, once subjected to logistic regression models, rurality ceased to be a significant risk factor. That is, while rural youth have inflated risks of being a victim or perpetrator compared to older rural Australians, they share similar risks with metropolitan youth (vis-a-vis older metropolitan Australians).

Discussion

The increase in the proportions of rural youth consuming alcohol and drinking at hazardous or harmful levels was accompanied by an increase in acceptance of the “regular consumption of alcohol” across Australia (AIHW 1999a). In a number of respects, between 1993 and 1998 rural regions continued to become more like metropolitan Australia. The failure of rurality to be a statistically significant contributor to the regression models supports the convergence of rural and metropolitan patterns. In rural Australia in the period of the study there was an increase in the number and type of outlets from which alcohol could be purchased and in the types of beverages available (for example, “coolers”, pre-mixed spirits). At the same time, access to EFTPOS facilities and automatic teller machines increased the circumstances under which alcohol consumption per se, and excessive consumption by drinkers, could occur. The decrease in the number of victims of alcohol-related social disorder, in the light of such trends, is remarkable.

Regulatory and industry initiatives in promoting and implementing responsible serving practices and the introduction of prevention and monitoring regimes for alcohol-related behaviour contributed to the declines in victimisation. For example, it is now commonplace for sporting and other

events to have “dry areas”, or to be declared “alcohol-free”. Entertainment venues where alcohol is sold are now more likely to employ (well trained) security personnel. Finally, in those jurisdictions where it has been adopted, the abolition of mandated “closing times” avoids the concentration and clustering of alcohol-affected persons on the streets around licensed premises at the one time.

While these measures may have reduced the number of victims, they have apparently had little effect on the proportion of persons perpetrating alcohol-related social disorders, which has remained fairly stable. The frequency of committing alcohol-related social disorders is, however, declining, with an increase in the number of perpetrators reporting single rather than multiple and repeat offending. There remains a core of youth, though, who were responsible for most of the alcohol-related social disorders in rural regions.

Half of the disorders were committed by a very small percentage (6%) of youths. Most of these persons were also victims of alcohol-related social disorders. Makkai (in this publication) showed that in addition to being male and young, the propensity to perpetrate alcohol-related social disorders increased in the presence of socioeconomic factors such as unemployment and/or lower education. Rates of unemployment are higher and post-secondary education lower in rural regions. In the circumstances, situational and environmental changes which have recently been suggested (for example, Homel 1997) may not be sufficient to modify the high alcohol consumption/high disorder cycle in which this group of young rural persons find themselves.

The finding that most perpetrators were also victims is unsurprising, but it has important policy implications. The successful efforts of the liquor industry in promoting responsible serving practises (supported where necessary by regulatory frameworks) may need reinvigorating and strengthening, particularly so in rural pubs and clubs (where most of the disorders in these regions occur). Law enforcement and criminal justice approaches which address only the offending and not the underlying consumption patterns, are unlikely to reduce the propensity to commit disorders. The early identification of multiple and repeat offenders and diversion into appropriate education and/or treatment services will impact on both the levels of excessive consumption and on the numbers of perpetrators and victims. The relative dearth of such facilities in rural and remote regions (Dunn 1998) is an impediment to these measures.

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7 Alcohol-Related Social Disorder and Indigenous Australians: Recent Past and Future Directions

Siobhan Hennessy and Paul Williams

Abstract

Proportionally, fewer Indigenous Australians consume alcohol than non-Indigenous Australians, however, of those Indigenous persons who do drink, far more do so at hazardous or harmful levels. It is not surprising, then, given the association between alcohol consumption and social disorder, that there is a relatively high level of alcohol-related disorder experienced by Indigenous persons. This chapter provides a descriptive overview of levels of alcohol consumption and alcohol-related social disorder, including violence, revealed by the National Drug Strategy Household Survey Indigenous Supplement (1994). Despite (or perhaps because of) the high levels of alcohol-related disorder indicated, the survey also shows that Indigenous peoples do not underestimate the problems associated with alcohol, and this opens up avenues for the development of appropriate interventions.

Introduction

The popular perception that the proportion of Indigenous Australians who consume alcohol is abnormally high when compared to other Australians is false, and has been shown to be so through numerous studies and surveys. The 1994 National Aboriginal and Torres Strait Islander Survey, for example, demonstrated that substantial proportions do not consume alcohol at all and that among those who commence drinking, large numbers subsequently give up (Blignault & Ryder 1997). d'Abbs et al. (1994) also found that among both sexes, the proportion who consume alcohol increases from adolescence to about age 40, and then declines. However, of the Indigenous persons who do consume alcohol, many do so regularly at hazardous and harmful levels (Blignault & Ryder 1997; Bolger 1991). Simply stated, Indigenous persons

who consume alcohol are more likely than non-Indigenous persons who consume alcohol to drink at more dangerous levels (NAHSEC 1994).

In 1994 almost two-thirds (62%) of Indigenous persons consumed alcohol in the previous 12 months, with males (69%) more likely than females (55%) to have consumed (NDSHS 1994). This gender pattern mirrors that found in non-Indigenous society (Williams 1999). It has been speculated that consumption of alcohol is an acceptable social ritual associated with masculinity in both non-Indigenous and Indigenous societies. As occurs in both Indigenous and non-Indigenous societies, the consumption of alcohol is associated with social disorder in general and violence in particular.

Alcohol is found in a significant percentage of violent events, and alcohol consumption often precedes criminal events (Collins 1981). Research has demonstrated that the most common form of alcohol-related antisocial disorder experienced in the community is verbal abuse (Makkai 1993, 1997; Williams 1999, 2000). Those who experience one form of an alcohol-related disorder are also more likely to be victims of other such disorders. Males are more likely to be perpetrators of alcohol-affected disorders. Indigenous persons are more likely than non-Indigenous persons, however, to be victims of violence per se, regardless of the involvement of alcohol.

A survey administered by the Australian Bureau of Statistics (ABS) in Western Australia, South Australia and New South Wales in 1991, and nationally from 1990 to 1994, found that 12.9 per cent of the Aboriginal population were victims of an attack or verbal threat (Broadhurst 1997). When compared to the 1993 National Crime and Safety finding that only 2.5 per cent of all Australians were the victims of similar assaults, it can be seen that assault per se was approximately five times more prevalent among Indigenous Australians than all Australians (Broadhurst 1997). In Australian society generally, males are more likely to report experiencing alcohol-related physical and verbal abuse and females are more likely to be “put in fear” (Makkai 1993, 1997; Williams 1999, 2000).

Many of these assaults are domestically situated. Domestic violence is prevalent among some Indigenous communities, including in the Kimberley and in North Queensland, and this is often disproportionately directed towards women (Lyon 1990, cited in d’Abbs et al. 1994; Payne 1992). The violent activity is often associated with alcohol consumption (d’Abbs et al. 1994). The link between alcohol and violence in Indigenous communities has

been suggested to be related to the concept of “allowing” violence to occur by providing a socially accepted excuse for it (d’Abbs et al. 1994) rather than being a direct causal mechanism. An individual may try to explain away antisocial behaviour by using phrases such as “I was drunk, I couldn’t help it”, or “I didn’t know what I was doing”, or even “I don’t remember”. Although some communities appeared to be less violent than others, Indigenous women in all communities identified violence as one of their greatest worries, and for many women this violence was associated with alcohol consumption (Bolger 1991).

It has been suggested that over the period of white settlement in Australia, violence against Indigenous women and children has become a “norm” in Aboriginal society (Lucashenko 1997). Mukherjee et al. (1998) found that 45 per cent of Aboriginal and Torres Strait Islander people felt that family violence was a common problem in their area, and that a higher percentage of females felt this way than males. Indigenous women, as well as non-Indigenous women, believe violence to be associated with alcohol consumption (Payne 1992). Indeed, the majority of women’s groups, and two-thirds of men’s groups consulted by Watson, Flemming and Alexander (cited in d’Abbs et al. 1994) indicated that alcohol caused problems amongst both sexes in the community, with the most frequently mentioned problem being violence. In the 1994 National Aboriginal and Torres Strait Islander Survey, 59 per cent of respondents aged 13 years and older identified alcohol to be one of the main health problems in their area (Blignault & Ryder 1997).

Australia’s Indigenous population is young relative to the non-Indigenous population, with approximately 40 per cent aged less than 15 years. This compares with 21 per cent in the total population (ABS 2000). Approximately one in eight persons (12%) in the total population are aged 60 years or older, compared with just three per cent of the Indigenous population. In this publication, Williams’ paper (Chapter 6) shows that younger persons are more likely to consume alcohol than older persons, and more likely to do so at hazardous or harmful levels.

Similarly, the Select Committee on Drugs (1993) found that among males in Year 11 at secondary school who consumed alcohol, 55 per cent drank five or more standard drinks on a usual drinking day. This compared to 30 per cent of males aged 20 to 24 years and only 14 per cent of males aged 35 to 44 years (Select Committee on Drugs 1993). A similar pattern, but at lower proportions, was observed among their female counterparts. Over one-third (34%) of Year 11 female drinkers consumed five or more standard drinks on

a drinking day compared with one in five (20%) 20–24-year-olds and just five per cent of 35–44-year-olds.

Like young people in other countries such as Britain, Australian youth are raised in a “wet culture”, a social context in which drinking is both widely practised and generally regarded as a legitimate and enjoyable activity (Plant & Plant 1992). Most Australian youth, Indigenous and non-Indigenous, have parents who drink, and they come into contact with other adults who also consume alcohol. Myers (1982) cited in Plant and Plant (1992) concludes that consumption of alcohol is a frequent antecedent or accessory to violent acts. Makkai (1993, 1997) and Williams (1999, 2000) found that perpetrators of alcohol-related disorders are more likely to be younger members of the population. The reliability of data which link violent incidences such as physical assault to alcohol consumption is problematic.

For example, within police statistics the vast majority of violent incidents are never reported, regardless of whether they are related to alcohol consumption (d’Abbs et al. 1994). Where alcohol consumption and violence are linked statistically, they are often unable to provide comparative rates for when alcohol consumption was not accompanied or followed by violence (Weatherburn 1990, cited in d’Abbs et al. 1994). Most commentators, however, agree that alcohol consumption and violence are proximate (Makkai 1993, 1997; Williams 1999, 2000).

The Present Study

Data presented in this paper are drawn from the National Drug Strategy Household Survey’s Urban Aboriginal and Torres Strait Islander Supplement Survey (Department of Human Services and Health 1994).¹⁷ A random sample of almost 3,000 Aboriginal and Torres Strait Islander people living in urban areas of Australia completed an interviewer-administered questionnaire. The survey contained items on attitudes and beliefs about alcohol and other drugs and drug-related behaviours. Among these behaviours were questions about the number of times alcohol-related social disorders (including physical violence) had been perpetrated.

¹⁷ Data for this paper were made available by the Social Sciences Data Archives, Research School of Social Sciences, Australian National University. The data were originally collected for the Commonwealth Department of Human Services and Health.

Alcohol Consumption

Approximately 88 per cent of Indigenous Australians had consumed alcohol at some point in their lives (Table 1). This compares with almost 94 per cent of the general population (Department of Human Services and Health 1994).

Males (90.6%) were more likely than females (86.5%), and persons aged 25 years or older (91.1%) were more likely than younger persons (84.5%), to have consumed alcohol. A similar pattern is observed for alcohol consumption in the last 12 months.

Table 1: Alcohol consumption by sex and age, urban Indigenous peoples, Australia, 1994

Age Group %	Sex					
	Male		Female		Persons	
	Ever	Last 12 months	Ever	Last 12 months	Ever	Last 12 months
	(%)					
14–24	83.4	76.9	85.5	72.9	84.5	74.8
25+	96.4	78.9	87.1	59.8	91.1	68.1
All ages	90.6	78.0	86.5	65.0	88.3	70.9

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

In 1994 over seven in 10 Indigenous Australians (70.9%) consumed alcohol in the previous 12 months. Males (78.0%) were more likely than females (65.0%) to have done so, however younger persons (74.8%) were more likely than persons aged 25 years or older (68.1%) to have consumed alcohol in the previous 12 months.

Consumption Risk Level

Most Indigenous drinkers consumed alcohol at hazardous or harmful levels (Table 2).

Indigenous drinkers aged 14 to 24 years were four times more likely to consume alcohol at a harmful level (70.0%) than at a low-risk level (16.1%), and five times more likely than at a hazardous level (13.9%).

Indigenous drinkers aged 25 years or older were three times more likely to consume alcohol at a harmful level (67.1%) than at a low-risk level (18.2%), and four times more likely than at a hazardous level (14.7%).

Table 2: Alcohol consumption risk level, by age and sex, urban Indigenous peoples, Australia, 1994

Alcohol status ^(a)	Sex					
	Male		Female		Persons	
	14–24	25+	14–24	25+	14–24	25+
Low risk ^(b)	21.3	16.9	10.9	19.7	16.1	18.2
Hazardous ^(c)	11.2	11.4	16.6	18.1	13.9	14.7
Harmful ^(d)	67.5	71.7	72.5	62.2	70.0	67.1

(a) according to NHMRC categories

(b) <5 standard drinks, males; <3 standard drinks females

(c) 5–6 standard drinks, males; 3–4 standard drinks females

(d) >6 standard drinks, males; >4 standard drinks females

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Indigenous male drinkers aged 14 to 24 years were:

- three times more likely to consume alcohol at a harmful level (67.5%) than at a low-risk level (21.3%);
- six times more likely to consume alcohol at a harmful level (67.5%) than at a hazardous level (11.2%); and
- twice as likely to be low-risk drinkers (21.3%) as their female counterparts (10.9%).

Indigenous males drinkers aged 25 years or older were four times more likely to consume alcohol at a harmful level (71.7%) than at a low-risk level (16.9%) and six times more likely to consume at a harmful level than at a hazardous level (11.4%).

Indigenous female drinkers aged 14 to 24 years were six times more likely to consume alcohol at a harmful level (72.5%) than at a low-risk level (10.9%), and four times more likely to consume alcohol at a harmful level than at hazardous levels (16.6%).

Indigenous female drinkers aged 25 years or older were three times more likely to consume alcohol at a harmful level (62.2%) than at a low-risk level (19.7%), and three times more likely than at a hazardous level (18.1%).

Attitudes and Beliefs Towards Alcohol

Indigenous Australians are very much aware of an alcohol problem. A large proportion of the population recognises alcohol consumption and alcohol-related violence as a serious issue (Table 3).

In both genders and across age groups, greater than 94 per cent of respondents identified alcohol consumption as a serious problem. Similarly, over 90 per cent of respondents saw alcohol-related violence as a serious issue. Both males and females identified alcohol consumption as the most serious problem for Aboriginal and Torres Strait Islander people, with over 40 per cent in each age group indicating a belief in the seriousness of the issue. A further 14 per cent in each age group identified alcohol-related violence as the most serious problem.

Table 3: Beliefs and attitudes toward alcohol, by age and sex, urban Indigenous Australians, 1994

	Sex					
	Male		Female		Persons	
	14–24	25+	14–24	25+	14–24	25+
	(%)					
Alcohol consumption						
Serious issue?	95.0	94.2	95.1	96.4	95.0	95.5
Most serious problem?	47.0	41.3	46.2	46.2	46.5	44.1
Second most serious problem?	17.0	21.6	16.4	19.6	16.7	20.4
Alcohol related violence						
Serious issue?	93.7	92.6	90.0	94.6	92.3	93.7
Most serious problem?	18.0	14.4	23.3	16.1	20.8	15.4
Second most serious problem?	19.9	21.8	24.4	25.4	22.2	23.9
Directly or indirectly cause most deaths						
Alcohol	59.6	72.2	55.2	71.4	57.3	71.8
Other substances	40.4	27.8	44.8	28.6	42.7	28.2

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Females aged 14 to 24 years (23.3%) were most likely to believe that alcohol-related violence was the most serious problem.

Over 50 per cent of both males and females aged 14 to 24 years believed that alcohol directly or indirectly caused the most deaths of Aboriginal and Torres Strait Islander people. Over 70 per cent of older persons believed that alcohol directly or indirectly caused the most deaths of Aboriginal and Torres Strait Islander people.

Alcohol-Related Victimisation

Given the relatively high levels of hazardous and harmful alcohol consumption, it is perhaps not surprising to find that there are also relatively high levels of alcohol-related victimisation (Table 4).

Table 4: Indigenous victims of alcohol-related disorders, urban Australia, 1994

Disorder experienced	Sex								
	Male			Female			Persons		
	14–24	25+	All ages	14–24	25+	All ages	14–24	25+	All ages
Verbal abuse	37.4	37.5	37.5	40.8	37.2	38.7	39.2	37.4	38.1
Physical abuse	32.3	34.2	33.3	31.5	24.6	27.4	31.9	28.7	30.1
Property damaged	36.4	33.7	34.9	33.3	29.2	30.8	34.8	31.1	32.7
Property stolen	30.7	26.8	28.5	24.5	17.2	20.1	27.4	21.3	23.9

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Approximately 38.1 per cent of urban Indigenous Australians were victims of alcohol-related verbal abuse, 30.1 per cent victims of physical abuse, 32.7 per cent of having property damaged, and 23.9 per cent of having property stolen in an alcohol-related incident.

Males were more likely than females to experience all forms of alcohol-related disorder except verbal abuse.

Persons aged 14 to 24 years (39.2%) were more likely than persons aged 25 years or older (37.4%) to experience alcohol-related verbal abuse. Females aged 14 to 24 years were most likely (40.8%) to experience such abuse.

Persons aged 14 to 24 years (31.9%) were more likely than persons aged 25 years or older (28.7%) to experience alcohol-related physical abuse. Males aged 25 years or older (34.2%) were most likely to experience such abuse.

Persons aged 14 to 24 years (34.8%) were more likely than persons aged 25 years or older (31.1%) to have property damaged by an alcohol-affected person. Males aged 14 to 24 years (36.4%) were most likely to experience alcohol-related property damage.

Persons aged 14 to 24 years (27.4%) were more likely than persons aged 25 years or older (21.3%) to experience property theft by an alcohol-affected person. Males aged 14 to 24 years (30.7%) were most likely to experience alcohol-related property theft.

Perpetrators of Alcohol-Related Disorder

As occurs in the general population, the most common form of alcohol-related victimisation is verbal abuse (Table 5). Males were more likely than females to be perpetrators.

Table 5: Perpetrators of alcohol-related disorders, urban Indigenous Australians, 1994

Disorder committed	Sex								
	Male			Female			Persons		
	14–24	25+	All ages	14–24	25+	All ages	14–24	25+	All ages
Verbal abuse	37.2	34.2	35.5	23.9	18.4	20.6	30.2	25.2	27.3
Physical abuse	28.1	20.9	24.2	16.6	11.1	13.4	22.1	15.3	18.2
Property damaged	21.5	15.0	17.9	10.8	8.0	9.1	15.9	11.0	13.1
Property stolen	17.1	9.2	12.7	4.9	4.0	4.4	10.7	6.3	8.1

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Approximately 27.3 per cent of urban Indigenous Australians were perpetrators of alcohol-related verbal abuse, 18.2 per cent were perpetrators of physical abuse, 13.1 per cent of property damage and 8.1 per cent of property theft in an alcohol-related incident.

Males were more likely than females to commit all forms of alcohol-related disorders.

Persons aged 14 to 24 years (30.2%) were slightly more likely than persons aged 25 years or older (25.2%) to commit alcohol-related verbal abuse. Males aged 14 to 24 years were most likely (37.2%) to perpetrate such abuse.

Persons aged 14 to 24 years (22.1%) were more likely than persons aged 25 years or older (15.3%) to commit alcohol-related physical abuse. Males aged 14 to 24 years (28.1%) were most likely to commit such abuse.

