



## **Submission to Alcohol Policies and Legislation Review in the Northern Territory**

The Domestic and Family Violence Network (DFVN) welcomes the opportunity to make a submission to the Alcohol Policies and Legislation Review in the Northern Territory to advance improved outcomes for victims of Domestic and Family Violence in the Northern Territory (NT). Our brief submission will focus on the experience of women and children in the NT impacted by alcohol fuelled cycles of domestic and family violence. We wish to ensure that the needs of the most vulnerable Territorians are heard amongst the clamour of special interest groups and the well organised and well-funded alcohol lobby.

### **About the DFVN**

The DFVN was established in 1996 to link the various government and non-government organisations working in the area of Domestic and Family Violence in the Greater Darwin area. The Network keeps the focus of its work on subjects directly related to Domestic and Family Violence (DFV). The Network is committed to the prevention of DFV in the Darwin community and has zero tolerance towards Domestic and Family Violence. The key objectives of the DFVN are Information sharing, encouraging a more effective service system and strategic advocacy.

### **Our recommendations**

- Trauma informed systems [see Attachment A] are established by the NT Government as a matter of urgency in recognition of the link between DFV, intergenerational trauma, alcohol misuse, addiction and trauma disorders.
- Findings of the NT Governments Alcohol Review and the development of Domestic Family and Sexual Violence Reduction Strategy 2018-2022 need to work together to recognise and address the complex relationship between DFV and alcohol misuse in the NT. These reviews need to recognise the importance of better defining the distinct types of violence [coercive controlling violence and lateral violence] that is

currently grouped together as Domestic and Family Violence. An appreciation of the different root causes and different role of alcohol in the unacceptable rates of violence is key to coming up with solutions to reduce the incidence and severity of alcohol fuelled violence in the NT.

- Alcohol supply in the NT is reduced as a matter of urgency.

## Key points for the consideration

### 1. In the NT, alcohol fuels Domestic and Family Violence.

The NT has some highest rates of DFV in the country, and some of the highest in the world. According to the most recent figures from the ABS, in 2015, there were 4,076 victims of FDV-related Assault in the Northern Territory, [1,668 victims per 100,000 persons]. No other jurisdiction in the country sees such unacceptably high levels of DFV. For comparison:

- 30,467 victims of FDV-related Assault in New South Wales, [400 victims per 100,000 persons];
- 18,274 victims of FDV-related Assault in Western Australia, [706 victims per 100,000 persons];
- 7,740 victims of FDV-related Assault in South Australia, [456 victims per 100,000 persons];
- 1,198 victims of FDV-related Assault in Tasmania, or 232 victims per 100,000 persons; and
- 693 victims of FDV-related Assault in the Australian Capital Territory, or 177 victims per 100,000 persons.<sup>1</sup>

Women in the NT are the disproportionate victims of this violence. There are 5 times more likely to experience DFV and seven times more likely than males to have experienced Assault victimisation within an intimate partner relationship<sup>2</sup>, many of these women have children in their care. It is widely acknowledged that exposure to DFV is traumatic and extremely damaging for young people's development. As a result, we have unacceptably high numbers of Territorians experiencing intergenerational trauma as a result of DFV. In the NT, DFV stats are made up of 2 broad groups of violence that takes place between intimate partners or other people connected by family or kinship ties: coercive controlling violence and lateral violence. Alcohol plays a distinct role in each of these.

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<sup>1</sup> Victims of Family and Domestic Violence – related offences, ABS accessed at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~6> on 21/6/17

<sup>2</sup> Victims of Family and Domestic Violence – related offences, ABS accessed at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Main%20Features~Experimental%20Family%20and%20Domestic%20Violence%20Statistics~6> on 21/6/17

- **Coercive controlling violence** is an ongoing pattern of use of threat, force, emotional abuse and other coercive means to unilaterally dominate a person and induce fear, submission and compliance in them. Its focus is on control<sup>3</sup>. It is most commonly seen in intimate partner relationships. It's most common victims are women. While alcohol use does not cause this violence, where physical violence is used to dominate and control another person, alcohol is a significant contributor to the severity, and sometimes the lethality of the violence used to coerce and control.
- **Lateral violence** is often described as 'internalised colonialism' and refers to the harm done by Aboriginal and Torres St Islander people to others in their families, organisations and communities. This includes physical violence or 'fighting' between family and community members where there is an absence of coercive control. It is the end result of extreme dysfunction and disadvantage bought about by systematic oppression and disempowerment: "When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us."<sup>4</sup> Alcohol is one of the most significant causal factors and contributors to the severe and life threatening lateral violence and self-harm we see in the NT.

