



No.76

Alcohol & Disorder in the Australian Community: Part I — Victims

Toni Makkai

Of all legal and illegal substances alcohol is the one that most Australians regularly consume and for the majority it is a normal part of our cultural and social activities. However, alcohol is also a major factor in homicides, domestic violence, and police custodies. The material presented here suggests that the experience of alcohol-related disorder in our society is very common. Such disorder has implications for public policy, for not only does disorder contribute to a fear of crime; it contributes to the actual incidence of crime.

This Trends and Issues paper focuses on the victims of alcohol-related disorder, while a second paper will focus on the perpetrators of alcohol-related antisocial behaviour.

Adam Graycar
Director

Alcohol is widely consumed in Western societies and Australia is no exception. Deaths directly attributable to alcohol such as cirrhosis of the liver are relatively easy to quantify; the more difficult problems associated with alcohol such as work-related accidents, domestic violence, drink driving, and general problems of disorder and fear of crime are less easily measured. Australia's cultural norms and values ensure the continued acceptance and use of alcohol across a wide range of social groups and exposure to the drug occurs at a relatively young age (Makkai & McAllister 1997). Room (1988) has characterised Australia as a "wet" drinking culture where drinking is both socially integrated and has an important place in popular culture (Parker 1993, cited in Homel & Bull 1996). However, public health officials have expressed considerable concern over the health costs to the community of excessive alcohol use (Edwards et al. 1990). Some have argued that epidemiologists and public health experts have underestimated the harm from alcohol as they have defined alcohol-related problems solely in terms of alcohol dependence (Asvall 1994).

Recent research by the Australian Institute of Criminology shows that alcohol is an important factor in homicide, with 34 per cent of all offenders and 31 per cent of all victims being under the influence of alcohol at the time of the incident (see Carcach 1997; see also James & Carcach 1997, pp. 23 & 32). Although homicide rates have remained stable over the past 20 years, other non-fatal forms of violence, as reported to police, have shown dramatic increases over this same period. Self-report victimisation surveys do not show similar increases, however. Indermaur (1996) argues the possibility that overall levels of violence are not increasing in Australia but a range of other factors is increasing police statistics. One of these factors he suggests is a lowering of tolerance by the public and police

**AUSTRALIAN INSTITUTE
OF CRIMINOLOGY**

trends
&
issues

in crime and criminal justice

December 1997

ISSN 0817-8542

ISBN 0 642 24055 8



Australian Institute
of Criminology
GPO Box 2944
Canberra ACT 2601
Australia

Tel: 02 6260 9200

Fax: 02 6260 9201

For subscription information together with a complete list of the papers in the Trends and Issues in Crime and Criminal Justice series, visit the AIC web site at:

<http://www.aic.gov.au>

or send an email to:

aicpress@aic.gov.au

of aggressive behaviour. The most recent National Police Custody Survey also found alcohol-related crimes made up a significant component of police custodies. During August 1995, 20.7 per cent of all incidents of custody reported were for public drunkenness (Carcach & McDonald 1997).

To commit a crime is to violate criminal law, yet there are a range of social actions that an individual can take that violates norms within the community that are not strictly defined as "criminal". These social actions are defined by the mainstream in society as antisocial or deviant behaviour, which are not necessarily illegal, or even if illegal, not criminal. Much of this behaviour is seen to contribute to disorder within our community and has a major impact on how ordinary citizens perceive the safety of their community. Behavioural incivilities may invite more serious predatory behaviour. Thus a focus on crime alone is too narrow if we are concerned with the wider problem of social disorder. However, it is important to realise that there have been variations over time and space in legal thresholds of permissible disorders. This applies to both law on the statute books as well as law enforcement policies.

There is a dearth of information about the extent to which individuals across the population as a whole are victims of crime committed by someone who has been consuming alcohol. This report seeks to provide some information on the extent of alcohol-related disorder within the Australian community. Data on perceived alcohol-related behaviour associated with disorder was collected in two national surveys conducted in 1993 and 1995. This data provides information on whether the individual reports being a victim of such behaviour. As with any self-report data on activities that are regarded as "deviant" or illegal in

Table 1: Self-reported experience of alcohol-related social disorder in the past 12 months^(a) (percentages)

	Never	Once only	2-5 times	6 or more times	(n)
Someone affected by alcohol has ...	%	%	%	%	
• physically abused you					
1993	87	7	4	2	(3393)
1995	91	6	2	1	(3756)
• damaged your property					
1993	83	11	5	1	(3384)
1995	87	8	4	1	(3755)
• stolen your property					
1993	92	6	2	0	(3370)
1995	93	4	2	1	(3755)
• put you in fear					
1993	74	14	8	4	(3385)
1995	79	12	7	2	(3752)
• verbally abused you					
1993	61	15	15	9	(3391)
1995	66	15	14	5	(3767)

(a) Exact question wording was "In the past 12 months, how often have you experienced any of the following?"

