



27<sup>th</sup> October 2025

## **Re: Health Impacts of Alcohol and Other Drugs in Australia**

Building on findings from multiple Australian Research Council funded projects, our research team (Hon. Professor Cathy Humphreys, Dr Margaret Kertesz and Van Callaly) have encountered an issue that persistently remains peripheral in frontline service responses: the intersection of alcohol and other drug (AOD) use and gender-based violence. This submission focuses on AOD use in the context of gender-based violence, and the compounded health consequences for women and children victim-survivors.

### ***The health impact on victim-survivors***

Thirty years of international evidence confirms that when individuals concurrently use violence and substances, the severity, frequency and overall impact of that violence increases – particularly towards women and children (Canfield et al., 2020; Laslett et al., 2020; Ramsoomar et al., 2021).

The evidence is likewise established in Australia.

- Between 2010 and 2018, 240 women were murdered by a current or former male partner. In over 60% of these cases, the perpetrators used substances in the lead up or during the fatal episode (ANROWS, 2022).

While death represents the most extreme health outcome, when substance use and gender-based violence intersect, it produces a spectrum of harms to victim-survivors' health.

- Alcohol is involved in 24% to 54% of all domestic and family violence (DFV) reported to police (Mayshak et al., 2022). Victim-survivors are two to three times more likely to experience severe harm such as broken bones and life-threatening injuries when alcohol is present (Mayshak et al., 2022).
- Illicit drug use during a DFV incident was found to more than double the odds of injury (Coomber et al., 2019).
- Substance use not only escalates the severity of violence against family members, but also increases its re-occurrence, leading to cumulative harm. Evidence shows that women and children victim-survivors of gender-based violence experience an increased risk of acquired brain injuries, due to cumulative exposure to repeated assaults, including strangulation (Brain Injury Australia, 2018). While direct evidence remains limited, the existing data on the severity and repetition of gender-based violence when substances are involved suggests a heightened risk of life-long physical and cognitive harms to victim-survivors.

***Substance use coercion***

An under-recognised issue at this intersection is substance use coercion – where people who use violence manipulate their own or the victim-survivor’s AOD use as a tactic of abuse and control (Warshaw et al., 2014). Despite the implications of this insidious tactic of abuse and control for both victim-survivors and the frontline services who seek to help them, our research finds that both the AOD and DFV sectors have a poorly developed response in this important area. Consequently, victim-survivors subjected to this form of abuse and control often encounter fragmented services that fail to recognise the compounding nature of gender-based violence and substance use. Similarly, addressing the intersection of DFV and AOD by Men’s Behaviour Change programs or in AOD treatment services is also poorly developed.

Frontline practitioners and senior leaders across the AOD and DFV sectors are calling for urgent government support to integrate responses. However, workforce capacity to safely and seamlessly support victim-survivors remains undermined by siloed funding arrangements and fragmented service models.

***Future steps***

We welcome the Issues Paper’s recognition (Point 6.7) that the intersection of AOD use and gender-based violence warrants further inquiry. Unless addressed through this or a future inquiry, the cumulative and often inter-generational impacts of AOD use will continue to harm victim-survivors of gender-based violence - half of whom are children.

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