

Brisbane Youth Service

Submission to National Plan to End Violence against Women and Children 2022-32

July 2026

[REDACTED]

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Executive Summary

1. Brisbane Youth Service (BYS) welcomes the opportunity to inform the Second Action Plan under Australia's *National Plan to End Violence against Women and Children 2022–2032*.
2. At BYS, we believe in **new futures for young people**. We support young people at risk of or experiencing homelessness, and the evidence shows that domestic, family and sexual violence (DHSV) is a key driver of homelessness.
3. In line with BYS's expertise, this submission will focus on **young people's experiences of DHSV, especially at the intersection of housing insecurity**. We highlight the crucial need for early intervention, effective crisis response and recovery pathways for victim-survivors, and tailored approaches with young people using violence.
4. We provide **19 recommendations**, listed below, across **three priority areas** identified for consultation: *Priority Area 1: Victim-survivors*, *Priority Area 2: Prevention and Early Intervention*, and *Priority Area 3: Children and young people in their own right*. Overall, we recommend: an upskilled workforce; improved DHSV screening capacity across the sector; youth-specific programs; tailored supports for marginalised communities; de-siloed, integrated service systems; and well-resourced, wraparound support provision.
5. **These recommended actions are needed right now**. Rates of DHSV are unacceptably high, especially among young people at risk of or experiencing homelessness. This issue is further compounded by the current housing crisis, making it more difficult for young people to access safe and stable housing. Improving support and outcomes for this population is necessary, urgent, and achievable.
6. We frame these recommendations with the knowledge that **young people are at a specific developmental stage**, in terms of their physical maturity, their attachment and relational skills, and their access to material and social resources. As such, young people need tailored, trauma-informed responses, both for victim-survivors and for those using violence. Unfortunately, adult services frequently miss or misunderstand young people's needs, leading to poorer support experiences and outcomes.
7. All recommendations provided in this submission are **evidence-based**. We draw support from key national statistics, rigorous research outputs, and BYS's own evidence base which includes both young people's lived/living experience and practitioner insights from the front line.
8. We aim to **centre young people's voices** in everything we do. We recommend this submission be considered alongside our recently published [BYS Youth Domestic, Family, and Sexual Violence Practice Framework](#) to deepen understanding of what young people need, expressed in their own voices.

Acknowledgments

Brisbane Youth Service (BYS) respectfully acknowledges the Turrbal and Jagera people as the Traditional Custodians of the lands where BYS operates. We pay respect to their Elders past and present, lores, customs, and creation spirits. BYS acknowledges and celebrates the important role Aboriginal and Torres Strait Islander people play within BYS and the community.

BYS also pays respect to young people who have experienced harm and disadvantage, who are at the heart of all we do. We honour their resilience while recognising the deep injustice that this resilience was necessary in their young lives. We also acknowledge young people who use harmful behaviours, who are overwhelmingly victim-survivors of trauma themselves. We understand that young people experience harm within a broader societal context, and we recognise the long shadow cast by colonisation and the Stolen Generations.

Finally, we pay respect to young people who have not survived.

About BYS

Brisbane Youth Service (BYS) provides free and confidential services, including crisis and transitional housing, emergency relief, physical and mental health care, alcohol and drug interventions, domestic and family violence supports, and specialised programs for young women and families in Brisbane, Queensland. Our vision is new futures for young people, and our purpose is to enable young people and families to navigate life challenges and thrive in the community.

Our programs for young people with lived experience of DFSV

BYS delivers five specialist programs to prevent domestic, family and sexual violence (DFSV) among young people. These programs are:

- **DFV Specialists** – whose dedicated roles are to prevent, respond to, and promote healing from DFSV through early intervention, crisis response, psychoeducation, and advocacy for young victim-survivors (including at-risk young people),
- **SAGE** – a 10-week psychoeducational group-based program for young women and non-binary people to engage with others and participate in activities and discussions that help create a positive shift towards safe relationships,
- **SAGE+** - an adaption of SAGE for LGBTQIAP+SB young people, that also focuses on community-building and psychoeducation through a queer lens (evaluation by La Trobe Partners in Prevention of Sexual Violence),
- **K.I.N.D** – which engages young people who use violence, alongside their partners and family members, to reduce violence and build healthy, safe relationship skills (developed by Youth Justice, South Australia), and
- **Safe Young Mums and Bubs** – a 24/7 supported accommodation for young mums navigating DFV and parenting concerns.