Source: 1993 and 1995 NDS National Household Surveys, weighted samples.

the community, there are limitations on its reliability and validity; however, there is an extensive body of literature on victimisation and delinquency that suggests that self-report data is more accurate than most official records that come from police, courts or treatment agencies. This Trends and Issues paper focuses on the victims of alcohol-related disorder while a second paper in this series will focus on the perpetrators of alcohol-related anti-social behaviour.

Data and Sample

The data come from national surveys conducted since 1985 under the auspices of the National Drug Strategy (NDS) to examine primarily self-reported drug use. In 1993 and 1995 specific questions were included on alcohol-related behaviour (for a more detailed analysis of the 1993 data, see Makkai (1993)). The purpose was to gain some indication of the extent to which individuals reported being victims of such behaviour. In 1993, 3500 people participated in the survey. The

survey was repeated again in 1995 and 3850 people completed the questionnaire. The surveys were conducted face-to-face with persons aged 14 or more with the more sensitive drug use and victimisation data being collected via a self-completion component.

The sample design was the same for both surveys with oversamples of some jurisdictions to enable jurisdictional comparisons to be made. The analyses here are for the whole of Australia so the data have been weighted accordingly. For respondents under 16 years of age permission was sought from the responsible parent or guardian; however, all interviews were conducted away from other household members to optimise openness and honesty. A letter from the Federal Health Minister encouraged people to participate. Detailed comparisons with census data indicate few differences between the sample and the population as a whole for basic socio-demographic characteristics (Commonwealth Department of Health and Family Services 1996).

Victims of Alcohol-Related Disorder

Respondents in 1993 and 1995 were asked whether they had been victims of five types of “incidents”, which included physical and verbal abuse as well as property crime, in the past 12 months. It is important to remember that this does not mean that the perpetrators were actually under the influence of alcohol nor that alcohol caused the person to commit the behaviour: it is simply the victim’s perception that alcohol was affecting the perpetrator at the time. However, perceptions are important — they are what drive public opinion and they influence individual attitudes, values and behaviours.

Table 1 shows the percentage who reported being a victim of five forms of disorder in 1993 and 1995. Respondents were asked to indicate how often they had experienced the “event” in the past 12 months. The data indicate a number of important factors:

- the distributions are relatively similar in both 1993 and 1995 with slightly fewer people reporting victimisation in 1995;
- repeat victimisation occurs for all the indicators of disorder;
- repeat victimisation is greatest for being put in fear and verbal abuse;
- 3 per cent of respondents in 1995 reported that they had been physically abused more than once in the past 12 months by someone affected by alcohol; this is down from 6 per cent in 1993.
- 9 per cent of respondents in 1995 reported that they had been put in fear more than once in the past 12 months by someone affected by alcohol; this is down from 12 per cent in 1993;
- just under 20 per cent of respondents reported in 1995

Table 2: Percentage of persons who were victims of alcohol related disorder by gender and age in the past 12 months

	(All)	Gender			Age		
		Female	Male	(Diff)	14-19yrs	20-39yrs	40+yrs
Someone affected by alcohol has ...	%	%	%	%	%	%	%
• physically abused you							
1993	(13)	9	17	(+8)	22	18	7
1995	(9)	6	12	(+6)	16	13	4
• damaged your property							
1993	(17)	15	19	(+4)	22	25	8
1995	(13)	9	17	(+8)	17	17	9
• stolen your property							
1993	(8)	7	9	(+2)	8	12	5
1995	(7)	4	6	(+2)	7	7	3
• put you in fear							
1993	(26)	27	25	(-2)	42	38	12
1995	(21)	24	20	(-4)	32	32	12
• verbally abused you							
1993	(39)	34	44	(+10)	51	53	25
1995	(34)	29	39	(+10)	42	48	21

Source: 1993 and 1995 NDS National Household Surveys, weighted samples.

that they had been verbally abused by someone affected by alcohol in the past 12 months; this is down from 24 in 1993.

As we are dealing with relatively small samples it becomes problematic to examine breakdowns by various socio-demographic factors when the percentage of people who report being a multiple victim is small. For this reason Table 2 shows the gender and age differences in who reports being a victim at any time in the past 12 months in 1993 and 1995.

