



South Australian Regional Committee
Royal Australasian College of Surgeons
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Justice Sector Reform
Office of the Chief Executive
Attorney-General's Department
Via email: dvdiscussion@sa.gov.au

RE: Domestic Violence Discussion Paper

Thank you for extending us the opportunity to comment on the Domestic Violence discussion paper.

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels.

We commend the South Australian Government in its endeavours to address domestic violence. The Discussion Paper paves the way for the development of a comprehensive framework, which will hopefully address the root causes of domestic violence and minimise the devastating impact that it has on individuals, families and the community more broadly.

We are conscious that areas such as disclosure schemes, intervention orders, and video evidence fall outside of our expertise. Domestic violence does however have a profound impact on the health of individuals. Health services, including surgical services, need to be cognisant of the roles that they can play in prevention and support. This submission is therefore limited to comments on the health implications of domestic violence. The following is a summary of the topics discussed below:

- 1. Comprehensive Collection of Data**
- 2. Drug and Alcohol Treatment**
- 3. Fostering Supportive Environments**

Comprehensive Collection of Data

The World Health Organization recommends that all health care providers be prepared to screen patients for domestic violence when presented with its possible clinical signs and symptoms. In many cases, healthcare providers are the first professional contacts for people subjected to domestic violence. Healthcare providers need to be prepared to ask appropriate questions and provide first-line support if family violence is suspected or disclosed¹. Research shows that even where screening occurs it is highly likely that domestic violence is still substantially under-reported. At present, the extent to which family violence and related trauma affects surgical services in South Australia is unknown. Without more detailed data on surgical workload resulting from domestic

violence, it is difficult for RACS to comment unequivocally on the surgical aspects of domestic violence or related trauma.

Therefore, RACS supports efforts to improve screening processes and the development of data-collection systems. Such systems will lead to a better understanding of how domestic violence contributes to presentations to healthcare professionals and the potential requirements for surgical care.

Drug and Alcohol Treatment

Around two thirds of family violence homicides involve alcohol and/or illicit drugs²; however, the exact relationship between alcohol and family violence remains unclear. The use of alcohol may have an effect on the severity of the abuse or the ease with which the offender can justify their actions, but some domestic violence experts assert that a person who uses violence within their intimate relationship does not become violent because drinking causes them to lose control of their temper.³ Domestic violence is used to exert power and control over another; it does not represent a loss of control, therefore domestic violence and alcohol abuse should be treated as independent problems. Nevertheless, the frequency and severity of violence may be influenced by alcohol and the lack of inhibition that it provides.

Nonetheless, domestic violence does not occur in a vacuum. A study that draws on 2011 statistics reports there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia for states and territories, where data are available.⁴

The Hidden Harm: Alcohol's impact on children and families, found that over a million children (22% of all Australian children) are affected in some way by the drinking of others, 142,582 children (3%) are substantially affected and 10,166 (0.2%) are already within the child protection system where a carer's problematic drinking has been identified as a factor.

Reducing alcohol-related harm has been a key advocacy priority of RACS for some time. Our established position recommends:

- Restricting the physical availability of alcohol, by reducing trading hours and outlet density.
- Restricting the economic availability of alcohol, by introducing a volumetric tax on alcohol.
- Reducing exposure to alcohol advertising and promotions.
- Improved Data Collection to better inform public policy.

Furthermore, RACS recently made submissions to the [South Australian Government's Liquor Licensing discussion paper](#), as well as a [supplementary submission](#), which was co-authored by a number of like-minded organisations. Since this time an independent review conducted by Justice Tim Anderson QC, has provided 129 recommendations for the Government to consider. Despite advocating for stronger recommendations, RACS was generally pleased with the considered review undertaken by Justice Anderson, and believes that harm minimisation remained a central consideration when Justice Anderson was presenting his findings. We were also heartened by the Government's announcement that they will move to ban alcohol advertising from buses, trains and trams from 2017, thereby reducing young people's exposure to alcohol.

Our supplementary submission highlighted the limited availability of alcohol-related health and crime statistics. We recommended that health and crime data collections be expanded to include information regarding the involvement of alcohol. No recommendations were made by Justice Anderson, and RACS urges the Government to reconsider this aspect.

It is imperative that consultations such as the Domestic Violence and the Liquor Licensing discussion papers do not occur in isolation and a broad approach to public policy and community safety is taken. Again RACS would

encourage the Government to take a more comprehensive approach to alcohol-related harm data collection in order to design and evaluate evidence-based policy.

Fostering Supportive Environments

A child's experiences in their early years are critical in shaping their attitudes and behaviours in later life. Children exposed to family and domestic violence are vulnerable to experiencing a range of psychological and emotional problems as adults, and are at much greater risk of becoming perpetrators of domestic violence themselves. However, some research on the recovery or reversal of the negative effects of family violence on children indicates that the outcomes may not be permanent. Early intervention with young children and caregivers can provide a significant buffer to the negative effects family violence may have on a child's development and their relationship with caregivers.⁵ Surgeons caring for children are trained to recognise the signs of maltreatment that may be related to abuse by parents or carers. This is standard clinical practice. RACS supports programs that help to identify and support family violence victims, including training programs that improve the confidence and competency of health professionals to identify and care for people experiencing or witnessing domestic violence.

RACS supports efforts to improve integrated care and collaboration between healthcare agencies and other services that come into contact with those affected by family violence. The most successful integrated models of care recognise the needs of the patient wherever they need treatment, advice or support, are patient-focused, and engage consumers and the community as much as possible. RACS believes that alongside the prevention of domestic violence, the on-going protection of victims must be a primary focus of South Australia's domestic violence laws.

The impacts and outcomes of domestic violence are wide-reaching and can vary in duration from short to long term, affecting victims, their respective families and friends, perpetrators and the broader community.⁶ Furthermore, family violence inflicts a heavy cost on social services such as justice, housing, employment, education and health.

RACS appreciates the opportunity to contribute to this discussion paper. We hope the above information is meaningful and useful and we look forward with strong interest to see how the Attorney General's Department progresses with this significant issue.

Yours sincerely,

A handwritten signature in blue ink that reads "D Walters". The signature is fluid and cursive, with a horizontal line underneath the name.

Mr David Walters, FRACS
Chair, SA Regional Committee
Royal Australasian College of Surgeons

¹ World Health Organisation. Responding to intimate partner violence and sexual violence against women. 2013.

² Dearden J, Jones W. Homicide in Australia: 2006-07 National Homicide Monitoring Program annual report. Canberra: Australian Institute of Criminology, 2008.

³ Wilson M. Domestic Violence and the intersection of alcohol from a front-line perspective. AMA Alcohol Summit, 28-29 October 2014, Canberra.

⁴ Foundation for Alcohol Research & Education, Centre for Alcohol Policy Research. The Hidden Harm: Alcohol's impact on children and families. Canberra, 2015.

⁵ World Health Organisation. Responding to intimate partner violence and sexual violence against women. 2013.

⁶ Australian Bureau of Statistics. Defining the Data Challenge for Family, Domestic and Sexual Violence. 2013. From: www.abs.gov.au. Accessed 25 August 2016.