Alcohol is consistently shown to be involved in the vast majority of DFV matters attended by NT police as evidenced in the most recent NT crime statistics<sup>5</sup>.

**Northern Territory Assault Statistics**  
Data through April 2017

Domestic violence	Alcohol involvement	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
DV involved	Alcohol involved	166	203	184	162	195	188	207	191	230	216	234	210	165
	No alcohol involved	96	110	87	96	89	80	85	98	117	112	105	100	110
	Not known	37	47	41	40	35	36	29	44	54	51	39	42	37
<b>DV involved Total</b>		<b>299</b>	<b>360</b>	<b>312</b>	<b>298</b>	<b>319</b>	<b>304</b>	<b>321</b>	<b>333</b>	<b>401</b>	<b>379</b>	<b>378</b>	<b>352</b>	<b>312</b>
DV not involved	Alcohol involved	109	138	99	84	96	98	114	131	135	91	109	118	102
	No alcohol involved	54	51	56	66	64	52	69	67	80	76	59	59	76
	Not known	62	65	57	62	55	47	53	49	70	67	56	77	73
<b>DV not involved Total</b>		<b>225</b>	<b>254</b>	<b>212</b>	<b>212</b>	<b>215</b>	<b>197</b>	<b>236</b>	<b>247</b>	<b>285</b>	<b>234</b>	<b>224</b>	<b>254</b>	<b>251</b>
<b>Total assaults</b>		<b>524</b>	<b>614</b>	<b>524</b>	<b>510</b>	<b>534</b>	<b>501</b>	<b>557</b>	<b>580</b>	<b>686</b>	<b>613</b>	<b>602</b>	<b>606</b>	<b>563</b>
Assaults with alcohol involved		275	341	283	246	291	286	321	322	365	307	343	328	267
Assaults with no alcohol involved		150	161	143	162	153	132	154	165	197	188	164	159	186
Assaults with alcohol involvement unknown		99	112	98	102	90	83	82	93	124	118	95	119	110
<b>% of assaults associated with domestic violence</b>		<b>57.1%</b>	<b>58.6%</b>	<b>59.5%</b>	<b>58.4%</b>	<b>59.7%</b>	<b>60.7%</b>	<b>57.6%</b>	<b>57.4%</b>	<b>58.5%</b>	<b>61.8%</b>	<b>62.8%</b>	<b>58.1%</b>	<b>55.4%</b>
<b>% of assaults associated with alcohol</b>		<b>52.5%</b>	<b>55.5%</b>	<b>54.0%</b>	<b>48.2%</b>	<b>54.5%</b>	<b>57.1%</b>	<b>57.6%</b>	<b>55.5%</b>	<b>53.2%</b>	<b>50.1%</b>	<b>57.0%</b>	<b>54.1%</b>	<b>47.4%</b>

Data extracted from PROMIS on 01/06/2017  
Shaded months should be treated as provisional

<sup>3</sup> Family Violence Best Practice Principles [Edition 4] - December 2016, The Family Court of Australia, accessed at <http://www.familycourt.gov.au/wps/wcm/connect/fcoaweb/reports-and-publications/publications/family+violence/family-violence-best-practice-principles> on 21/6/2017 p.8

<sup>4</sup> Chapter 2: Lateral violence in Aboriginal and Torres Strait Islander communities - Social Justice Report 2011, Australian Human Rights Commission, accessed at <http://www.humanrights.gov.au/publications/chapter-2-lateral-violence-aboriginal-and-torres-strait-islander-communities-social> on 21/6/17

<sup>5</sup> NT Crime Statistics April 2016 p.18 accessed at <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Statistical-publications.aspx> on 21/6/17

Whether the DFV has its root cause in coercive controlling violence or dysfunctional lateral violence, DFV results in trauma and PTSD for individuals who are victims and others, particularly children, who are exposed to it.

## **2. There is a link between trauma disorders, PTSD and alcohol misuse and addiction.**

Addiction and trauma disorders are closely linked. Alcohol is commonly used to "self-medicate" against negative symptoms associated with trauma exposure, such as:

- Anxiety and fear
- Insomnia
- Irritability and agitation
- Guilt, shame, and self-blame
- Difficulty concentrating

Endorphin withdrawal plays a part in the use of alcohol to control PTSD. When an individual experiences a traumatic event, his or her brain produces endorphins — neurotransmitters that reduce pain and create a sense of well-being — as a way of coping with the stress of the moment. When the event is over, the body experiences an endorphin withdrawal. According to researchers<sup>6</sup>, many of those with PTSD will turn to alcohol as a means of replacing the feelings brought on by the brain's naturally produced endorphins. But the positive effects of alcohol are only temporary.

