

Reducing the impact of alcohol on family violence

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What we found

Alcohol is linked to intimate partner violence and child maltreatment

- There is evidence of a link between alcohol and intimate partner violence (IPV) and child maltreatment.
- Alcohol use has an independent relationship with IPV over and above the effect of other key factors such as partners' aggressive tendencies.
- Alcohol escalates aggressive incidents between intimate partners.
- Women experience more severe outcomes of IPV than males when alcohol is involved.
- Child maltreatment is associated with alcohol use by carers and heavy alcohol use by carers is related to more severe child maltreatment outcomes.
- IPV and child maltreatment are related to the density of alcohol outlets in an area. IPV is related to alcohol sales, particularly from off-license premises.

About *What works*

Superu's *What works* series synthesises what we do and don't know about a specific social sector topic. We draw on international and New Zealand research to identify what does and doesn't work to address the topic at hand. Our aim is to inform decisions and investment in the social sector.



There are approaches to reduce the impact of alcohol on family violence

- Better integrated responses to alcohol harm and family violence could help reduce alcohol-related family violence.
- Reducing access to alcohol through price increases and restricting availability hold promise for reducing family violence. These approaches, and restricting the promotion of alcohol, are effective in reducing alcohol consumption and alcohol harm in general. However, there is insufficient evidence on the effectiveness of these approaches in reducing family violence.
- Programmes targeting excess alcohol consumption by individuals and within relationships can be effective in reducing IPV.

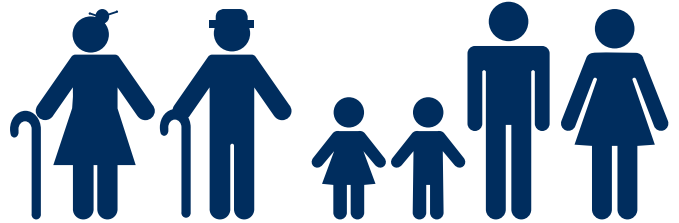
Women and children are the main victims of serious family violence

- Almost half of all violence offences in New Zealand are cases of family violence and women and children make up most of the victims.
- In 2012/13, women's refuges affiliated to the National Collective of Independent Women's Refuges received almost 82,000 crisis calls; and almost 3,000 women and children stayed in safe houses ⁽¹⁾.
- In 2012/13 Child, Youth and Family dealt with 23,000 cases of abuse or neglect of New Zealand children ⁽¹⁾.



Common forms of family violence include

abuse and **neglect** of children by adults, violence between adult partners, abuse and neglect of older people, **violence** by a child against a parent and violence between siblings ⁽²⁾.



Introduction

Family violence is a major problem in New Zealand. Physical and emotional safety for family and whānau members is an important part of family wellbeing and, when lacking, may have major negative effects, including intergenerational effects on children and their families.

There are complex and multiple interactions between risk and protective factors across the individual, family, community, institutional and societal levels that lead to family violence. These factors are not mutually exclusive and measures to address any of them can be mutually reinforcing. No single intervention can address family violence in its totality. Responses to family violence should ideally include a mix of population-level approaches as well as responses targeted at individuals, couples and groups.

Government is currently developing a whole-of-government response to prevent family and sexual violence ⁽³⁾. Research has shown a causal link between alcohol use and violence in general but there has been little focus on the role of alcohol in family violence in New Zealand. This probably reflects, in part, an understandable concern to avoid alcohol being used as a factor to ‘explain’ and mitigate accountability for violence on the part of the perpetrator.

Recently, alcohol has been mentioned as a specific action point in approaches to prevent family violence ^{(4) (5)}. The inclusion of alcohol as an aggravating factor in family violence has been highlighted by Braaf ⁽⁶⁾, for example, in recent international approaches to the topic. Those working in the alcohol sector have also raised the impact of alcohol on violence ^{(7) (8)}.

In 2014, Superu ran a Family Violence Knowledge Exchange Forum ⁽⁹⁾ between academics and senior government officials which identified that dealing with alcohol harm could lessen the risk of family violence. Following on from this, Superu commissioned SHORE & Whāriki Research Centre, College of Health, Massey University to undertake a review of the literature^a to inform policy and programme responses in New Zealand.

