



Patron: H.R.H. The Prince of Wales

13 July 2015

Director, Legal Policy
Department of the Attorney General and Justice
Via email: Policy.AGD@nt.gov.au

Dear Sir/Madam,

RE: Review of Family and Domestic Violence Act

Thank you for extending us the opportunity to comment on the Review of the Domestic and Family Violence Act.

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 Northern Territory Government in its endeavours to address family and domestic violence. The *Safety is Everyone's Right* Strategy certainly puts in place the right framework to achieve your vision of a Territory that is free from domestic and family violence.

As there is limited data on surgical workload resulting from family violence it is difficult for RACS to comment on the surgical aspects of family violence or related trauma. Nevertheless, RACS supports the efforts of other agencies to raise awareness about the prevalence and prevention of family violence in society.

In particular, RACS supports efforts to develop data-collection systems to better understand how domestic or family violence contributes to hospital presentations and the requirement for surgical care. Where modifiable risk factors exist, such as availability of alcohol, we support policy development to limit these risk factors.

The College's position and recommendations on domestic and family violence have alignment with key components of your strategy:

Prevention and Early Intervention

- Conduct ongoing public education campaigns on domestic violence that are community driven and culturally sensitive.
- Implement community-led and comprehensive alcohol controls in communities where a need has been identified and agreed.

Protection – safety for victims

- 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 domestic violence victims, including training programs that improve the confidence and competency of health professionals to identify and care for people experiencing domestic violence.



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Prevention, Positive Change for Perpetrators

- Invest in research to expand the evidence base about which interventions are effective in different contexts, and how they can be adapted.

Protection and Rebuilding the lives of victims and their children

- Improve data collection by:
 - Adding a flag for family/domestic violence related deaths to the National Coronial Information System.
 - Bolstering efforts by health professionals to screen for domestic violence.
 - Supporting integrated care and collaboration between healthcare agencies.

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.

We are also strong advocates for the reduction of alcohol related harm.

RACS firmly believes in mitigating contributing risk and severity factors of domestic violence wherever possible. Our established position on reducing alcohol-related harm 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.
- Further investigation of how a suitable Screening and Brief Intervention program could be implemented in Australian hospitals.

A 2014 study notes that despite the shortcomings of the available evidence base about what works to reduce domestic violence, promising trends are emerging about multi-sectoral programs that engage with multiple stakeholders to challenge both the acceptability of violence, and underlying risk factors such as gender dynamics and economic dependence. However, there is still much more that can be done.

On behalf of RACS I again thank you for extending us with the opportunity to provide comment on this important area of public policy.

Yours sincerely,

Mr John Treacy, FRACS

Chair, NT Regional Committee
Royal Australasian College of Surgeons

Cc: Mr Graeme Campbell, Vice-President, RACS
Assoc Prof David Hillis, CEO, RACS
Mrs Deborah Jenkins, Director, Relationships & Advocacy, RACS
Ms Angela D'Castro, Regional Manager, NT, RACS



KEY SUPPORTING INFORMATION

In Australia and New Zealand, the incidence of family violence is significant and under-reported. Statistics on violence in Australia can be found in the 2012 Australian Bureau of Statistics Personal Safety Survey; however it includes a relatively small sample size and it is likely that the incidence of domestic and family violence is much higher than reported.

Domestic violence is a bigger danger to women than all other physical crimes combined. Over a nine year period from 2002-03 to 2011-12, there were 654 intimate partner homicides in Australia (around a quarter of all homicides). Three quarters of the victims were female and in one third of all domestic/family homicides, there was a recorded history of domestic violence.

Women in rural and remote areas are more likely to experience domestic violence than those in metropolitan areas, and Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to experience domestic violence and to be hospitalised for injuries arising from assault. This is of particular relevance to the Northern Territory given the higher population of Aboriginal and Torres Strait Islander people, and also the geographic distribution of the population, with many people living in isolated areas and having limited access to important community services.

While domestic and family violence is an issue for all levels of government it is a particularly pertinent issue for the Northern Territory. According to the National Homicide Monitoring Program conducted by the Australian Institute of Criminology, the rate of homicides per 100,000 population in the Northern Territory (5.5), is far higher than any other jurisdiction. Whist care should be taken when interpreting statistics, similar results were not observed in other smaller states. Tasmania and South Australia both recorded rates below 1.5 per 100,000. Furthermore, the likelihood of a homicide in the Northern Territory being committed by a close friend or relative as opposed to 'others' is double that of the national average.

Around two thirds of family violence homicides involve alcohol and/or illicit drugs, however the 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 that uses violence within their intimate relationship does not become violent because drinking causes them to lose control of their temper. 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.

Nonetheless, domestic violence does not occur in a vacuum. A study which 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 is available. 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. The Northern Territory has the highest rate of alcohol consumption per capita of any state or territory, particularly amongst Indigenous communities. Consequently, these communities are at much greater risk of experiencing alcohol related harm.

In 2013-14 Indigenous women were 22 times more likely to be victims of domestic violence than non-Indigenous women, and represented 73% of all domestic violence victims in the

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Northern Territory. Children notice domestic violence and are not immune to its impacts. Extensive research indicates that 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. In 2009 it was found that 46.8 per cent of Indigenous children in the Northern Territory were developmentally vulnerable on one or more of the Australian Early Development Index domains (now known as the Australian Early Development Census), compared to 9.6 per cent of non-Indigenous children. Although it is difficult to quantify to what extent these figures were influenced by exposure to domestic violence, there is no question that exposure and development are intrinsically linked.

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