BYS has deep connections with the Brisbane community, and our programs consistently show effectiveness in building young people's knowledge and skills to prevent and respond to DFSV. Programs like ours are critical, because we know that many young people at risk of or experiencing homelessness are often left out of conversations and not considered a priority area for prevention and response.

Our Recommendations

Priority Area 1: Victim-survivors

To make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery through service or system responses, BYS recommends:

- Recommendation 1. Provide long-term funding for homelessness services to develop workforce-wide capacity and capability, including ongoing training, to screen for and respond to DFSV.
- Recommendation 2. Fund youth crisis housing to support DFSV victim-survivors and their dependents to both exit violent relationships and stay safe during separation, an extremely high-risk period for violence escalation and lethality.
- Recommendation 3. Invest in researching the impact of group psychoeducation, healing, and recovery programs for young people, LGBTQIAP+SB people, First Nations people, and/or people with a disability who have experienced DFSV.
- Recommendation 4. Invest long term funding into evidence-based group programs for young people who have experienced (or at risk of experiencing) DFSV to support recovery, healing and reduced risk of victimisation.

To improve victim-survivors' experiences accessing supports and engaging with systems, including by reducing barriers and facilitating earlier help-seeking, BYS recommends:

- Recommendation 5. Increase investment in non-specialised workforce capacity to assess and respond to young people experiencing (or at risk of experiencing) DFSV.
- Recommendation 6. Fund dedicated DFSV Specialist roles within homelessness and community services to further support workforce capacity.
- Recommendation 7. Increase investment in Integrated Service Responses that can provide holistic responses to young people experiencing (or at risk of experiencing) DFSV and intersecting vulnerabilities.

To address the needs of diverse communities, including Aboriginal and Torres Strait Islander people, BYS recommends:

- Recommendation 8. Invest in dedicated First Nations and LGBTQIAP+SB specialist roles within homelessness and DFSV services to provide culturally safe, inclusive, and identity-affirming support during crisis, healing, and recovery.

Recommendation 9. Increase funding for tailored tertiary prevention initiatives that are co-designed and delivered with priority populations, including First Nations, LGBTQIAP+SB, CALD, disabled, and neurodiverse youth.

Recommendation 10. Fund First Nations- and LGBTQIAP+SB-led initiatives and programs to support psychoeducation, healing, and recovery for young people in these communities who are at higher risk of experiencing DFSV.

Priority Area 2: Prevention and early intervention

To make the biggest difference in preventing and ultimately ending violence, BYS recommends:

Recommendation 11. Provide long-term funding for homelessness services to develop and deliver DFSV early intervention and prevention initiatives (such as groups, education programs, or accessible resources) with and for young people.

Recommendation 12. Increase accessibility of healthy relationships education through provision of community-based activities.

Recommendation 13. Strengthen sexual health and relationships education (SHRE) programs to ensure facilitators approach content delivery grounded in youth-informed, survivor-aware principles, and include developmentally appropriate content on harmful sexual behaviours, accountability, healthy relationships, and help-seeking.

Recommendation 14. Increase investment in specialist workforce capability to assess the underlying drivers of DFSV, including trauma, attachment disruption, and harmful gender norms, and deliver individualised, relational responses that promote accountability and behaviour change.

Priority Area 3: Children and young people in their own right

To make the biggest difference to safety, recovery and wellbeing outcomes for children and young people affected by violence, BYS recommends:

Recommendation 15. Increase investment in youth-specific DFSV services, including prevention, early intervention, crisis response, and healing and recovery supports, that recognise the unique impacts of young people's experience of DFSV.

Recommendation 16. Embed the voices of young victim-survivors, particularly those with lived experience of homelessness, in the design, delivery and evaluation of programs and services.

Recommendation 17. Fund trauma-informed youth engagement programs to ensure victim-survivors' lived/living experience is meaningfully reflected in programs designed to support them.

To support children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm, BYS recommends:

Recommendation 18. Invest in youth-specific behaviour change programs that are developmentally appropriate and separate from adult men's behaviour change programs, recognising the unique needs, relationships and social contexts of young people.

Recommendation 19. Invest in trauma-informed, healing-first interventions for young people using violence or displaying harmful sexual behaviours, recognising that many are also victim-survivors and require therapeutic support alongside accountability.