This *What works* paper is based on that review and summarises what we know about the link between alcohol and family violence – specifically intimate partner violence and child maltreatment. We also present what we know about interventions and strategies to reduce alcohol-related family violence. The review examined both international and New Zealand research.

Outside the scope of this paper

The following areas are not in the scope of this paper due to the lack of available evidence.

- The individual, family, and community risk and protective factors that may heighten or lower the risks of alcohol consumption were not considered in any depth.
- The role of alcohol in elder abuse, abuse of parents by children, sibling to sibling violence, or violence against those with disabilities.
- The association between sexual violence within intimate relationships and alcohol ^{(10) (11)}.
- Same-sex couples and IPV. A small number of studies suggest that the research findings for same-sex IPV would be similar to those found for heterosexual partner abuse, including alcohol use ^{(12) (13)}.
- The economic costs of alcohol-related family violence.

Evidence of the link between alcohol and family violence

This section discusses international and New Zealand evidence of the link between alcohol and IPV and child maltreatment. Whether alcohol is a direct cause of family violence is often contested. According to some researchers, while alcohol is neither a necessary nor sufficient cause of family violence, it does play a causal role ⁽¹⁴⁾.

Alcohol consumption is strongly associated with IPV

Many studies, including some New Zealand studies, show a clear link between alcohol and IPV. This link is not surprising as a large body of research has found alcohol is causally related to violence in general ^{(15) (16)}.

Research indicates that the risk of becoming involved in a violent incident, either as a perpetrator or victim rises, with the amount of alcohol consumed. Heavy drinkers are most at risk ^{(17) (18) (19) (20) (21)}. The frequency of intoxication has been found to increase the risk of violence to a greater extent than the level of consumption ⁽¹⁹⁾.

IN NEW ZEALAND, APPROXIMATELY

1/2 of the alcohol consumed is drunk in heavier drinking occasions leading to intoxication ⁽²²⁾

The research literature, which has controlled for a number of other contributing influences, suggests an independent relationship between alcohol use and IPV. In other words, alcohol is associated with IPV over and above other key related factors such as partners' aggressive tendencies, a history of abuse/witnessing domestic violence, other drug use, sex-role beliefs, psychological factors or socio-economic status ⁽¹⁴⁾.

The research ^{(23) (24) (25)} is generally consistent, and shows:

- A small to moderate association between alcohol use and the perpetration of male-to-female IPV.
- A larger association between alcohol use and male-to-female IPV among men who are the heaviest users (i.e. those in treatment for alcohol problems compared with those not in treatment).
- A small association between alcohol consumption and the perpetration of female-to-male IPV.

Three New Zealand studies support the international findings on the link between alcohol and IPV. The Christchurch Longitudinal Study found a causal association between alcohol use disorder and IPV. The researchers estimated that alcohol use disorder was responsible for around 5-9% of IPV perpetration ⁽²⁶⁾.

Glossary of terms

Alcohol use disorder: a condition characterised by the harmful consequences of repeated alcohol use, a pattern of compulsive alcohol use, and (sometimes) physiological dependence on alcohol (i.e., tolerance and/or symptoms of withdrawal). This disorder is only diagnosed when these behaviours become persistent and very disabling or distressing. There is often craving for alcohol that makes it difficult to think of anything else until drinking resumes.

Alcoholism: see alcohol use disorder.

Association: refers to the statistical dependence between two variables. An association does not determine cause and effect.

Brief intervention: is a mechanism used in primary care and other settings to encourage reduction in heavy drinking. Patients receive an initial screening and are then referred either to a brief intervention of more specialised treatment. Brief interventions are low intensity and short duration, usually one to three sessions of education and counselling. The aim is to moderate heavier alcohol consumption as opposed to promote abstinence.

Causal: an exposure which produces a regular and predictable change in the risk of the disease or outcome.

Child maltreatment: the direct maltreatment of children, including physical, sexual and psychological/emotional abuse and neglect.