These data show that many more people report having been victims of behaviour that are not clearly defined as criminal, but are, nonetheless antisocial.

- around one-third report having been verbally abused by a person affected by alcohol in the past 12 months;
- around one-quarter report having been put in fear by a person affected by alcohol in the past 12 months.

Levels of alcohol-related criminal behaviour are also high:

- 13 per cent in 1993 and 9 per cent in 1995 report having been physically abused by someone affected by alcohol;
- 17 per cent in 1993 and 13 per cent in 1995 report having had property damaged by a person affected by alcohol;
- 8 per cent in 1993 and 7 per cent in 1995 report having had property stolen by a person affected by alcohol.

Differences in experience of alcohol-related disorder between males and females show that:

- men are more likely to report experiencing verbal and physical assault and having property damaged;
- women are more likely to report having been put in fear;
- between 1993 and 1995 the gender differences would appear to be reducing for physical assault but increasing for property damage and being put in fear. However, without long-term monitoring it is impossible to know whether these trends are persistent.

Table 3: Socioeconomic risk factors associated with alcohol-related disorder^(a)

	<i>Physically abused</i> odds values	<i>Property damaged</i> odds values	<i>Property stolen</i> odds values	<i>Put in fear</i> odds values	<i>Verbally abused</i> odds values
Female	.54	.61	.76	1.34	.69
Aged 14-19 yrs	3.89	3.74	2.30	4.80	3.86
Aged 20-29 yrs	2.99	3.29	2.84	4.03	3.65
Aged 30-39 yrs	2.41	1.79	2.19	2.95	2.25
Australian born	1.18	1.20	1.06	1.02	1.05
Post secondary qualifications ^(b)	1.10	1.34	1.09	1.35	1.29
Married	.58	.83	.68	.70	.64
Paid employment ^(c)	1.57	1.27	.91	1.58	1.92
(n)	(6683)	(6676)	(6656)	(6678)	(6698)

(a) Model controls for the year in which the survey was undertaken. See text for explanation of odds values.

(b) Defined as those with technical or university education

(c) Defined as working full-time or part-time in the paid labour market

Source: 1993 and 1995 NDS National Household Surveys, pooled weighted sample.

There are notable age variations in risk of victimisation. Thus respondents under 40 years of age are more likely to report having been subjected to all the forms of alcohol-related disorder than older persons. Within those aged under 40 years the levels of alcohol-related disorder are similar for those aged under 20 years and those aged between 20 and 40 years. This suggests that people are being exposed to a culture of alcohol-related disorder at a young age and this has important policy implications for developing mechanisms for reducing alcohol-related disorder within the community.

Although the data suggest some reduction in levels between 1993 and 1995, without systematic monitoring it is difficult to discern whether this represents a real reduction or simply fluctuations in the data collection. However, the self-reported experience of public disorder and other crimes remains at relatively high levels particularly for the public disorder incidents of verbal abuse and being put in fear. These experiences probably affect citizen's perceptions of the level of crime in their community, their levels of fear of

crime and their perceived level of safety within the community. In public policy terms reducing fear of crime will probably be related to reducing general levels of social disorder.

Socioeconomic Risk Factors

Research on victimisation indicates that victims have a number of common characteristics — being young rather than old and being male rather than female are the two most common. However, it is important to understand that some direct associations may be due to other factors which have not been taken into account. For example, on the surface, age might be an important factor linked to victimisation, although we might find that this relationship does not hold up when we control for the extent to which people are out at night. Thus it is not age but night time activity that is the important factor. Multivariate analysis allows us to determine the relative importance of a number of risk factors.

In Table 3 we examine six socioeconomic risk factors and the likelihood of experiencing a particular form of disorder using

logistic regression.¹ To simplify matters only the odds values are shown rather than presenting the actual coefficients.² The odds values are interpreted in the same form as racing odds. Thus a value of one indicates that the likelihood of that factor influencing the outcome is even. Values greater than one indicate that the factor increases the chances of the outcome occurring while values less than one indicate that the factor reduces the chances of the outcome occurring.

The data indicate a number of risk factors are associated with experiencing various forms of alcohol-related disorder in the past 12 months:

- as age increases then the probability of being a victim of any of the five forms of disorder declines significantly;
- men are significantly more likely to report being a victim of alcohol related physical and verbal abuse while women are significantly more likely to report they have been put in fear;
- there are virtually no differences in self-reported victimisation between Australian and non-Australian born; however, the sample size is too small to distinguish between different birthplace groups or the Aboriginal population;
- those with some form of post-secondary qualification are significantly more likely to report that they have experienced property damage, verbal abuse and being put in fear from someone intoxicated with alcohol;

1. The risk factors are limited to the questions asked in the survey. Unfortunately contextual factors such as whether the victim had been drinking, where the incident took place, and other behavioural characteristics such as night time activity were not included in the survey.