Persons aged 14 to 24 years (15.9%) were slightly more likely than persons aged 25 years or older (11.0%) to have damaged property while affected by alcohol. Males aged 14 to 24 years (21.5%) were most likely to commit alcohol-related property damage.

Persons aged 14 to 24 years (10.7%) were more likely than persons aged 25 years or older (6.3%) to steal property while affected by alcohol. Males aged 14 to 24 years (17.1%) were most likely to commit alcohol-related property theft.

Alcohol Consumption and Victimisation

The higher the risk level of alcohol consumption, the higher the likelihood of being a victim of an alcohol-related disorder (Table 6).

Table 6: Usual alcohol consumption level and victimisation, urban Indigenous Australians, 1994

Offence experienced	14–24			Age 25+			All ages		
	Alcohol consumption								
	low	hazardous	harmful	low	hazardous	harmful	low	hazardous	harmful
					(%)				
Verbal abuse	32.7	43.2	49.1	30.5	38.7	43.3	31.4	40.6	45.8
Physical abuse	26.5	35.0	39.5	15.6	25.4	38.4	19.9	29.4	38.9
Property damaged	30.7	47.7	42.2	22.1	24.5	39.2	25.5	34.2	40.5
Property stolen	21.0	26.3	35.6	16.5	15.5	26.3	18.3	20.0	30.4

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Persons whose usual alcohol consumption levels were low-risk were less likely (31.4%) than hazardous drinkers (40.6%) and harmful drinkers (45.8%) to be victims of alcohol-related verbal abuse. The same pattern holds for physical abuse (19.9%, 29.4%, 38.9%); property damage (25.5%, 34.2%, 40.5%) and property theft (18.3%, 20.0%, 30.4%). Highest rates of being a victim were found among harmful drinkers aged 14 to 24 years, with almost one in two (49.1%) experiencing alcohol-related verbal abuse, two in five (39.5%) experiencing physical abuse, two in five (42.2%) experiencing property damage and almost one in three (35.6%) experiencing alcohol-related property theft.

Patterns of committing alcohol-related disorders also show increased likelihood with increased consumption risk levels (Table 7).

Persons whose usual alcohol consumption levels were low risk were less likely (16.9%) than hazardous drinkers (24.7%) and harmful drinkers (46.3%) to be victims of alcohol-related verbal abuse. The same pattern holds for physical abuse (9.6%, 16.1%, 29.6%); property damage (6.4%, 11.4%, 20.3%) and for property theft (2.7%, 3.2%, 12.1%). Highest rates of committing alcohol-related disorder were found among harmful drinkers aged 14 to 24 years, with almost one in two (48.6%) committing alcohol-related verbal abuse, one in three (34.6%) committing physical abuse, one in four (24.9%) committing property damage and almost one in five (18.1%) committing alcohol-related property theft.

Table 7: Usual alcohol consumption level and committing disorder, urban Indigenous Australians, 1994

	14–24			Age 25+			All ages		
	Alcohol consumption								
Offence experienced	low	hazardous	harmful	low	hazardous	harmful	low	hazardous	harmful
	(%)								
Verbal abuse	29.7	28.3	48.6	8.5	22.1	44.6	16.9	24.7	46.3
Physical abuse	14.5	24.2	34.6	6.3	10.3	25.6	9.6	16.1	29.6
Property damaged	11.7	19.2	24.9	2.9	5.9	16.7	6.4	11.4	20.3
Property stolen	3.2	5.7	18.1	2.4	1.4	7.5	2.7	3.2	12.1

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Being Both a Victim and Perpetrator

Consumption of alcohol increases the likelihood that an Indigenous (and non-Indigenous) person will be both victim and perpetrator of social disorder (Table 8).

Table 8: Relationship between victimisation and perpetration of alcohol-related disorder, urban Indigenous Australians, 1994

Disorder experienced	Disorder committed											
	Verbal abuse			Physical abuse			Property Damaged			Property Stolen		
	All			All			All			All		
	14–24	25+	ages	14–24	25+	ages	14–24	25+	ages	14–24	25+	ages
	(%)											
Verbal abuse	67.4	68.7	68.1	68.8	74.4	71.5	60.2	77.8	68.8	57.0	79.3	66.9
Physical abuse	56.4	62.1	59.5	62.0	70.6	66.2	56.4	72.6	64.2	59.7	72.2	65.2
Property damaged	58.3	58.4	58.3	59.1	63.8	61.4	72.3	74.4	73.3	63.5	77.2	69.6
Property stolen	45.7	44.3	45.0	49.6	52.8	51.2	57.9	58.3	58.1	63.3	73.4	67.7

Source: National Drug Strategy Household Survey, unit record file, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

For example, 68.1 per cent of persons who committed verbal abuse were also victims of verbal abuse. Most perpetrators of verbal abuse (59.5%) were also victims of physical abuse, 58.3 per cent were victims of property damage and 45 per cent had property stolen by an alcohol-affected person.

The relationship between being a perpetrator and being as victim was stronger among persons aged 25 years or older. For example, in this age group:

- 68.7 per cent of perpetrators of alcohol-related verbal abuse were victims of alcohol-related verbal abuse compared to 67.4 per cent of younger perpetrators;
- 70.6 per cent of older perpetrators of physical abuse were also victims of physical abuse (compared to 62.0 per cent of younger perpetrators);
- 74.4 per cent of perpetrators of property damage were also victims (compared to 72.3 per cent of younger perpetrators); and
- 73.4 per cent of persons aged 25 years or older who stole property while affected by alcohol themselves had property stolen (compared to 63.3 per cent of younger perpetrators).

Concentration of Perpetrators

Almost half of all alcohol-related social disorders in the previous 12 months by persons aged 14 to 24 years were committed by just 15 per cent of the age cohort (Figure 1). This compares with 74.8 per cent of the cohort consuming alcohol in the same period.

Figure 1: Alcohol-related disorders committed by Indigenous persons aged 14–24 years, by proportion of Indigenous persons aged 14–24 years, Australia, 1994



Source: National Drug Strategy Household Survey, unit record files, 1994; Urban Aboriginal and Torres Strait Islander Peoples Supplement, weighted sample

Summary

These results support previous research which indicates that fewer Indigenous persons than non-Indigenous persons consume alcohol. Similarly, results also indicate that more alcohol consumers among Indigenous peoples than among non-Indigenous persons subsequently give up drinking. However, a greater number of current Indigenous drinkers consume at hazardous or harmful levels and this was particularly so for Indigenous female drinkers aged 14 to 24 years. Females of all ages appear to be adopting formerly “male-type” drinking patterns and the “growing out” of alcohol consumption after youth for both males and females seems to be declining. Disturbingly, younger females are more likely than any other age group or gender to consume at a hazardous or harmful level.

Indigenous people of all ages do realise that the consumption of alcohol is a problem and that one of the major issues surrounding consumption is alcohol-related violence. Notwithstanding such concerns, it remains the case that Indigenous drinkers continue to consume at hazardous and harmful levels. The results of such drinking are often alcohol-related social disorder, including violence. Most alcohol-related social disorder, however, is confined to a select, core group who perpetrate most of the violence and who constitute most of the victims.

Future Directions

Substance misuse programs for the Australian Indigenous population have been developed and reviewed on a regular basis, with little evidence of major impacts. In 1986 the Department of Aboriginal Affairs titled its report “Too Little Too Late” (DHAC 1999). In 1994 the Evaluation Committee into the National Aboriginal Health Strategy found little evidence to support a conclusion that the strategy, as it related to alcohol, had even been implemented (NAHSEC 1994). The 1996 Aboriginal and Torres Strait Islander Commission Office of Evaluation and Audit report into the Substance Abuse Program concluded that “the degree of impact [of substance abuse projects] could not be measured, the extent of needs was unqualified or could only be partly qualified” (DHAC 1999, p. 17).

The 1996–99 Review of the Aboriginal and Torres Strait Islander Substance Misuse Program (DHAC 1999) largely avoided firm conclusions on the impact of the program and chose instead to concentrate on “Priorities for

Action". The priorities can be taken as indirect evidence of areas where there was insufficient impact or where previously there was an absence of a suitable intervention. The terms of reference appear to have restricted any attempts which might have been made to examine the program's impact on consumption and related social costs, including disorder:

1. What is the range of interventions made by the health system overall in relation to substance misuse by Aboriginal and Torres Strait Islander people?
2. What role do the substance misuse services funded by the Office for Aboriginal and Torres Strait Islander Health Services play in the wider system?
3. How could this role be enhanced and improved and innovation extended through the services funded by the Office?
4. What are the key workforce and standards development issues which need to be addressed to support this?
5. What are the data, research or other program management structures which need to be enhanced to support this?

It is likely that the relative paucity of recent reliable national data contributed to the development of these terms.

The report indicates that substance misuse among Indigenous Australians appears to have moved to polydrug consumption, though the absence of reliable recent data to confirm this is acknowledged. Alcohol-related violence is subsumed under alcohol-related illness and injuries and no data are presented on trends. Undertaken with the support and cooperation of major stakeholders including Indigenous organisations, the emphasis is on partnerships, collaboration and capacity building.

[The review's] immediate goal was to improve program development and policy formulation and identify where the Office needs to focus its efforts in improving substance misuse services funded under the health and substance misuse programs. (DHAC 1999, pp. 18–19)

The two overriding Priorities for Action resulting from the Review reflect this goal:

1. That the Office for Aboriginal and Torres Strait Islander Health (OATSIH) develop a national framework for the Aboriginal and Torres Strait Islander substance misuse program. This framework will include

program goals and objectives, including monitoring and evaluation mechanisms to ensure continual improvement within the program; and

2. That the OATSIH develop a five-year strategic plan for the program. The plan will include priorities for action. The strategic plan will be developed in collaboration with key partners such as the Mental Health Program, Population Health, and the Supported Accommodation and Assistance Program (SAAP), as well as other jurisdictions which have crossover activity with the substance misuse program including the Aboriginal and Torres Strait Islander Commission, State/Territory jurisdictions and Aboriginal Hostels Limited.

It would appear that the Review has concluded the present infrastructure (policy and service delivery) is insufficient to enable identifiable impacts to be aimed for. In contrast, the (general community) 2000–03 National Action Plan (NEACA 2000) is more direct:

- reduce the incidence of premature mortality related to the misuse of alcohol;
- reduce the incidence of acute and chronic morbidity (disease and injury) related to misuse of alcohol;
- reduce the incidence of social disorder, family disruption, violence, including domestic violence, and other crime related to the misuse of alcohol; and
- reduce the level of economic loss (to individuals, communities, industries, and Australia as a whole) related to misuse of alcohol.

Concerning Indigenous alcohol-related issues more particularly, the Plan identifies hazardous and harmful consumption, illness and injuries as major areas for intervention and notes “linkages between [the Plan] and the Indigenous Family Violence Strategy are important in ensuring consistency and coordination of effort in this area (NEACA 2000, p. 13).

The Review identified 69 Commonwealth substance misuse services funded by a budget of \$18.4 million (1999–2000), 22 of which were residential rehabilitation services and the remainder “components of comprehensive primary health care services and broader community development programs” (p. 6). It is unclear how many are alcohol-specific or how many might be directed to alcohol-related violence. A recent evaluation project by the National Drug Research Institute found that restricted liquor licensing was the most effective strategy in curbing alcohol abuse in Aboriginal communities. Supply reduction strategies also reduced consumption and

alcohol-related incidents. Sobering-up shelters were also effective in keeping Indigenous people out of gaol (Gray et al. 2000). Treatment in residential and community settings was, however, largely ineffective.

It would appear that we are not too far from a “what works, what doesn’t, what’s promising” position (Sherman et al. 1997). We could do worse than start implementing those interventions for which there is evidence of benefit. In developing the proposed five-year plan, the Review recommends adequate data collection for monitoring and evaluation purposes. Attention should be given to including specific indicators for alcohol-related social disorder. The National Drug Strategy Indigenous Supplement Survey used for this paper has not been repeated and the data are now six years old. There is an urgent need to conduct another survey to determine changes in prevalence of alcohol consumption and alcohol-related social disorder, including violence, and to inform the progress of the proposed five-year plan.

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8 Alcohol Use and Violent Behaviour Among Youth: Results from a Longitudinal Study

Michael T. Lynskey

Abstract

Alcohol misuse and other social disorders appear to be correlated. The social, family and individual characteristics which lead to “childhoods of multiple-problem adolescents” offer directions for the design and implementation of appropriate interventions. This chapter reports results from the Christchurch Health and Development Study, a longitudinal study of a birth cohort of 1,265 Christchurch (New Zealand) children born in 1977 who have been studied at birth, four months, one year and annual intervals to the age of 16 years, and again at ages 18 and 21. Using data from the age 16 measurements, after controlling for a range of social and familial factors, a significant association between hazardous alcohol consumption and violent offending remained.

Introduction

It has been estimated that about half of all violent crimes are committed by an intoxicated assailant (English et al. 1995; Murdoch, Pihl & Ross 1990). Given these findings, there has been increased concern about and research into the prevalence, nature and predictors of alcohol-related aggression. Despite widespread recognition of links between alcohol use and violence, there has been ongoing controversy within the psychological literature about the nature of this relationship. For example, while the hypothesis that alcohol intoxication is a direct cause of aggression and violence is intuitively appealing, various commentators have suggested alternative explanations such as the following:

- Aggression may be a cause of increased alcohol consumption. Specifically, it has been argued that people who show tendencies to aggression and violence may consume alcohol to “self-medicate” the

aversive experience of aggression. Alternatively, it has also been argued that aggressive people may seek out locations and social situations (such as crowded bars) where violence is less socially unacceptable.

- There may be no direct causal link between alcohol and violence but the apparent association arises from the effects of other factors which are associated with both an increased propensity to violence and increased alcohol consumption. There are a variety of factors which may be associated with both these outcomes including:
 - social factors (for example, social disadvantage);
 - family factors (for example, family history of substance abuse and/or violence, disrupted or dysfunctional family environment);
 - individual factors (for example, early behavioural difficulties); and
 - situational factors (for example, overcrowded bars).

Despite these objections, laboratory-based research appears to have established that alcohol intoxication leads directly to increased aggressive and violent behaviour (Chermack & Giancola 1997). For example, a number of studies have employed the Taylor Aggression Paradigm in which subjects compete on a reaction time task against a fictional opponent. A reaction time trial ensues in which the loser receives a shock, the intensity of which is selected by his or her opponent. Given that, in most instances, the opponent is simulated, the rate of “wins” and “losses” is predetermined. The outcome measure of aggression in these studies is the intensity of shock (which typically can vary along a 10-point scale) selected by the subject for his or her “opponent”. Results of numerous studies employing this paradigm have demonstrated that individuals who consume alcohol as part of the experiment are more aggressive (that is, they select higher shock intensities) than those who do not consume alcoholic beverages (Chermack & Taylor 1995; Taylor & Gammon 1975; Taylor & Sears 1988). Similar results have been found in experimental studies using other measures of aggression (Cherek, Steinberg & Manno 1985; Dougherty, Cherek & Bennett 1996). A number of meta-analytic reviews of these laboratory studies have concluded that alcohol plays a causal role in the expression of aggressive behaviour (Bushman & Cooper 1990; Ito, Miller & Pollock 1996).

Critics of these studies have questioned their ecological validity (Tedeschi & Quigley 1996). Specifically, it has been argued that the typical paradigms used to study aggression, such as the one described above, do not provide

an adequate representation of aggression as they deal only with situations of retaliation. Additionally, aggressive retaliation in these situations has been sanctioned by a legitimate authority—the experimenter. Finally, it has been noted that these experiments do not provide any alternative responses other than aggression. While concerns about the ecological validity of these experimental paradigms have been ongoing, a recent review of this issue concluded that these criticisms overstate the problems with the paradigms. The review noted that:

... laboratory paradigms afford a number of highly important advantages, such as the ability to draw cause-and-effect statements, the examination of aggression in a controlled and safe environment, and the ability to measure aggressive behaviours rather than self-report endorsements. (Giancola & Chermack 1998, p. 250)

Debates within the psychological literature about whether there is a causal link between alcohol and violence contrast with the widespread acceptance of a causal link between alcohol intoxication and violence in the medical and epidemiological literature. For example, in their assessment of alcohol and other drug-caused morbidity and mortality, English et al. (1995) conclude that there is sufficient evidence that hazardous and harmful alcohol consumption is a cause of assault. They estimate that 47 per cent of all assaults can be attributed to hazardous or harmful alcohol consumption. Finally, they estimate that 294 deaths (187 among males and 107 among females) in Australia in 1992 were caused by alcohol-related violence. They also attributed 14,893 hospital episodes to alcohol-related violence. Similarly, many preventive interventions have been predicated on the assumption that alcohol intoxication is a direct cause of violence.

Nonetheless, alcohol intoxication does not inevitably lead to violence for all people who drink alcohol or in all instances in which people become intoxicated. Much recent research has accordingly focused on specifying the personal characteristics of drinkers and situational circumstances of drinking that are most likely to be associated with intoxicated aggression. Such research is clearly important not only for understanding the cause of alcohol-intoxicated aggression but for designing and implementing interventions to prevent or reduce the occurrence of intoxicated aggression.

Consideration of the research literature in this area suggests that there are multiple determinants of alcohol-related violence. Setting aside the pharmacological effects of intoxication, which may include disinhibition

(Room & Collins 1983), increased arousal (Pihl, Peterson & Lau 1993), altered cognitive processing (Taylor & Chermack 1993) and suppressed anxiety (Ito, Miller & Pollock 1996), these determinants can be divided into two broad categories:

- *Characteristics of the situation*

In particular, much research has noted that there are various situational determinants of alcohol-related violence (Fagan 1993; Pernanen 1991). For example, such acts have been shown to be influenced by the location in which drinking occurs, with alcohol-related violence more probable in public rather than private locations (Rossow 1996). Additionally, research has shown that a number of factors, including crowding, smoky or noisy environments and group intoxication, are associated with greater likelihood of alcohol-related violence (Graham et al. 1980; Homel & Clark 1994). These findings have suggested interventions and preventive strategies that have been shown to be effective in reducing the incidence of alcohol-related violence (Graham & Homel 1997; Homel & Clark 1994).

- *Characteristics of the individual(s)*

While the incidence of alcohol-related violence is influenced by situational factors, and environmental interventions can reduce the incidence of such violence, the determinants of alcohol-related violence are not solely situational. Moreover, not all people who consume large amounts of alcohol will display aggressive or violent behaviour, regardless of the situational cues that may exist to elicit such responses. Research on the personal characteristics of people who are most likely to display alcohol-related violence may be useful in suggesting person-based interventions to reduce the incidence of alcohol-related violence which will complement the situational interventions described above. Graham et al. (1998) have noted the importance of considering interactions between (pre-existing) behavioural characteristics and intoxication on violent behaviour.

Against this general background, this chapter summarises research from the Christchurch Health and Development Study examining the links between heavy alcohol consumption and violent behaviour in youth. Issues addressed in these analyses include whether there is a causal link between alcohol use and crime, the personal characteristics and risk factors associated with alcohol-related violence and the implications of these findings for the prevention of alcohol-related violence and other problem behaviours. Before

discussing these findings in detail, a brief description of the Christchurch Health and Development Study is provided.

The Christchurch Health and Development Study

The Christchurch Health and Development study is a longitudinal study of a birth cohort of 1,265 Christchurch (New Zealand) children born in 1977 who have been studied at birth, four months, one year and annual intervals to the age of 16 years and again at ages 18 and 21. Data has been collected from a variety of sources, including parental interview (birth to 16 years), child interview (eight to 21 years), teacher report (six to 13 years), official sources of information including hospital records (birth to 21 years) and police records (14 to 21 years), and interviews with a “significant other” nominated by the respondent at ages 18 and 21. Information has been collected on a wide range of topics including physical health, utilisation of health services, family living circumstances, educational attainment, early school behaviour, criminal offending, mental health and substance use. Fergusson et al. (1989) have provided a detailed account of the methodology of this study and early research findings.