Intrafamilial violence: includes all forms of violence between family members other than intimate partner violence or child maltreatment.

Interpersonal violence: intentional use of physical force or power, threatened or actual, against another person, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

Intimate partner violence: includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner.

A 2007 New Zealand general population survey examining the role of alcohol in intimate partner aggression found alcohol use was involved in more than 25% of the most severe intimate partner aggression incidents in New Zealand. The study also assessed the relationship between heavy episodic drinking and intimate partner aggression and found that heavier drinking by either partner was associated with an increase in the risk that alcohol would be involved in any reported incident ⁽²⁷⁾.

Another New Zealand study of a cohort of Pasifika mothers found that their alcohol consumption after the birth of their child was a factor associated with their perpetration and experience of victimisation of IPV ⁽²⁸⁾.

IPV is common in New Zealand

- Over one third of ever-partnered women in New Zealand have experienced physical and/or sexual IPV ⁽²⁹⁾.
- Over half of ever-partnered women in New Zealand have experienced physical and/or sexual IPV and/or psychological/emotional abuse ⁽²⁹⁾.
- Almost one in five of ever-partnered women in New Zealand reported some form of abuse in the previous twelve months ⁽²⁹⁾.

There is an independent relationship between Alcohol use and IPV

Women experience more severe outcomes when alcohol is involved

Research ⁽³⁰⁾ has examined the relationship between alcohol and severity of incidents and found that alcohol escalates aggressive incidents. The severity ratings of aggression where alcohol was involved (at the time of incident) are higher when one or both partners have been drinking compared with incidents where neither partner has been drinking.

A New Zealand study ⁽²⁷⁾ also found gender differences with females reporting greater severity, anger and fear with victimisation when alcohol was involved compared with males who were victimised in alcohol-related incidents.

Alcohol plays a role in family violence in New Zealand

- 25% of the most severe intimate partner aggression incidents in New Zealand involved alcohol ⁽²⁷⁾.
- Eight of the 26 (31%) intrafamilial violence deaths between 2009-2012 occurred at a social gathering with people who had generally been drinking alcohol during the day and into the evening ⁽³¹⁾.

Alcohol consumption by carers is associated with child maltreatment

Child maltreatment includes physical, emotional, or sexual abuse, or neglect. Many studies have shown an association between carer alcohol consumption and child maltreatment. A study using a meta-analytic approach to assess risk factors for child maltreatment (and which included 155 studies from 1969 through to 2003) found a small to moderate association between carer alcohol use and child maltreatment ⁽²⁴⁾.

In Australia, a large scale survey found that 1% of children had been physically hurt over the previous 12 months, 9% were verbally abused, 3% witnessed domestic violence and 3% were left alone or unsupervised because of another's drinking ⁽³²⁾. In the United States, research has found that the frequency of drinking in bars by caregivers was related to more frequent perpetration of child physical maltreatment ⁽³³⁾.

In Victoria, Australia, one third of the child protection cases reported to authorities involved carer alcohol abuse: alcohol was involved in 27% of physical abuse cases, 12% of sexual abuse cases and 39% and 35% of emotional abuse and neglect cases respectively ⁽³²⁾. In the United States it has been estimated that between 50% and 80% of all child maltreatment reports involve substance abuse, of which alcohol was identified as the main substance in 64% of reports ⁽³⁴⁾.

Three New Zealand studies confirm an association between carer alcohol consumption and child maltreatment. Data from the Christchurch Longitudinal study shows that the children of parents described as alcoholics were more likely to experience sexual or other physical abuse perpetrated by a family member ⁽³⁵⁾.

Another study examining cases of child maltreatment reported to Child Youth and Family Services in a given year also suggests that alcohol plays a role in child maltreatment. For example, of the 171 infant cases reported to Child Youth and Family Services from the twelve months to June 2006, 82% of the infants were exposed to conflicted or violent adult relationships, and alcohol (or drug) problems were a common characteristic among the adult caregivers of these infants ⁽³⁶⁾.

