

No. 149

# Alcohol-related Social Disorder and Rural Youth: Part 2— Perpetrators

Paul Williams

*Trends and Issues number 140 showed there were proportionally more alcohol consumers and more hazardous and harmful drinkers among rural youth than among their metropolitan counterparts. In both regions between 1993 and 1998, however, the number of persons reporting alcohol-related victimisation declined. Nonetheless, in 1998 one-third of rural youth aged 14-19, and two-thirds of rural youth aged 20-24, were victims of alcohol-related verbal or physical abuse, or were "put in fear" by alcohol-affected persons. About two-thirds of these abuses occurred in pubs and clubs.*

*In this second paper, we find that in rural regions of Australia, about three-quarters of all alcohol-related social disorders were committed by persons aged 14-24 years. About three-quarters of these disorders were committed by just 12 per cent of the age cohort and about three-quarters of perpetrators were also victims of alcohol-related social disorders. On average, rural youth whose usual alcohol consumption pattern was at harmful levels, offended on four occasions, compared to less than one occasion by responsible drinkers. The results suggest that the greatest impact on rates of alcohol-related social disorder in rural regions would flow from the promotion and observance of responsible serving practices in pubs and clubs, the early identification of multiple and repeat offenders, and their diversion into appropriate treatment and education programs.*

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Director

Alcohol is the most widely used and socially approved drug in Australia. Regular consumption by adults is considered acceptable by three in five (61%) Australians, nine in ten (89%) have tried alcohol, and it is the preferred drug of choice for one in two (51%) persons (AIHW 1999a). Less than one in seven (14%) Australians associate alcohol with "a drug problem" and the majority do not support raising the legal age for drinking, reducing the number of outlets, or reducing trading hours. In contrast to its level of public acceptance, the burden of disease, injury, and social disorder associated with alcohol consumption is considerable.

In 1997, there were 3,668 deaths attributable to alcohol (AIHW 1999b). For younger Australians in particular "Alcohol dependence and harmful use and road traffic accidents are the leading causes of disease burden..." (Mathers, Vos and Stevenson 1999, p. 19). In 1998, alcohol-related personal abuse affected over one in three 14-19 year olds and three in five 20-24 year olds (Williams 1999). In addition, about one in seven rural youths had property stolen or damaged in alcohol-related incidents. While the link between alcohol consumption and social disorder is not fully understood, the overwhelming evidence is that there is an increased risk of being a victim or a perpetrator, or both, where alcohol is consumed or following alcohol consumption.

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**Table 1: Proportions Committing Alcohol-related Social Disorders, by Region, Age and Sex, Australia, 1993, 1995, and 1998**