The Present Study

Using data collected when cohort members were aged 16, the sample was divided into two on the basis of their self-reports of frequency of alcohol consumption, amounts consumed and the experience of alcohol-related problems. Latent class analysis of this data identified just under 10 per cent of the sample as being prone to heavy or hazardous alcohol consumption. The construction of this classification has been described in detail by Fergusson, Horwood and Lynskey (1995). Young people identified as showing high rates of hazardous or harmful alcohol use had high probabilities of frequent alcohol consumption, consuming large amounts of alcohol and experiencing alcohol-related problems. For example:

- 92.4 per cent consumed alcohol at least once a month;
- 93.7 per cent typically drank the equivalent of at least 30 millilitres of pure alcohol when they drank alcohol;
- 100 per cent consumed the equivalent of at least 90 millilitres of alcohol on at least one occasion; and

- 91.1 per cent reported experiencing at least one alcohol-related problem.

Rates of violent and property offending were then compared between those classified as “misusing alcohol” and remaining sample members. The definitions of property and violent offending were again based on parental and self-reported offending (collected using the self-report early delinquency scale developed by Moffitt & Silva 1988). Violent offences included assault, fighting, cruelty to animals and physical coercion. Property offending included damaging property, breaking into a house, stealing a car, shoplifting or other theft. Young people were classified as showing high rates of violent offending if they had committed two or more violent offences in the past year (7.2 per cent of the sample). They were classified as showing high rates of property offending if they reported committing two or more property offences in the past year (12.8 per cent of the sample).

Property and Violent Offending

Table 1 compares rates of property and violent offending among young people who met criteria for hazardous alcohol consumption, and remaining sample members. For each comparison, a measure of the strength of the association between alcohol misuse and offending is provided by the odds ratio (OR) and its associated 95 per cent confidence interval (CI). The results in this table indicate that young people who used alcohol frequently in large quantities, and who experienced alcohol-related problems, were between 5.7 and 12.7 times more likely to report frequent property and violent offending.

Table 1: Rates of violent and property offending among teenagers classified as misusing alcohol and other sample members

	Alcohol misuse	No alcohol misuse	Odds ratio (95% CI)
Males			
Violent offences	32.1	7.6	5.7 (2.9–11.3)
Property offences	45.3	12.4	5.9 (3.2–10.9)
Females			
Violent offences	15.4	3.1	5.7 (1.7–18.8)
Property offences	50.0	7.3	12.7 (5.5–29.7)

Initial examination of these results suggests that the strength of the association between alcohol misuse and property offending may have varied by gender with the association being stronger among females (OR=12.7) than among

males (OR=5.9). However, the results of further analyses indicated that this association was, in fact, not statistically different for males and females.

Theoretical Models to Explain the Comorbidity between Substance Use and Other Problem Behaviours

While these results establish that young people who misuse alcohol report increased rates of violent and property offending, the underlying mechanisms that lead to these associations have been less well explored. Caron and Rutter (1991) note that there are essentially three broad classes of explanation for the occurrence of correlations or comorbidities between two separate behaviours or conditions. These explanations are discussed below.

Direct Causal Links

The first and most obvious explanation of the association between alcohol misuse and offending is that it reflects a direct causal relationship in which alcohol intoxication leads directly to violent and property offending. Such an effect may occur because of the disinhibiting effects of alcohol and the effects of the social context in which alcohol is consumed (Collins 1981; Shepherd 1994).

An alternative causal hypothesis is that violence (or, more accurately, violent tendencies) are a cause of alcohol intoxication. Specifically, Shepherd (1994) has proposed that people who are violent may be more likely to:

- drink alcohol to self-medicate the potentially aversive nature of their violent tendencies; and
- seek out social environments in which violence is more likely to be tolerated.

Common Syndrome Explanations

Secondly, it may be that two conditions are comorbid because they are reflections of a common syndrome or vulnerability to problem behaviour. The most influential common syndrome theory is that there is a common vulnerability to problem behaviour, as described in Jessor and Jessor's (1977) problem behaviour theory. This theory emphasises the correlations between a wide range of problem behaviours occurring in adolescence (including substance use, precocious sexual activity and minor delinquency) and

suggests that these behaviours are manifestations of a common syndrome or proclivity to problem behaviours. This common syndrome, which Donovan and Jessor (1985) subsequently suggested could reflect a general dimension of unconventionality, is assumed to be a reflection of common personal and environmental influences which increase risks of norm-violating or problem behaviours in general.

While Jessor and Jessor's (1977) theory provides a broad outline of the factors and processes leading to problem behaviour and unconventionality, most recent applications of this theory have focused on the extent to which correlations between problem behaviours can be explained by a single common factor. This factor has been variously described as problem behaviour or general deviance (McGee & Newcomb 1992), a syndrome of problem behaviour (Donovan, Jessor & Costa 1988) or simply as a common factor (Farrell et al. 1992). The results of these studies have been somewhat mixed, with a number of studies reporting that the correlations between a range of norm-violating behaviours can be modelled as a single common factor (Donovan & Jessor 1985; Donovan, Jessor & Costa 1988; Farrell, Danish & Howard 1992; McGee & Newcomb 1992). Other studies have failed to replicate this finding (Gillmore et al. 1991; Grube & Morgan 1990).

These studies have only tested whether or not the correlations between a set of problem behaviours can be modelled as a function of a common factor. They have not explored whether risk factors predict variations in this syndrome. Until this is done, the findings of these studies might be considered semi-tautological to the extent that they argue that the correlation between any pair of behaviours can be explained by their correlations with a common factor, the main evidence for which is correlations between these behaviours (Lynskey, Fergusson & Horwood 1998).

Explanations that Attribute Comorbidity to Common or Correlated Causal Factors

A final hypothesis is that the association between alcohol and crime arises because the risk factors and life pathways that are associated with vulnerability to alcohol use overlap or are correlated with the risk factors and life pathways associated with vulnerability to criminal behaviour. Under this explanation, comorbidity is a consequence of common risk and life situation factors that confer vulnerabilities to multiple problems. There is considerable indirect evidence to support this hypothesis. In particular, the literature on the aetiology of substance use and problem behaviours suggests

the presence of a common core of factors that may be implicated in the development of these behaviours. These include social class, poverty and life circumstances, parenting behaviours, family conflict and dysfunction, and lack of care, abuse or neglect (see Bucholz 1990; Conrad, Flay & Hill 1992; Farrington et al. 1990; Hawkins, Catalano & Miller 1992; Patterson, Debarsyshe & Ramsey 1989). Given this evidence, it could readily be argued that the reasons for many adolescent disorders being comorbid are that the life processes that give rise to risks of one disorder have much in common with the life processes associated with the development of other disorders.

Testing Causal Hypotheses about the Relationships between Alcohol Use and Crime

Multiple regression methods can be used to examine the extent to which the associations between substance use and other outcomes can be explained by the common effects of shared risk factors which act to increase the risks of each outcome. These methods provide a means to examine the extent to which substance use is related to other outcomes after the effects of background or predisposing factors have been controlled for statistically.

Table 2 shows the results of a series of logistic regression analyses. In these analyses, the outcome (property or violent offending) was modelled as a function of alcohol misuse and a series of prospectively assessed measures of the individuals' social, family and personal characteristics (assessed during the course of the Christchurch Health and Development Study). The final column of the table shows the risk factors (assessed prospectively) which were significantly associated with each of the offending outcomes. Given the finding, reported above, that the strength of the association between alcohol misuse and offending did not vary with gender, these analyses combined data for males and females.

The results indicated that after controlling for a range of prospectively assessed factors, the associations between alcohol misuse and offending were substantially reduced. Specifically, the odds ratios between hazardous alcohol consumption and measures of criminal offending reduced from between 6.5 and 8.2 to between 1.4 and 3.2. For property offending, the association with hazardous alcohol consumption was reduced to non-significance after control for background measures, indicating that this association could be wholly explained by the fact that the risk factors and life pathways that predisposed young people to hazardous alcohol

consumption also predisposed them to criminal behaviour. Nonetheless, even after control for these factors, there was a significant association between hazardous alcohol consumption and violent offending: young people who met criteria for hazardous alcohol use were 3.2 times more likely to report multiple violent offending.

Table 2: Odds ratios between alcohol misuse and measures of violent and property offending before and after adjustment for common or correlated risk factors

	Unadjusted OR	Adjusted OR (95% CI)	Significant covariates
Violent offences	6.5	3.2 (1.4–7.6)	Peer affiliations (15 years) Offending (15 years) Conduct problems (8 years) Intelligence (WISC-R; 8 years)
Property offences	8.2	1.4 (0.6–3.3)	Peer affiliations (15 years) Offending (15 years) Age of first alcohol use Parental illicit drug use Gender

Risk factors that explained some component of the link between hazardous alcohol consumption and criminal offending included affiliations with delinquent or substance-using peers, early behavioural disturbance and parental drug use. Inclusion of these factors into the model explained some component of the association between alcohol misuse and violent offending and all of the association between alcohol misuse and property offending because they were correlated with each of the three outcomes. For example, affiliations with delinquent peers, assessed at age 15, was correlated 0.21 with violent offending and 0.34 with both property offending and alcohol misuse (assessed at age 16). This result confirms the results of many previous studies which indicate that young people exposed to family and parental dysfunction, young people who show early behavioural disturbance and young people who affiliate with delinquent peers are at increased risk for both early substance use problems (Bucholz 1990; Conrad, Flay & Hill 1992; Kandel 1980; Hawkins, Catalano & Miller 1992) and criminal offending (Farrington et al. 1990; Loeber & Hay 1997; Patterson, Debarsyshe & Ramsey 1989).

These results parallel the results from earlier studies from the Christchurch Health and Development Study examining the associations between different pairs of problem behaviours or disorders. These studies have examined the degree of correlation or comorbidity between a number of

pairs of behaviours or disorders including tobacco use and depressive symptomatology (Fergusson, Lynskey & Horwood 1996b), conduct disorder and depressive symptomatology (Fergusson, Lynskey & Horwood 1996c) and alcohol use and sexual risk-taking (Fergusson & Lynskey 1996).

These studies have confirmed that there are moderate to high degrees of association between each pair of behaviours. Further analyses indicated that in each case a large component of the associations between these behaviours could be explained by the influence of shared or common risk factors, observable throughout childhood, which increase the risks of each outcome. The risk factors for each of these outcomes have been identified previously and include:

- affiliation with delinquent or substance-using peers;
- family substance-use behaviours and exposure to family dysfunction;
- individual temperamental, personality and genetic factors; and
- social disadvantage and exposure to adverse family living conditions.

Nonetheless, examination of the association between hazardous alcohol consumption and violent offending indicated that, although a large component of the association between these behaviours could be explained by the common influence of a range of risk factors, a moderate degree of association remained after statistical control for these factors.

It is important to note a limitation in the interpretation of the results reported by Fergusson et al. These results simply demonstrated that young people who displayed hazardous levels of alcohol consumption were at heightened risk for both violent and property offending. While much of this association could be explained by the influence of prospectively measured risk factors, even after such control there was some evidence that hazardous alcohol consumption was associated with increased risks of violent offending. While it is possible to interpret this finding in terms of heavy alcohol consumption and intoxication causing violence, it is not possible to make this conclusion on the basis of the analyses described above. Specifically, as Rutter (1996) noted, the comparisons reported in our paper were between heavy drinkers and non-heavy drinkers. However, to fully address the question of the extent to which intoxication leads to violence, it is necessary to conduct intra-individual comparisons in which the likelihood of violence is compared in the same individual when intoxicated and sober.

The Comorbidity of Adolescent Problem Behaviours

These findings (and those of other studies) show that many problem behaviours (including alcohol-related violence) tend to co-occur. Thus, young people who are at increased risk for alcohol-related violence are also more likely to display a number of other “problem” behaviours including other criminal behaviour, other substance use problems, sexual risk-taking and mental health problems.

A further way to look at the issue of the comorbidity between different “problem” behaviours is through the use of clustering techniques. These techniques were applied to data on cannabis use, alcohol abuse, conduct disorder, police contact and sexual activity collected when the cohort was aged 15 years (Fergusson, Horwood & Lynskey 1994a). Table 3 shows the matrix of odds ratios between each of these measures (the prevalence of each behaviour is shown in the leading diagonal of the table). The results in this table confirm the general trend, discussed above, for these behaviours to be comorbid or to co-occur. Specifically, the odds ratios between each pair of these behaviours ranged from 4.2 to 20.1 and in all cases were statistically significant.

Table 3: Odds ratios (95% confidence intervals) between problem behaviours (the prevalence of each behaviour is shown on the leading diagonal)

	Sexual activity	Alcohol abuse	Cannabis use	Conduct disorder	Police contact
Sexual activity	(0.09)				
Alcohol abuse	15.6 (7.0–34.0)	(0.04)			
Cannabis use	20.1 (11.1–36.5)	13.8 (6.2–30.4)	(0.10)		
Conduct disorder	5.6 (3.1–10.1)	9.8 (4.4–21.5)	9.8 (7.1–22.1)	(0.10)	
Police contact	4.3 (2.3–7.9)	4.2 (1.8–9.9)	5.0 (2.7–9.0)	8.2 (4.6–14.5)	(0.10)

A latent class analysis divided the sample into four groups on the basis of their probabilities of being involved in these various activities. The groups identified by this analysis were:

- Young people who had low probabilities of engaging in any of the problem behaviours described above. They comprised approximately

85 per cent of the cohort and there were approximately equal numbers of males and females in this group.

- Young people who had high probabilities of engaging in sexual activity, cannabis use and alcohol abuse but not in the other problem behaviours. These individuals comprised 5.2 per cent of the cohort and were characterised as showing an accelerated transition to adult hedonic behaviours. They were predominantly female.
- Young people who were characterised by high probabilities of cannabis use, conduct problems and police contact. However, they had low rates of alcohol abuse or sexual activity. Thus, they were characterised as being primarily involved in antisocial or law-breaking activities. This group was predominantly male.
- The final group comprised young people who had high probabilities of engaging in all the behaviours we studied. They comprised approximately three per cent of the sample and there were approximately equal numbers of males and females in this class. Further analysis also showed that this group had elevated rates of mood disorders, suicidal ideation, substance abuse (other than alcohol) and low self-esteem.

The Childhoods of Multiple-Problem Adolescents

It is clear that characteristics of the individual also play an important causal role in alcohol-related violence. Consequently, a greater understanding of the social, family and individual factors associated with alcohol-related violence may help in the design and implementation of intervention strategies to reduce the occurrence of alcohol-related violence.

In a subsequent analysis we examined the factors which distinguished the multiple-problem adolescents from their contemporaries (Fergusson, Horwood & Lynskey 1994b). We had a wide range of prospectively assessed measures to include this analysis, including:

- measures of family background;
- antenatal practices;
- perinatal outcomes;
- child-rearing practices;
- family material conditions; and
- family stability.

The major conclusion to emerge from these analyses was that multiple-problem adolescents could be distinguished from other adolescents by having been exposed to a wide range of disadvantages. It was the density of adverse social circumstances faced by these individuals which placed them at high risk for developing multiple problems, rather than exposure to one specific event or adversity. Further, these individuals were also those least likely to access and use traditional population-based health services such as immunisation, free health care and early childhood education services. This finding confirms the “law of inverse care” in which it has been shown that those most in need of assistance are least likely to receive help through traditional population-based interventions. Such findings suggest that population-based initiatives should be designed to ensure that those most at risk are not systematically excluded from participation in these programs.

Although much research in psychology traditionally tries to isolate and quantify the net independent effects of exposure to one specific adversity, a number of other authors have also noted that those most at risk for developing problem behaviours are characterised by a history of unrelenting exposure to adversity (Garnefski & Okma 1996; Rutter et al. 1975; Shaw et al. 1994).

Implications for Prevention

These findings have a number of implications for prevention. Firstly, recognising that much of the association between different problem behaviours arises from the influence of common risk factors, interventions should target and attempt to modify the known risk factors for substance use and other behavioural disturbances. One such study has been reported by Tremblay et al. (1995) who implemented a comprehensive intervention program for at-risk kindergarten-aged boys that included both parent training and social skills training for the boys. At follow-up in adolescence, the intervention group showed significantly reduced rates of aggressive behaviour and increased grade retention.

Secondly, the findings suggest that there is likely to be a small group of people exposed to multiple disadvantages for whom traditional, population-based prevention strategies may need to be supplemented with more intensive, targeted interventions to reduce exposure to or ameliorate the impact of unrelenting social disadvantage. Such interventions targeting high-risk individuals appear to be becoming increasingly popular. There are numerous reports indicating that such programs have a number of possible

benefits including improved health care (Johnson, Howell & Molloy 1993; Olds & Kitzman 1990), reduced risks of child abuse (Garbarino 1986; Olds et al. 1986) and decreased risks of adjustment problems in adolescence (Yoshikawa 1994).

Clearly, such individual-focused interventions should be supplemented by programs and interventions specifically targeting the prevention and reduction of alcohol-related violence. In a discussion of prevention of alcohol-related violence, Graham et al. (1998) suggested that there are four principal levels at which prevention efforts can be targeted:

- changing social norms and attitudes;
- changing the individual;
- changing patterns of alcohol consumption; and
- changing drinking contexts.

The above discussion has focused somewhat narrowly at possible interventions targeting the individual, but such interventions should occur within the context of a wide range of other interventions targeting the areas described by Graham et al. (1998).

Summary and Conclusions

While other evidence has emphasised the role of acute alcohol intoxication and the social setting in which alcohol consumption occurs in causing violence, this paper has emphasised that, independently of the pharmacological effects of alcohol and other situational cues, young people who are at heightened risk for heavy or hazardous alcohol consumption are also at heightened risk for violent offending and a wide range of other problem behaviours and mental health problems. Much of this association is likely to arise from the common effects of social, family and individual characteristics that place individuals at heightened risks for a wide range of adverse outcomes. Given these findings, efforts to decrease alcohol-related violence through legal and situational controls should be supplemented by interventions which attempt to reduce young people's exposure to a wide range of disadvantageous conditions. Such interventions are likely to have the benefit of reducing not only hazardous alcohol consumption and violence, but also other risky behaviours (including sexual risk-taking and dangerous driving) and mental health problems (including depression and suicide).

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9 Alcohol and Homicide: A Routine Activities Analysis

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Abstract

Australia has been characterised as a “wet” drinking culture, where drinking is both socially integrated and has an important place in popular culture (Parker 1993a). An association between alcohol and violent crime, including homicide, is widely acknowledged in the literature. This chapter uses 10 years of data (1989–1999) from the National Homicide Monitoring Program, which is maintained at the Australian Institute of Criminology, to examine the relevance and applicability of a “routine activities” construct on the observed associations between alcohol and homicide. Studying the association between alcohol and homicide or, more generally, the association between alcohol and violent behaviour, has important policy implications given that control over the sale and supply of alcohol is regulated by the State. The present study supports an explanation of the likelihood of alcohol-related homicide in terms of the routine activities construct.

Introduction

Research suggests a strong association between alcohol consumption and violent behaviour (for example, Bushman & Cooper 1990; Fagan 1990). However, a major difficulty in this area lies in determining the mechanisms underlying the alcohol–violence relationship. Not all individuals who consume alcohol become violent, and not all of those exhibiting violent behaviour are under the influence of alcohol. Establishing causal links is difficult, because of the number of variables that could be involved.

Potentially important variables to consider include the events immediately preceding the offence, the contextual factors surrounding the situation that led to this event, and the possible existence of predisposing individual differences, as well as cultural factors associated with alcohol use and behaviour.