Alcohol plays a role in the deaths of children and young people in New Zealand

- Of the 357 deaths of children and young people (aged four weeks to 24 years) during the years 2005 to 2007, one in four involved alcohol.
- Specifically, 30% of assaults, 30% of falls, 21% of poisonings, 16% of drownings and 10% of suffocations involved alcohol (i.e. either the child/young person or another person responsible for the death was affected by alcohol at the time, or there were patterns of alcohol consumption related to the death) ⁽³⁸⁾.

Higher rates of IPV and child maltreatment are related to the density of alcohol outlets

Studies in Australia and United States have found that the higher the alcohol outlet density is in an area, the greater the rate of IPV ^{(45) (46) (47) (48) (49)}. In Australia the relationship was larger between off-licence outlets (e.g. liquor stores and supermarkets) and IPV, whereas for some of the United States research, the findings related to all alcohol outlets.

Research in the United States has also found an association between the density of alcohol outlets and child maltreatment ^{(50) (51) (52)}. More specifically, physical maltreatment is associated with the density of off-license outlets, and child neglect is associated with the density of bars and other on-license outlets ^{(34) (52)}.

Heavy alcohol use by carers may be related to more severe child maltreatment outcomes

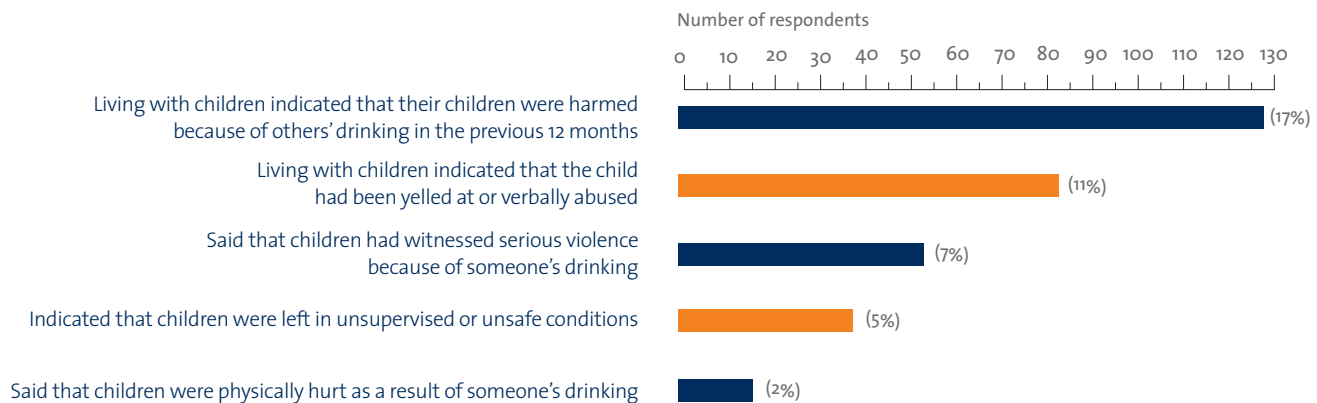
Australian research suggests that heavy alcohol use by carers is related to more severe child maltreatment outcomes. Alcohol use and a range of other risk factors, including low income levels, are associated with more frequent child maltreatment. In Victoria, Australia more serious child interventions are implemented where carer alcohol use is implicated ^{(39) (40)}.

Other negative impacts on caregiving from heavier alcohol consumption include mood swings, inconsistent caregiving practices, inattention and insufficient supervision of children, and inappropriate caregiving responsibilities taken on by children when a caregiver is intoxicated ^{(41) (42)}. Heavier alcohol consumption may also mean caregivers are less likely to provide the emotional support a child needs ^{(43) (44)}.



Living in neighbourhoods with fewer alcohol outlets is associated with **reduced entry** into foster care among children and fewer children experiencing child maltreatment ^{(53) (54)}.

A New Zealand survey of over three thousand people found that one in four respondents have at least one heavy drinker in their lives. Of these respondents:



Approaches to reducing the impact of alcohol on family violence

The main ways of reducing alcohol harm and alcohol-related violence are population level policies and targeted interventions aimed at decreasing alcohol consumption. This section discusses a range of universal and targeted interventions that hold promise for reducing family violence.

