

**SUBMISSION TO THE LEGAL AND CONSTITUTIONAL AFFAIRS REFERENCES
COMMITTEE INQUIRY INTO THE 'NEED FOR A NATIONALLY-CONSISTENT
APPROACH TO ALCOHOL-FUELLED VIOLENCE'**

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EXECUTIVE SUMMARY

In recent years, the relationship between alcohol and violence has generated intense research interest and policy debate in Australia. While this interest and debate is certainly warranted, research has often been characterised by insufficient conceptual and analytical rigour, and policy (including law reform) has relied on a narrow range of research resources to justify specific responses. In particular, the contribution of specific masculinities to violence involving alcohol has not received sufficient attention in research and policy debate. This submission considers recent research on alcohol and violence and makes six recommendations regarding future policy.

RECOMMENDATIONS

1. Reconceptualise ‘alcohol-fuelled violence as ‘alcohol-related violence’
2. Identify and incorporate into future policy development and legislative reforms sociological and criminological research on the role of specific masculinities in the relationship between alcohol and violence
3. Draw on epidemiological research, some of which is cited in national and state alcohol policy documents, to prioritise men, particularly young men, and masculinities in policy measures
4. Discourage the conflation of victims and perpetrators in research on mortality, emergency department presentations and hospitalisations, and encourage greater caution in describing causal relationships between alcohol and violence
5. Refer to relevant crime statistics in developing policy and law addressing alcohol-related violence
6. Create partnerships with other government and civil initiatives and frameworks to better inform policy to reduce alcohol-related violence

Future policy addressing alcohol and violence should recognise that violence is gendered and most often perpetrated by men, especially young men. Although these are not new insights, they are strikingly absent from contemporary policy discourse and legal debates on alcohol and violence (such as the effectiveness of lockout laws). Unless such issues are addressed, little or no lasting progress will be made in reducing alcohol-related violence. Women and girls will continue to bear the responsibility and even blame when they are the victims of violence, and their negative and inequitable experiences will be magnified. Gender is not an easy area in which to make change but Australia’s initiatives in the workplace, and in the realm of sexual abuse, demonstrate that, as a society, we now expect equitable formal responses to social problems. Alcohol-related violence must be addressed using best-practice approaches in order to be viable, effective and consistent with contemporary community standards.

INTRODUCTION

In recent years, the relationship between alcohol and violence has generated intense research interest and policy debate in Australia. While this interest and debate is certainly warranted, research has often been characterised by insufficient conceptual and analytical rigour, and policy (including law reform) has relied on a narrow range of research resources to justify specific responses. In particular, the contribution of specific masculinities to violence involving alcohol has not received sufficient attention in research and policy debate. The recommendations and supporting comments made in this submission are based on recent and ongoing research on heavy drinking amongst young people and on a recent critical analysis of Australian alcohol policy (both funded by the Australian Research Council), as well as on an ongoing critical review of existing literature on alcohol-related harm.

RECOMMENDATION 1

Reconceptualise ‘alcohol-fuelled violence as ‘alcohol-related violence’

The term ‘alcohol-fuelled violence’, which is frequently used in media coverage and increasingly in research and policy, explicitly frames the relationship between alcohol and violence as directly causal. Yet extensive anthropological, sociological and historical research consistently demonstrates that alcohol-related effects, including violence, are contingent on the historical, social and political contexts in which drinking is embedded (e.g. Cameron et al., 2000; Douglas, 1987; Gefou-Madianou, 1992; Heath, 1958, 1986; Kelly, Advocat, Harrison, & Hickey, 2011; Levine, 1978; MacAndrew & Edgerton, 1969; Mandelbaum, 1965; Marshall, 1979; Pittman & Snyder, 1962). Understanding violence as being ‘fuelled’ by alcohol ignores the complex interactions between the various elements assembled in drinking contexts, such as pharmacology, biography, identity, gender, social class, sexuality, ethnicity and cultural norms regarding intoxication. Changes in any of these elements can potentially produce or exclude violent events. Replacing the term ‘alcohol-fuelled violence’ with ‘alcohol-related violence’ acknowledges the involvement of alcohol but leaves open the precise relationship between alcohol and violence, and thus allows for the incorporation in policy of other crucial elements that shape this relationship. The relationship between alcohol and violence is complex and this complexity needs to be reflected in policy responses.