There are individual differences in demographic, psychological and biological characteristics, and differences in individual patterns of alcohol

use. Situational factors to be considered include the location of the interactions and temporal aspects (time of day, day of week, month of year) of the situation, as well as broader social and cultural context variables. All of these variables, and the interaction between any or all of them, could potentially have an impact on the alcohol–violence relationship.

The relationship between alcohol and violence and, more specifically, between alcohol and homicide, is complex. It involves a number of factors whose effects and interactions are difficult, if not impossible, to disentangle. The present research aims to examine some of the characteristics of alcohol-related and non-alcohol-related homicides in Australia using data collected as part of the National Homicide Monitoring Program (NHMP) at the Australian Institute of Criminology. The NHMP collects data on all the homicides recorded by police in Australia. For each homicide, the program collects data on 78 variables comprising incident, victim and offender characteristics, as well as the victim–offender relationship. Analysis of data from this source is not well suited to investigate the causal relationship between alcohol and homicide as information is available only for cases where a homicide has already occurred. Nothing can be said about altercations that did not result in homicide.

The Present Study

This chapter is organised into five sections. This introduction comprises the first section. The second contains an overview of the main theoretical approaches to the study of the relationship between alcohol and violence. The main elements of a routine activities approach to the study of homicide are discussed (Messner & Tardiff 1985). The third section applies the routine activities approach to the analysis of alcohol-related homicides which occurred in Australia during the 10 years between 1 July 1989 and 30 June 1999. The fourth section discusses the main results from the analysis and the fifth section presents the conclusions together with some policy implications.

Alcohol, Violent Behaviour and Violent Crime

A number of theories have been put forward to attempt to explain the relationship between alcohol and violence.

The pharmacological effects of alcohol on behaviour have been acknowledged as contributing to the occurrence of alcohol-related violence.

There are several ways in which this may occur. Alcohol impairs a person's information-processing capacity, therefore increasing the potential for misunderstandings in interpersonal interactions, possibly leading to violence (Pernanen 1991). It has also been proposed that alcohol impairs judgment, causing individuals to put themselves in situations at high risk of violence (Collins & Messerschmidt 1993). The disinhibition approach suggests that the pharmacological properties of alcohol have an impact on behaviour by removing the effect of social inhibitions which might otherwise restrain individuals from antisocial behaviour. That is, alcohol acts as a disinhibitor of aggressive behaviour and so enhances the rate of violence (Collins & Messerschmidt 1993; Lang 1993).

Chronic alcohol abuse may be associated with other psychological factors which are, in themselves, related to violence. For example, chronic alcohol abuse may be a marker for antisocial personality, which is associated with increased rates of violence and victimisation (see, for example, Kevin 1999).

The "social learning" theory for explaining the connection between alcohol and violence (Bandura 1973) suggests that through observational learning, experience and socialisation, a sociocultural belief or expectation is developed that alcohol intoxication is associated with disinhibited behaviour (for example, aggression), and that these attitudes, beliefs and expectations therefore lead to alcohol-related violence.

There are two mechanisms related to this social learning framework. The first describes alcohol expectancies—that is, learned beliefs within a culture regarding the emotional and behavioural response effects associated with drinking, leading to expectations that drinking and violence go together in certain settings. Drinking changes people's expectations of violence in that drinkers are likely to believe that alcohol use leads to aggressive behaviour, creating a self-fulfilling prophecy (Collins & Messerschmidt 1993; Lang 1993). The second mechanism is what has been referred to as "time out" (MacAndrew & Edgerton 1969, cited in Paglia & Room 1998). This encapsulates the idea that drinking occasions are times out from the rules and norms of everyday life. The usual social rules are relaxed and behaviour which would normally not occur is tolerated because people are under the influence of alcohol.

Broader social and cultural factors have also attracted much interest, particularly in the homicide literature, though these will not be the primary focus of the present study. Macro-social factors proposed to influence

homicide rates include poverty, divorce rates and alcohol consumption patterns in a particular culture (see Parker 1993a for a summary).

Research has revealed that a substantial proportion of violent crime occurs in the context of alcohol use. For the United States, estimates suggest that between 50 per cent and 80 per cent of assaults and homicides involve alcohol (see, for example, Pernanen 1991; Roizen 1993). There is a long list of studies that provide evidence that a notable percentage of violent offenders and victims are intoxicated at the time of the offence (Kevin 1999; Pernanen 1991; Murdoch, Phil & Ross 1990; Wolfgang 1958). In addition, studies have found evidence of the existence of ongoing alcohol use in the victim (Rivara et al. 1997) and the offender (Lindqvist 1986). Similarly, studies amongst prison inmates detained for violent offences suggest that substantial alcohol problems are present in a large proportion of these inmates (for example, Collins 1989; Indermaur & Upton 1988).

The fact that both victims and offenders are frequently intoxicated at the time of violent offences suggests that the role of alcohol in the incident as a whole is important to consider. It has been suggested that, in many cases, who ultimately becomes the victim and who becomes the offender is somewhat incidental (for example, Pernanen 1991). More specifically, the correlation between alcohol and homicide has been the subject of much research, and it is this association which is of interest in the present study. Alcohol has been found to be a significant factor in a large number of violent deaths, both homicides and suicides (Roizen 1993; Parker 1993b; Pernanen 1991; Wolfgang 1958).

The “routine activities” approach to criminal behaviour (Cohen & Felson 1979) suggests that the volume of criminal offences will be related to the nature of normal, everyday patterns of interaction—that is, that the frequency and the nature of crime will reflect the structure of social activities more generally.

Messner & Tardiff (1985) applied this approach to the study of homicide, and predicted that sociodemographic characteristics and temporal features will determine the location and type of homicide. Of particular importance in the routine activities approach is the extent to which activities are concentrated around the house and around family relationships. For example, sociodemographic characteristics likely to be associated with large amounts of time at home should be associated with disproportionately high levels of homicide at or near the home, compared to other locations. Similarly, this approach would predict more family or acquaintance

homicides when activities are concentrated around the household. On the other hand, activities centred around public places would be associated with more stranger homicides.

Indeed, research has shown that patterns of criminal victimisation do vary according to sociodemographic characteristics. Certain variables have been found to be consistently associated with victims, incidents and offenders in violent incidents. A number of studies have investigated the demographic characteristics associated with homicides (for example, James & Carcach 1997) and other violent incidents (for example, Kevin 1999; Pernanen 1991). These findings are summarised briefly below.

Situational Factors

Residential premises are the location of a large number of assaults (Pernanen 1991) and homicides (James & Carcach 1997). Public drinking places are also known to be high-risk settings for violence (Kevin 1999; Pernanen 1998). Women are more likely to be victimised in their own homes than are men (Pernanen 1991; Messner & Tardiff 1985), whereas men are more likely than women to be victimised in public drinking places (Pernanen 1991). James and Carcach (1997) found that homicide incidents were more likely to occur at night than during the day.

Demographics of Homicide Victims and Offenders

Young people (aged 18 to 30) comprise a large portion of both victims and offenders (Pernanen 1998; Kevin 1999; James & Carcach 1997). With regard to offending, males outnumber females convincingly, though there is less of a discrepancy between the sexes with regard to victimisation, with a suggestion that males may be slightly more prone to victimisation than females (James & Carcach 1997; Pernanen 1998).

For example, a slightly larger proportion of male homicide victims than female homicide victims (ratio 3:2) was noted by James and Carcach (1997), whilst male offenders outnumbered female offenders substantially (9: 1). Aboriginal and Torres Strait Islander persons were over-represented in both victim and offender categories (James & Carcach 1997). Homicide incidents were most likely to involve a male offender and a male victim, followed by male-on-female incidents.

Victim–Offender Relationship

In the majority of cases the victim and offender are known to each other (Pernanen 1991; James & Carcach 1997); however, gender differences have

been noted. Males are more likely than females to be victimised by a stranger—in some cases, more likely than they were to be victimised by a family member (Pernanen 1991). Conversely, marital or intimate violence makes up a much larger share of the victimisations of women than of men (Pernanen 1991; Gelles 1987). Further, within family relationships, the intimate couple was the most common relationship amongst victim and offender. However, the most commonly observed victim–offender relationship was contingent upon the gender of both the victim and the offender. For male-on-male homicides, friends and (to a lesser extent) strangers were most likely to be the relationships involved. For male-on-female homicides and also female-on-male homicides, the relationship was most likely to be an intimate couple relationship. For female-on-female homicides (a very small proportion of the total), family relationships were the most common.

Data and Methods

The present research aimed to examine sociodemographic and situational factors associated with homicides involving alcohol and homicides not involving alcohol. The relationship between alcohol and homicide is potentially an extremely complex one, with many variables of different types (for example, sociocultural, demographic, psychological) to be considered. Given this degree of complexity, it could be expected that the role of alcohol in homicide is likely to vary, depending on the nature of the homicide incident.

Given the limitations of the data sources used in this study, we did not attempt to establish causal links between alcohol and homicide, but to undertake an examination of alcohol-related and non-alcohol-related homicides in Australia. The objective was to ascertain whether there are notable differences between the characteristics of incidents, victims and offenders in these types of homicide.

The study used 10 years' data from the Australian Institute of Criminology's National Homicide Monitoring Program, from 1 July 1989 to 30 June 1999. The National Homicide Monitoring Program collates data on all homicides throughout Australia (refer to James and Carcach 1997 for a detailed description of sources and data collection procedures used as part of the National Homicide Monitoring Program). During this time, there were 3,150 incidents of homicide involving 3,386 victims and 3,481 offenders.

The number of homicides was established from the count of distinct victims involved in those incidents where one or more offenders had been identified. A file was generated by attaching to each victim the information about the incident and all the identified offenders. Note that when more than one offender was involved in a particular homicide, the referred file contained more than one record for each victim. There were 3,009 distinct victims, after excluding those cases where an offender had not been identified. This file was used to derive the statistics that were used in the study.

The definition of an alcohol-related homicide is somewhat problematic. The NHMP collects data on whether or not the incident occurred within the context of an alcohol-related argument. According to the counting rules applied as part of the NHMP, a homicide is classified as alcohol-related if police record it as one where either the victim or the offender, or both, were drinking and there was an altercation precipitated by alcohol.

In addition, the NHMP collects data on separate variables measuring whether or not the victim, the offender, or both were under the influence of alcohol at the time of the incident. Using these variables to determine whether or not a homicide is alcohol-related presents some problems. First, if according to police the motivating factor for a homicide was an alcohol-related altercation, then either the victim or the offender or both are recorded as being under the influence of alcohol at the time of the incident. If, on the other hand, the homicide is motivated by a factor other than an alcohol-related altercation, police will not necessarily record whether any of the participants were under the influence of alcohol. Since 1996, data from toxicology reports have established whether the victim was under the influence of alcohol. In the case of offenders, it is almost impossible to determine whether or not they were under the influence of alcohol at the time of the incident, unless the police recorded it as such.

For the purposes of this chapter, an alcohol-related homicide was defined as one that occurred within the context of an alcohol-related altercation or argument. According to this definition, we exclude those homicides where police recorded it as one where either the victim or the offender, or both, were drinking *but* there was *not* an altercation *precipitated* by [the] alcohol. Overall, 13 per cent of all the homicides that occurred in Australia between 1989 and 1999 were the result of an alcohol-related altercation. By virtue of the definition, in all the homicides occurring within the context of an alcohol-related argument, either the victim or the offender, or both, was under the influence of alcohol. This was the case in 34.3 per cent of

homicides that occurred due to other motives. Note that almost one in three homicides motivated by arguments not due to alcohol involved a victim or an offender who was affected by this substance, which can be considered high. These results indicate that alcohol may play a significant role in Australian homicides, however they say nothing about the likely links between alcohol and violence.

The routine activities approach as proposed by Messner and Tardiff (1985) can be used to study the likelihood that a homicide was alcohol-related. The basic hypothesis is that sociodemographic characteristics such as gender, age and employment status, together with temporal features such as time of day and day of week, will show a systematic association with the likelihood that a homicide occurs as the result of an alcohol-related altercation. Alcohol-related homicides are expected to be more likely to occur in the course of activities associated with spending time outside the home and involving friends or acquaintances rather than persons in intimate and family relationships.

Table 1 shows the distribution of alcohol-related, non-alcohol-related and total homicides according to selected incident, victim and offender characteristics. The data in this table indicate that the following characteristics may be associated with a homicide being alcohol-related:

- the homicide took place in a recreational location;
- the homicide occurred between six o'clock in the evening and six o'clock in the morning of the next day;
- the homicide occurred between Thursday and Sunday;
- the homicide did not occur in the course of other crime;
- either the victim only, or both the victim and the offender in the homicide were under the influence of alcohol;
- the homicide involved a male offender and a male victim;
- the offender was younger than the victim;
- the victim was 18 to 34 years old;
- the offender was 18 to 34 years old;
- the homicide involved an Indigenous offender and an Indigenous victim;
- the victim and the offender were either friends or acquaintances; and
- the homicide occurred in the same postcode where the offender lived.

Table 1: Alcohol-related and non-alcohol-related homicides, selected characteristics, Australia, 1989–1999

	Type of homicide					
	Numbers			Percentages		
	Alcohol -related	Other	Total	Alcohol -related	Other	Total
TOTAL HOMICIDES	390	2619	3009	100.0	100.0	100.0
Jurisdiction						
New South Wales	84	908	992	21.5	34.7	33.0
Queensland	111	554	665	28.5	21.2	22.1
Western Australia	36	277	313	9.2	10.6	10.4
South Australia	24	205	229	6.2	7.8	7.6
Northern Territory	1	14	15	0.3	0.5	0.5
Other	134	661	795	34.4	25.2	26.4
Place of occurrence						
Home	198	1663	1861	50.8	63.5	61.8
Recreational location	74	78	152	19.0	3.0	5.1
Other	118	878	996	30.3	33.5	33.1
Time of incident						
Midnight–6am	124	631	755	31.8	24.1	25.1
6am–noon	9	327	336	2.3	12.5	11.2
Noon–6pm	55	544	599	14.1	20.8	19.9
6pm–midnight	191	934	1125	49.0	35.7	37.4
Not specified	11	183	194	2.8	7.0	6.4
Day of week						
Thursday	59	363	422	15.1	13.9	14.0
Friday	73	360	433	18.7	13.7	14.4
Saturday	83	438	521	21.3	16.7	17.3
Sunday	61	466	527	15.6	17.8	17.5
Other	114	992	1106	29.2	37.9	36.8
Concurrent with other crime						
Yes	0	356	356	0.0	13.6	11.8
No	390	2263	2653	100.0	86.4	88.2
Under the influence of alcohol						
None	0	1721	1721	0.0	65.7	57.2
Offender only	22	261	283	5.6	10.0	9.4
Victim only	23	112	135	5.9	4.3	4.5
Both	345	525	870	82.3	20.0	28.9
Offender–victim gender						
Male-on-male	333	1238	1571	85.4	47.3	52.2
Male-on-female	28	974	1002	7.2	37.2	33.3
Female-on-male	6	85	91	1.5	3.2	3.0
Female-on-female	23	322	345	5.9	12.3	11.5
Offender–victim age						
Offender younger	203	1148	1351	52.1	43.8	44.9
Same age	19	134	153	4.9	5.1	5.1
Offender older	151	1184	1335	38.7	45.2	44.4
Not specified	17	153	170	4.4	5.8	5.6

Table 1: *continued*

	Type of homicide					
	Numbers			Percentages		
	Alcohol -related	Other	Total	Alcohol -related	Other	Total
TOTAL HOMICIDES	390	2619	3009	100.0	100.0	100.0
Victim age						
Less than 10	0	234	234	0.0	8.9	7.8
10–14	2	50	52	0.5	1.9	1.7
15–17	5	95	100	1.3	3.6	3.3
18–24	90	406	496	23.1	15.5	16.5
25–34	123	588	711	31.5	22.5	23.6
35–49	103	674	777	26.4	25.7	25.8
50 and over	53	498	551	13.6	19.0	18.3
Not specified	14	74	88	3.6	2.8	2.9
Offender age						
10–14	1	26	27	0.3	1.0	0.9
15–17	15	139	154	3.8	5.3	5.1
18–24	122	656	778	31.3	25.0	25.9
25–34	132	836	968	33.8	31.9	32.2
35–49	87	622	709	22.3	23.7	23.6
50 and over	29	252	281	7.4	9.6	9.3
Not specified	4	88	92	1.0	3.4	3.1
Offender–victim race						
Caucasian–Caucasian	242	2037	2279	62.1	77.8	75.7
Caucasian–Aboriginal	4	6	10	1.0	0.2	0.3
Aboriginal–Aboriginal	32	72	104	8.2	2.7	3.5
Not specified	112	504	616	28.7	19.2	20.5
Offender race						
Caucasian	222	1937	2159	56.9	74.0	71.8
Aboriginal or Torres Strait Islander	41	97	138	10.5	3.7	4.6
Other/not specified	127	585	712	32.6	22.3	23.7
Victim race						
Caucasian	242	2037	2279	62.1	77.8	75.7
Aboriginal or Torres Strait Islander	36	78	114	9.2	3.0	3.8
Other/not specified	112	504	616	28.7	19.2	20.5
Work or study status						
Victim working	93	677	770	23.8	25.8	25.6
Victim studying	0	49	49	0.0	1.9	1.6
Offender working	78	598	676	20.0	22.8	22.5
Offender studying	1	38	39	0.3	1.5	1.3
Victim–offender relationship						
Intimate	24	904	928	6.2	34.5	30.8
Family (other than intimate)	36	508	544	9.2	19.4	18.1
Friend or acquaintance	215	667	882	55.1	25.5	29.3
Stranger	51	352	403	13.1	13.4	13.4
Other/not specified	64	188	252	16.4	7.2	8.4
Residence relative to postcode of incident						
Offender of same postcode	241	1485	1726	61.8	56.7	57.4
Victim of same postcode	269	1977	2246	69.0	75.5	74.6

Source: Australian Institute of Criminology, National Homicide Monitoring Program, unit record files

These results can only be taken as preliminary evidence of the relationship between the referred factors and the likelihood of a homicide being alcohol-related. They seem to support an explanation of alcohol-related homicide in terms of the routine activities approach proposed in Messner and Tardiff (1985). However, these relationships do not take account of the simultaneous effect that two or more variables may have on the likelihood of an alcohol-related homicide. Logistic regression is one way to account for the effect of such relationships.

A logistic regression model was fitted to the data. The dependent variable was whether or not the homicide was related to alcohol. Explanatory variables were chosen on the basis of the results in Table 1. The final model, whose estimated regression coefficients are shown in Table 2, resulted from a process of variable selection that began with age, racial appearance and working status of victims and offenders as the first block of regressors. According to Messner and Tardiff's approach, these variables measured socioeconomic characteristics associated with the routine activities of victims and offenders. At the next stage, variables for the day of week and time of day that the incident occurred were added to the model. These are measures of the temporal dimension of homicides.

Alcohol consumption may play a significant role in shaping the routine activities of Indigenous Australians. Data from the National Aboriginal and Torres Strait Islander Survey 1994 (ABS 1995) show that some 50 per cent of persons aged 13 years and over reported having consumed alcohol in the previous week. It is reasonable to hypothesise those homicides involving Indigenous people as having a bigger chance of being alcohol-related than other homicides.

The distribution of the Indigenous population is not uniform across Australia—83 per cent of the Indigenous population lives in New South Wales, Queensland, Western Australia and the Northern Territory. In relative terms, Indigenous people represent 27 per cent of the total population of the Northern Territory and three per cent in the States of Queensland, Western Australia and South Australia (ABS 1997). This makes it reasonable to expect any association between the racial appearance of the victim or the offender with the likelihood of an alcohol-related homicide to vary across jurisdictions. In order to take account of this possibility, the next stage of the model-building process consisted of adding jurisdiction indicatives as well as interactions between racial appearance and jurisdiction.