2. The coefficients and standard errors are available on request from the author. More detailed analyses are provided in Makkai and McAllister (forthcoming).

Table 4: Overlapping experiences of victimisation (percentages)

	Physically abused %	Property damaged %	Property stolen %	Put in fear %
1993				
Property damaged	39			
Property stolen	35	76		
Put in fear	36	38	20	
Verbally abused	29	33	16	58
1995				
Property damaged	35			
Property stolen	37	74		
Put in fear	28	36	14	
Verbally abused	25	29	12	51

Source: 1993 and 1995 NDS National Household Surveys, weighted sample.

- married respondents are significantly less likely to have experienced alcohol-related social disorder.
- those who are in paid employment have a greater probability of experiencing physical and verbal abuse and been put in fear by someone who was under the influence of alcohol. This probably reflects their greater exposure to risk as they have the financial capital to be out and about.

Overlapping Experiences of Victimisation

Victims of crime are more likely to experience further such incidents than those who have never been victims. In Table 4 we examine the extent to which respondents report experiencing different forms of disorder. For example, in 1995, 25 per cent of those who reported experiencing physical abuse also reported experiencing verbal abuse in the past 12 months. Although generally speaking those who report experiencing one form of

disorder also report experiencing another, there is variation in the extent to which this occurs depending on the types of disorder.

We see that:

- the strongest overlaps are between property damage and property stolen, and being put in fear and verbally abused. For the former group around three-quarters report experiencing both events in the past 12 months. In the latter case just over half in 1993 (58 per cent) and in 1995 around half (51 per cent) report experiencing both fear and verbal abuse by persons thought to be intoxicated with alcohol in the past 12 months;
- the weakest overlap is between property stolen and fear and verbal abuse;
- experience of physical abuse and other forms of disorder is relatively common.

Alcohol Consumption and Victimisation

Studies on intoxication and aggression indicate that alcohol has often been consumed by both the offender and the victim. The NDS surveys do not determine the extent to which alcohol is being consumed at the time, or times, that the respondent reports being a victim. However, we can examine the respondents' regular drinking patterns and their self-reported victimisation. In both surveys respondents were asked how often they drank alcohol and how much they consumed on a usual drinking day. From these two measures individuals were classified into five different drinking types — harmful/hazardous, binge drinking, heavy drinking, moderate drinking and non-drinkers (definitions are provided in Makkai & McAllister (forthcoming)).

Table 5 shows the percentage that report being a victim by their

Table 5: Self-reported drinking and alcohol-related victimisation in the past 12 months (percentages)

	Non drinker	Moderate	Heavy	Binge	Harmful/hazardous
Someone affected by alcohol has ...	%	%	%	%	%
• physically abused you					
1993	8	13	13	37	28
1995	7	7	12	25	10
• damaged your property					
1993	10	16	24	32	25
1995	11	12	16	26	19
• stolen your property					
1993	6	8	9	11	17
1995	5	4	6	12	7
• put you in fear					
1993	21	26	32	43	32
1995	17	20	28	44	25
• verbally abused you					
1993	27	40	47	65	50
1995	21	32	49	58	46

Source: 1993 and 1995 NDS National Household Surveys, weighted sample.

drinking classification.³ There is a clear association between personal drinking style and experience of alcohol-related disorder. Those who report binge-drinking patterns of alcohol consumption are much more likely to have experienced all forms of alcohol-related disorder, except for stolen property. Rates of victimisation are similar for heavy and harmful/hazardous drinkers except for physical assault in 1993. Overall the data suggest a slight drop in alcohol-related victimisation; however, further data are required before we can determine whether such a trend is persistent.

These data do not enable us to determine a causal path between personal drinking and experience of alcohol-related disorder but it does suggest that the two co-exist. Those who drink more are more likely to be victims. It is important to keep in mind that personal drinking may be associated with other lifestyle behaviours that increase the risk of victimisation — for example, being out more at night or spending more time in clubs and pubs.

Conclusion

These data indicate that alcohol-related disorder is widely prevalent in the community with 46 per cent of a national survey sample in 1993 and 41 per cent in 1995 reporting that they have experienced this activity at least once in the past 12 months. The most common forms of alcohol-related disorder that a person reports experiencing are verbal abuse and being put in fear. We are unable to determine if these activities heighten fear of crime and lack of confidence in the criminal justice system to deal with low-level forms of drug-related disorder. A systematic survey focussing on this issue is required before serious public policy proposals can be formulated.