RECOMMENDATION 2

Identify and incorporate into future policy development and legislative reforms sociological and criminological research on the role of specific masculinities in the relationship between alcohol and violence

Although Australian sociological and criminological research has repeatedly highlighted the central role of specific masculinities in alcohol-related violence, this research has rarely figured in policy and legal debate. For example, sociologist Jo Lindsay (2012) has argued, on the basis of qualitative research in Victoria, that ‘minority performances of masculinity are the primary problem of alcohol related violence’ (p. 241). She criticises gender-neutral terms such as ‘young binge drinkers’ and ‘intimate partner violence’ because they deflect attention away from problematic performances of masculinity, and argues that ‘[i]nterventions aimed at performances of masculinity which take social inequalities into account are potential preventative solutions to alcohol related violence in both public and domestic settings’ (p. 241). Lindsay is also careful to note that both men and women are potential victims of male violence, that not all men are involved in such violence and that ‘most mainstream young men ... actively avoid and desist from engaging in violence’ (p. 241). Lindsay’s caveat highlights an important point that first emerged in feminist research on gender and which is reinforced in the sociological literature on violence: that masculinity is multiple (hence

masculinities) and socially produced, and that violent masculinities are not the inevitable result of biology (Hatty, 2000).

Criminologists have also addressed the issue of alcohol-related violence and specific masculinities. For example, Tomsen (1997) reports on ethnographic research in public drinking venues in Sydney. He concludes that the relationship between alcohol and violence is 'built around cultural understandings of the connections between rowdy and violent group drinking, the construction and projection of an empowered masculine identity, and the symbolic rejection of respectable social values'. In more recent work, Tomsen (2008) traces the emerging 'masculinities' paradigm in criminology that explores different masculinities (e.g. 'hegemonic', 'protest') and their relationship to violence and other forms of crime. He conceptualises masculinity as plural, socially constructed, enacted in different occupational and institutional settings, inextricably linked to struggles for social power between men and between men and women, and intersecting with other dimensions of inequality (e.g. class, ethnicity, sexuality).

Criminologists Carrington, McIntosh and Scott (2010) also address the relationship between violence and drinking in their study of all-male work camps in remote and regional Australia. They note the frequency with which the interviewed community stakeholders described violence as being 'fuelled by excessive alcohol consumption'. They argue, however, that this definition of the problem:

constructs male-on-male violence as a manifestation of an individual pathology. If alcohol was the only problem and the socio-cultural peculiarities of resource boom towns were irrelevant, the solution to quelling violence would be to reduce alcohol consumption. Yet, participants' personal accounts of male-on-male violence in pub settings appeared to be driven more by social hierarchies and divisions related to who belongs, rather than by amounts of alcohol consumed. (2010, p. 402)

In a final example from criminology, Flynn, Halsey and Lee (2016) analyse Australian political and legal discourse and responses to 'one-punch fatalities', and argue that:

one-punch violence is ... emblematic of deeper issues to do with the prevalence and social sanctioning of violence per se (of how to resolve conflict in private and public settings) and the subtle, and not so subtle, encouragement of a particular kind of 'subject'—the 'strong', physically dominant male. (p. 191)

Australian sociological and criminological research on the ways in which specific masculinities shape drinking practices and outcomes closely mirror the findings of international research on the relationship between gender and alcohol (e.g. Brown & Gregg, 2012; de Visser & Smith, 2007a; de Visser & Smith, 2007b; Gefou-Madianou, 1992; Griffin, Bengry-Howell, Hackley, Mistral & Szmigin, 2009; Hernandez, Leontini & Harley, 2013; Lyons & Willott, 2008; Montemurro & McClure, 2005) and between gender and drug use more generally (e.g. Ettore, 2007; Hunt, Frank & Moloney, 2015; Measham, 2002). It is not clear why such extensive research has been largely peripheral to Australian policy debate, as has research in public health on the role of masculinities in barroom aggression (e.g. Miller, Wells, Hobbs, Zinkiewicz, Curtis & Graham, 2014).

These tendencies can also be found in law, with some parliaments moving in recent years to 'fix' the relationship between alcohol and violence, particularly in the criminal law, in ways that obscure the role of various factors that may be assembled in drinking contexts and implicated in the production of violent events, as described earlier. A particularly striking

example of this trend is the new offence of assault causing death while intoxicated (25A(2) of the *Crimes Act 1900* (NSW)), which ‘fixes’ intoxication as an aggravating factor in assaults causing death. As has been argued elsewhere, the ‘temptation to “fix” the law’s response to AOD[alcohol and other drug]-related violence by embedding rules and values that essentialise the AOD-risk-violence relationship should be resisted’ (Quilter, McNamara, Sear & Room, under review). Future policy development including legislative reforms should similarly resist simplistic responses to the complex nature of alcohol-related violence and identify and incorporate the substantial body of sociological and criminological findings on the role of specific masculinities in the relationship between alcohol and violence.