Bringing into the model variables related with the location of the incident, in particular whether it occurred at a residential or a recreational location, and variables related with the victim–offender relationship, completed the process.

All the explanatory variables were defined to take on the value of 1 or 0 according to whether the associated characteristic was present or absent for each homicide.

Table 2: Logit model of alcohol-related homicide, regression coefficients, standard errors, t-statistics and odds ratios

Variables included as part of the model	Coefficient	Standard error	t-statistic	Odds ratio
Sociodemographics				
Male offender and male victim	***1.60	0.22	7.27	4.95
Victim aged 25 to 34 years	**0.72	0.32	2.25	2.05
Offender was younger than victim	0.08	0.22	0.36	1.08
Caucasian victim	***−0.82	0.26	−3.15	0.44
Caucasian offender	***−1.08	0.35	−3.09	0.34
Indigenous victim	0.23	0.54	0.43	1.26
Indigenous offender	0.70	0.46	1.52	2.01
Temporal settings				
Occurring between 6pm and 6am next day	***0.76	0.15	5.07	2.14
Locational features				
Recreational location	***1.78	0.20	8.90	5.93
Queensland	−0.09	0.17	−0.53	0.91
New South Wales	***−0.94	0.17	−5.53	0.39
Western Australia	**−0.51	0.23	−2.22	0.60
South Australia	**−0.67	0.27	−2.48	0.51
Incident occurring at same postcode as offender's residence	***0.46	0.13	3.54	1.58
Victim–offender relationship				
Intimates	***−1.34	0.28	−4.79	0.26
Family	**−0.44	0.22	−2.00	0.64
Friends or acquaintances	***0.66	0.14	4.71	1.93
Offender's racial appearance–victim's racial appearance interaction				
Caucasian offender and Caucasian victim	**0.88	0.42	2.10	2.41
Type of incident–age interactions				
Male-on-male and victim aged 25–34 years	*−0.60	0.35	−1.71	0.55
Male-on-male and offender younger than victim	***−0.28	0.09	−3.11	0.76
Racial appearance–jurisdiction interaction				
Incident occurring in Queensland and Indigenous victim	*2.13	1.11	1.92	8.41
Incident occurring in Queensland and Indigenous offender	*−1.91	1.09	−1.75	0.15
Incident occurring in South Australia and Indigenous victim	**2.32	0.94	2.47	10.18
Constant	***−2.81	0.29	−9.69	
Pseudo-R ² (McFadden's Adjusted)#	77.0%			
Percentage of cases correctly predicted by the model	84.8%			

*** (p<0.01)

** (p<0.05)

* (p<0.10)

Refer to Ben-Akiva and Lerman (1985, p. 167) for details on McFadden's Adjusted Pseudo-R²

Main Results and Discussion

Table 2 shows the estimated regression coefficients together with their standard errors, associated t-statistics and odds ratios. It also includes measures to assess the model's goodness of fit.

As shown by the data in Table 2, the model fits the data quite well as it explains 77 per cent of the total variability in the (logit transform of) the dependent variable. This is quite a high value for the Pseudo-R² in this type of model. Note that the model has an acceptable level of predictive ability as indicated by the high percentage of correctly predicted cases (84.8%).

Sociodemographic Factors

Homicides involving a male offender and a male victim were 4.9 times as likely to be the result of an alcohol-related altercation as other types of homicide. Male-to-male confrontations, in particular those of a lethal nature, often involve the consumption of alcohol (Polk 1994), a contention supported by this study. The effect of this variable is nevertheless complex and difficult to disentangle.

A routine-activity perspective would predict the age of the offender and the victim to have a significant impact on the likelihood of alcohol-related homicide. The results show that homicides where the victim's age was between 25 and 34 years were twice as likely to be alcohol-related as homicides involving victims of other ages. The age of the offender was not significant. This factor had an indirect impact on the likelihood of alcohol-related homicide via its relationship with the age of the victim, in a way mediated by whether or not the incident involved a male victim and a male offender.

According to Table 3, for homicides where the offender was not younger than the victim, there was no difference in the likelihood of alcohol-related homicide associated with male-on-male and other types of incident. Note that for homicides where the offender was younger than the victim, male-on-male incidents had a lower likelihood of being alcohol-related than other types of incident (4.1 and 4.9 times respectively). This reduction in relative likelihood of a homicide being precipitated by an alcohol-related altercation, from 4.9 to 3.8, indicates that the effect of age tends to dissipate if the incident occurs between males.

Table 3: Relative likelihood of alcohol-related homicide, male–male homicide, and relationship between age of offender and age of victim

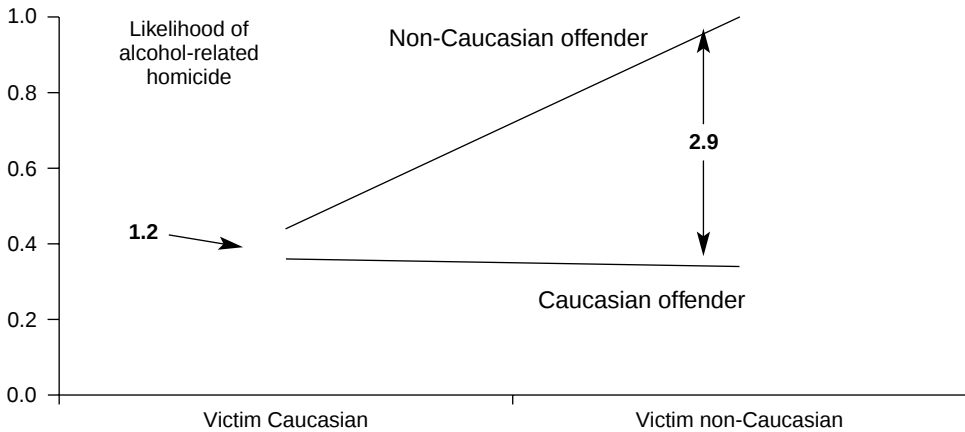
Relationship between age of offender and age of victim	Homicide type	
	Male on male	Other
Offender younger than victim	4.1	4.9
Other	1.1	1.0
Relative likelihood	3.8	4.9

The racial appearance of the victim and the offender was associated with the likelihood of alcohol-related homicide. Caution must be exercised when drawing conclusions based on racial appearance, as it is frequently no more than a subjective assessment by police, and errors occur. Accordingly, it is important to emphasise that racial appearance as recorded by the National Homicide Monitoring Program is far from being a perfect measure of ethnicity or even of race.

The results in Table 2 indicated that homicides involving victims of Caucasian racial appearance were 56 per cent less likely than those involving victims of other racial appearances to be the result of an alcohol-related altercation. Regarding the racial appearance of the offender, incidents involving Caucasian offenders were 64 per cent less likely to be alcohol-related than those involving Indigenous offenders or offenders of other racial appearances (that is, Indigenous, Asian and other).

Note that the interaction between the victim being Caucasian and the offender being Caucasian was significant and positive. Figure 1 shows the effect of this interaction on the likelihood of alcohol-related homicide. According to Figure 1, incidents involving a Caucasian victim and a non-Caucasian offender were 1.2 times as likely to be alcohol-related as those with a Caucasian victim and a Caucasian offender. On the other hand, homicides with a non-Caucasian victim and a non-Caucasian offender were 2.9 times as likely to be alcohol-related as those with a non-Caucasian victim and a Caucasian offender.

Figure 1: Relative likelihood of alcohol-related homicide, victim's racial appearance and offender's racial appearance



These results suggest that the likelihood of a homicide arising from an alcohol-related altercation is higher for cases involving victims or offenders with racial backgrounds assessed as other than Caucasian. The model did not identify what specific racial appearance group might have been accounting for this increase in the relative likelihood.

Temporal Settings

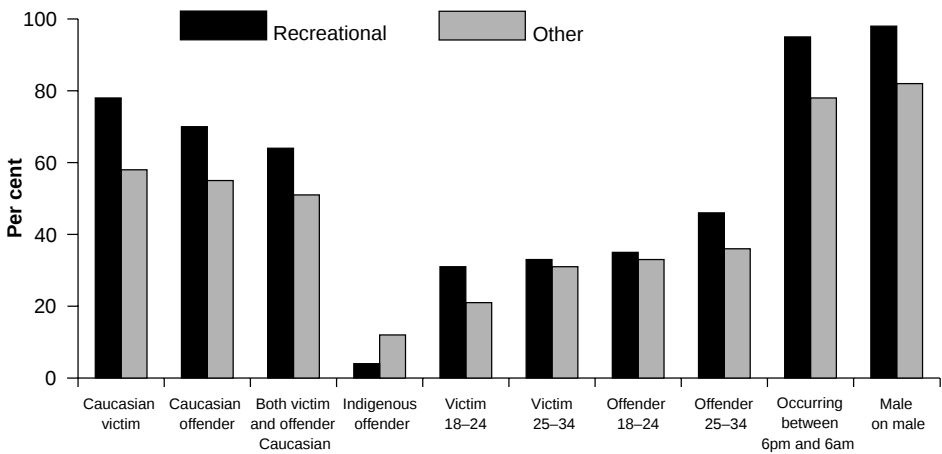
The results in Table 2 show that homicides occurring between 6pm one day and 6am the next day were 2.1 times as likely to have been alcohol-related as those occurring at other times. The day of the week did not have any impact on the dependent variable, which suggests that the chances of alcohol-related homicide are uniformly distributed over the days of the week.

Locational Features

Alcohol-related homicides tended to occur more frequently in recreational venues than in other types of location. As shown in Table 2, homicides occurring in recreational locations were 5.9 times as likely to be the result of alcohol-related altercations as those that did occur in other places. The data held as part of the National Homicide Monitoring Program did not enable specific types of recreational venues to be identified. As shown by Figure 2,

the effect that this variable had on the likelihood of alcohol-related homicide was uniform across all the other variables included as part of the model, with the exception of the Indigenous status of the offender. However, the term for the interaction between the offender being of Indigenous racial appearance and the incident occurring at a recreational venue was not significant and was not included in the model.

Figure 2: Relative likelihood of alcohol-related homicide, victim’s racial appearance and offender’s racial appearance



The relationship between the postcode where the offender lived and the postcode where the homicide occurred had a significant impact on the likelihood of it being alcohol-related. Homicides that occurred in the same postcode as that where the offender lived were 1.6 times as likely to have been the result of an alcohol-related altercation as those occurring in other postal areas. This is an interesting result and seems to suggest that perpetrators of alcohol-related homicides might spend significant amounts of time in their own areas of residence, perhaps drinking alcohol or visiting venues where alcohol is consumed.

Homicides that occurred in New South Wales, Western Australia and South Australia were less likely to have resulted from an alcohol-related altercation than the rest of the jurisdictions. In the particular case of Queensland, the likelihood of alcohol-related homicide depended on the racial appearance of the victim and the offender. Homicides with an Indigenous victim were eight times as likely to be alcohol-related as homicides with victims assessed as having other racial appearance. On the other hand, homicides with an

Indigenous offenders were 85 per cent less likely to be the result of an alcohol-related altercation.

In South Australia, homicides with Indigenous victims were six times as likely to be alcohol-related as homicides with victims assessed as having other racial appearance.

Victim–Offender Relationship

The likelihood of alcohol-related homicide was positively associated with incidents that involved friends or acquaintances. As expected, it was inversely associated with homicides occurring between intimate partners or family members. Together with the findings about location of incidents, these results support the hypothesis that homicides resulting from alcohol-related altercations are more likely to involve victims and offenders who know each other, and that they tend to be more prevalent in environments other than the home.

Conclusions

This chapter investigated the factors that are associated with a homicide having occurred as the result of an alcohol-related altercation using data from the National Homicide Monitoring Program. The results support an explanation of the likelihood of this type of event in terms of routine activities.

Alcohol-related homicides tend to be the result of altercations involving a male offender and a male victim who are very likely to know each other and to have congregated in a place other than the home. These incidents are more prevalent during the late hours of the day and in locations identified as recreational. The victims and offenders involved in these incidents are predominantly of a Caucasian racial appearance. However, there is some evidence that homicides involving Indigenous victims in Queensland and South Australia have a disproportionate risk of being precipitated by alcohol-related arguments.

Policy options for the prevention of alcohol-related homicide are difficult to draw from this analysis. Two major issues seem to arise from the findings. One is the concentration of this type of incident in recreational locations, arguably places where alcohol is sold and consumed. Situational crime

prevention strategies in licensed venues aimed at reducing the risk of altercations ending in violence seem to be a distinct possibility. At the primary level, and given the prominent role played by masculinity in heightening the likelihood of alcohol-related homicide, educational strategies aimed at reducing the propensity of alcohol consumption and the development of conflict management skills are of foremost importance.

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10 Reducing Alcohol-Related Harm in and around Licensed Premises: Industry Accords—A Successful Intervention

Steve Vaughan

Abstract

Industry Accords have demonstrated that successful partnerships between the liquor industry, police and local government can reduce alcohol-related social disorder, including violence. This chapter explains the rationale for Accords and identifies their components, development and implementation issues. Finally it suggests initiatives for the successful maintenance of an Accord.

Introduction

Self-reported data from a number of National Drug Household Surveys (AIHW 1999; Williams 1999, 2000) clearly report personal concerns about alcohol consumption and subsequent violent and antisocial behaviour. Similarly, other research shows linkages between environmental factors, excessive alcohol consumption and antisocial behaviour, particularly violence and property damage (see, for example, Roche 1999). Police constantly reinforce these linkages with anecdotal information and their own statistics of reported crime and incidents detected or attended.

These sources confirm that a considerable degree of violence and antisocial behaviour occurs in the home environment and some of this is attributable to alcohol which has been consumed in that environment. From a structural perspective, the home represents a largely uncontrolled “private” domain where the State has little influence on the circumstances and consequences of alcohol consumption, unless “invited in” to do so. The State has much more influence in controllable public environments such as licensed premises. While there are convincing arguments that the drinking environment is prominent in the relationship between alcohol and antisocial behaviour

including violence, dealing with the issues of inappropriate service and consumption on licensed premises still presents many problems.

It is increasingly popular for the media to portray licensed premises as the focal point for public drunkenness and alcohol-related crime. Recent civil court decisions on server liability seem to support this view. Whilst such criticism may not always be justified, licensed premises feature prominently in the equation. There are a variety of opinions on who should be responsible for the regulation and enforcement of liquor licensing issues. The role is variously allocated to the State liquor licensing authorities, the police, local government authorities, self-regulation by the liquor industry, or a combination of all the above.

On first examination it may be reasonable to assume that regulation and enforcement would rest with the respective State or Territory liquor licensing authorities, however in practice this is unworkable. Some jurisdictions have licensing inspectors attached to the authority who have an active enforcement role, whilst others take the view that enforcement is a policing role and their role is primarily to provide information, issue licenses and collect government revenue. Those authorities that do have a policing function are generally under-resourced and often appear to take a reactionary approach. They are limited in the range of hours that they are available and cannot normally resource large operations against licensed premises without assistance. Licensing authorities also have no jurisdiction outside licensed premises where many of the incidents occur.

Policing agencies have many different demands placed upon them and attention to the problems associated with alcohol consumption has quite often been given low priority in the past despite the obvious levels of disorder and violence observed. A New South Wales study (Ireland & Thommeny 1993) found that 62 per cent of all incidents to which police responded were alcohol-related. In the United Kingdom, Jeffs and Saunders (1983) reported that recent alcohol consumption was associated with a wide range of offences. For example, 64 per cent of all persons arrested, 88 per cent of those arrested for criminal damage, and 78 per cent of those arrested for assault had been drinking in the preceding four hours.

A number of studies have indicated that there is a strong relationship between alcohol serving practices, law enforcement and indices of alcohol-related harm. McKnight (1990) noted that active enforcement of the liquor

laws had a pronounced effect on the incidence of service to minors and intoxicated patrons.

A further option to control inappropriate service of alcohol is to let the industry self-regulate its behaviour. There are many responsible members of the alcohol industry who do obey the licensing laws; however, self-regulation may never succeed as too many in the industry, at all levels, are motivated by profit alone.

The development of liquor industry Accords by police at a local level has been shown to have had a positive impact on the problems caused by excessive alcohol consumption. They are of benefit both to licensed premises and to the community at large. This chapter identifies the stakeholders, examines the overall components of an Accord and describes the process of development and tailoring of an Accord to suit a localised area, together with the ongoing maintenance program which is required to ensure the continued success of such an initiative.

The Stakeholders

A local liquor Accord involves three *main* stakeholders—law enforcers, the liquor industry and local government authorities (including statutory bodies such as fire brigades and environmental protection authorities). Other local businesses could be involved through Chambers of Commerce and local public place management or community safety committees. Other stakeholders, of course, are the people who attend licensed premises and the wider community, including local residents.

The Law Enforcement Role

In each jurisdiction, legislation has been enacted to establish a statutory authority to regulate the operation of licensed premises and the sale of alcohol. The responsibilities and expectations of each of these licensing authorities vary in each jurisdiction from “hands-on” enforcement to an almost passive revenue collection role. For the purposes of this chapter, law enforcement generally refers to police at both a local and a more regional or district level.

Day-to-day management of liquor law enforcement necessarily falls to the police as they are the only body that is available to respond 24 hours a day

to any incident, whether in a licensed premise or in a public place. The harmful use of alcohol is involved in a large range of social issues for which police have first response capability, such as domestic violence, street violence, motor vehicle accidents and general antisocial behaviour.

In the past, police have been mainly reactive in the way they do their business in the area of liquor law. Police would wait until a practice in a premise was brought to their attention and only then would they attend and possibly lay charges against a licensee. It would often take a number of similar incidents before charges were laid. A police perception of lack of support by the court system, in every jurisdiction in the country, strengthened the view that it was a waste of time for police to act against a premise in the early stages of illegal behaviour by a licensee.

There is now ample research to show the nexus between alcohol and general social disorder. Police in all Australian jurisdictions are only just starting to address the issue. The reality is that if inappropriate consumption of alcohol in licensed premises can be controlled, there will be a substantial impact on the police workload. This realisation has led to a change in the policing environment as police management has recognised the impacts that inappropriate use of alcohol has on their resource requirements. This is leading to proactive planning to deal with the causes of alcohol misuse on licensed premises.

If we accept that alcohol is involved in a large number and range of offences of all types, and also in antisocial behaviour generally, then it is worth the effort to develop an understanding of the liquor industry and to develop what is clearly recognised in a number of jurisdictions to be a valuable policing tool—"Industry Accords". These Accords are now in place in a number of Victorian areas, including Geelong (a major regional city), Morwell in Gippsland, and in the central business district of Melbourne. Much work has been done to establish and maintain these Accords and they have reduced alcohol-related problems in those locations. Some other jurisdictions, including Queensland, South Australia and Western Australia, have adopted similar arrangements with varying success.

Given that the police have the day-to-day management of liquor laws, it is appropriate, and indeed necessary, for police to instigate these Accords.

The Industry Role

The liquor industry involvement in Accords is centred around retail liquor outlets, which include hotels, clubs and packaged liquor outlets. Licensed premises form a legitimate and necessary part of our social environment. Most people go there to socialise and enjoy each other's company over a drink (often alcoholic). Alcohol is often referred to as a social "lubricant". Some patrons, however, go to licensed premises with the intention of drinking alcohol until they are drunk. This places licensees in a dilemma as they are in the retail alcohol business to make money, but they risk prosecution if they, or their employees, break the criminal law. There are civil litigation implications in addition to criminal law sanctions if clients are served liquor beyond the point of intoxication.

