Foundation for Alcohol Research & Education

Level 1,
40 Thesiger Court
Deakin ACT 2600

PO Box 19
Deakin West ACT 2600

T 02 6122 8600
F 02 6232 4400

www.fare.org.au

ABN 91 096 854 385

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Ms Megan Mitchell
National Children's Commissioner
GPO Box 5218
SYDNEY NSW 2001

Dear Ms Mitchell

COMMENTS ON THE DEVELOPMENT OF THE 2015 CHILDREN'S RIGHTS REPORT

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide information for the 2015 Children's Rights Report.

I commend the decision to focus the report on the impacts of family and domestic violence on children. Unlike most other forms of violence, family violence occurs in the home, where one should feel safest, perpetrated by those we should feel safest with. Family violence is rarely a one-off event – it is more likely to be a pattern of behaviour characterised by one person exerting power and control over another in the context of an intimate partnership or within a family situation. Family violence may persist for years and involve multiple forms of abuse. The impacts that family violence has on children, whether they are direct victims or witnesses, are damaging and potentially lifelong.

Alcohol is a significant contributor to family violence in Australia. FARE recently released the *National framework for action to prevent alcohol-related family violence* (Framework) which outlines the various impacts that alcohol has on family violence, both in the context of intimate partner violence and child maltreatment. FARE sent you a copy of this Framework in a letter dated 23 June 2015. The Framework proposes policies and programs that Australian Governments can implement which are likely to result in the most tangible reductions in alcohol-related family violence. FARE's responses to your questions will be guided by this Framework.

FARE has addressed each of the questions proposed with a focus on the role and impact of alcohol in family violence.

1. What are the impacts on children of family and domestic violence?

According to the World Health Organization, the association between alcohol and child maltreatment includes that:

- Alcohol affects physical and cognitive function, which may reduce self-control and increase the propensity to act violently, including towards children, and may also incapacitate the parent from protecting their children from abuse by others.
- Harmful alcohol use can impair responsible behaviour and decrease the amount of time and money that can be spent on a child.

- Harmful parental alcohol use is associated with other factors that increase the risk of child maltreatment such as mental health issues and anti-social personality characteristics.[1]

Children may be impacted by family violence in a number of ways, whether they are direct victims of violence (including non-physical violence) or witnesses to family violence, which in itself is considered a form of emotional abuse.

As direct victims, physical impacts include injuries and impairments, disruption to early brain development, stress-related symptoms such as sleep disorders and impacts to the nervous and immune systems. Psychological distress includes fear, depression and attempted suicide both in childhood and later in life.[2] As adults, people who have experienced child maltreatment are at increased risk of behavioural, physical and mental health problems such as: perpetrating or being a victim of violence; depression; alcohol and other drug use and abuse; high risk sexual behaviours; unintended pregnancy; homelessness and involvement with the criminal justice system.[3] In turn, these consequences contribute to heart disease, cancer, suicide and sexually transmitted infections. This also impacts at a societal level including the costs of hospitalisation, mental health treatment, child welfare, and longer-term health costs.[4]

Being a witness to family violence also has serious emotional, psychological, social, behavioural and developmental consequences for children. It has been found to result in behaviour changes that include excessive irritability, sleep problems, emotional distress, fear of being alone, immature behaviour, and problems with toilet training and language development.[5]

Even in the absence of violence, the drinking of a parent or carer can cause distress to children in a number of ways, including shame and embarrassment, schooling instability, having to assume adult responsibilities, coping with financial stress and the inability to plan and stick to routines as a family.[6]

2. What are the outcomes for children engaging with services, programs and support?

International research suggests that children affected by their parents' alcohol use may be less likely to be responded to as early as children whose parents are using other drugs.[7] This is despite the fact that drugs (other than alcohol) and alcohol are equally likely to result in adverse outcomes for children.[8]

There is a growing recognition of the need for child and family sensitive practice in alcohol and drug service delivery. Child and family sensitive practice acknowledges that an individual's drinking is likely to be having negative impacts on their children and family, including an increased risk of violence. Therefore, interventions that are sensitive to, and incorporate the needs of families are required. An evaluation of such a program, Parents Under Pressure, which targeted children aged three to eight years whose parents were on methadone, found significant reductions in potential child abuse and child behaviour problems.[9] Although there has been no similar evaluation examining alcohol, child and family sensitive practice in alcohol service delivery is likely to yield similar benefits.