Disorder and year	Metropolitan						Rural					
	Sex		Age groups				Sex		Age groups			
	Male	Female	14-19	20-24	25+	All ages	Male	Female	14-19	20-24	25+	All ages
<b>Verbally abused someone</b>												
1993	14.1	6.0	20.8	28.8	5.9	10.0	8.2	7.1	15.1	24.2	4.6	7.6
1995	12.1	4.7	15.5	21.7	5.7	8.3	9.5	5.4	19.7	25.4	4.0	7.5
1998	12.3	6.0	19.1	24.8	5.9	9.2	13.5	6.1	16.7	33.4	6.5	9.6
<b>Physically abused someone</b>												
1993	5.8	2.5	6.6	8.7	3.2	4.2	3.4	3.1	7.8	9.3	1.9	3.3
1995	4.4	0.6	7.3	8.2	1.1	2.5	3.3	1.3	10.6	5.9	0.7	2.3
1998	3.1	1.1	6.7	7.0	0.8	2.1	3.0	0.4	1.7	3.4	1.5	1.6
<b>Damaged property</b>												
1993	5.0	1.2	3.7	11.0	1.9	3.1	4.3	1.5	9.6	6.9	1.5	2.8
1995	4.4	1.5	11.9	7.1	1.1	2.9	3.1	1.1	7.2	8.5	0.7	2.1
1998	4.0	0.9	8.9	10.8	0.6	2.5	5.5	0.9	10.2	12.0	1.3	3.1
<b>Stole property</b>												
1993	2.7	0.6	3.6	4.8	0.9	1.6	2.7	1.0	2.9	6.9	1.0	1.8
1995	1.7	0.2	3.2	1.5	0.5	0.9	0.7	0.4	3.5	1.2	0.0	0.6
1998	1.4	0.3	3.6	2.6	0.2	0.8	0.5	0.5	2.3	8.5	0.5	1.3
<b>Drove a motor vehicle</b>												
1993	17.7	5.8	6.0	28.5	10.3	11.8	21.1	5.3	2.6	43.3	10.0	12.9
1995	13.8	7.0	6.3	18.0	10.1	10.3	14.8	5.8	13.1	20.5	9.0	10.3
1998	24.4	11.6	7.4	26.9	18.3	18.0	22.7	10.5	10.3	35.2	15.4	16.3
<b>Operated hazardous machinery</b>												
1993	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1995	2.5	0.5	2.5	2.7	1.1	1.5	1.8	0.0	2.3	1.7	0.7	0.9
1998	1.3	0.1	1.3	2.1	0.4	0.7	2.2	0.3	3.4	1.6	0.9	0.8
<b>Caused a public disturbance</b>												
1993	10.9	3.7	20.5	22.8	3.3	7.3	4.0	3.3	15.9	10.4	1.3	3.6
1995	7.4	3.7	15.9	16.2	2.7	5.5	5.3	2.4	14.9	14.1	1.2	3.9
1998	6.5	2.2	14.8	14.7	1.7	4.4	6.5	3.0	12.9	13.8	2.7	4.7
<b>Summary across all disorders</b>												
1993	28.3	11.5	31.0	44.0	14.9	19.8	25.6	12.0	23.6	56.1	13.1	18.6
1995	24.4	11.9	25.2	38.2	14.5	18.0	22.8	11.6	33.4	42.8	12.4	17.2
1998	31.4	16.6	27.4	43.6	21.1	24.0	30.4	15.9	35.0	50.7	18.7	22.9
<b>Summary excluding drove/operated</b>												
1993	20.4	8.2	29.6	36.4	9.1	14.3	14.1	9.8	23.6	35.5	7.4	11.9
1995	15.3	7.2	23.7	29.4	7.2	11.2	12.5	6.2	29.5	26.8	4.6	9.4
1998	14.5	7.3	25.4	30.1	6.6	10.9	15.3	8.4	27.6	35.7	7.3	11.7

Source: National Drug Strategy Household Survey Unit Record Files, weighted samples.  
n/a not asked in 1993.

### Data Source

This report uses data from the last three National Drug Strategy Household Surveys which were conducted in 1993, 1995, and 1998.<sup>1</sup> Further details of the survey methodology are provided in *Trends and Issues*, no. 140 (Williams 1999) and Australian

Institute of Health and Welfare (1999a). In addition to items on knowledge, attitudes, and consumption behaviours in relation to alcohol and other drugs, respondents were asked about the extent to which they had been victims of, or had committed, alcohol-related social disorders in the past 12 months.

### Prevalence of Committing Alcohol-related Social Disorder

In 1998, about one in four rural (22.9%) and metropolitan (24.0%) persons reported committed an alcohol-related social disorder, rates higher than in both 1993 and 1995 (Table 1). The propor-

**Table 2: Number of Times Alcohol-related Social Disorders Committed by Perpetrators Aged 14-24, by Region, Australia, 1993, 1995, and 1998**