If licensees embrace the Accord concept they can work with other stakeholders to maintain a safe environment in which to operate. They will adopt best practice principles which address many current high-risk practices such as:

- aggressive crowd controllers;
- cheap drinks and promotions that encourage high levels of intoxication;
- overcrowding; and
- lack of bar counter space and seating.

They will undertake to obey the law, and to work with local authorities to improve the local precinct for the community. This will impact on levels of violence and antisocial behaviour in and around licensed premises. Accords are essential to ensure the viability of the industry in today's environment.

The Local Government Role

Local governments have a critical role in the management of public places through local initiatives such as precinct management committees, business promotion and community safety committees. They provide public amenities such as health centres, libraries and, in some cases, entertainment areas.

Around the country, local governments appear to be committed to a "safe city" philosophy. Local laws (for example, a ban on alcohol consumption in public places), and indeed the way councils assess development applications and enforce building and other codes, can have an impact on public safety. Poorly placed exits in licensed premises, for example, could cost lives in a fire

situation. Placement of toilet facilities can have an impact on assaults and sexual harassment within premises. If we consider the interrelationship between alcohol and violence then local government input to the problem at the point of sale is imperative to the success of an Accord.

Local governments have sometimes been criticised for a lack of interest in Accords. In most jurisdictions there is a perceived or actual lack of knowledge by the local government of the importance of their role in dealing with alcohol and violence in the community. The question therefore arises “Who in the past involved and informed them of the alcohol–violence nexus and the impact simple actions at government level can have?” Local governments can, by effective planning, play a role in reducing alcohol-related harm in their communities.

The Accord

Liquor industry Accords are primarily concerned with the safety of the community. They are intended to provide a viable environment for licensees to operate profitably whilst protecting the community against harm which might result from excessive consumption of alcohol in licensed premises.

Accords need to be developed as partnerships as there are both responsibilities and advantages to the stakeholders. Without a partnership there will be no ownership of an Accord agreement. Without ownership, maintenance will fall to one or perhaps none of the parties and the likelihood of success will be reduced. A well developed and maintained Accord will tend to self-regulate. The stakeholder is accountable for any lack of compliance within their responsibilities and strong group pressure develops on all to ensure the best interests of the parties, and hence the community, are upheld.

Accord Development

To develop an Accord, the local police licensing inspector (or senior police officer in the area) would, after appropriate consultation, invite all licensees in the area to a meeting to discuss the formation of an Accord. The local government authorities also need to attend this meeting as they are critical players in terms of:

- planning approvals, including adequate fire regulations, building design and audits;
- health inspections;
- development of local laws;
- promotion of tourism; and
- the general ambience of the community.

This meeting needs to emphasise that a cooperative partnership between all players is the only realistic way to address the issues.

In this chapter the fictional “City of Bright Lights” will be used to demonstrate the process involved.

At the first meeting of licensees, police and local government authorities of the City of Bright Lights, the police licensing inspector would give an overview of the policing problems in the jurisdiction which might be related to alcohol. This could (and probably will) focus on licensed premises and cover issues such as intoxication, underage drinking and violence. It is extremely important that the licensing inspector also supports the very substantial positives for the community that emanate from the liquor industry, not the least being large-scale employment, sponsorship of community activities, particularly sporting clubs, and the degree of general social intercourse that takes place on licensed premises.

The legal responsibilities of licensees and the acknowledged benefits of responsible serving of alcohol should then be reinforced, together with reminders that licensees have a social responsibility to participate in the Accord to reduce alcohol-related harm in the community.

Other parties will be invited to describe their roles. For example, the roles of local government authorities and other statutory bodies will be outlined and the possible impacts of decisions they may make will also be highlighted. Licensees are sometimes overlooked in processes such as this. Their needs, concerns and aspirations require attention. Time will be taken to understand their perspective of the problem and the way they presently do their business.

Importantly, while an Accord can be developed from a generic model, each should be tuned to reflect local issues. For example, the Accords currently operating in Perth and Fremantle differ slightly from each other and from those operating in eastern States. Once the overall concept of an Accord has been dealt with it is then important to develop an aim for the local area.

This process should involve all the players. The aim will be a positive statement which is both achievable and a win-win proposition for the participants. An example might be:

Our aim is for all licensed venue operators, the police and the City of Bright Lights, to work cooperatively to achieve and promote a safe, welcoming and exciting environment, both inside and outside licensed venues.

This statement shows a commitment to a partnership of the stakeholders, and promotes a situation where everyone wins: profit for licensees; lower police resource demands; and community safety for the City of Bright Lights.

Licensee's Commitment

Each area of Australia has its own unique features. Commitments to an Accord may vary according to circumstances, however there are some basic commitments which would normally be common to all Accords.

Standard commitments are:

Adhering to and promoting the City of Bright Lights Code of Practice with our staff and patrons.

This acknowledges that licensees will abide by the Accord Code of Practice and will promote it to both staff and patrons. This is really a commitment to work together and promote the City of Bright Lights. It is also an educative process where both staff and patrons become aware of the issues around the misuse of alcohol.

Ensuring that management and staff are trained in responsible serving practices.

This is an important issue as all licensees are agreeing to train their staff in responsible serving of alcohol. From a community perspective this has many advantages because if staff are trained in responsible practices they are less likely to sell alcohol inappropriately, which will naturally lead to a reduction in the number of social problems emanating from excessive consumption. Staff become more confident and are likely to encourage patrons to consume alcohol in moderation. This commitment may be a double-edged sword as it could be helpful to police subsequently, in an evidential sense, if a licensee

has agreed to an Accord course of action but is found to be avoiding those responsibilities and the law.

Cooperating with the police in controlling underage access to the venue, including the confiscation of and forwarding to police of false IDs.

Once again there is a commitment from licensees to a partnership with law enforcers to take an active role by promoting their venues in a way that does not attract underage persons. By confiscating false identification cards in young peoples' possession, staff will ensure that young people find it difficult to attend or access alcohol in licensed venues in that district. This course of action quickly becomes common knowledge amongst young people.

Not engaging in or promoting alcohol-related practices which could lead to alcohol abuse.

Whilst this commitment is self-explanatory it is put in terms of "practices which *could* lead to alcohol abuse". It makes it difficult for licensees to justify practices which do not meet "proof" standards for harm, but which in certain circumstances could conceivably do so. The commitment is a tool to encourage the industry to self-regulate. Over a period of time most licensees realise that it is counterproductive to engage in practices which lower the high standards being achieved by their industry. If licensees step outside the Accord they inevitably face ostracism by peers and the police will become aware of the alleged transgression. Unsavory practices such as "lay backs" and "slammers" soon disappear from the "menu" of promotions. Once again, evidence of such practices being resurrected by an Accord signatory may subsequently strengthen a police case against a licensee.

Ensuring all staff who perform crowd control duties are properly trained and licensed.

It is important that crowd controllers have the knowledge and people skills to handle incidents that may arise on licensed premises. This ranges from refusal of entry, to defusing tense situations, and appropriate ejection of persons from the premises. As with all these commitments it is a "multi-lane highway" requiring crowd controllers and licensees to have the support of police and local government authorities. As an example, in Geelong, the police have regular meetings with crowd controllers from all venues which are parties to the Accord. These meetings have an educational component which covers mutual problems. The meetings also allow for exchange of

information (for example, lists of persons barred from entry). The meetings reinforce what is expected of licensees and their crowd controllers in terms of behaviour and what to look for in relation to evidence to assist police. These occasions are also opportunities for the police to remind licensees of what to expect in the way of police backup and the prosecution of offenders.

Constantly working towards improving and marketing the City of Bright Lights Precinct.

This is self-explanatory but, once again, it is important that a partnership approach be taken and that all players engage in “best practice” to promote the precinct as a safe, welcoming environment which specialises in quality service and entertainment for the community.

Responsible marketing of all licensed entertainment venues.

Responsible marketing covers many things and includes an awareness of young peoples’ behaviour. It can be related to the potential problems of free admission, which can lead to young people constantly changing premises throughout an evening. This creates difficulties for serving staff charged with monitoring patrons’ sobriety and also makes the crowd controllers’ task more difficult. Where a venue charges an admission fee when providing entertainment (for example, a live band), patrons tend to stay at the venue for the duration (Felson 1997). It is important when considering such a commitment that participants are aware of the provisions of the Trade Practices Act.

Participating fully in and supporting the City of Bright Lights’ committees, structures and decisions.

This requires a commitment from licensees and assists to reinforce the partnership of all participants.

Ensuring that procedures are in place and appropriate regulations are satisfied to guarantee a safe venue for patrons and staff.

The onus is placed on the venue operators to abide by appropriate planning rules and to ensure that their venues are as safe as possible. This involves working with local government and authorities such as the fire brigade. A large burden of responsibility for the success of Accords rests with the operators of licensed premises. They are in business; they happily reap the rewards associated with any benefits which flow from Accords. Accordingly, they also have to shoulder the associated responsibilities.

Police Commitment

Whilst licensing laws are sometimes regarded as a specialised policing area, they are often monitored and enforced by general duties police. As application of the laws can affect a licensee's livelihood, it is essential that they are applied fairly and consistently. Police must have appropriate procedures in place to ensure such application. It is imperative that there is a clear and consistent policing policy and all actions should be overseen, where practically possible, by the local licensing inspector (or a senior police officer in the area). This officer needs to set the policy environment in which the liquor laws will be policed.

Under the direction of the police licensing inspector, police are committed to:

Supporting responsible venue operators by the fair and effective enforcement of licensing, criminal and local laws and actively supporting initiatives to improve the external environment.

Police will support good operators but the above statement also provides that those who do not agree to the Accord, or those who breach licensing laws, will be the subject of strict enforcement when it comes to offences. Police are interested in minimising alcohol-related harm and social disorder. If there is a pattern of behaviour which is indicative of poor management then prosecution could follow. Police must be willing to take part in and support licensees' initiatives for minimising alcohol misuse. This may be nothing more than verbal support before Council for better lighting or better town planning around venues. It may extend to involvement in the promotion of low-alcohol beverages and road safety initiatives such as designated driver programs. Police may actively involve themselves in liaising with the local transport industry (for example, buses and taxis) to ensure that there is transport available to patrons leaving premises in the early hours of the morning.

Ensuring that all police on licensing duties in the City of Bright Lights are familiar with, and operate in accordance with the principles, protocols and structures of the Accord.

It is imperative that all members involved in policing licensed venues know the relevant licensing laws and, equally importantly, are familiar with the details of the Accord in place in that jurisdiction. In reality, many police are not very confident with their understanding or application of liquor laws. The commitment obliges the licensing inspector to undertake an education

program for his or her members. Police officers who act outside the protocols of an Accord, whether through ignorance of the licensing laws or ignorance of the Accord provisions, can seriously damage the trust that has been built. The Accord is constructed with mutual agreement on the policing direction and, once agreed to, this must be followed. Licensees cannot break laws with impunity; however, successful Accords rely on education and self-regulation, with prosecution as a last option.

Ensuring that processes are in place for all officers at the rank of sergeant and above to have regular formal communication with the licensees, nominees or managers of venues.

Maintenance of communication between the parties will make or break an Accord. If all parties, and particularly the police, do not continually work at it, the Accord will fail. It is necessary for police to give licensees individual attention and be prepared to listen to their problems and their suggested solutions to problems that they encounter. At an operational level this is most effective by allocating a number of licensees to each sergeant. That sergeant is then responsible to meet with the licensee and/or manager on a weekly basis. By doing this, any problems which might arise can be dealt with expeditiously and usually without having to resort to court action.

Local Government Commitment

The other major partner to the Accord, the City of Bright Lights' local government, has commitments under the Accord. Through its day-to-day operations, local government constantly influences the local environment. Its commitment is as follows:

The City of Bright Lights is committed to developing a strategic and proactive approach to both the short- and long-term development of a quality entertainment precinct in the City of Bright Lights through an integrated approach to its broad responsibilities in the areas of planning, health, building, local laws, promotion of tourism, economic development and community support.

Part of the city's commitment requires that it involves all parties in its decision-making. For example, if an application for variance of a licensed premises comes before Council for planning approval, under the Accord it would be forwarded to the local licensing inspector and other parties to the Accord (for example, other licensees) for comment prior to a decision being

made. This allows police input to be taken into account when planning decisions are made. The City of Bright Lights undertakes to consider the needs and benefits or disadvantages arising from them when considering overall planning issues of licensed premises within the precinct.

Barriers

There are a number of barriers to the development and effective implementation of an Accord. Some of these include:

- An apparent lack of clarity of the role of the statutory authority in each jurisdiction. Police often appear unclear as to their role and what role the authority plays and how it will support police action.
- Lack of police willingness to instigate and facilitate the Accord. This often occurs due to a lack of understanding and ownership of the problem. At the coalface, often no-one wants to be responsible for making the Accord happen. This is more apparent in jurisdictions which have had “specialist” licensing police squads that have recently been disbanded. In these jurisdictions it appears that a void has been created, with general duties police uncomfortable about taking on the licensing role.
- Lack of knowledge and trust by licensees who may initially see an Accord as a threat to their business. This is a common occurrence and needs to be addressed at the outset. Licensees need to be shown that an Accord is a “win-win” proposition for them which presents no threat to their viability.
- Lack of knowledge of local governments’ role in this process. Local governments are often criticised for their lack of input. They have to be actively engaged as a partner and employees need to be aware of the influence that they can have on problems arising from licensed premises.

The Accord must have an official launch with appropriate media attention which involves all stakeholders. This launch should be used to highlight cooperation between the stakeholders and to serve notice on the public that changes to the local environment are occurring. It is important to remind the general public that they have a responsibility to behave themselves and not place their licensee in jeopardy.

Conclusion

Industry Accords are a proactive and successful intervention into the problem of community violence attributed to excessive consumption of alcohol in licensed premises. A well designed and maintained Accord benefits all stakeholders, including the general community. The critical issue for any Accord is review and maintenance. Without active and constant reinforcement, any Accord will fail. If an Accord is maintained through regular meetings, stakeholders have an opportunity to express their concerns and offer solutions. This will benefit the entire precinct. Liquor industry Accords can play a part in reducing alcohol-related harm in and around licensed premises, particularly amongst the prime offenders and victims— young people. Accords deserve support and encouragement through direct acknowledgment in a national alcohol strategy.

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11 Young Men and Violence Prevention

Margaret Cameron

Abstract

Australia was a less violent society at the end of the twentieth century than it was at the end of the nineteenth century yet violence is a major part of some people's (notably young men's) lives. The office of the Minister for Justice and Customs initiated consultation with a group of young men from around Australia, facilitated by the Australian Institute of Criminology, to examine their experience of violence as perpetrators, victims, or both. The consultation involved 22 young men and 10 youth workers in Canberra on 15–16 December 1999. This chapter begins by outlining issues the young men raised at the consultation. It then proceeds to discuss violence and how it relates to young men, effective means of violence prevention, and promising areas for policy development and program implementation.

The consultation upon which this chapter is based found that young men identified relations with police as a problem. The young men perceived a need to access anger management courses and recreational and sporting facilities, and wished that drugs were less available.

Introduction

A recent Australian Institute of Criminology (AIC) project with young men focused on violence and violence prevention. Two days of discussion with a selected group of young men identified a range of violent activities which were part of their lives. The form of violence was not discussed in depth and was assumed to be physical violence (for a discussion of how men describe their violence, see Hearn 1998, pp. 84–103). Evidence of knife wounds could be seen on some of the young men's bodies and at least one young man had suffered incest. The young men had many practical ideas about strategies for change.

The discussion here is a reflection of current approaches to crime prevention. The enthusiasm for crime prevention will be enhanced by attempts to assess

and evaluate the effectiveness of those programs that have been implemented. One might also note that prevention efforts vary in scope—some focus specifically on violence, others on delinquency in general. Moreover, many initiatives in furtherance of health and education can make a significant contribution to violence prevention, although this may not be their primary objective.

Issues Emerging from the Consultation

A number of issues emerged at the consultation. There was little evidence that the young men considered they had a responsibility to society. However, many expressed a desire to change and avoid violence. They perceived that things were not working for them in certain areas:

- they had an antagonistic relationship with police;
- they wanted help to manage their anger;
- they could not access or afford recreational facilities to legitimately expend their energy; and
- they wanted to make drugs harder to get.

Young Men and Violence

The participants in the consultation were young men aged between 14 and 25. Six were perpetrators of violence; eight were victims of violence (two of whom had subsequently become perpetrators); eight were both victims and perpetrators; and a number of participants had drug and alcohol problems.

Some of the young men were attending school, others were employed, and some were looking for work. Eight participants were still at school in Years 9 or 10. Of the others, one had completed Year 8, four Year 9, three Year 10, three Year 11, and three Year 12. Of the 14 young men who had left school, seven were employed. Three of the eight participants at school also had jobs.

The young men represented a range of ethnic backgrounds. Most had an Anglo background, while others were Filipino, South American, Vietnamese, Polynesian, Mediterranean and South African.

A number of the young men were parents. All but one young man identified as heterosexual.

Most of the young men had come in contact with the criminal justice system. Ten had a criminal record. The offences included assault, sexual assault and knifing charges.

The young men characterised their lives as beset by disruptions. Many reported moving house a lot and changing schools in their early years. One of the consequences of moving house is that families have a lack of social capital, or structures in place to support them with raising children (Coleman 1988). Some lived with their mother in a single-parent family. Others lived with large extended step-families. Some had periods living in supported housing, while one went to boarding school and stated that he hated it, and others reported periods of detention and incarceration. One person reported running away from home and another said he was kicked out of home in his early teens. Many in their middle to late teens reported moving out of or leaving home.

It is not the case that all the young men lived in disruptive households. The background material gathered showed that some lived with their parents who were very supportive in trying to help their sons through troubling times. Some men reported that their father would understand them getting into trouble, although they might yell first.

Another recurring feature for these young people was the loss of significant people. One participant disclosed the death of an uncle, and another the loss of a close relative. A number noted their grandparents' death. Three members of one person's household had died. One person reported the death of a friend, and another referred to the death of "SB", whose relationship was not identified. These events may be a significant factor in the escalation of violence, in the way that stressful life events are related to the escalation of delinquency (Hoffman & Cerbone 1999).

Many young men grow up in this sort of environment but do not turn to violence. At some stage in some young men's lives, the potential for violence is turned into actual violence. The influences may include boredom, anger, drunkenness or frustration, and situational opportunities. Young men rarely consider the costs and benefits of violence, and the risks (Farrington 1998, p. 43; see Polk 1999 for a discussion of the emergence of conflict situations). It should be noted that it is important to distinguish violent acts from violent actors. Thus, a young man who commits a violent act (for example, involved in a fight) does not necessarily become a violent offender ("repeatedly" engaging in violence).

Violence in the Family

Violence in the family has been made visible over the last 30 years, largely as a result of major enquiries about domestic violence and child abuse. Recently, the Women's Safety Survey found that in the 12 months prior to the survey, about 6.2 per cent of Australian women experienced either physical or sexual violence by a male perpetrator (ABS 1996, p. 4). The study found that 23 per cent of women who had been married or in a de facto relationship experienced violence by a partner at some time during the relationship (ABS 1996, p. 50).

Police statistics are an indication of the extent of violence towards children in families. Few offences are reported to the police. However, the statistics show that in 1998, 109 per 100,000 children up to the age of nine, and 575 per 100,000 children between the ages of 10 and 14, were the victims of assault (ABS 1998, p. 50). The level of reported sexual assault is similar amongst young children: 109 per 100,000 children up to the age of nine and 210 per 100,000 children between the ages of 10 and 14 were victims of sexual assault (ABS 1998, p. 38). The reported relationship between the victim and the perpetrator varies considerably between States. On average, over 50 per cent of perpetrators in sexual assault cases are either a family member or known to the victim (ABS 1998, p. 51).