Supporting Evidence for this Submission

DFSV is a leading driver of homelessness

DFSV is a leading driver of homelessness in Australia, particularly for women and young people (Theobald et al., 2026). In 2024–25, 40% of all clients accessing Specialist Homelessness Services had experienced family or domestic violence (AIHW, 2025). This pattern is reflected at BYS, where 73% of young people reported past family violence, 47% reported past intimate partner violence, and 14% reported sexual abuse, with current experiences of violence also remaining high (BYS, 2025a). These figures are likely to underestimate the true prevalence, as experiences of violence are likely underreported by young people when they first connect with a youth worker (BYS, 2025a). Underreporting is also attributed to systems distrust, fear of Child Safety and police, as well as normalisation of violence (AIHW, 2026). Importantly, these trends have remained consistent over the past five years (BYS, 2025a; BYS, 2021), demonstrating that homelessness and DFSV are intersecting experiences.

Despite this, young people are commonly referred between multiple services to address intersecting vulnerabilities independently, creating fragmented pathways that increase service navigation burdens, require repeated disclosure of traumatic experiences, and ultimately prevent many young people from accessing timely support (Davidson et al., 2025; Queensland Government, 2025). This fragmented service landscape is inconsistent with best practice guidelines proposed by the Queensland Government in the Domestic and Family Violence Integrated Service System Statewide Guide (2025). This guide highlights the need for strong Integrated Service System responses that acknowledge and respond to the unique needs of the victim-survivor (Queensland Government, 2025), including responding to those experiencing, or at risk of experiencing, homelessness. **We therefore advocate that DFSV must be recognised as a leading driver of homelessness through allocation of DFSV specialist funding and resources to both homelessness and generalist support services, as outlined in Recommendations 1-7.**

Crisis housing is crucial for DFSV victim-survivors

Lack of material support, especially housing, is a key barrier for victim-survivors exiting violence in their intimate partner relationships and/or families of origin (AIHW, 2025). When victim-survivors consider exiting a violent relationship, a lack of safe alternative housing requires them to choose between continuing the relationship or becoming homeless, up to and including sleeping rough. This is exacerbated in the context of coercive control (especially financial abuse and social isolation) where the person using violence intentionally limits or blocks the victim-survivor's access to financial resources, social support, and professional support services (Attorney-General's Department, 2024), thus restricting the victim-survivor's ability to acquire safe housing. Additionally, when exiting a relationship,

victim-survivors often take responsibility for the safety of children and pets, and a lack of housing suitable for their dependents can create an additional barrier to exiting the relationship (Stulz et al., 2024). Providing victim-survivors with safe, affordable, accessible, and immediate crisis housing not only facilitates victim-survivors to exit violent relationships but provides safety during separation, which is known to be one of the highest-risk periods for serious harm and lethality (Toivonen & Backhouse, 2018). **We therefore advocate that crisis housing for DFSV victim-survivors and their dependents is an urgent need, as outlined in Recommendation 2.**

Young DFSV victim-survivors have unique needs

Young people affected by DFSV require responses that are developmentally appropriate and acknowledge their unique experiences of family violence, intimate-partner violence and sexual violence (BYS, 2025b; Gillfeather-Spetere & Watson, 2024). Young peoples' experiences of DFSV, relationships, technology, identity formation and help-seeking differ substantially from those of adults, yet many crisis, recovery and behaviour change responses remain designed for adult populations. Evidence demonstrates that effective interventions for young people are relational, trauma-informed and sustained over time (Davies et al., 2025; Satyen et al., 2025). Alongside specialist individual support, youth-specific psychoeducation and healing groups provide opportunities to learn about healthy relationships, consent, and respect, while enabling peer connection, reducing social isolation, and strengthening cultural, emotional and physical safety (Morgan et al., 2023). These approaches are particularly important for young people who have experienced disrupted attachment, limited opportunities to develop healthy relationship skills, or early and multiple experiences of or exposure to DFSV (BYS, 2025b). Prevention should also extend beyond one-off education initiatives, with consent, respectful relationships and protective behaviours embedded across community settings and reinforced throughout the lifespan (Cahill et al., 2023; Vrankovich et al., 2025). Effective supports for young victim-survivors require consideration of their developmental needs, social and relationship experiences, and contact with technology and digital space (Gillfeather-Spetere & Watson, 2024). **We therefore advocate that young victim-survivors require tailored supports to address their unique needs, as outlined in Recommendations 1-17.**