Disorder and year	Metropolitan				Rural			
	Once only	2-5 times	6-9 times	10+ times	Once only	2-5 times	6-9 times	10+ times
<b>(Percentages)</b>								
<b>Verbally abused someone</b>								
1993	41.2	45.5	3.9	9.3	50.0	37.3	0.9	11.8
1995	42.0	45.2	4.3	8.6	42.8	42.5	6.5	8.2
1998	45.8	40.0	4.4	9.8	59.8	23.5	0.2	16.4
<b>Physically abused someone</b>								
1993	70.8	28.7	0.0	0.5	63.7	36.3	0.0	0.0
1995	40.1	48.5	8.7	2.6	75.9	24.1	0.0	0.0
1998	50.8	39.1	8.3	1.9	86.0	14.0	0.0	0.0
<b>Damaged property</b>								
1993	79.3	19.0	0.0	1.9	40.2	56.0	0.0	3.8
1995	65.9	23.9	1.1	9.1	69.6	27.4	0.0	3.0
1998	58.0	31.1	5.9	5.0	49.9	47.1	2.0	1.0
<b>Stole property</b>								
1993	71.4	28.6	0.0	0.0	56.8	43.2	0.0	0.0
1995	55.4	7.1	17.5	20.0	39.6	60.4	0.0	0.0
1998	50.6	42.2	4.4	2.9	87.9	9.8	0.0	2.3
<b>Drove a motor vehicle</b>								
1993	48.5	42.0	2.0	7.5	84.6	14.0	0.0	1.5
1995	54.4	32.8	1.8	11.0	59.8	36.5	2.2	1.5
1998	43.5	42.8	4.3	9.4	49.0	33.8	0.6	16.6
<b>Operated hazardous machinery</b>								
1993	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1995	58.5	34.7	6.2	0.6	67.8	32.2	0.0	0.0
1998	47.6	48.0	0.9	3.6	19.4	80.6	0.0	0.0
<b>Created a public disturbance</b>								
1993	48.5	43.0	2.9	5.6	40.1	48.5	0.0	11.4
1995	43.5	39.9	7.3	9.4	55.2	26.1	0.0	18.8
1998	55.8	30.9	5.3	7.9	54.5	42.1	2.5	0.8

Source: National Drug Strategy Household Survey Unit Record Files, weighted samples. n/a not asked in 1993.

tion of the population driving a motor vehicle in 1998 while affected by alcohol largely explains the increases from previous years. Rates of drink driving by rural residents increased from 10.3 per cent to 16.3 per cent between 1995 and 1998, and from 10.3 per cent to 18.0 per cent for metropolitan residents in the same period. If this offence and that of operating hazardous machinery are excluded, about one in ten rural (11.7%) and metropolitan (10.9%) persons committed an alcohol-related social disorder in 1998, rates lower than in 1993 and 1995 for metropolitan regions, but higher than 1995 (9.4%) in rural Australia.

Between 1995 and 1998, rates of committing alcohol-related verbal abuse by rural residents increased from 7.5 per cent to 9.6 per cent, from 2.1 per cent to 3.1 per cent for property damage and

from 0.6 per cent to 1.3 per cent for property theft. Causing a public disturbance increased from 3.9 per cent to 4.7 per cent and the rate of physically abusing someone while affected by alcohol decreased from 2.3 per cent to 1.6 per cent in the same period.

Males in both regions in 1998 were between two and four times more likely than females to commit alcohol-related social disorders. Youth aged 20-24 years were up to three times more likely than 14-19 year olds, and both youth age groups were between three and six times more likely than all ages combined, to commit alcohol-related social disorders.

Compared to their metropolitan counterparts in 1998, rural persons aged 14-19 years were:

- less likely (16.7%) to verbally abuse someone (cf. 19.1%);
- less likely (1.7%) to physically abuse someone (cf. 6.7%);

- less likely (2.3%) to steal property (cf. 3.6%); and
- less likely (12.9%) to cause a public disturbance (cf. 14.8%).

However, they were:

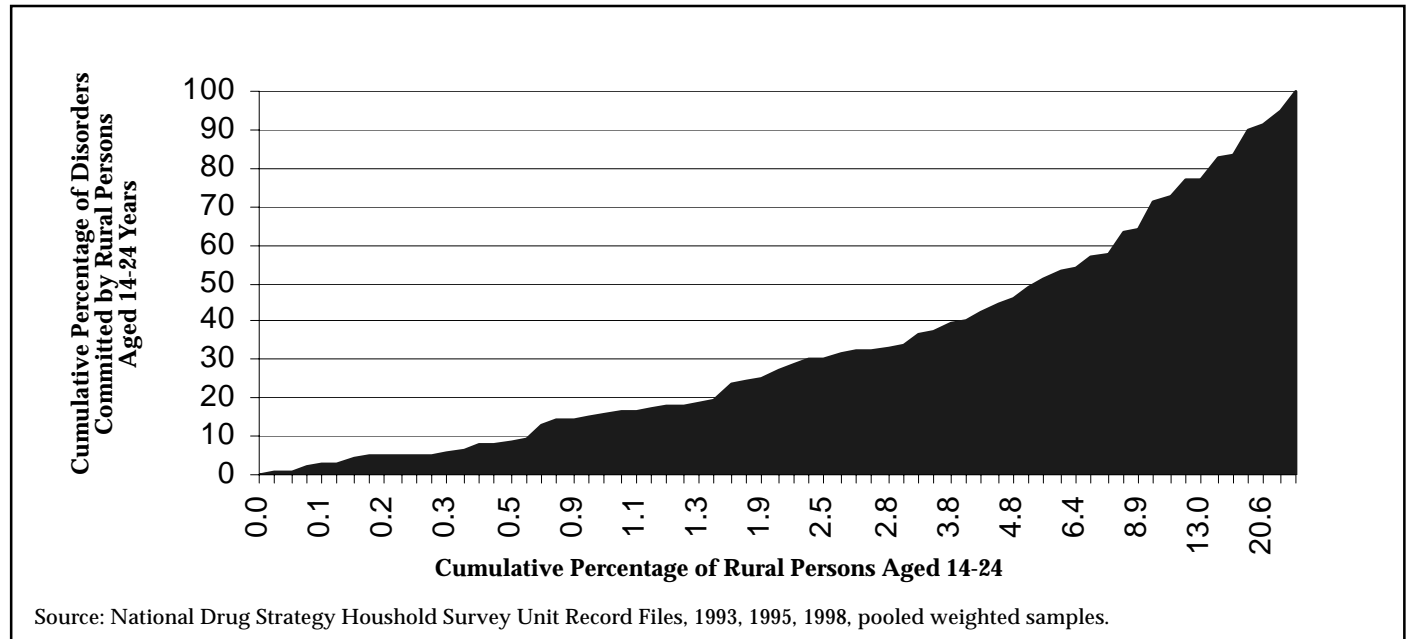
- more likely (10.2%) to damage property (cf. 8.9%);
- more likely (10.3%) to drive a motor vehicle (cf. 7.4%); and
- more likely (3.4%) to operate hazardous machinery (cf. 1.3%).

These latter two results might be associated with a higher likelihood of youth in rural regions being engaged in activities involving driving vehicles and/or operating hazardous machinery.

Compared to their metropolitan counterparts in 1998, rural youth aged 20-24 years were:

- less likely to physically abuse someone (3.4% cf. 7.0%);
- less likely to operate hazardous machinery (1.6% cf. 2.1%); and
- less likely to cause a public disturbance (13.8% cf. 14.7%).

**Figure 1: Alcohol-related Disorders Committed by Rural Persons Aged 14-24 Years, by Proportion of Rural Persons Aged 14-24 Years, Australia, 1993-1998**



However, they were:

- more likely to verbally abuse someone (33.4% cf. 24.8%);
- more likely to damage property (12.0% cf. 10.8%);
- more likely to steal property (8.5% cf. 2.6%); and
- more likely to drive a motor vehicle (35.2% cf. 26.9%).

### Frequency of Committing Alcohol-related Social Disorders

Between 1993 and 1998, the proportion of perpetrators of alcohol-related social disorder aged 14-24 in rural Australia, who committed social disorders *once only*, increased for all disorders except for driving a motor vehicle and operating hazardous machinery (Table 2). In other words, there were declines in the proportions of perpetrators committing alcohol-related social disorders on multiple occasions.

Compared to their metropolitan counterparts, rural perpetrators aged 14-24 years in 1998 were:

- more likely (59.8%) to verbally abuse someone once only (cf. 45.8%);
- more likely (86.0%) to physically abuse someone once only (cf. 50.8%);
- more likely (87.9%) to steal property once only (cf. 50.6%); and

- more likely (49.0%) to drive a motor vehicle once only (cf. 43.5%).

That is, young metropolitan perpetrators of these offences were more likely than rural perpetrators to offend on multiple occasions.

In 1998, however, young rural perpetrators of alcohol-related social disorder were:

- less likely (49.9%) to damage property once only (cf. 58.0%); and
- less likely (19.4%) to operate hazardous machinery once only (cf. 47.6%).

