Northern Ireland Department of Health and Justice Domestic and Sexual Abuse Strategy Consultation

Institute of Alcohol Studies response, May 2023

Q1: Is the vision of the draft strategy reflective of what we want to achieve?

N/A

Q2: Does the definition of domestic abuse, as outlined in the draft strategy, reflect what you understand this to mean?

N/A

Q3: Does the definition of sexual abuse, as outlined in the draft strategy, reflect what you understand this to mean?

N/A

Q4: Do you agree with the use of the four pillars in the draft Strategy (Partnership, Prevention, Support and Justice) as levers for change?

We welcome the cross-Governmental approach and the ambition to make prevention a priority. However, we would encourage the scope of what 'prevention' entails to be expanded. While alcohol is never a cause of domestic abuse, research has repeatedly identified alcohol as a compounding factor, increasing both the occurrence and the severity of domestic violence.[1] We would encourage the addition of the many evidence-based harm-reduction policies tackling this. This is expanded on in our response to question 6.

Q5: Do you agree with the outcome and key priority areas identified under Pillar 1 (Partnership) and how we will know we are making a difference?

We agree with the necessity for a collaborative and joined-up approach to tackling domestic and sexual abuse. This should incorporate increased collaboration between domestic and sexual abuse services and alcohol treatment services, expanded on in our answer to question 7.

Q6: Do you agree with the outcomes and key priority areas identified under Pillar 2 (Prevention) and how we will know we are making a difference?

The preventative measures described in Pillar 2 are limited to challenging attitudes and behaviours and earlier intervention from those in frontline/public facing roles. In order to more fully achieve the strategy's aim of addressing the root causes of domestic and sexual abuse, we recommend including a consideration of the role alcohol plays in domestic and sexual abuse.

[1] Wilson, I. M. et al. (2023). Home drinking during and post-COVID-19: Why the silence on domestic violence? *Drug and Alcohol Review.*

The relationship between alcohol and domestic abuse is complex. While alcohol is never a cause of domestic abuse and narratives that place the blame for incidents of abuse on drinking alone are faulty, there is a well-established body of evidence demonstrating that alcohol is a compounding factor increasing both the occurrence and severity of domestic violence in intimate relationships.[2]

Research typically finds that between 25% and 50% of those who perpetrate domestic violence have been drinking at the time of assault.[3] The risk of rape is twice as high for attacks involving drinking offenders.[4] Cases involving severe violence are twice as likely as others to include alcohol.[5] Substance use was a factor in just over half of intimate partner homicides in a 2016 Home Office review.[6]

Police data shows that domestic incidence call-outs increase at times when alcohol consumption is likely elevated, for example during contentious football matches or cultural events such as New Years.[7] Within intimate relationships where one partner has a problem with alcohol or other drugs, domestic abuse is more likely to occur than not.[8]

Up to 60% of men in perpetrator programmes have alcohol and/or drug problems.[9] Alcohol-related domestic abuse affects children too: in England, parental alcohol use was a documented factor in 37% of cases where a child was seriously hurt or killed between 2011 and 2014.[10]

Therefore, in terms of making prevention a priority, action needs be taken that can help reduce harm through reducing alcohol consumption, including measures to restrict alcohol availability, marketing, and affordability.

Alcohol marketing: introduce comprehensive restrictions on alcohol advertising in public spaces

Restricting alcohol marketing is recommended by the World Health Organization (WHO) as one of the most effective policies to reduce alcohol-related harm.[11] For example, there is clear evidence that exposure to alcohol marketing leads young people to drink at an earlier

[2] Wilson, I. M. et al. (2023). Home drinking during and post-COVID-19: Why the silence on domestic violence? *Drug and Alcohol Review.*
[3] Bennett, L. and Bland, P. (2008) Substance abuse and intimate partner violence. National online recourse centre on violence against women
[4] Brecklin, L. R. and Ullman, S. E. (2002) The Roles of Victim and Offender Alcohol Use in Sexual Assaults: Results from the National Violence against Women Survey, *Journal of Studies on Alcohol and Drugs*, Volume 63: Issue 1
[5] McKinney, C. et al. (2008). Alcohol availability and intimate partner violence among US couples, *Alcoholism: Clinical and Experimental Research*, Volume 33: Issue 1, pp. 169–176
[6] Home Office. (2016). Domestic Homicide Reviews: Key findings from analysis of domestic homicide reviews
[7] Alcohol Change UK (2014). Roles of Alcohol in Intimate Partner Abuse
[8] Galvani, S. (2010). Supporting families affected by substance use and domestic violence, The Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire, ADFAM
[9] Home Office. (2020). Domestic abuse - draft statutory guidance framework
[10] Department of Education. (2016). Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014
[11] World Health Organization. (2019). Technical Package for SAFER. A World Free from Alcohol Related Harms.