Violence is characteristic of many families, and it has implications for how young men grow up—violence is learnt. In 1990, the National Committee on Violence (1990, p. 78) referred to families as “the training ground for violence”. The Women's Safety Survey also found that 38 per cent of women who experienced violence by a current partner, and 46 per cent of women who had experienced violence by a former partner, said their children had witnessed violence (ABS 1996, p. 52). Experiences early in life must have some influence on young men who exhibit evidence of violence later in life. Young men between the ages of 20 and 24 experience the highest rate of assault compared with the rest of the population (ABS 1998, p. 39).

Violence in Public Places

Some young men are involved in a culture of violence, well beyond issues concerning the family. In 1998, almost 60 per cent of recorded assaults occurred outside of residences (ABS 1998, p. 45). Alcohol plays a part in a significant number of these offences (Ireland & Thommeny 1993, p. 146). Some young men enjoy a fight (Tomsen 1997) or a fight can result from a trivial incident. Polk's study of homicide (1994, pp. 59–61) presents evidence

that violence amongst working-class young men often evolves quickly from “honour contests”, which are often trivial. Nevertheless, young men can feud for several months (Polk 1993, p. 42).

Fights can relate to illegal activities, such as drug dealing, that do not allow young men to resort to legitimate forms of conflict resolution. As a result, groups may develop for protection. As members become hardened (for example, by experience in jail) they may view the world as consisting of the strong and the weak, and a place of conflict and struggle. They may believe that only the strong can prosper. They ritualistically convey their ruthlessness and act brutally (Shover 1996, pp. 87–8). People who are members of groups or gangs may observe the values of conventional culture in most situations, but in certain contexts may exhibit this behaviour (Sampson 1997, pp. 39–40). In some instances, groups or gangs have emerged around issues of ethnic solidarity (Chin 1996). While groups or gangs may emerge as a result of illicit activities, this is not always the case. Young men may feel safe in groups, and when police see three or more young men together they may define them as a gang.

Violence in Schools

Violence occurs at school. Although Australia is fortunate enough to have been spared the schoolyard shootings that have occurred in the United States in recent years, less lethal forms of violence are not uncommon. Bullying may or may not be intended to hurt and may take the form of physical, non-physical, or non-verbal action undertaken by the bully or by someone co-opted to do so (Rigby 1996, pp. 14–21). Bullying is hurtful and may have health consequences (Rigby 1999).

Risk Factors that Indicate the Likelihood of Aggressive Behaviour

Not all families or young men are violent. Certain risk factors indicate the likelihood of aggressive behaviour or engagement in violence. These include:

- having a history of violent behaviour;
- being male;
- being a young adult;
- experiencing difficulties in childhood, including inadequate parenting, troubled relationships within the family, and low levels of school achievement;

- having problems of psychotropic substance abuse, especially problematic alcohol use;
- having severe mental illness, the symptoms of which are not adequately identified or controlled through therapeutic regimes; and
- being in situations conducive to self-directed or interpersonal violence, including having access to firearms (McDonald & Brown 1996, pp. vii–viii).

Violence in the family is no longer considered a private issue. Moreover, it has implications for broader social policies. The relationship between violence in the family and subsequent violent crime is complex. However, aggressiveness and antisocial behaviours are considered to be predictors of delinquency (Day & Hunt 1996).

Effective Violence Prevention Strategies

The AIC's consultation with the group of young men in December 1999 identified strategies known to be effective and promising for policy development.

Parenting, Education and Support

Families were characterised as a location of conflict for many young men. They reported that early in their lives parents argued and violence occurred in the family. It is difficult to recommend a program of intervention into families which has demonstrated effectiveness in improving behaviour by adults. The evaluation of domestic violence programs demonstrates weak and/or inconsistent evidence of deterrence from repeat victimisation or offending (Fagan 1996). Some studies show that police actions intended to prevent crime can increase the frequency of future violence (Sherman & Strang 1996, p. 17). Fagan (1996) attributes some of the problems in understanding the effectiveness of current strategies to the complex nature of domestic violence and the limits of research design to date. A recent review of Victorian domestic violence support group programs shows that facilitators tend to evaluate programs by asking participants to make proposals that will help improve the content (Bondy & Ogilvie 1999, p. 36). Nevertheless, it is important to develop programs to support families in a rapidly changing society where the structures and relationships are often not available to support parents with child-rearing.

Early intervention programs with young single mothers have consistently reduced the injury suffered by children in the first two years of life. Breaking the cycle of violence results from weekly infant home visits by qualified and specially trained paediatric nurses, which reduce child abuse and injuries (Olds 1992; Sherman 1997b, pp. 4.10–4.15). Also, pre-school programs, including parenting interventions, have reduced some children's antisocial behaviour and delinquency (Farrington & Welsh 1999, pp. 288–93). A number of programs have been implemented in Australia based on these principles (Choi 1999, pp. 7–10; Calvert 1999).

In spite of the attention juvenile delinquents attract, cost-effective policy proposals emphasise committing resources to early intervention programs because of the cumulative pay-offs later in life (Tremblay & Craig 1995, p. 224). It is difficult to make comparisons between the costs and the benefits of crime prevention because researchers use non-comparable estimates and do not always use rigorous economic evaluation (Welsh & Farrington 1999, p. 365). However, the Elmira Study of prenatal home visitation conducted in the United States showed that the costs of the program were recouped within four years because the women involved used less government services than women who were not part of the program (Olds 1992, p. 4). In most instances, targeted funding represents the best use of resources, but delivery should avoid stigmatising recipients (Sherman 1997b, p. 4.3; for examples of effective early intervention programs see Grabosky & James 1995; Gant & Grabosky 2000).

Childhood and Adolescent Interventions

While interventions early in life are most effective, programs with youth as their focus may also be effective. Research suggests that the greatest likelihood of success results from programs implemented with children before they reach adolescence that address more than one risk factor (for example, a child's disruptive behaviour and parenting), and that last for an extended period (at least one year) (Tremblay & Craig 1995, p. 219). Further, programs should target multiple risk factors, including those at the level of the community, the family, the school, and the individual/peer, which contribute to youth violence (Wasserman & Miller 1998, p. 244).

School Programs

Research in the United States and Australia is beginning to assess school-based intervention programs. In the United States, very few programs address school violence explicitly and these are not systematically evaluated

(Gottfredson 1997, pp. 5.38–5.40). Some have established baseline data, with a view to improving programs (Powell & Hawkins 1996). Two Australian school-based programs aimed at reducing bullying are known as the P.E.A.C.E. Pack (Slee 1996) and Peacebuilders (Christie, Petrie & Christie 1999). For an assessment of bullying programs see Farrington (1993). Evaluations of the programs have found a reduction in the overall amount of school bullying. In Victoria, programs that measure the changes in young people against a checklist have established that they showed improvement. However, no longitudinal study of change has been implemented (Bondy & Ogilvie 1999, pp. 63–4). This is an encouraging area of research, as school-based programs that address antisocial behaviour and delinquency generally have found that parenting training and skills-based training with children can be effective (Farrington & Welsh 1999, pp. 293–4).

Illicit Drug Use and Alcohol Abuse

Some young men reported that drug use was an issue. They said that people got involved in drug use due to peer pressure and the requirement to fit in, and that they started without knowing the harm that would result from regular use. Intervention programs in the area of drugs are most effective when undertaken in the family setting. Young people's involvement in drug and alcohol use usually results from peer influences. However, research demonstrates that the most influential means of deterring drug and alcohol use involves intervention in the family (Kumpfer & Alvarado 1998). The most effective programs focus on the family dynamics and entail improving parenting skills early in a child's life. Preventive programs first improve the parent-child relationship and then focus on developing skills in family communication, parental monitoring, and discipline (Kumpfer & Alvarado 1998, p. 9).

One approach to intervening in drug-related activity entails employment. The link between legitimate and illegitimate employment is complex. Illegitimate employment in gangs can provide status opportunities not available in a labour market that offers little satisfying work and low-status employment (Fagan 1999, p. 162). Nevertheless, research in the United States has found that youth who sell drugs (in gang and non-gang settings) would prefer to receive a regular income through employment. Further, they would often accept a lower income than they received through selling drugs. The youth reported that they were "tired of living with the fear that accompanies drug sales" (Huff 1998, p. 5). Other research has shown that offenders are

more likely to terminate their criminal careers when their current legal earnings are higher than their illegal earnings (Pezzin 1995, p. 46).

An extensive United States program which aims to address drug issues and related criminal activity in a community is known as Weed and Seed (Dunworth & Mills 1999). The program entails the police focusing on weeding out of the community violent offenders and drug traffickers using enhanced resources. Meanwhile, police and human service organisations initiate activities seeding new values. This entails after-school, weekend and summer youth activities, adult literacy classes, parental counselling, and neighbourhood revitalisation efforts. The most effective examples entailed bottom-up, participatory decision-making (Dunworth & Mills 1999). A major limitation of projects such as Weed and Seed is that they are expensive to implement.

Alcohol plays a significant part in violence that occurs in and around hotels. Success has been demonstrated and repeated in a significant Australian study that aimed to reduce the level of violence related to alcohol in and around licensed premises (Homel et al. 1994; also see Hauritz et al. 1998 for a replication of the study; Felson et al. 1997). The project entailed the development of a Code of Practice relating to the serving of alcohol by nightclub managers, and changing of the regulation and policing of licensed premises in an area of Surfers Paradise. Although there were limitations in the research design, the project achieved a reduction in aggression, violence and street offences. The project's budget did not allow for the assessment of control groups in the design of the evaluation (Homel et al. 1994, pp. 5–6). The Code of Practice and reduced promotional activities, which had brought about binge drinking and high levels of drunkenness, resulted in reduced levels of violence (Homel et al. 1994, p. 37).

Policing

Many youth have generally poor relationships with the police. However, some involved in the consultation were keen to build a sense of trust and good relations. Police need to develop an understanding of the youth culture and take young people seriously. Police also need to be more understanding and open-minded on youth issues, which would lead to mutual respect.

A very promising area of crime prevention concerns police adopting a more legitimate approach, especially to high-risk juveniles, which may lead to effective long-term outcomes (Sherman 1997c, p. 8.1). Research has shown that people stopped by police in Chicago developed a negative attitude

towards them. However, if those stopped were treated well and professionally, they would have had a substantially more positive view of police (Skogan & Hartnett 1997, p. 217). Fairness should be a part of encounters with police and in criminal justice procedures. The benefit of legitimate policing can be seen in the area of domestic violence, where it has limited the amount of repeat offending (Paternoster et al. 1997, pp. 192–3). The process of policing may have implications for how people see themselves in broader society, and may result in compliance if they are considered to share values (Braithwaite 1989, p. 184). The issue of procedural fairness is currently being tested in Canberra (Sherman et al. 1998; Strang et al. 1999).

Anger Management Services

The young men considered that there is a need to recognise anger—and to talk about what gets passed through the family. Violence counselling or anger management services can assist young men to break the cycle of violence. A number of Australian anger management programs are in place to assist young men, although the successes of these are unclear. This area of intervention is in early stages of development where considerable attention is being devoted to program development (see Hearn 1998). A review of Victorian programs in the area of male violent perpetrators shows that men in groups believe that they benefit. However, no strategies for the evaluation of effectiveness have been developed (Bondy & Oglivie 1999, pp. 54–5).

Counselling and mentoring programs have shown promising rewards. Multi-systemic therapy programs individually tailored to the particular needs of young offenders, which include family, peer, school, and community interventions, have been demonstrated to reduce the level of reoffending (Farrington & Welsh 1999, p. 297). Mentoring programs, which introduce long-term older counsellors into boys' lives, have demonstrated success, especially in reducing the number of people using drugs. There also appears to be an effect on reducing violence, as there was also a reduction in the frequency of hitting someone (Sherman 1997a, p. 3.24).

Recreational Facilities

When violence occurred in the family, or when they felt explosive and possibly violent and a danger to others, the young men said that they did not have anywhere to turn. They had few places to go for time out. Recreation and sport are legitimate ways to expend energy. Young men would benefit from access to sporting and recreational facilities, such as skating parks and bicycle tracks. Expenses associated with organised sport

(registration, uniforms and transport) may be prohibitive. A strategy may entail setting up sporting competitions locally and subsidising the services so that they are inclusive and available to all youth.

The success of the introduction of recreational activities as a means of stopping violence has not been assessed. There are Australian examples where local governments have introduced skating parks to improve safety and decrease property damage; according to a review of one program, it has been successful (Shaw 1998, p. 6). Research on the introduction of recreational activities show strong effects on the reduction of offending and drug use (Sherman 1997a, pp. 3.26–3.27). One program for young people in a housing complex was shown to reduce vandalism and cost far less to implement than the costs associated with police action and fire-fighting (Jones & Offord 1989).

Discussion

The AIC consultation with this particular group of young men showed that violence pervades many young men's lives and is something that is often learnt in the family. However, violence occurs beyond these boundaries; it happens in schools and other places.

The young men hoped that their families would change, but violence prevention in this area has proven to be difficult. More effective are programs targeted to young people. In particular, early intervention and school-based intervention programs have been shown to be successful violence prevention strategies.

Programs that appear promising for working with violent young men include new approaches to policing and the provision of anger management programs and recreational facilities. Relations between police and young men can be antagonistic and confrontational. As a result, many more people may unnecessarily enter the criminal justice system. Moreover, better relations with police may result in young people sharing mainstream values and integrating into society. A change in policing philosophy may have long-term violence and crime prevention rewards.

Anger management courses have proliferated over the last few years. This is an important development because it represents willingness amongst some to challenge the dominant notions of masculinity and the place of violence in society. However, their effectiveness as a tool for violence prevention is

unknown. This is an area that could benefit from policy development and systematic evaluation.

At a time when social problems are often dealt with by treatments that require individuals to change, it is important to recognise that, given appropriate facilities, some issues can be dealt with in a healthy, fun way. Exercise and recreation are important ways through which young men can legitimately expend energy and manage their feelings. Although the effects of the provision of services have not been tested, the benefits appear positive. Finally, it is important that interventions are designed carefully so that they lend themselves to evaluation.

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Appendix 1: Australian Institute of Criminology Research into Violence

Trends and Issues in Crime and Criminal Justice

(available electronically at <http://www.aic.gov.au>)

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Published by the Australian Institute of Criminology between 1988 and 1993, this series of booklets aims to provide practical and theoretical information on crime and violence prevention in Australia.

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Web-based Resource

(available electronically at <http://www.aic.gov.au/research/cvp/occupational/index.html>)

Occupational Violence in Australia: An Annotated Bibliography of Prevention Policies, Strategies and Guidance Materials

Compiled by Dr Claire Mayhew

The AIC has commenced formal arrangements for collaborative work with the National Occupational Health and Safety Commission (NOHSC). This bibliography is the first outcome of the collaboration.

Coverage of the Bibliography

This annotated bibliography covers selected literature on occupational violence prevention strategies for the period 1989 to 2000.

The first and largest part of the bibliography includes scientific journal articles, edited book chapters, publications produced by overseas government agencies, and some reports by non-government bodies. While much of the bibliography relates to literature from the United States and the United Kingdom, any relevant Australian material is included where it is available.

Literature on sexual harassment is not included. (However, a list of web site addresses where information on sexual harassment can be obtained is provided under the "Links" section of this database.)

The second part of the bibliography lists occupational violence prevention publications and initiatives from the Australian State and Territory occupational health and safety authorities. Because the titles of these are self-explanatory, and as evaluations of the jurisdictional publications have not been formally requested, no comments on the publications are provided. It is anticipated that new occupational violence prevention initiatives and publications will be regularly forthcoming. Readers should therefore regularly check the relevant web site addresses.

The bibliography does not attempt to be comprehensive. Rather, it represents a work file of material collected by the Research Unit at the Australian Institute of Criminology in collaboration with the National Occupational Health and Safety Commission.

Dr Claire Mayhew, who has been seconded to the AIC from NOHSC, has undertaken the work of collection, collation and indexing. It is anticipated that the bibliography will be regularly updated.

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Appendix 2: Australian Violence Prevention Awards

What are the Australian Violence Prevention Awards?

The annual Australian Violence Prevention Awards are sponsored by the Heads of Australian Governments as a joint Commonwealth, State and Territory initiative. They include monetary awards totalling \$100,000.

The awards are designed to reward the most outstanding projects for the prevention or reduction of violence in Australia, to encourage public initiatives and to assist governments in identifying and developing practical projects which will reduce violence in the community. Projects may address specific groups such as women, children, youth or the family, or specific problems such as excessive alcohol consumption, violence in the media or violence in sport. An award may also be available for initiatives of great merit or for outstanding projects which have recently ceased operation.

Winners of the 2000 Australian Violence Prevention Awards were announced on 2 November 2000 by Senator the Hon. Amanda Vanstone, Minister for Justice and Customs.

National Winners 2000

Parent Aide Unit (Queensland)

The Unit selects, trains and professionally supervises about 40 volunteer Parent Aides who visit and support families where child protection issues have become evident. They perform this role as integral members of a child protection network, involving police, medical and allied health professionals and child welfare authorities. The primary goal is to protect children from non-accidental injury, particularly in the first few years of life.

\$10,000

Hand Brake Turn—(Victoria)

Hand Brake Turn is an automotive training program for young unemployed people and a crime prevention program for a percentage of young people who have been involved in the juvenile justice system. The program offers young people “hands on” training in motor mechanics, spray painting and panel beating, detailing, workshop safety, driver education, literacy, numeracy and communication skills. It offers vocational support and assists young people to become “work-ready”.

\$10,000

Ngadril Ngallii Way (Family Support Project) Inc. (New South Wales)

Special category award “Regional Communities”, sponsored by the Hon. John Anderson MP, Minister for Transport and Regional Services

The project provides culturally appropriate support to vulnerable Aboriginal families and empowers the Aboriginal community to develop strategies for parenting, home-making and financial managements skills to provide positive and non-violent family environments for the growth and development of children. It works toward minimising the need for formal intervention by the Department of Community Services through empowering families to prevent violence and abuse and gives service priority to families whose children have been identified as being “at risk” of child abuse or neglect.

\$10,000

Initiative to Combat the Health Impact of Domestic Violence Against Women (Queensland)

Special category award sponsored by Senator the Hon. Jocelyn Newman, Minister for the Status of Women, and *Partnerships Against Domestic Violence*.

The Initiative is a State-wide system of screening for domestic violence in antenatal clinics, emergency departments and other points of entry into the health care system. The objectives of Phase 1 of the Initiative were to develop an appropriate method for identifying women who have experienced domestic violence; to trail the method for identifying women in both rural and urban hospital antenatal, emergency and outpatient settings, and to evaluate and document the methodology and make recommendations for the implementation of subsequent stages of the Initiative.

\$10,000

On-TRACK (Western Australia)

Special category award for an outstanding youth project, sponsored by the Hon. Dr David Kemp MP, Minister for Education, Training and Youth Affairs.

On-TRACK was established in response to community, business and police concerns about antisocial and violent behaviour exhibited by some groups of young people in the Perth inner-city area. It provides alternative care for young people who are in police custody due to welfare issues rather than offending behaviour and who require a safe, supported environment while waiting for a responsible adult or care-giver to be located.

\$10,000

Monetary Winners

Outreach Programs (Tasmania)

Various projects operating under the Outreach Programs are the Mobile Activity Centre, Teen Vacation Challenges, Reclink and Street Work. The programs provide activities, support, counselling and resource information for juveniles. The projects allow participants the opportunity to be involved with worthwhile and positive activities that require team spirit which creates high self-esteem and positive behaviour.