Policies for reducing the impact of alcohol on family violence

The WHO has recommended three general policies as effective in reducing alcohol harm generally. These are to reduce availability, increase the price and limit advertising⁽⁵⁵⁾. These policies have been shown to reduce alcohol-related harm and may also reduce the harm caused by IPV and child maltreatment. However, very few studies have evaluated the effectiveness of these approaches specifically with respect to family violence.

In order to better understand what policy interventions are effective in reducing the impact of alcohol on family violence, more research is required using reliable family violence outcome measures when alcohol policy changes are implemented.

The New Zealand Sale and Supply of Alcohol Act (2012) may provide opportunities for additional research and evaluation as local councils implement local alcohol policies. The Act allows local bodies to establish local alcohol policies to control the density and location of alcohol outlets and trading hours. Many local councils are in the process of finalising these policies and there may be opportunities to monitor the impact of these policies on family violence.

Restrict alcohol availability

There is little research on the effectiveness of interventions involving restrictions on the number of alcohol outlets or the availability of alcohol on family violence. The findings of a small number of studies, however, suggest that restricting availability is a promising approach.

An Australian study on an aboriginal community, for example, found that restricting the availability of alcohol by reducing the hours alcohol is available for purchase resulted in significant decreases in women's refuge admissions⁽⁵⁶⁾. These restrictions were imposed at the same time as a number of other interventions, however, making it difficult to determine the independent effects of the alcohol restrictions.

Increase the price of alcohol

While increasing the price of alcohol has been shown to be among the most effective population-level measures for reducing alcohol consumption and violence^{(15) (47) (57)}, the results for family violence are mixed.

A few studies have examined the effect of price increases on family violence. Some have demonstrated that price

increases reduce the level of family violence, while others have not found this relationship⁽⁵⁸⁾. Further research is needed to determine whether a link exists between alcohol pricing and family violence.

Restrict alcohol marketing

There is a clearly established link between how gender roles and masculinity are constructed and the level of violence against women^{(55) (59) (60)}. Alcohol marketing, along with marketing for other goods has been seen to perpetuate and reinforce women's position in society in which they are objectified and commodified⁽⁶¹⁾.

New Zealand research has found an association between marketing of alcohol and violence in general. Participants in the Dunedin Longitudinal Study who were more exposed to alcohol advertising both drank more heavily and reported more aggression⁽⁶²⁾.

Restricting alcohol marketing may contribute to a healthier environment for the prevention of IPV by affecting both alcohol consumption and male attitudes toward women. There is little research, however, specifically examining the impact of changes in the marketing of alcohol on family violence.

Targeted approaches to reducing the impact of alcohol on family violence

Targeted interventions aimed at reducing alcohol consumption and/or IPV include programmes for individuals and couples, screening and brief intervention and court responses.

Programmes for individuals and couples

The research on individual and couples programmes that include an aim to reduce alcohol consumption cannot conclusively demonstrate an impact on IPV. A recent systematic review of individual and couples based treatment programmes found reduced alcohol consumption to be related to reduced IPV. However, it was not possible to definitely attribute changes to the treatment. One study looking at the the impact of combining a brief alcohol intervention alongside batterer treatment showed positive effects in the short term. There were similar problems in attributing change in IPV following couples interventions focused on alcohol but one study showed a reduction in IPV following a 'brief intervention' focused on relationship and lifestyle factors including alcohol use⁽⁵⁸⁾.

Screening, brief intervention and early referral to treatment (SBIRT)

Screening and brief intervention are approaches used independently in relation to both alcohol and family violence. Alcohol screening and brief intervention (with or without referral to treatment) is used in primary care and other settings to discourage heavy drinking.

While screening and brief intervention for heavy drinking have been found to be effective in reducing heavier drinking⁽¹⁵⁾, we are not aware of any research that has evaluated whether screening and brief intervention for heavy drinking is also effective in preventing family violence.

