Binge drinking and violent recidivism by young offenders

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OVERVIEW. Problem: Associations between binge drinking and violence are strong, particularly in forensic samples, but prospective links between the two remain unclear.

Solution: Four-year prospective study examining impacts of bingeing on multiple aspects of violent recidivism by 793 Australian young offenders, adjusting for common risk factors for both behaviours.

RESULTS: VIOLENT RECIDIVISM OUTCOMES

Prevalence was 47% (around half of all recidivism) Mean violent offences (by recidivists): 1.9 (max 9)

Medium time to violent recidivism: 390 days.

Table 2 presents associations with these outcomes

RESULTS: BIVARIATE

Variables from all domains of functioning were associated with multiple violent outcomes.

Associations increased with bingeing frequency.

Most led to modest increases in recidivism risk.

>2x weekly binge drinkers were 2.4x as likely to commit violence (OR), did so at 1.9x the rate (IRR), and 2.1x as fast (Inverse TR) as non-binge drinkers.

CONCLUSIONS

Binge drinking is a strong predictor of participation, frequency, and time to violence by young offenders, especially regular drinkers, and is robust to adjustment for other predictors.

The consistent prediction of multiple poor outcomes suggests interventions targeted at heavy drinkers, if not drinking per se, may reduce violent recidivism. Interventions must take violent offenders’ poor verbal reasoning into account as well as concurrent drug use. Inefficient bingeing is less strongly related to violence. Predicting progression to more frequent bingeing should be a priority.

Modifiable drivers of severe violence, and violence by non-drinkers require further investigation.

The strong link between victimisation and violent offending recalls existing findings and the need not only to treat but to protect these vulnerable youth.

Further considerations. 1. Violence prediction is an imprecise exercise; models rarely explain a large proportion of variance. 2. Potentially important data were not available (psychopathy, psychosis, expectancies). 3. Many offenders do not report convictions. Predictors of self-reported violence may differ.