RECOMMENDATION 3

Draw on epidemiological research, some of which is cited in national and state alcohol policy documents, to prioritise men, particularly young men, and masculinities in policy measures

Australian epidemiological research has consistently highlighted the disproportionate involvement of men, and particularly young men, in acute forms of alcohol-related harm (e.g. violence, sexual assault, traffic accidents, drink driving and public disorder). For example, the *National Alcohol Strategy 2006-2011* (Ministerial Council on Drug Strategy, 2006, p. 12) cites a study by Chikritzhs, Catalano, Stockwell, Donath, Ngo, Young and Matthews (2003), which analysed 1990-2001 data. The authors concluded that deaths from acute forms of alcohol-related harm due to risky and high risk drinking were almost three times more likely to be experienced by males (12,463 deaths) than females (4,293 deaths) (Chikritzhs et al., 2003, p. 16). The most recent study of alcohol’s ‘burden of disease’ also suggested that males, across all age groups, were over-represented in all categories of alcohol-attributable deaths (1,239 males versus 256 females or approximately 5:1) and hospitalisations (47,189 males versus 17,779 females or approximately 2.7:1) (Gao, Ogeil, & Lloyd, 2014, p. 52). The most recent Australian burden of disease study to consider age is Begg, Vos, Barker, Stevenson, Stanley and Lopez (2007), who analysed data from 2003. Unfortunately, because the two age groups used in this study were 15-24 years and 25-64 years, and therefore included population groups of different sizes, direct comparison is not possible. However, the data suggest that disability-adjusted life years (DALYs) and deaths from ‘road traffic accidents’ and ‘homicide and violence’ are higher for males than females (Begg et al., 2007, p. 222, p. 233).¹ Allowing for the difference in the overall population across the two age bands, they also appear to be proportionately higher for males in the 15-24 age group compared to males in the 25-64 age group. However, this research, some of which is cited in national and state alcohol policy documents, has rarely informed national priorities (Manton & Moore, 2016). Instead, the ‘problem’ addressed by alcohol policy has been, to varying degrees (and echoing Lindsay’s comments regarding the effects of gender-neutral terminology), located within de-gendered ‘individuals’, ‘people’, ‘families’, and ‘communities’ or in population subgroups: the Aboriginal community, the culturally and linguistically diverse community, ‘young people’, ‘hospital admissions’, ‘pregnant women’ and ‘women and children’. Despite the findings of epidemiological research, Australian alcohol policy consistently ignores the over-representation of men (and particularly young men) in alcohol-related harms such as violence. Instead, various subgroups have been allocated responsibility and encouraged to moderate their drinking when the available research, including some of that cited in the policies, points strongly to another group requiring concerted policy attention: young men.

¹ DALYs from ‘road traffic accidents’: 31,028 male versus 11,397 female; DALYs from ‘homicide and violence’: 6,535 male versus 2,686 female; deaths from ‘road traffic accidents’: 1,193 male versus 469 female; deaths from ‘homicide and violence’: 196 male versus 82 female.

RECOMMENDATION 4

Discourage the conflation of victims and perpetrators in research on mortality, emergency department presentations and hospitalisations, and encourage greater caution in describing causal relationships between alcohol and violence

Current policy debates on alcohol-related violence often cite studies of mortality, emergency department (ED) presentations and hospitalisations. Such research tends to obscure the issue of masculinities in alcohol-related violence. For example, Pilgrim, Gerostamoulos and Drummer (2014) analyse 90 deaths (86 male) involving ‘king hits’ in the Australian National Coronial Information System between 2000 and 2012. The article contains a table listing details of the 67 cases in which toxicology reports were available. Fifty-three of these cases involved the use of alcohol or other drugs, 49 of which involved the use of alcohol alone. One column presents descriptions of the circumstances preceding the assault and death. In 32 of the 67 cases, males are explicitly identified as the assailants and the details provided in many of the other descriptions, in which the gender of the assailant is not specified, provide reasonable grounds for assuming that the perpetrators were male in a high proportion of the other cases (e.g. cases involving security guards, cases involving arguments occurring at sports clubs and one case describing a fight involving 30 individuals). However, although the authors claim that their aim is to ‘determine the involvement of drugs and other sociological factors in these violent fatalities’ (p. 120), and even cite statistics showing that ‘males binge drink more often than females’ (p. 130), their conclusion makes no mention of the disproportionate involvement of men (and therefore of masculinities). Instead, the causal role of alcohol is foregrounded: ‘The results of this study reiterate the often fatal consequences of alcohol-fuelled violence in Australia’ (p. 131). They further obscure the issue of masculinities when they conclude that the ‘public perception of drinking and violence generally arouses the image of the aggressive drunken offender [again, note the gender-neutral terminology]’. Masculinities are again obscured when the authors conflate the drinking of victims with those of perpetrators: ‘this study also importantly indicates that intoxication substantially increases the risk of victimization’.