Court responses can facilitate alcohol treatment

Internationally there have been moves to provide therapeutic responses within court processes⁽⁶³⁾. In New Zealand, Family

Violence Courts, which provide a holistic response to family violence can refer offenders into alcohol treatment under certain sentencing terms⁽⁶⁴⁾. However, the Alcohol and Drug Treatment Court, specifically designed to reduce reoffending and imprisonment and reduce drug and alcohol consumption and dependency, has little to do with referring offenders to family violence interventions⁽⁶⁵⁾.

During the court process some District Court judges (i.e. in Porirua, Nelson, Blenheim, Hutt Valley, Wellington, Masterton and Invercargill) are provided with brief health assessments of both defendants and offenders by their local District Health Board. The assessment provides information on alcohol or drug dependence or history of mental illness and can be used to refer offenders for further assessment and treatment – noting that treatment is not meant to be an alternative to sentencing. The impact of this model may be assessed in the future⁽⁶⁶⁾.

Implications for policy development and service delivery

The main implications for policy and service delivery include better integration of alcohol treatment services in dealing with family violence and increased access to alcohol treatment – particularly culturally appropriate treatment for Māori and Pasifika populations.

Alcohol must be considered in all plans to deal with family violence

Recent international approaches⁽⁶⁾ have promoted the notion that policies and strategic action should consider alcohol as an aggravating factor in family violence and particularly in IPV. This can be done without lessening the attention paid to other important variables (for example, gender inequality, social norms of violence) or reducing the accountability of the perpetrator.

Better integration of policies and programmes across sectors could reduce alcohol-related family violence

Joined up policy and programme responses between the alcohol and family violence sectors may enable better outcomes to be achieved. Specifically, family violence interventions for both victims and perpetrators should include treatment for alcohol where it appears to be a coping mechanism or contributing factor. Likewise, those designing and evaluating interventions targeting a person's problem drinking should be aware that family violence might be involved and may need interventions.

Better integration of family violence interventions with services dealing with alcohol-related problems could contribute to a more holistic response to family violence. For example, the Family Violence Interagency Response System

(FVIARS) is an interagency system between Police, Child, Youth and Family and the National Collective of Independent Women's Refuges. However, alcohol treatment providers are not involved in this process. Any moves to increase referrals to alcohol treatment providers must consider the impacts on capacity and capability.

Responses to family violence would benefit from a joined-up government, cross-sector approach that:

- Includes alcohol treatment providers in the enhanced multi-agency system.
- Providing alcohol treatment services for victims who may be drinking as a coping mechanism.
- Ensures adequate service capability and capacity to accommodate risk assessment and treatment of perpetrators for alcohol problems.
- Ensures access to alcohol treatment services and other relevant services for Māori, Pasifika and rural populations.
- Ensures engagement with Māori and Pasifika peoples in the enhanced inter-agency services.

Increased access to culturally appropriate alcohol treatment for Māori and Pasifika populations is needed

Māori are over-represented in family violence statistics as victims and perpetrators⁽⁶⁷⁾. Child maltreatment may also be more prevalent among Māori and Pasifika populations⁽⁶⁸⁾.

We could not find any evaluations on interventions for family violence and alcohol to guide responses for Māori and Pasifika populations. Appropriate engagement with Māori and Pasifika peoples would better identify families at risk and provide better wrap-around services. Timely access to culturally appropriate alcohol treatment services and other relevant services for Māori and Pasifika populations are needed.

The Children's Action Plan has identified that Children's Teams will include professionals with knowledge and skills to address the needs of Māori and Pasifika (and other ethnic groups) and that parental alcohol consumption will be a factor assessed as part of possible child maltreatment cases.

Consultation with the Whāriki research group revealed that lack of access to alcohol and other drug treatment services has been noted in some evaluations of Whānau Ora programmes in rural communities⁽⁶⁹⁾.

Targeted research and better data are needed to develop sound policies and programmes

There is very little New Zealand research on the association between alcohol and family violence or on the effectiveness of interventions aiming to address this issue. This is crucial for developing sound policies and programmes to reduce family violence in New Zealand.