3. What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?

At a population level, there is a relationship between the availability of alcohol and the incidence of family violence. In Western Australia, a study found that for every 10,000 additional litres of pure alcohol sold at an off-licence liquor outlet, the risk of violence experienced in a residential setting increased by 26 per cent.[10] Research in Melbourne has found that a ten per cent increase in off-licence liquor outlets in an area is associated with a 3.3 per cent increase in family violence.[11]

There are a range of population-based policy options available to reduce alcohol-related family violence. These policy options target the physical availability, economic availability and promotion of alcohol in our society. Examples of these types of policies that that have been proven to be effective in reducing family violence are outlined below:

- A US study found that a one per cent increase in the price of alcohol was associated with a 3.1 to 3.5 per cent decrease in intimate partner violence towards women.[12] A further study estimated that a ten per

cent increase in the excise tax on beer was estimated to reduce the probabilities of overall child abuse and severe child abuse by 1.2 per cent and 2.3 per cent, respectively.[13]

- An evaluation of alcohol interventions in Tennant Creek, Northern Territory found that restricted hotel opening hours and restrictions on take-away sales on Thursdays led to a decline in admissions to women's refuges.[14]
- An evaluation of alcohol restrictions in Fitzroy Valley in Western Australia limiting the types and times that alcohol could be sold found that these restrictions were associated with reductions in alcohol consumption, reductions in the rates and severity of intimate partner violence, and generally better care of children.[15]

There are no public awareness campaigns or school-based education programs in Australia that adequately integrate the relationship between alcohol and family violence. This dearth needs to be addressed because there is a significant proportion of young people who see alcohol as an excuse for violence. Research conducted to inform *The Line* campaign revealed that in young people aged 14 to 24 years, 15 per cent consider it acceptable for 'a guy to pressure girl for sex if they are both drunk', and one in four do not think that it is serious 'if a guy who is normally gentle slaps his girlfriend during an argument while he is drunk'.[16]

4. What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?

Improvements in the way data is collected and reported are necessary to understand the extent of alcohol's involvement in family violence. Data collection for alcohol-related child maltreatment is currently limited. Police data tends to lump incidents of child maltreatment and intimate partner violence under the umbrella of 'domestic assault' or 'family incident.' Recording alcohol-related child maltreatment incidents separately to intimate partner violence incidents would provide greater detail on child maltreatment and the prevalence of children affected by alcohol-related family violence.

Considerable improvement is also needed in the recording of alcohol involvement in incidents in child protection investigations, and in schools and hospitals records. This could be achieved using mandatory check-boxes on whether and to what extent alcohol is involved in the situation or incident. To guide this, there needs to be clear rules for narrative recording of the nature and extent of alcohol involvement.

5. What are the issues in relation to defining family and domestic violence and the impacts it has on children?

Consideration must be given to the various ways that children can be affected by family violence. These can include acts of commission (e.g. physical, sexual and emotional abuse), acts of omission (e.g. neglect)[17] and witnessing any type of family violence, whether it be physical or non-physical.

The impacts of family violence on children must also be viewed in a broad sense, in terms of the wide range of physical and psychological harms, both at the time of the incidents and later in life.

6. What do we know about the prevalence and incidence of family and domestic violence affecting children, including who is involved in family and domestic violence events?

In the states and territories where data is available, carer alcohol abuse is associated with between 15 per cent and 47 per cent of child abuses cases across Australia.[18]

Data from Victoria indicates that as child protection cases become more serious, the involvement of alcohol increasingly becomes identified as a factor. In the period 2001 to 2005, carer alcohol abuse was recorded in 25 per cent of substantiated cases that did not require further intervention, 34 per cent of cases where the most serious intervention was a protective intervention, and 42 per cent of cases requiring an order from the Children's Court.[19]

Furthermore, alcohol is implicated in a significant proportion of repeat cases of child maltreatment, with 38.5 per cent of children who experienced re-substantiated child maltreatment being from families where caregiver alcohol abuse was identified.[20]

The table below provides an overview of alcohol involvement in substantiated cases in Victoria 2001-2005, by primary type of harm.

	Child abandoned	Parents deceased or incapacitated	Physical harm	Sexual harm	Emotional harm	Neglect	Total
Alcohol involved (n)	245	245	2,554	385	6,661	2,681	12,771
Alcohol involved (%)	38	55	27	12	39	35	33

Data source: Laslett, AM,. Mugavin, J. Jiang. H., Manton, E., Callinan, S., MacLean, S., and Room R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research, Foundation for Alcohol Research and Education.