With increased use of alcohol, the individual can become chemically dependent on the drug. He or she will need more alcohol or drugs to produce those numbing effects. Eventually, dependence can turn into addiction, which is characterized by compulsive use of the substance, tolerance to the drug and an insistence on abusing the drug in spite of its devastating effects. The use of alcohol to numb PTSD symptoms leads to a vicious cycle. Drinking alcohol worsens the fear and anxiety of PTSD, which leads to a release of endorphins. As the effects of the endorphins subside, the individual needs more alcohol to escape the nightmares and flashbacks of PTSD.

With such unacceptably high rates of DFV, the NT has a significant proportion of the population who are highly traumatized, and who are seeking to self-medicate the pain of that trauma via access to cheap, easily accessible alcohol.

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<sup>6</sup> The Role of Uncontrollable Trauma in the Development of PTSD and Alcohol Addiction, Joseph Volpicelli, M.D., Ph.D.; Geetha Balaraman; Julie Hahn; Heather Wallace, M.A.; and Donald Bux, Ph.D accessed at <https://pubs.niaaa.nih.gov/publications/arh23-4/256-262.pdf> on 21/6/2017

### **3. Unresolved intergenerational trauma and associated alcohol abuse and addiction and alcohol fuelled violence comes at great cost to our community.**

The economic cost of this trauma is borne by the government and non-government organisations. Our hospitals, health centres and clinics are full of Territorians being treated for a combination of alcohol fuelled assault injuries and long-term damage caused by alcohol misuse. Likewise, courts and prisons. Our community sector is stretched to breaking point with the need from clients who are impacted by DFV and whose lives are shaped by unresolved intergenerational trauma, associated alcohol abuse and addiction and/or are the victims or perpetrators of alcohol fuelled violence.

The brunt of social impacts are most severe in the communities where gender based violence, unresolved intergenerational trauma and associated alcohol abuse, and alcohol fuelled violence are the norm. But the social effects of such significant numbers of the population being impacted in this way effects the NT community at large.

### **4. The physical and economic availability of alcohol are central to the harm caused by alcohol in the NT.**

#### 4.1. Strategies must be put in place to reduce supply by:

- Restricting trading hours
- Reduce the number of liquor outlets
- Introduce a risk based licensing system
- Increase community involvement in liquor licence regulation
- Ban political donations from the alcohol industry

#### 4.2. Strategies must be put in place to reduce demand by:

- Addressing the trauma impacts of unacceptably high rates of DFV in the NT and recognising the link between alcohol misuse, addiction and trauma disorders.
- Introduce a minimum price for alcohol
- Reform the wine taxation system and introduce a volumetric tax
- Restrict promotion of alcohol

#### 4.3. Other strategies required to reduce harm:

- Take action, including culturally safe health promotion, to prevent Foetal Alcohol Spectrum Disorders' (FASD)
- Increase treatment service capacity, including culturally safe treatment options

## Attachment A: Characteristics of Trauma Informed Systems

Departments, Agencies, programs and service providers:

1. Routinely screen for trauma exposure and related symptoms;
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms;
3. Make resources available to adults, children, families, and providers on trauma exposure, its impact, and treatment;
4. Engage in efforts to strengthen the resilience and protective factors of children, adults, families and communities impacted by and vulnerable to trauma;
5. Address parent and caregiver trauma and its impact on the family system;
6. Recognise that Healing happens in Relationship and adheres to guiding values of trauma informed care: understand the prevalence and impact of trauma; promote safety; earn trust; embrace diversity; provide holistic care; respect human rights; pursue the person's strengths, choice and autonomy; share power; and communicate with compassion.



7. Emphasise continuity of care and collaboration across systems;
8. Maintain an environment of care for workers that addresses, minimizes, and treats secondary traumatic stress.

## **To Contact the DFVN**

Thank you for your consideration of the above. If you wish to discuss this submission further, or have any questions for the network, please contact the facilitator of the DFVN- Alex Richmond, Community Educator at Dawn House Women's Shelter via [community.educator@dawnhouse.org](mailto:community.educator@dawnhouse.org) or (08) 8945 1388.