3. Homel (1988, pp. 132-4) uses a similar quantity-frequency index to classify individuals into broad categories.

Nevertheless, the analyses show that young persons, males, those in the paid labour market and the non-married have a greater probability of being victims of this kind of behaviour. In addition, the person's own level of alcohol consumption is significantly related to levels of victimisation. From the point of view of crime prevention it suggests that mechanisms that train young males to resolve conflicts that do not result in disorder need to begin at an early age in the schooling system. Also, more recent work on the importance of situational and environmental factors in clubs and bars (see Homel 1997) in reducing violence need to be considered by local and state governments.

Finally, given that the criminal justice system is barely able to cope with the demands being placed upon it at the present time, civil remedies may become a more popular approach to solving disorder. Licensing regimes may regulate the time, place and manner of alcohol consumption in ways that balance the interests of the drinkers with those of the wider public. In conjunction with community groups, police, and local governments solutions may be sought that involve restitutive law rather than the punitive criminal law (Roach Anleu 1997). This has already begun with Australian citizens seeking recourse to civil law successfully winning law suits against licensees who permit drunken customers to remain on the premises (Stockwell 1994). There are some situations where the civil law has proven inadequate. This has led to a uniquely Australian approach to alcohol-related crime prevention with local councils establishing safety action projects (see Homel 1997).

References

- Asvall, J. 1994, "Foreword" in *Alcohol Policy and the Public Good*, eds Griffith Edwards et al., Oxford University Press, Oxford.
- Carcach, Carlos 1997, *Youth as Victims and Offenders of Homicide*, Trends & Issues in

- Crime and Criminal Justice No. 73, Australian Institute of Criminology, Canberra.
- Carcach, Carlos & McDonald, David 1997, *National Police Custody Survey*, Australian Institute of Criminology, Canberra.
- Commonwealth Department of Health and Family Services 1996, *National Drug Strategy Household Survey Report, 1995*, Commonwealth Department of Health and Family Services, Canberra.
- Homel, Ross, 1988, *Policing and Punishing the Drinking Driver: A Study of General and Specific Deterrence*, Springer-Verlag, New York.
- Homel, Ross (ed.) 1997, *Policing for Prevention: Reducing crime, public intoxication, and injury*. Crime Prevention Studies, Volume 7, Criminal Justice Press, New York.
- Homel, Ross & Bull, Melissa 1996, "Under the influence: Alcohol, drugs and crime" in *Crime and Justice: Australian Textbook in Criminology*, ed. Kathleen Hazlehurst, Law Book Company, Sydney.
- Indermaur, David 1996, *Violent Crime in Australia: Interpreting the Trends*, Trends & Issues in Crime and Criminal Justice No. 60, Australian Institute of Criminology, Canberra.
- James, M. & Carcach, C. 1997, *Homicide in Australia 1989-96*, Research and Public Policy Series No. 13, Australian Institute of Criminology, Canberra.
- Makkai, Toni 1993, *Drugs, Anti-social behaviour and Policy Choices in Australian Society*, AGPS, Canberra.
- Makkai, Toni & McAllister, Ian 1997, *Patterns of Drug Use in Australia, 1985-95*, Commonwealth Department of Community of Health and Family Services, Canberra.
- Makkai, Toni & McAllister, Ian (forthcoming), *Drugs in Australian Society: Patterns of Use and Policy Options*, Addison Wesley Longman, Melbourne.
- Roach Anleu, Sharyn 1997, "The role of civil sanctions in social control: A socio-legal examination" in *Civil Remedies*, eds Lorraine Green Mazerolle & Janice A. Roehl, Criminal Justice Press, New York.
- Room, Robin 1988, "The dialectic of drinking in Australian life: From the Rum Corps to the Wine Column", *Australian Drug and Alcohol Review*, vol. 7, pp. 413-37.
- Stockwell, Tim 1994, *An Examination of the appropriateness and efficacy of liquor licensing laws across Australia*, AGPS, Canberra.
- Walker, John & Dagger, Dianne 1993, *Crime in Australia*, Australian Institute of Criminology, Canberra.

Dr Toni Makkai is a Research Analyst with the Australian Institute of Criminology



General Editor, Trends and Issues in Crime and Criminal Justice series:
 Dr Adam Graycar, Director
 Australian Institute of Criminology
 GPO Box 2944
 Canberra ACT 2601 Australia