At present, there is little administrative data linking alcohol to family violence offending in New Zealand. This is largely because alcohol-involvement is not systematically recorded in the few administrative datasets that collect information on IPV or child maltreatment (e.g. Police, Child Youth and Family, Courts). When agencies in New Zealand survey the population, the appropriateness and practicality of including questions on alcohol and family violence should be considered. This could be considered for example in the New Zealand Health Survey.

A fuller discussion of data issues is included in Appendix A.

Further empirical research and evaluations are needed to extend our understanding of alcohol use and family violence in New Zealand and strengthen the evidence base of what is effective in reducing alcohol-related family violence.

There is a need for:

- Collection and analysis of reliable trend data (from Police and Child Youth and Family) on alcohol-involved IPV and child maltreatment
- Understanding the relationship between family violence and the availability and price of alcohol
- Research on the role of alcohol in elder abuse, abuse of parents by children, sibling to sibling violence, violence against those with disabilities, the sexual abuse of children, and the severity of child maltreatment.
- Rigorous evaluation to ensure that prevention and intervention efforts are effective.

Note 1: Method

This *What works* paper is based on a review of the relevant published and grey research literature on alcohol-related family violence from January 1995 to December 2014.

The literature search was of published articles, meta-analyses and systematic reviews written in English using the following databases: Scopus (incl. Medline), Web of Science (which includes MEDLINE), ETOH, PscyInfo, CINAHL, Sociological Abstracts, PubMed (including Medline) and Google scholar.

The grey literature was searched using the databases identified above (with additional databases/search engines such as Index New Zealand, ALAC Library Catalogue, ALAC Research Database, Alcohol Control Database, Alcohol Policy Information System (APIS), Alcohol-Related Injury and Violence Literature Database, Global Alcohol Database, Virtual Clearinghouse on Alcohol, Tobacco, and Other Drugs Violence Literature Database (Violit)).

In this literature review priority was given to the most recent meta-analyses (as these types of studies have the potential to be very robust), systematic reviews (where available) but other relevant research is also summarised where appropriate.

The searches were supplemented by the researchers' knowledge of the relevant extant literature with input from Superu staff and peer reviewers.

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Appendix A: Opportunities in data collection to better monitor alcohol's involvement in family violence

Appendix A reviews the available data in New Zealand and assesses opportunities for increasing our knowledge of the association between alcohol and family violence. It also identifies where significant information gaps exist and, in some cases, how these gaps might be addressed.

1. Administrative data

There have been very limited routinely collected data available to assess the link between alcohol and family violence in New Zealand to date. In data from sources such as the forms completed by police when attending family violence incidents or offences (POLL) or Child Youth Family records, alcohol involvement is not collected systematically enough for use in analysis and this is a gap.

Hospital discharge data on child maltreatment are available (however these numbers are small and there is no data available on alcohol involvement).

Police Calls for Service (CARD)

The Communications and Resource Deployment (CARD) database records all responses to 111 calls and vehicle stops, whether or not they lead to arrests. Family violence calls for service are available as a separate category. CARD is the most comprehensive database the Police currently have. As CARD events include responses to 111 calls initiated by the public these data are less dependent on factors related to policing practice so are more reliable over time (calls made by the public can be separated in these data). CARD data are fully geo-coded; enabling mapping of events to localities. The dates and times of calls are also recorded. Data are available from 2005.

While these data do not include reports of alcohol involvement, they do provide the opportunity to plot the relationship between calls for service to police for family violence and alcohol-related ecological factors that may be associated with family violence such as the availability of alcohol (e.g. outlet density/trading hours).

Limitations

Not all crimes are reported to Police by the public (and this may vary by area).

Incidents not likely to be in CARD are phone calls or presentations to watchhouses where no immediate attendance at the scene is required. ⁽⁷⁰⁾

Recorded Crime – Victims (Police)

A new Police dataset has very recently become available that links relationship of the offender to the victim. In an assault case for instance, it is possible to know if the offender was parent/step parent, partner, sibling or stranger.