That is, young rural perpetrators of these offences were more likely than their metropolitan counterparts to offend on multiple occasions. Again, the latter result is possibly due to an increased likelihood of rural persons being engaged in activities which required operating hazardous machinery.

### Concentration of Perpetrators

Using the pooled samples from 1993 to 1998, we find that 71 per cent of *all* alcohol-related social disorders were committed by persons aged 14-24 years. In rural regions, the proportion was 74 per cent (data not shown). The vast majority of youth, however, were not involved in an alcohol-related social disorder. Just 1 per cent of rural youth was responsible for 16 per cent of the disorders committed by the cohort and 6 per cent committed about half (Figure 1). Three-quarters were committed by 12 per cent of the age group.

### Consumption Status and Number of Offences

In *Trends and Issues*, no. 140 (Williams 1999), it was shown that the likelihood of being a

**Table 3: Mean Number of Alcohol-related Social Disorders Perpetrated, by Alcohol Consumption Status and Region, Persons Aged 14-24 Years, Australia, 1993-98 (Percentages)**

Region	Consumption		
	Low	Hazardous	Harmful
Rural	0.9	1.5	4.1
Metropolitan	1.6	2.5	4.9

Source: National Drug Strategy Household Survey Unit Record Files, pooled weighted samples.



**Table 4: Overlap Between Being a Perpetrator and Being a Victim by Region, Persons Aged 14-24, Australia, 1993-1998 (Column Percentages)**

Victims	Perpetrators							
	Verbal abuse		Physical Abuse		Damaged Property		Stole Property	
	Metro	Rural	Metro	Rural	Metro	Rural	Metro	Rural
	(Percentages)							
Verbal abuse	69.9	77.5	66.6	82.8	66.1	71.7	68.5	84.6
Physical abuse	52.5	55.4	71.3	83.0	59.7	51.7	53.0	39.5
Property damaged	41.3	48.9	41.1	60.1	51.2	56.8	52.8	47.7
Property stolen	16.4	23.9	20.2	26.8	24.5	42.9	34.8	40.3

Source: National Drug Strategy Household Survey Unit Record Files, pooled weighted samples.

victim of an alcohol-related social disorder increased with the level of (the potential victim's) personal alcohol consumption. It is perhaps no surprise then, to find that the average number of alcohol-related social disorders committed by persons aged 14-24 years also increased with the level of alcohol usually consumed by perpetrators (Table 3).

The mean number of times alcohol-related social disorders were perpetrated by rural persons aged 14-24 years in the previous 12 months for whom alcohol was usually consumed at *low risk* levels was less than one (0.9 disorders). This increased to a mean of 1.5 disorders for *hazardous* alcohol consumers and a mean of 4.1 disorders for those youth who usually consumed alcohol at *harmful* levels. The mean number of occasions metropolitan drinkers aged 14-24 years offended was higher than rural counterparts for each consumption status.

### Perpetrators as Victims

Makkai (1997) showed that, in the Australian context, 83 per cent of chronic perpetrators of alcohol-related social disorder also reported being victims. Using the pooled 1993-98 sample again, we find that the data relating to perpetrators aged 14-24 years confirm the earlier findings (Table 4). The association is stronger among rural than metropolitan youth.

For example, compared to their metropolitan counterparts between 1993 and 1998, rural perpetrators of alcohol-related verbal abuse aged 14-24 years were:

- more likely to be victims of verbal abuse (77.5% cf. 69.9%);
- more likely to be victims of physical abuse (55.4% cf. 52.5%);
- more likely to be victims of property damage (48.9% cf. 41.3%); and
- more likely to be victims of property theft (23.9% cf. 16.4%).

Similar profiles are observed for perpetrators of alcohol-related physical abuse, property damage, and property theft, with the exception that rural perpetrators of alcohol-related property theft were less likely to be victims of alcohol-related physical abuse

### Summary

A number of patterns emerge from the analyses of alcohol-related social disorder among rural youth aged 14-24 years in *Trends and Issues*, no. 140 and this paper.

Between 1993 and 1998:

- Proportions consuming alcohol and drinking at hazardous and harmful levels increased.
- Somewhat paradoxically, the number of victims of alcohol-related social disorder decreased, but the number of perpetrators remained stable or slightly increased.