\$5,000

Keeping Yourself Safe: An Integrated Workplace Violence Reduction Program (Western Australia)

Training program developed on-site to provide workers considered most “at risk” with skills to reduce the potential for workplace violence and to reduce the risk of harm to self and others in the event of actual violence. The training is designed to enable staff to learn and practise interpersonal skills aimed towards conflict management to reduce aggressive behaviour and to respond appropriately to episodes of actual aggression.

\$5,000

Be Cool Not Cruel—Community Education Program for Young Territorians (Northern Territory)

Domestic violence community education campaign that aims to raise awareness in young people about domestic violence, that it is not acceptable, and that there is help available. It also aims to raise awareness with adults

about the effect of domestic violence on young people. A higher-order objective of the campaign was to break the cycle of violence between and among families and ultimately to bring about a violence-free society for all Territorians.

\$5,000

Rekindling the Spirit (New South Wales)

The project commenced with a group of Lismore Aboriginal men facing issues of violence which they needed to address. Greg Telford, a local Aboriginal man, uses an “eclectic model” of strategies to effect behavioural changes in Aboriginal men who commit family violence. The services aim to empower the men to take responsibility for changing their own violent behaviour and the effect it has on their families.

\$5,000

Smashing Pancakes (Victoria)

The Theatre Group was initiated by “at risk” young people at Rushworth College who were experiencing difficulties with the traditional education system. Many young people suffered low self-esteem, communication difficulties and anger management problems. The performance centres around their experiences of isolation, drug and alcohol issues, problems with the law and sexual abuse.

\$5,000

The Port Lincoln Domestic Violence Rapid Response Project
(South Australia)

The Port Lincoln Domestic Violence Rapid Response Program installs 24-hour monitored personal safety alarms into the homes of women who have left violent relationships and are at risk of ongoing violence from their ex-partners. The alarms enable women to summon prompt assistance from the police when experiencing unwanted attention and violence from their ex-partners.

\$5,000

Solving the Jigsaw: Changing the Culture of Violence (Victoria)

A program in schools which focuses on the key areas of violence, bullying, depression, anxiety and abuse and which is designed to foster safety, well-being and belonging among young people. The courses are run by trained facilitators and range from short-, to medium- to long-term programs at primary and secondary levels. The program also includes linked

parenting programs and professional development and information sessions for teachers.

\$3,000

Good Beginnings Prison Parenting Project (Tasmania)

The program works with inmates, their families and children. It aims to break the cycle of crime and inter-generation violence in families by fostering an awareness of the impact of violence on children. It provides additional parenting skills, information about growth and development and opportunities to explore new ways of relating with people.

\$3,000

Central Western Queensland Domestic Violence Awareness Project (Queensland)

A three-dimensional awareness-raising project—40,000 shopping bags carrying the “Seeds of Change” logo and the domestic violence “1800” phone numbers for both men and women are placed in grocery stores in eight towns during the month of May; bumper stickers are distributed district-wide to citizens; and drink coasters are placed in clubs, hotels and licensed restaurants for distribution during Domestic Violence Week.

\$3,000

Women Working Alongside Women with Intellectual and Learning Disabilities (WWILD) (Queensland)

This program supports victims of sexual violence and runs programs for women aimed at the prevention of sexual violence. It is committed to engaging proactively in activities for empowering women with intellectual and learning disabilities to be involved in the decision-making processes that affect their lives.

\$3,000

Aboriginal and Torres Strait Islander Family Consultant Program NT (Northern Territory)

Aboriginal family consultants work as two-person, gender-balanced teams in providing assistance to families who are often in heated dispute following family breakdown and separation. The program generally assists Aboriginal and Torres Strait Islander families to access and effectively utilise the dispute resolution services provided by the Family Court in the Northern Territory.

\$3,000

Burnside—NEWPIN (New South Wales)

NEWPIN is a self-help child protection program which works with families under stress to break the cycle of destructive family behaviour and family violence. The centre offers a safe supportive environment for parents and their children. It brings together parenting support, specialised play facilitation, education, 24-hour support and social activities.

\$3,000

Young People's Rape Prevention Project (South Australia)

The project aims to reduce the incidence of rape and sexual assault in the inner-city. Projects which can be implemented at a local level to reduce the risk of rape and sexual assault are designed and tested. The project also aims to increase the awareness of young people who may be at risk; promote prevention strategies and safer behaviours; and provide information about legal, health and welfare rights and options; and options and services available to victims/survivors.

\$3,000

Wheatbelt Domestic Violence Helpline (Western Australia)

The Helpline was established to address the identified need within the Wheatbelt for a service which provided a local integrated approach to preventing domestic violence and assisting victims. It provides a resource for victims who may need assistance with information, emergency accommodation, transport, financial assistance, referral or emotional support.

\$1,000

Who's the Loser (New South Wales)

Educational video and booklet, *Who's the Loser*, which addresses the serious and controversial issue of family violence and child protection in Aboriginal communities. It is for use in training programs about family violence and/or child protection in conjunction with other training materials that promote protection for women and children.

\$1,000

Big Shame (New South Wales)

Educational video and booklet, *Big Shame*, which addresses child sexual assault in Aboriginal communities. It shows the seriousness of child sexual assault and the difficulties facing a family and community where sexual abuse is happening. It encourages discussion about the effects of sexual

abuse, the things offenders do to trap children and families, and what needs to happen to protect children.

\$1,000

Sexual Assault and Intellectual Disability Kit (Victoria)

The kit provides intellectually disabled people, and staff working with intellectually disabled people, a multimedia method of communication in relation to the issue of sexual assault. It has been designed to help people with an intellectual disability to understand what sexual assault is, what to do and how to get help if victimised. The kit comprises a booklet with a reading level difficulty of 5.3 years. The information contained in the booklet is also available on a video and CD-ROM.

\$1,000

Violence Intervention Program (VIP) (South Australia)

The program takes a case management approach to provide intervention through group programs and one-to-one, family and couple counselling for mandated perpetrators of domestic violence, their partners (or ex-partners) and children. This is achieved in collaboration with the Magistrates Court, the police and the Department for Corrections.

\$1,000

(Women's Stories of) Maternal Alienation (South Australia)

The project aims to highlight men's action in alienating their children from mothers. Strategies used in maternal alienation were identified through an analysis of interviews with women who had experienced being alienated from their children or their mothers. Stories will be compiled into a book and consequently published. The stories, along with the research, will provide the basis for training packages as well as insightful learning for workers who work with and support women who have experienced violence, abuse and maternal alienation.

\$1,000

Family Relationship Program (Victoria)

The program consists of men's behaviour change groups and support services for women. It is run in accordance with the *NTV Manual—Stopping Men's Violence in the Family* which offers best practice guidelines for the running of violence prevention programs. It has an established access

system, assessment process and offers individual and group services for men, women and children.

\$1,000

Accredited Training Program for Volunteer Male Family Violence Telephone Counsellors (Victoria)

A 130-hour accredited course designed specifically for men wishing to become volunteer male family violence telephone counsellors. The course is designed to be appropriate for “ordinary” non-professional men in the community and it incorporates a number of recognised competency standards relating to general telephone counselling as well as specific competencies for male family violence telephone counselling.

\$1,000

Domestic Violence Legal Service, Alice Springs (Northern Territory)

The Darwin Community Legal Service provides legal support and advice for both male and female survivors of domestic violence. Whilst providing casework court representation, the service has also carried out extensive interviews with clients in order to explore all legal and non-legal options to ensure client safety.

\$1,000

ADR Program (New South Wales)

An alternative dispute resolution program that offers a range of processes which encourage young people to resolve their own disputes. The program provides high standard training to a core group in mediation skills to enable them to operate as accredited mediators and assist their peers to resolve their own disputes.

\$1,000

Tennant Creek Women’s Refuge (Northern Territory)

The refuge offers a safe and secure environment for women and children escaping domestic and family violence. It operates 24 hours a day throughout the year and provides food and shelter and links with other services; supports client’s rights to counselling and legal access; provides case management; offers a culturally appropriate service and non-judgemental support as well as providing education and safety options to empower women to move on.

\$1,000

Kids Help Kids (Queensland)

The project approaches schools to hold free dress days to raise money for children and young people affected by domestic violence, and offers various materials about domestic violence. The project benefits the schools by providing domestic violence education, support for students and teachers, assistance to students who have been affected by domestic violence, teaching protective behaviours, information networking and increased awareness.

\$1,000

Safe Shop Project (Victoria)

The Safe Shop Project is a partnership approach to improving community safety and perceptions of safety in Greater Dandenong. Retailers who display the “Safe Shop” sign on their shop window are committed to providing assistance to customers on a range of issues that relate to security and community confidence.

\$1,000

Many Rivers Violence Prevention Unit (New South Wales)

The project provides support, legal advice, court support, referrals to other services (for example, family support, housing, community health, drug and alcohol counselling), assists clients with compensation claims, provides family mediation where appropriate, conducts community education programs and provides after-hours telephone support for Aboriginal families who experience family or domestic violence.

\$1,000

Abuse Prevention Program (APP) (South Australia)

The program employs a rights-focused advocacy model in elder abuse. The single agency model allows for the development of knowledge and expertise which can be shared with older people to stop abuse, or with service providers to assist them in their case work in elder abuse.

\$1,000

No Bull—Say No to Bullying and Violence in the Workplace

(an education video and resource book, Victoria)

The project aims to educate secondary students before they embark on work experience or work placement about workplace violence and bullying. The video and resource booklet provide teachers with the resources to explain to students what constitutes workplace violence and bullying; legal rights and

responsibilities of employees, employers and schools; and what to do and where to go for help.

\$1,000

The Northern Territory Court-Mandated and Court-Referred Program for Offenders of Domestic Violence (Northern Territory)

A court-mandated and court-referred pilot program for offenders of domestic and family violence as a best practice model for the nation. The program incorporates innovative, culturally relevant elements developed by Indigenous Territorians. The purpose of the program is to reinforce to offenders that domestic violence is a crime; challenge the attitudes and behaviours that allow violence and abuse to occur; help offenders accept responsibility for their violence and provide them with the skills and strategies required to cease violent behaviour.

\$1,000

Reservoir Ending Violence Anger Management Program (REVAMP) (Victoria)

The program aims to provide participants with the skills to identify and reduce the cognitive and behavioural patterns that lead to their aggression and violence. It attempts to equip clients with alternative mechanisms for resolving future conflict. Methods that facilitate this acknowledgment, identification reduction and replacement are outlined and rehearsed throughout the 10 program weeks.

\$1,000

Right Relationships Peer Mediation Program (Queensland)

Trained Year 6 and 7 students mediate low-level conflicts which occur during lunch breaks on the school playground. Various strategies are in place to create an environment where all children within the community feel safe, supported and confident, with an understanding of their rights and with a basic appreciation of the profiles of bully and victim.

\$1,000

Victimisation and Gender in High Schools: Bridging the Gap Between Theory and Practice (South Australia)

This project encompasses research into various aspects of aggression, especially as it relates to gender issues in the high-school setting, and actively seeks to translate research findings into practical interventions.

\$1,000

Ulladulla Domestic Violence Support Service (New South Wales)

The Support Service provides people whose lives are affected by domestic violence with support, information and referral to services in the community. It also provides a court support program to assist women seeking Apprehended Violence Orders as well as providing short-term emergency accommodation in local motels participating in the Emergency Accommodation Program.

\$1,000

The Clarence Plains Youth Centre Alternative Learning, Recreation and Social Support Programs (Tasmania)

This project develops, coordinates and provides a high standard of recreation, alternative learning and social support opportunities that are reflective of the diverse nature of young people's needs within the City of Clarence. It predominantly operates programs in the lower economic housing estates in the Clarence Plains area.

\$1,000

Lesbian, Gay, Bisexual, Transgender Police Liaison Officers Project (LGBTPLO) (Queensland)

The purpose of the project is to provide a professional, non-discriminatory, accessible policing service and to provide a safer environment to members of the lesbian, gay, bisexual and transgender (LGBT) community. Seventeen specially trained and appointed police officers act as liaison officers and are available on an on-call basis in addition to their everyday policing duties.

Certificate Winners

Addressing Family Violence in Recently Arrived NESB Communities (South Australia)

Project produced domestic violence information booklets in 12 community languages (Amharic, Arabic, Bosnian/Croatian, Chinese, Khmer, Polish, Russian, Serbian, Spanish, Tagalog, Thai and Vietnamese). The information was also recorded on cassette in 13 community languages. Both products were distributed to the community through community service providers. Audio information was also recorded on CD for community radio program producers to broadcast on the Ethnic Broadcast Incorporation.

Heroes Don't Hit (Queensland)

The aim of the project is to provide a broad-based community education strategy to young people about the unacceptability of violence and abuse. It combines community activities with school-based educational strategies and promotes the message that violence isn't "cool" or "macho" through the use of positive public role models who have achieved success without using violence.

A Multicultural Response to Domestic Violence (Queensland)

Two plays, depicting the complex issues associated with violence in intimate relationships and the guilt experienced by many women who are the subject of domestic violence. The plays send a very clear message that domestic violence should not be tolerated and is against the law, and that women should be able to "expect respect".

A Partnership Encouraging Effective Learning (APEEL) (New South Wales)

APEEL is an early-intervention, violence prevention program which aims to help teachers identify children at risk and teach them social skills. It focuses on the acquisition of interpersonal skills by students in their early years of schooling and is based on research which shows that a holistic approach, including parent training, is needed to achieve the long-term goals of preventing antisocial behaviour and correcting conduct disorders.

Ending Offending—Our Message (Northern Territory)

The project represents an innovative and collaborative approach to interventions for Indigenous people in correctional settings. Art and music are used as primary mediums and incorporated into nationally accredited training models. Participants have produced a collection of stories, paintings, songs, a music CD and an interactive web site addressing the issues of offending, violence and alcohol and drug use.

Preventing Workplace Violence: Toward a Best Practice Model for Work in the Community (South Australia)

The aim of the project was to develop, implement and evaluate a best practice model for work in the community. The model consisted of nine awareness and action options for Royal District Nursing Service staff to consider. Recognising that prevention is not always possible, development of strategies to minimise the effects of violence was an integral part of the model. The model relies on formal organisational structures and processes to achieve its outcomes.

Stop it Now (Victoria)

Stop it Now: A Kid's Guide to Bullying is a small booklet aimed to help children seven to 12 years to understand what bullying is, how it makes kids feel and what they can do about it. It acts as a self-help guide providing clear ways for reducing bullying.

Capalaba State School's "Building Community" Project (Queensland)

This project is aimed at rediscovering an authentic spirit of community bringing together children, teachers, parents and community members in a range of programs targeted at building trust, self-esteem and support partnerships. The project is based on the belief that a coordinated program of strategies will be far more effective and sustained than a single "quick fix" program.

CityCare Newcastle Inc. (New South Wales)

CityCare Newcastle currently runs four programs:

- The Residential Recovery Program is designed for people with substance and process addictions who have completed a detoxification program. The program aims to provide participants with the opportunity to redesign all aspects of their lives and thus recover from dependency.
- The Extension Housing Support Program provides housing for graduates of the rehabilitation program.
- The Community Life Program involves small group courses and counselling to deal with issues such as dysfunctional families, sexual and physical abuse, and self-discovery and recovery from addiction for both addicts and their families.
- Streetwork consists of groups of approximately 20 volunteers who offer free food and drinks to people on the streets in selected, needy inner-city areas.

Middle Eastern Communities Development (South Australia)

The project objectives were:

- to bring very small emerging Middle Eastern communities of different cultures, religions and languages together to combat competitiveness and misunderstanding between these communities and the broader South Australian community;
- to support the communities and different groups to trust and work with each other and to develop structures and support systems;

- to educate the communities in Australian legal, cultural, economic and social systems; and
- to assist in educating the broader South Australian community on their cultures, religions and so on, so as to promote cultural harmony and understanding.

The Anti-Violence Project (AVP) (New South Wales)

The project runs MEND (Men Exploring New Directions) groups, including Koori MEND groups, which are behaviour-change groups based on an approach that invites participants to take responsibility for their behaviour. In addition, the project contacts the partners of participants to ensure their safety and has a Women's Support Group (WEND) for them. The aim of these groups is to end domestic violence and abuse and challenge the secrecy that perpetuates it.

Launceston City Council—Young Persons Strategy (Tasmania)

The objective of the Young Persons Strategy was to create a positive environment for the promotion of good relations between young people, law enforcement agencies and the community. One of the specific actions emanating out of the desire to empower youth was raising awareness of the issue of domestic violence. A program based around education and awareness-raising of the subject was developed.

Relationship Violence—No Way! Project (South Australia)

This project has developed peer education and mentoring interventions appropriate for young people who have been subjected to domestic and relationship violence in the inner southern region of Adelaide. The project has built on the experience, knowledge and skills of five young women and six young men who have been subjected to domestic/relationship violence who became peer educators and mentors working with other young people at risk.

The PAVE Project—Partnerships Against Violence Everywhere (Tasmania)

A series of workshops aimed at reducing the domestic violence and abuse experienced by young people. The workshops sought to address the problems which many communities face in relation to the incidence of violence within families and schools and the effects on young people who live with violence as part of their lives.

Crown Limited's Responsible Service of Alcohol (Best Practice) Program (Victoria)

The program is an initiative developed and adopted by Crown management to continue the health and safety performance of their operations and products in a manner responsive to the concerns of the public, and to ensure that all patrons enjoy their visit to the complex without unnecessary, disruptive, unruly or violent behaviour which can be caused by the consumption of alcohol.

Alcohol, Safety and Event Management Planning Project (Queensland)

Alcohol is often seen as a symbol of celebration and is included as part of the festivities at many public events. Ineffective alcohol management, particularly irresponsible serving practices, can create risks for staff, event patrons and the public. This project focuses on issues which, if handled correctly, can improve the quality and safety of an event.

Anti-Harassment Program (Queensland)

The Anti Harassment Program was developed when it became apparent that many of the misbehaviours of students were in fact breaches of the Anti-Discrimination Act. The program focuses on issues pertaining to anti-discrimination laws with a particular emphasis on racial, sexual and physical harassment and child protection issues.

Family and Domestic Violence Hospital Protocols Project (Western Australia)

State-wide coordination of the development and implementation of the family and domestic violence hospital protocols projects. It involves the development of policies, resources, intervention and assessment tools for use within hospitals and health services as well as providing training and support for staff.

Sex Offender Programs: A Continuum of Care Model (Victoria)

The program provides a coordinated and integrated system of assessment, management and intervention for sex offenders throughout their sentence across both Prison Services and Community Correctional Services. Programs include offenders who have sexually assaulted adults or children.

Abuse of Older People Education Program (South Australia)

The aim of the program was to raise awareness amongst general practitioners, allied health professionals, aged care workers and the community of the existence of elder abuse in South Australia. Two

consecutive one-hour meetings were held with nine large general practices in north-east Adelaide, as well as a half-day forum on elder abuse.

A Journey of Healing Through Song (Queensland)

A parenting program, comprising 12 workshops, aimed to prevent child abuse through breaking the intergenerational cycle of violence. Music therapy techniques, in particular song-writing, were employed to assist expressions of feelings, fears and experiences. The techniques assisted women to identify their strengths, empowering them to take more control of their lives and enjoy improved relationships with their children and others.

What is Family Violence? (Victoria)

The *What is Family Violence?* booklet was originally designed to target the northern and southern Mallee communities. The booklet gives an outline of the types of family violence, the impact and effects of family violence and contact numbers of local agencies in both the northern and southern Mallee regions.

WOW-Safe: Women of the West for Safe Families (South Australia)

WOW-Safe runs a Sister System which provides community support for people experiencing abuse, including women and children, and occasionally some men, of all ages and ethnic backgrounds. Support takes the form of:

- telephone support;
- accompanying women to court, police stations or government departments;
- transport;
- sharing childcare, household goods and clothing; and
- assisting women to move belongings.

Further Inquiries

For more information contact the Board's Secretariat:

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