age, to drink more than they otherwise would, and increases the likelihood that they will go on to develop an alcohol problem.[12]

The night-time environment is highly sexualised and marketing in this environment uses women's bodies and sexualities, e.g., through photographs of female patrons.[13] Such content may work to normalise the objectification and sexualisation of women, and as a result, may impact on attitudes towards and treatment of women within society as a whole. A UK qualitative study of male students concluded that depictions of women in marketing in the night-time environment (NTE) undermined the effectiveness of anti-violence messages. Participants failed to notice anti-rape campaigns in the context of sexualised NTE and alcohol marketing.[14]

As well as this, alcohol advertisements visible outside off-premise outlets were associated with increased violent crime over and above the association between the outlets themselves and violent crime. Reducing the visibility of alcohol advertisements from the street could thus help to decrease the risk of violence associated with alcohol outlets.[15]

Affordability: tackle cheap alcohol by introducing a minimum unit price

The price of alcohol is directly linked to levels of harm, and reducing affordability is one of the most effective policies to reduce alcohol harm.[16] International evidence indicates that increasing the price of alcohol leads to a reduction in violence and crime.[17] Specifically, modelling from the US has estimated that a 1% increase in the price of alcohol may decrease by 5% the probability of intimate partner violence towards women.[18]

Opening a consultation on minimum unit pricing (MUP) in Northern Ireland was a welcome step to reduce alcohol harm.[19] MUP restricts the affordability of the cheapest, strongest drinks, and shows promise in disproportionately benefitting those of lower socioeconomic status[20] – especially considering the evidence that alcohol-related domestic violence victimisation is up to 14 times as common in the lowest socioeconomic groups.[21]

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[12] Public Health England. (2016). The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies; Critchlow, N. et al. (2019). Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher-risk drinking, and drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK. *BMJ Open*

[13] Atkinson, A. M. et al. (2019). A rapid narrative review of literature on gendered alcohol marketing and its effects. *Public Health Institute, Liverpool John Moores University and Institute of Alcohol studies.*

[14] Gunby, C. et al. (2016). Location, libation and leisure: An examination of the use of licensed venues to help challenge sexual violence. *Crime, Media, Culture: An international journal*

[15] Trangenstein,P. J. et al. (2020). Alcohol Advertising and Violence. *American Journal of Preventative Medicine.*

[16] World Health Organization. (2017). Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases.

[17] Public Health England. (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies

[18] World Health Organization. (2010) Preventing intimate partner and sexual violence against women.

[19] Department of Health. (2022). Consultation on minimum unit pricing of alcohol in NI.

[20] Wyper, G. M. A. et al. (2023). Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: A controlled interrupted time series study. *The Lancet.*

[21] Bryant, L. and Lightowlers, C. (2021) The socioeconomic distribution of alcohol-related violence in England and Wales. *PLoS ONE.*

Availability: seek legislative competency for alcohol licensing and introduce public health as an additional licensing objective

There is good evidence of an association between increases in alcohol availability and in violence.[22] In Australia, restrictions on the hours of sale of alcohol in one town reduced the number of domestic violence victims presenting to hospital.[23] Restricting entry to, and alcohol service within, late-night venues in New South Wales was associated with a 29% fall in reported rates of domestic violence assaults.[24] Studies have also found a correlation between crime and the density of shops selling alcohol.[25] Licensing authorities must consider the impact of their decisions on the health and wellbeing of the local population. To be able to effectively regulate the availability of alcohol and reduce alcohol harm, the Northern Ireland Government should make public health a core objective and statutory obligation of licensing.

Q7: Do you agree with the outcomes and key priority areas identified under Pillar 3 (Support) and how we will know we are making a difference?