Young victim-survivors of DFSV are diverse

Young people experiencing DFSV and/or homelessness are not a homogenous group, and responses must reflect the diverse and intersecting experiences of young people affected by these issues. Young people affected by structural barriers—especially First Nations young people, LGBTQIAP+SB young people, young people living with disability—are often subject to unique forms of discrimination, exclusion, and barriers to accessing safe and appropriate support (Backhouse & Toivonen, 2018; Tually et al., 2022). Mainstream supports may not adequately respond to their cultural, identity, or accessibility needs (Theobald et al., 2026) which can negatively impact support experiences and outcomes. At BYS, our client cohort

illustrates this intersectionality, with one in three young people identifying as Aboriginal and/or Torres Strait Islander, one in four identifying as part of LGBTQIAP+SB communities, and one in four living with a disability (BYS, 2025a). These communities are considered “priority populations” in Australia due to the disproportionate prevalence, severity, and impacts of violence, as well the additional barriers to seeking and obtaining support (Backhouse & Toivonen, 2018). Effective responses therefore require investment in culturally safe, inclusive, identity-affirming, and community-led approaches that understand and respond to the unique lived experience of priority populations.

Investing in dedicated First Nations, LGBTQIAP+SB, and disability specialist DFSV roles within generalist and homelessness services are critical to improving accessibility, trust, and positive outcomes for young people from priority populations. Evidence demonstrates that peer-led models can strengthen engagement by reducing experiences of stigma and service-related harm, while supporting culturally safe, trauma-informed, and strengths-based responses (Backhouse & Toivonen, 2018; Domestic Violence NSW [DVNSW], 2025; Safe and Equal, 2022). Young people who experience multiple forms of discrimination are at increased risk of victimisation and as such, support services must meaningfully engage with intersectionality for supports to be effective. **We therefore advocate that victim-survivors from diverse backgrounds receive specific and culturally responsive supports, as outlined in Recommendations 8-10.**

Group programs can support healing for victim-survivors

At present, there is limited research on the impact of group psychoeducation, healing and recovery programs tailored for young people, LGBTQIAP+SB people, First Nations people, and/or people with a disability impacted by DFSV. At BYS, we have seen the positive impacts of such group programs delivered to support DFSV victim-survivors, through SAGE (for young women and nonbinary youth) and SAGE+ (for young LGBTQIAP+SB people). Young people who have engaged in these programs have reported that participating in psychoeducation through a group model has nurtured meaningful peer relationships, reduced social isolation, and allowed them to build informal support networks that extend beyond program sessions. They also reported feeling that the group setting was a rare space where they felt safe and seen, which are foundational conditions for healing, recovery, and prevention. Social isolation, increased community connection, peer-to-peer knowledge exchange, and feeling understood through group psychoeducation programs have been reported as protective, transformative, and healing for adult victim-survivors of DFSV, despite the research being minimal (Cameron et al., 2025; Sharman, 2024). In addition, group programs for victim-survivors should ensure that sexual violence is specifically addressed, either in a dedicated module or as an overall program aim, given the high prevalence of sexual violence perpetration, and that many rape victim-survivors—especially younger survivors—may not recognise their experiences as violence (Adams, 2024; Wilson & Miller, 2016). Creating tailored group programs for young people impacted DFSV, particularly those with intersecting experiences of being First Nations, LGBTQIAP+SB, and/or living with

disability, can provide culturally safe, responsive, and inclusive spaces that foster healing, recovery, peer connection and shared learning through approaches that recognise and respond to young people's diverse identities, strengths and lived experiences. **We therefore advocate that group programs created to address young victim-survivors needs can support healing and contribute to prevention of further DFSV, as outlined in Recommendations 4 and 9-11, as well as the need for more rigorous research on the impact of such groups on priority populations, as outlined in Recommendation 3.**

Young people who use violence have specific needs

In Australia, persons who use violence are provided one mainstream pathway for violence-reduction intervention: men's behaviour change programs (MBCPs), typically delivered in a group format. While these groups show some positive signs of efficacy in reducing participants' use of violence, this effect is modest at best (Helps et al., 2025), and young people's experiences are not considered in program delivery (NTV, 2026). As noted above, young people differ from adults due to their unique developmental stage and experiences with relationships, at schools, and in the digital world (Mellberg et al., 2025). None of these specific developmental needs are addressed in typical MBCPs, as these groups are targeted toward adults. A young man entering a MBCP group will likely find himself sitting among men decades his senior, who have completely different needs, resources, and responsibilities at their stage of life (NTV, 2026). While there is a paucity of evidence in this field, this mismatch of program delivery and age-based needs likely limits the efficacy of these programs.