According to a 2008 survey, of the 135 respondents whose children had been affected by someone else's drinking, almost half (46 per cent) reported that they were affected by the drinking of someone in a parental role, whether it be the child's parent or step-parent, the carer's partner or ex-partner or the child's guardian. Twelve per cent were negatively affected by the drinking of siblings, and 15 per cent were negatively affected by other family members and relatives. Fifteen per cent of carers reported that their children were affected by family, friends or people their child was in contact with, such as a coach, teacher or priest, and 12 per cent reported that they had been affected by unspecified others. A small number of respondents reported that their children had been affected by more than one relationship.[21]

Fetal Alcohol Spectrum Disorders (FASD)

In considering the rights of children, it is important to include the rights of unborn children. Children can be affected by alcohol before they are born, and this has damaging and lifelong consequences. Fetal Alcohol Spectrum Disorders (FASD) are permanent developmental disabilities that are caused by exposure to alcohol in utero. FASD is associated with primary disabilities such as facial anomalies, sight and hearing problems, and organ damage.[22] The underlying brain damage caused by prenatal alcohol exposure can result in a variety of conditions including poor memory, difficulties with speech, behavioural problems as well as social and emotional delays.[23] When the primary disabilities of FASD are undiagnosed or misunderstood, this can result in a person with FASD developing secondary disabilities such as mental health issues, alcohol and drug problems, disrupted school experiences and inappropriate sexual behaviours. Additionally, people with FASD tend to have difficulties coping with day-to-day living such as managing money and sustaining regular employment.[24]

People with FASD, their families and carers struggle to access assistance from social services, education and training, justice and health agencies. Access to disability support services and early intervention programs are crucial in preventing the development of secondary disabilities for people with FASD. Secondary disabilities (such as mental health issues, alcohol and drug problems, disrupted schooling, lack of employment and incarceration) can occur when FASD is undiagnosed or misunderstood. Similar to other disabilities, access to early intervention services will result in better outcomes for the individual throughout their life.[Error! Bookmark not defined.] Many are precluded due to lack of diagnosis from a health professional or because FASD is excluded from eligibility criteria.

It is essential that FASD is recognised as a disability and imperative that FASD be recognised in the *National Disability Insurance Scheme* (NDIS).

Conclusion

Policies targeting alcohol issues have been recognised by the WHO as important levers to assist in the significant reduction of family violence and the harms that arise from it.[25,26] FARE's Framework has identified areas for action to reduce alcohol-related family violence, including:

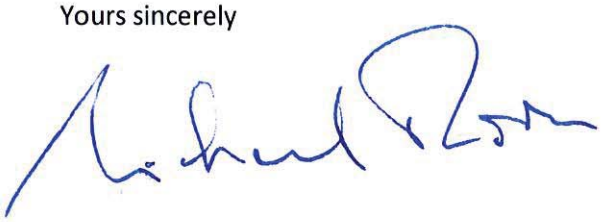
- Primary prevention: Preventing violence before it occurs;
- Secondary prevention: Early intervention that targets individuals or segments of the population who are showing signs of vulnerability, early indicators of trouble, or are at particular risk of being affected by violence due to co-occurring life stresses;
- Tertiary prevention: Targeting individuals who have already been affected by family violence and aiming to reducing the harm associated with this, and as well as preventing the recurrence of violence; and
- Investing in data collection and evaluation.

The Senate Finance and Public Administration References Committee's report into *Domestic Violence in Australia* has recommended that Government consider FARE's Framework to ensure that there is an integrated and focused effort to reduce the role of alcohol as a contributing factor in cases of domestic violence. Similarly, the House of Representatives Standing Committee on Social Policy and Legal Affairs report *FASD: The Hidden Harm: Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders* considers FARE's *The Australian Fetal Alcohol Spectrum Disorders Action Plan 2013–2016* to be a useful adjunct to the recommendations in their report.

The role of alcohol is an important consideration when formulating policies to reduce the impacts of family violence on children, including the effects of alcohol on children prior to birth. Therefore I urge you to consider FARE's Framework on family violence as well as FARE's FASD Action Plan in the development of the 2015 Children's Rights Report. I have enclosed a copy of each of these documents in this letter.

Thank you for the opportunity to provide comment on the 2015 Children's Rights Report, and please do not hesitate to contact me if you wish to discuss matters further.

Yours sincerely



MICHAEL THORN
CHIEF EXECUTIVE

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