We agree with the need for specialist support that is appropriate for all victims, regardless of diversity of need. This must include access to alcohol treatment services, with outcomes such as increased alcohol use screening, brief interventions and referrals when necessary, underlining an integrated approach to ensure Pillar 3 (support) aligns with the objectives described in Pillar 1 (partnership).

Women who have experienced extensive physical and sexual violence are more than twice as likely to have an alcohol problem than women with little experience of violence and abuse.[26] Alcohol can also be embedded in an abusive relationship - perpetrators may use alcohol to control victims, for example by limiting access.[27] ONS figures show that around 10% of those accessing domestic violence support services had an alcohol use need and 40% had a mental health problem.[28] A qualitative study investigating 14 women's experience of substance use (including alcohol) found domestic violence to be a feature of every participant's experience, with a deep interface between the women's substance use and their daily experiences of abuse and control.[29]

Yet despite the close relationship between domestic abuse and substance use, very few survivors access specialist support, partly due to the lack of services that respond to the multiple needs of people experiencing both domestic abuse and substance use. Research

[22] Public Health England. (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies
[23] World Health Organization. (2010). Preventing intimate partner and sexual violence against women.
[24] Kowalski, M. et al. (2023). An overlooked effect: Domestic violence and alcohol policies in the night-time economy. *Addiction.*
[25] Alcohol Focus Scotland and CRESH. (2018). Alcohol outlet availability and harm in Scotland.
[26] Women's Aid. (accessed April 2023). The impact of domestic abuse.
[27] The draft statutory guidance gives examples of ways substance use can exist within an abuse relationship, stating that responding agencies should understand these issues p.28
[28] Office for National Statistics. (2018). Table 63: Personal characteristics of clients accessing Independent Domestic Violence Advisor (IDVA) services that use SafeLives' Insights tool.
[29] Morton, S. et al. (2023). 'You can't fix this in six months': Exploring the intersectionality of women's substance use in the Irish context. University College Dublin/Merchants Quay Ireland

has shown that the lack of integrated or coordinated services can see survivors prioritising one need over another, i.e., domestic abuse or substance use.[30]

In fact, accessing either one service can prove difficult. People can find themselves turned away from refuges when accessing domestic abuse support due to their substance use: research found only 26% of refuges in London reported they "always" or "often" accept women who use alcohol or other drugs.[31] Likewise, survivors can struggle to find alcohol treatment services that meet their needs and adequately consider their trauma – women who have experience of violent male partners may be reluctant to engage in mixed gender services and can even be victims of sexual assault by male service users.[32] While figures are unavailable for Northern Ireland, we are aware that women-only provision of substance use is available in fewer than half of local authorities in England and Wales.[33] A lack of anonymity and a lack of services that fit around childcare arrangements can also be a barrier to treatment.

Additionally, investing in treatment for alcohol dependence could also support prevention. At any given time, there is still a significant number of people waiting to access statutory addiction services in Northern Ireland.[34] In the United States, treatment for alcohol dependence among males significantly decreased intimate partner violence both 6 and 12 months later.[35]

Q8: Do you agree with the outcomes and key priority areas identified under Pillar 4 (Justice) and how we will know we are making a difference?

N/A

Q9: Do you have any further comments that you wish to make about the draft Domestic and Sexual Abuse Strategy? If so, it would be helpful if you reference which part of the document you are commenting on.

N/A

Q10: Do you agree with the outcome of the Rural Impact Assessment and Equality Impact Assessment?

N/A

[30] Fox, S. and Galvani, S. (2020). Substance Use and Domestic Abuse. Essential Information for Social Workers. Birmingham: BASW

[31] Against Violence and Abuse (2014) Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems, p.17.

[32] Copeland, J. (1997). A qualitative study of barriers to formal treatment among women who self-managed change in addictive behaviours. *Journal of Substance Abuse Treatment*; Ullman, S. (2012). Women, Alcoholics Anonymous, and related mutual aid groups: review and recommendations for research. *Psychology Faculty Scholarship;* Bogart, C. Pearce, C. (2009). '13th -stepping': Why alcoholic anonymous is not always a save place for women. *Journal of Addictions Nursing.*

[33] Agenda and AVA (2017). Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales Executive Summary.

[34] Northern Ireland Audit Office. (2020). Addiction services in Northern Ireland

[35] World Health Organization. (2006). Intimate partner violence and alcohol.