



# PsychLaw

## Alcohol-Related Violence.

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*“...alcohol abuse is correlated with increased aggression, lower self-regulation and a lack of behavioural control”*

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Alcohol-related violence is a significant problem within the community. Crimes can be classed as alcohol-related when the misuse of alcohol has contributed to the occurrence of the crime, as indicated by the police detainee<sup>1</sup>. There is a strong positive link between excessive consumption of alcohol and social harm, and high consumption of alcohol has been found to be a predominant risk factor for physical violence. Due to the acceptance of excessive alcohol consumption as a significant element of Australian culture, any attempt to influence philosophies regarding drinking behaviour has been notably challenging. This issue provides a brief overview of the predominant risk factors and proposes ways to reduce recidivism in recurrent offenders.

### **Adolescence and self-regulation.**

Research has found that adolescents make up a large percentage of individuals engaging in alcohol-related violence. Children and adolescents often demonstrate poor emotional and behavioural self-regulation, with the prefrontal cortex (controlling ‘executive functions’) not fully developing until early adulthood. This lack of self-regulation is often heightened by the effects of alcohol, as consumption of alcohol affects cognitive functioning, and therefore further lowers an adolescent’s ability to assess risks and resist impulsivity.

### **Mental illness and co-morbidity.**

There is a substantial overlap between certain personality disorders and substance use, with research suggesting that personality disorders and alcoholism share common genetic pathways. Excessive consumption of alcohol has

furthermore been found to increase the effects of certain symptoms within personality disorder patients. This is particularly problematic within individuals diagnosed with antisocial personality disorder, as it is characterised by known precursors of alcohol-related violence; impulsivity, recklessness and a disregard for the safety of themselves and others<sup>2</sup>.

### **Socioeconomic Status.**

Social determinants often predict alcohol-related violence. Individuals of a lower socioeconomic status have been found to be at a greater risk of engaging in alcohol-related violence while consuming the same amounts of alcohol. Research suggests that a childhood normalisation of alcohol-related violence, as well as a lack of education surrounding alcohol-related harm, contributes to this discrepancy. An uneven distribution of resources between socioeconomic groups has also caused a lack of interventions within lower groups, further exacerbating the issue.

### **External stressors:**

Exposure to stress is often a precursor to increased alcohol use and alcohol-use disorders. Stressors can occur at various points throughout the lifespan, and have varying degrees of severity. Childhood maltreatment has been found to be highly associated with increased alcohol use, and is a consistent risk factor for alcohol-related offences. Divorce and job loss have also been previously correlated with an increased risk of alcohol-use disorders. Discrimination in regards to gender, culture and other individual characteristics has also shown to be correlated with increased alcohol consumption, subsequently lead-

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*“...with low levels of emotional regulation, offenders will often commit violent offences under the influence of alcohol.”*

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<sup>1</sup> Australian Institute of Criminology . (2012). Drug Use Monitoring in Australia (DUMA) Survey (NCETA secondary analysis)

<sup>2</sup> American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.



## Treatment.

ing to an increased risk of engaging in alcohol-related offences.

Initially, pre-treatment screening, such as quantity-frequency estimates or the AUDIT, is utilised to identify the presence and severity of alcohol-related disorders. If an individual is found to present with significant alcohol-related problems, a comprehensive assessment is conducted, consisting primarily of the following:

- The offender's knowledge regarding the risks of alcohol consumption
- Examination of the offender's mental state
- Management and treatment plan

Often, only a brief intervention is required. These are delivered in one to four sessions, during which the FLAGS approach is utilised; feedback, listen, advice, goals and strategies. The primary aim of a brief intervention is to review and modify mild alcohol-related

problems. In severe cases, it is recommended that the offender participates in an intensive intervention program

Detoxification as a lone treatment rarely results in long-term success. Thus, intensive treatment is recommended for offenders who show severe alcohol-related problems. Intensive treatment examples include counselling services, self-help programs and medication.

### Counselling services:

Counselling and psychotherapy focus upon relapse prevention strategies that can minimise destructive alcohol-related behaviours. These strategies are individualised to the client and aid offenders in identifying situations that contribute towards excessive alcohol consumption, as well as avoiding risk and preventing relapse. Psychotherapy is built upon a Cognitive Behavioural Therapy (CBT) framework, which incorporates healthy coping mechanisms and self-regulation. Other cognitive issues, such as mood deficits or anxiety-related issues, can also be addressed.

### Self-Help Programs:

The most common self-help program is the 12-step Alcoholics Anonymous (AA) program. AA Australia is a peer-based organisation which aims to assist its members in maintaining sobriety by promoting healthy coping strategies.

### Medication:

There are a variety of medications which may aid in reducing alcohol consumption during and after withdrawal.

*Naltrexone* – an opioid medication which reduces cravings for alcohol. This particular medication has been found to reduce alcohol consumption in between 40%-60% of patients on average.

*Acamprosate* – works via glutamate pathways to reduce cravings. Cannot be taken within three days of consuming alcohol.

*Disulfiram* – an inhibitor drug. Causes a severe reaction, such as nausea or headache, if alcohol is consumed. The success of this drug is dependent on offender motivation and requires careful dosage supervision. Cannot be taken with seven days of consuming alcohol

## Sydney Office

Hengrove Hall  
Level 5, Suite 28  
193 Macquarie St  
Sydney NSW 2000

Tel: +61 2 8667-3206  
Fax: +61 2 8078-6002

[emma@stephensbradley.com.au](mailto:emma@stephensbradley.com.au)

## Wollongong Office

Level 2, Suite 14  
39 Market Street  
Wollongong NSW 2500

Tel: +61 2 4254-1026  
Fax: +61 2 8078-6002

[taylah@stephensbradley.com.au](mailto:taylah@stephensbradley.com.au)

## What We Do.

*At Stephens & Bradley Forensic & Clinical Psychological Services we provide treatment from short term intervention to long-term therapy, to both adolescent and adult clients.*

*Our services include:*

- *Diagnoses of DSM-5 disorder(s)*
- *Clinical neuropsychological and personality assessments*
- *Clinical treatment to both forensic (offending) and non forensic clients*
- *Diagnosis and treatment of alcohol/drug related disorders*
- *Assessment of offenders with intellectual disability*
- *Section 32 Mental Health (Forensic Provisions) Act 1990 assessment*
- *Fitness to Plead assessment (Presser)*
- *Offender Risk/Needs analysis*
- *Recommendations for incarceration or diversion to alternate rehabilitation programs*
- *Assessment and opinion for the likelihood of re-offending*
- *Offender behaviour modification assessment and treatment (DV, violence)*
- *Sex Offender/Child Pornography treatment*
- *Forensic court reports*
- *Immigration/Visa assessment and reports*
- *Firearm license revocation assessment and reports*