In addition, most persons who use violence have experienced trauma themselves. Adverse childhood experiences (ACEs) are common among young people who use violence (Joshi & Truong, 2024; Ogilvie et al., 2022) and harmful sexual behaviours (Faure-Walker & Hunt, 2022). Given their stage of life, young people's traumatic experiences may have only just subsided, or may be continuing in their lives right now. Responses for young people using violence or displaying harmful sexual behaviours should recognise that many are also victim-survivors themselves (Faure-Walker & Hunt, 2022; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017), requiring trauma-informed, healing-centred interventions that balance accountability with addressing the underlying drivers of violence (Quadara et al., 2020).

Programs aiming to reduce and end young people's use of violence must meaningfully engage in a healing-first approach, recognising that while use of violence is a choice, their behaviour must be contextualised by their own experiences as a victim-survivor and their developmental stage (including puberty and brain development, which impact on young people's emotional regulation skills). Programs like the K.I.N.D program at BYS has shown promising evidence (report recently accepted for publication by the AIC, forthcoming) that a person-centred, trauma-informed, youth-tailored approach is effective at improving young people's skills in emotional regulation and their insight into the impacts of their harmful behaviour on others, thus supporting young people to develop to healthier, safer

relationships. **We therefore advocate that young people who use violence receive tailored and developmentally appropriate interventions, as outlined in Recommendations 18-19.**

Young people benefit from SHRE, and access should not be limited to schools

Comprehensive, evidence-based sexual health and relationship education (SHRE) is associated with improved knowledge of consent, healthier relationships, increased help-seeking, and reduced acceptance of harmful gender norms and violence-supportive attitudes (Goldfarb & Lieberman, 2020; UNESCO, 2018). However, access to high-quality SHRE remains inconsistent, with many young people receiving limited, delayed, or no education due to school-level variability, absenteeism, early school departure, or disengagement from formal education (Medley et al., 2026; Pfitzner et al., 2024). Young people at risk of or experiencing homelessness, family violence, child protection involvement, mental ill-health and other forms of structural oppression are among those most likely to miss school-based prevention initiatives, despite often facing a heightened risk of DFSV. Community-based services are uniquely positioned to reach these young people with trauma-informed, youth-centred, survivor-aware SHRE that is responsive to lived experiences (Power et al., 2026).

To maximise effectiveness, SHRE should be delivered by educators who are skilled in youth engagement and survivor-aware practice (Moore et al., 2026) and include developmentally appropriate content that is co-designed on consent, healthy relationships, harmful sexual behaviours, accountability, sexual health and pathways for disclosure and help-seeking (Goldfarb & Lieberman, 2020; Pantaleo et al., 2024). Ensuring equitable access to high-quality SHRE beyond institutions is essential to preventing DFSV and supporting the wellbeing of all young people. **We therefore advocate that all young people should have access to comprehensive, evidence-based SHRE, including those who are not connected to schools or universities, as we outline in Recommendations 12-13.**

Appendices

Appendix A: References

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Appendix B: Abbreviations and Acronyms

ACE	Adverse childhood experience
AHURI	Australian Housing and Urban Research Institute
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
BYS	Brisbane Youth Service
CALD	Culturally and linguistically diverse
DFSV	Domestic, family, and sexual violence
DSS	Department of Social Services
KIND Program	Kinship, Improving relationships, No violence, and Developing Skills
LGBTQIAP+SB	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/aromantic/agender, pansexual, Sistergirl and Brotherboy. The + or 'plus' represents people who may identify with many different labels and identities that are not mentioned in this acronym (Queensland Government, 2024).
MBCP	Men's behaviour change program
NTV	No to Violence
SAGE Program	Not an acronym – we chose the name SAGE for our healing-and-recovery group for DFSV victim-survivors in part because it is safer to use on the phone or via SMS with individuals who may be experiencing abuse, including through monitoring or stalking. We kept name SAGE and added a plus sign when we developed the SAGE+ program, developed with and for young LGBTQIAP+SB victim-survivors.
SHRE	Sexual health and relationship education
UNESCO	United Nations Educational, Scientific and Cultural Organization