These data include age and gender of the offender, month and year, location, Police boundary and ethnicity. In the future data will also be included on whether the offender was assessed to be under the influence of alcohol at the time of offence along with some victim data.

Limitations

The police recorded statistics only record those offences reported to the police. Only a small proportion of all family violence incidents are reported to the Police.

Integrated Data Infrastructure (IDI) (held by Statistics New Zealand)

The IDI is a new dataset, currently under compilation, that will be made available to experienced researchers. The IDI includes unit records held in a secure data lab. This dataset links Police offence data with Courts, Child Youth and Family and Ministry Social Development data (e.g. beneficiary recipients).

Given the change in Police recorded statistics data and the future addition of alcohol (at time of offence for the offender), these data should provide an improved source of data to analyse the association between alcohol and family violence.

Limitations

Only a small proportion of all family violence incidents are reported to Police, Child Youth and Family, or are referred to the Courts.

2. Survey data

Surveys have the advantage of being able to gather data about the wider or general population (i.e. they are not limited to only incidents reported to authorities). Surveys also allow assessment of associations between alcohol use and family violence at the level of the individual.

Genacis Survey (New Zealand)

This survey was conducted in 2007 and was designed to assess the association between alcohol use and intimate partner violence in New Zealand. This survey allows assessment of alcohol involvement at the time of aggressive incident, the severity rating of the aggressive incident and the association of intimate partner violence to typical and heavier drinking patterns (among both males and females). The survey also assesses any associations between alcohol use and intimate partner violence when one partner was drinking, and when both partners were drinking⁽²⁷⁾. This survey, if repeated could provide trend data.

Limitations

The sample was drawn from the electoral roll which under-represents younger people (a population at risk for intimate partner violence)⁽⁵⁸⁾. The response rate was relatively low at 49%.

Harm to others survey (New Zealand)

This survey was conducted in 2008 using a broad sampling frame and linked child maltreatment to another's alcohol use. Measures included whether a child was physically hurt, neglected or verbally abused, whether the child witnessed family violence, whether a child protection agency was called and if there was not enough money for things that the child needed due to another's drinking⁽³⁷⁾.

This survey also includes measures of intimate partner violence related to a partner's alcohol use. Some further work could be done to identify the experience of family violence in New Zealand from these data. A repeat of the survey using comparable methods could provide trend data and further investigate relations between alcohol and other factors which are causal for family violence (as shown by other research) in the New Zealand context.

Limitations

Reports of child maltreatment are likely to be underestimated as they did not include the caregivers' behaviour towards the child/children when drinking (this could be included in future versions of the survey). The response rate was good, by current standards, at 60% but likely some at-risk households were missed.

NZ Crime and Safety survey (NZCASS)

The 2009 Crime and Safety survey asked victims of confrontational crime (assaults and threats to an individual or their personal property) whether they thought the offender was affected by alcohol or under the influence of drugs. Victims were also asked about their own use of alcohol (but not drugs) prior to the incident. The 2009 questionnaire collected data on whether the partner who perpetrated was affected by alcohol at the time of the incident but these data were not reported in the 2009 NZCASS report. The NZCASS 2009 data is accessible for analysis via Statistics New Zealand's datalab application process. Fieldwork for 2014 NZCASS is complete and analysis of alcohol-involvement in intimate partner violence incidents should be considered for the next report.

Other considerations

Given the importance of reducing family violence in New Zealand, The New Zealand Health Survey (NZHS) may be a potential source of monitoring data if questions on family violence were to be added to the survey (currently this topic is not covered). Ideally the family violence questions would be collected at the same time as the Alcohol Module in order to have the detail of alcohol consumption data needed.

A key factor to consider, however, is to ensure the alcohol consumption and family violence questions are asked in enough detail to be useful and these surveys may not have this capacity.

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To increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand’s communities, families and whānau.

What we do

We work across the wider social sector to:

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- **grow** the quality, relevance and quantity of the evidence base in priority areas
- **facilitate** the use of evidence by sharing it and supporting its use in decision-making.



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