A second example of the erasing of masculinities in relation to alcohol-related violence is provided by Cassell, Reid, Clapperton, Houy-Prang and Kerr (2011). The authors analyse 72 deaths (between 2000/01 and 2009/11), and 3,044 hospital admissions and 11,524 ED presentations (between 2007/08 and 2009/10), resulting from ‘assault-related injury among young people aged 15-34 years’ in public places. They find that males comprised 80% of deaths, 91% of hospital admissions and 86% of ED presentations in the studied periods. The authors present a wealth of statistical findings but, of most relevance to this submission, they note that:

- 54% of deaths and 63% of ED presentations occur during the ‘high alcohol hours’ of 7pm Friday to 7am Monday
- In 50% of deaths, the deceased had used alcohol, 24% of hospital admissions included ‘at least one code indicating alcohol use at the time of injury’ and in 4% of ED presentations alcohol was ‘mentioned’.

With respect to the 72 deaths (62 male) resulting from assaults in public places, Cassell et al. propose four scenarios that account for 94% of cases (2011, p. 2, emphasis added):

1. ‘confrontations predominantly between groups of *young males ... fuelled by alcohol and illicit drug use* (n=19, [all male], 26%)’;
2. ‘confrontations between individuals ... *fuelled by alcohol and/or illicit drug use* (n=19, [17 male], 26%)’;

3. 'violence instigated/perpetrated by *males* after intimate relationship breakdowns or, less commonly, during domestic/family disputes (n=15, [8 female, 7 male; all killed by males (except one female killed by 'ex-partner's friend' with gender not specified)], 21%);
4. conflict related to drug trafficking/dealing or the commission of other crime (n=15, [12 male], 21%).

These scenarios provide strong explicit and implicit evidence for the key role of specific masculinities in public assaults.

With respect to the data on hospital admissions and ED presentations resulting from public-assault injuries, the authors register two caveats: the involvement of alcohol in hospital admissions for public assaults is 'underreported' and alcohol's involvement in assaultive injury is 'very poorly recorded' in the ED dataset (and no further analysis is therefore undertaken). Of the 24% of hospital admissions recording 'at least one code indicating alcohol use at the time of injury', the most commonly used codes were F10 *Mental and behavioural disorders due to use of alcohol* (89%) and Y90 *Evidence of alcohol involvement determined by blood alcohol level* (16%). Following further analysis of various aspects of the data, the authors conclude by arguing that:

Our study provides further evidence of the role of alcohol and illicit drugs in precipitating or influencing the occurrence of physical violence but also points to the need for improved collection of data on alcohol and drug use by patients presenting with assault-related injuries to hospitals in Victoria. (2011, p. 18)

Two important points can be made in relation to this claim and the analyses that precede it. First, the explicit and implicit evidence relating to the key role of masculinities in public assaults, at its clearest in relation to the data on deaths, is put aside in favour of a simplistic assumption that alcohol is the 'precipitating or influencing' factor (and to a lesser extent illicit drugs). 'Alcohol involvement' does not necessarily mean 'alcohol-fuelled' but merely that alcohol was present as one element among many (including masculinities). Second, recording and reporting the consumption of alcohol by the assault victim, and categorising the injury as 'alcohol-related', especially in cases where the victim is female, conflates victimization with perpetration. Here the focus becomes the supposedly reckless actions of the female victim, whose drinking is deemed to have put her at risk of assault, rather than the illegal and violent actions of the male perpetrator. In the 'prevention and control measures' section towards the end of the report, the authors state that it is 'beyond the scope of this report to evaluate the evidence base for violence prevention measures' and refer the reader to other sources (e.g. the World Health Organization's Violence and Injury Prevention and Disability website). In the 'recommendations' section, they highlight several measures – improved policing, regulating alcohol availability, monitoring drinking environments, modifying entertainment precincts, providing education, supporting communities and further research – but there is no mention of measures to address masculinities, alcohol and violence. The tendency to conflate victimization and perpetration, and to make victims responsible for avoiding future assaults, is further reinforced on the final page of the report when the authors approvingly cite brief interventions (presumably delivered to assault victims) that 'reduce drinking' and 'offer the promise of easing the social and health burdens of alcohol misuse'. The evidence and recommendations emerging from the recently-concluded Victorian Royal Commission into Family Violence suggest that such approaches do not meet best-practice standards and are not consistent with contemporary community standards.