In 1998,

- One-third of 14-19 year olds and two-thirds of 20-24 year olds were victims of alcohol-related personal abuse.
- One in seven 14-19 and 20-24 year olds were victims of an alcohol-related property offence.
- One in three 14-19 year olds and one in two 20-24 year olds were perpetrators of an alcohol-related social disorder.

Over the full period 1993 to 1998,

- Almost three-quarters of all alcohol-related social disorders were committed by youth aged 14-24 years.
- About half of the disorders were committed by just 6 per cent of the cohort and three-quarters were committed by 12 per cent.
- Over two-thirds of perpetrators of alcohol-related social disorders were also victims.
- The likelihood of being a victim or perpetrator increased with the level of alcohol consumed.
- Disorders predominantly took place in pubs and clubs and for females, the home was also frequently a location of victimisation.
- Disorders often involved social or sexual intimates (for example, workmates, friends, acquaintances, and former or current boyfriends, girlfriends, and spouses).

### Discussion

The increase in the proportions of rural youth consuming alcohol and drinking at hazardous or harmful levels was accompanied by an increase in acceptance of the "regular consumption of alcohol" across Australia (AIHW 1999a). In a number of respects, between 1993 and 1998 rural regions continued to become more like metropolitan Australia. There was an increase in the number and type of outlets from which alcohol could be purchased and in the types of beverages available (for example, "coolers", pre-mixed spirits). At the same time, access to Electronic Funds Transfer Point of Sale (EFTPOS) facilities and Automatic Teller

Machines (ATMs) increased the circumstances under which alcohol consumption *per se*, and excessive consumption by drinkers, could occur. The decrease in the number of victims of alcohol-related social disorder in the light of such trends is remarkable.

Regulatory and industry initiatives in promoting and implementing responsible serving practices, and the introduction of prevention and monitoring regimes for alcohol-related behaviour, contributed to the declines in victimisation. For example, it is now commonplace for sporting and other events to have "dry areas", or to be declared "alcohol-free". Entertainment venues where alcohol is sold are now more likely to employ (well trained) security personnel. Finally, in those jurisdictions where it has been adopted, the abolition of mandated "closing times" avoids the concentration and clustering of alcohol-affected persons on the streets around licensed premises at the one time.

While these measures may have reduced the number of victims, they have apparently had little effect on the proportion of persons perpetrating alcohol-related social disorders, which has remained fairly stable. The frequency of committing alcohol-related social disorders is, however, declining, with an increase in the number of perpetrators reporting single, rather than multiple and repeat, offending. There remained a core of rural youth who were responsible for most of the alcohol-related social disorders.

Half of the disorders were committed by a very small percentage (6%) of youths. Most of these persons were also victims of alcohol-related social disorders. Makkai (1997) showed that in addition to being male and young, the propensity to perpetrate alcohol-related social disorders increased in the presence of socioeconomic factors such as unemployment and/or lower education. Rates of unemployment are higher and post-second-

ary education levels are lower in rural regions. In the circumstances, situational and environmental changes which have recently been suggested (for example, Homel 1997), may not be sufficient to modify the high alcohol consumption/high disorder cycle that this group of young rural persons find themselves in.

The finding that most perpetrators were also victims is not surprising, but it has important policy implications. The successful efforts of the liquor industry in promoting responsible serving practises (supported where necessary by regulatory frameworks), may need re-invigorating and strengthening, and particularly so in rural pubs and clubs where most of the disorders in these regions occur. Law enforcement and criminal justice approaches which address only the offending and not the underlying consumption patterns are unlikely to reduce the propensity to commit disorders. The early identification of multiple and repeat offenders and diversion into appropriate education and/or treatment services will impact on both the levels of excessive consumption and on the numbers of perpetrators and victims. The relative dearth of such facilities in rural and remote regions (Dunn 1998) is an impediment to these measures.

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### Notes

<sup>1</sup>The data used in this and Trends and Issues No. 140 were made available by the Social Sciences Data Archives, Research School of Social Sciences, Australian National University. The data were originally collected for the Commonwealth Department of Health and Aged Care.

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