Studies of violence and aggression that occurs within hospital EDs also fail to address the role of masculinities. For example, a 2013 study of the experiences of ‘over 2000’ ED staff in Australia and New Zealand, conducted by The Australasian College for Emergency Medicine (2014), reported that:

- ‘98% had suffered verbal aggression from drunk patients in the past 12 months’,
- ‘92% had experienced physical threats from drunk patients in the last 12 months’,
- ‘87% said they had felt unsafe due to the presence of a drunk patient while working in the ED’,
- ‘88% said the care of other patients was negatively or very negatively affected’
- ‘94% said drunk patients in the ED had a negative or very negative effect on the workload of ED staff’.

However, the study does not disaggregate these figures by gender and, on the basis of sociological and criminological research, it is reasonable to ask what proportion of these events involved male aggressors.

RECOMMENDATION 5

Refer to relevant crime statistics in developing policy and law addressing alcohol-related violence

Given the preceding comments on the conflation of victim and perpetrator in the compilation of statistics on ‘alcohol-fuelled’ coronial deaths and ‘alcohol-related’ ED presentations and hospitalisations, it is useful to examine relevant crime statistics on offenders. Consider, for example, the following Victoria Police crime statistics for 2013/2014:

- Eighty-three percent of assault offenders are males under 60 years of age (Victoria Police, 2014a, p. 36)
- Males comprise 81.5% of offenders in the 18-24 years age group (Victoria Police, 2014b, p. 18)
- Males aged 18-59 years comprise 85.6% of offenders processed for two categories of offence likely to be highly relevant to violent incidents: ‘Behave in a riotous indecent offensive or insulting manner’ and ‘Uses profane indecent or obscene language or insulting words’ (Victoria Police, 2014b, p. 53).

Although such statistics are inevitably shaped by many factors (e.g. political priorities and policing strategies), they also point to the disproportionate involvement of adult and young men in crime in general and in offences relating to violence. Along with sociological and criminological research, the analysis of crime statistics should inform the development of both policy and law reforms designed to address alcohol-related violence.

RECOMMENDATION 6

Create partnerships with other government and civil initiatives and frameworks to better inform policy to reduce alcohol-related violence

Bearing in mind the contribution of masculinities to alcohol-related violence highlighted in this submission, and in keeping with a recent *Lancet* review of prevention programs designed to reduce violence against women and girls (Jewkes, Flood & Lang, 2015), future policy should seek opportunities for partnerships and linkages with government and civil initiatives and frameworks addressing issues of gender inequality and/or masculinities. These might include but are not restricted to:

- Our Watch, a non-government organisation ‘established to drive nation-wide change in the culture, behaviours and attitudes that lead to violence against women and children’ (<http://www.ourwatch.org.au/>)

- Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. Melbourne: Our Watch.
- The Australian Government's 'National Plan to Reduce Violence against Women and their Children 2010–2022' (<https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>)
- The recommendations of the Victorian Royal Commission into Family Violence (<http://www.rcfv.com.au/>)
- The Victorian Health Promotion Foundation's 'Alcohol Cultural Change Project', which, at a recent stakeholder workshop held to inform future policy directions, prioritised issues of masculinities and gender (<https://www.vichealth.vic.gov.au/programs-and-projects/alcohol-cultural-change-project>).

CONCLUSION

The data and analysis presented in this submission highlight the need for future policy addressing alcohol and violence to recognise that violence is gendered and most often perpetrated by men, especially young men. Although these are not new insights, they are strikingly absent from contemporary policy discourse and legal debates on alcohol and violence (such as the effectiveness of lockout laws). Informal discussions conducted in policy development meetings suggest that policy stakeholders see changes to masculine practices as unachievable or assume that masculinity is singular, fixed and inevitable. However, unless such issues are addressed, little or no lasting progress will be made in reducing alcohol-related violence. Women and girls will continue to bear the responsibility and even blame when they are the victims of violence, and their negative and inequitable experiences will be magnified. Gender is not an easy area in which to make change but Australia's initiatives in the workplace (e.g. paid parental leave), and in the realm of sexual abuse, demonstrate that, as a society, we now expect equitable formal responses to social problems. Alcohol-related violence must be addressed using best-practice approaches in order to be viable, effective and consistent with contemporary community standards.

ACKNOWLEDGMENTS

This submission draws on research funded by Australian Research Council Discovery Project DP110101720. The National Drug Research Institute at Curtin University is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund.

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