

National Youth Intimate Partner Violence Network

Submission to Consultation on Second Action Plan (2027-2032) National Plan to End Violence Against Women and Children

Date: 10 August 2026

Submission made to: Department of Social Services, Australian Government

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Acknowledgement of Country

The National Youth Intimate Partner Violence Network would like to acknowledge the First Nations peoples of the diverse lands, waterways and Country of which our members live, work and rely. With deep respect and gratitude, we acknowledge the Cultural strength, resilience, wisdom, care and truth of First Nations peoples and their continued custodianship of and connection to Country.

We are committed to supporting First Nations self-determination and continued effort towards truth, justice and rights. The sovereignty of this land was never ceded; it always was and always will be First Nations Country.

Acknowledgement of Victim Survivors Experiences, Strengths and Agency

The National Youth Intimate Partner Violence Network acknowledges the strength, agency and resilience of victim-survivors of domestic, family and sexual violence (DFSV). As a network, we seek and work to prevent, intervene and respond to the harmful impacts of intimate partner violence (IPV) in the lives of young people, their families and communities.

To do so, we stand in solidarity with victim-survivors of DFSV and youth IPV. Our network acknowledges the long history of advocacy, action and voice of those with lived and living experience of DFSV and the work and advocacy of diverse sectors, researchers and those with lived experience to prevent and end gendered violence.

Acronyms used in this submission:

NYIPV Network: National Youth Intimate Partner Violence Network

IPV: Intimate Partner Violence

DFSV: Domestic, Family and Sexual Violence

AVITH: Adolescent Violence in the Home

About the National Youth Intimate Partner Violence Network

The National Youth Intimate Partner Violence Network (NYIPV Network) is an initiative that commenced in 2024. The NYIPV Network emerged from the recognition that a range of interest, work and research centred on youth intimate partner violence (IPV) was being initiated and undertaken locally across Australian states and territories. However, there existed few opportunities for practitioners, academics and other professionals to regularly meet, connect and share learnings.

Coordinated and co-facilitated by Dr Carmel Hobbs (University of Tasmania, UTAS) and Bianca Johnston (PhD Candidate, Monash University) the NYIPV Network provides a regular opportunity for members to meet online each 6-8 weeks, discuss key themes and issues, reflect, share and collaborate.

As an independent, unfunded and voluntary initiative, since its first meeting in early 2025, the NYIPV Network has grown to include more than 60 members nation-wide who represent a range of academic institutions, services, program types and disciplines. The members of the NYIPV Network include multi-disciplinary practitioners and researchers in fields such as youth, alcohol and other drugs (AOD), housing and homelessness, accommodation, education, local government, specialist DFSV, health, family, community and legal services from diverse geographies including metropolitan, urban, rural, regional and remote areas of Australia.

Few agencies or programs are currently resourced to provide support and responses specific to youth IPV. Yet, despite such constraints, this work is undertaken by many NYIPV Network members in innovative and impactful ways that engage with, reflect, respond to, and advocate for the needs and experiences of their local youth communities. To highlight this work, in addition to regular meetings, the NYIPV Network holds special intermittent “spotlight” sessions. Spotlight sessions are opportunities for NYIPV members to showcase and present on local programs and emerging research to a nation-wide audience of peers. These sessions are particularly important, given that traditional platforms for dissemination, such as conferences, may be inaccessible due to costs, resourcing, workload, travel and abstract submission and selection processes that do not centre youth IPV.

As the NYIPV Network continues to evolve and expand, so too has the scope, diversity and range of learnings pertaining to youth IPV that has emerged from this collective. What remains steadfast however, is a deep commitment by NYIPV Network members to advance learnings, collaboration and advocacy towards the issue of youth IPV and to prevent, reduce and respond to its harmful impacts on young people, their families and communities nation-wide.

Scope of this Submission

It is recognised that consultation on Second Action Plan (2027-2032) *National Plan to End Violence Against Women and Children* seeks responses to the following:

1. Victim-survivors of violence against women and children and other forums of gender-based violence.
2. Prevention and early intervention
3. Children and young people in their own right
4. People who use violence
5. System integration and workforce.

The members of the NYIPV Network hold a range of expertise, practice experiences and skill across a broad spectrum of issues that pertain to DFSV, gender-based violence, youth and youth IPV.

Recognising that the breadth and scope of expertise in the NYIPV Network could lead to an extensive range of recommendations, this submission instead draws directly from key themes and evidence presented and discussed at each NYIPV Network meeting between the period of 2025-2026. The key learnings from each of these forums are presented as recommendations in this submission for the consultation on Second Action Plan (2027-2032) *National Plan to End Violence Against Women and Children*.

The NYIPV Network invites further engagement with the Second Action Plan consultation committee. We welcome the opportunity to contribute further to these discussions and draw on the extensive research, policy and practice knowledge of our members to inform the development of the Second Action Plan. For further consultation, please contact the coordinators of the NYIPV Network, [REDACTED]
[REDACTED]

Summary of Recommendations

The NYIPV Network acknowledges the significant commitment, work and investment by the Australian Commonwealth, State and Territory Governments¹ towards preventing and ending DFSV. Discussions during a range of NYIPV Network meetings have highlighted the positive impact of such investment at local and national levels. However, concerns remain about the structuring of funding and resourcing into silos and streams in ways which do not fully encompass responses for young people who use and/or experience youth IPV.

It is argued by the NYIPV Network that working with young people who use and/or experience youth IPV simultaneously involves prevention, early intervention, response, recovery and healing. Although early intervention could be understood as intervening earlier in the life course, such as during youth, members of the NYIPV Network note that many young people who use and/or experience youth IPV are often past or current victim-survivors of adult instigated DFSV and/or victim survivors or users of AVITH. Consequently, the work and support is not linear or compartmental; but rather requires multi-faceted approaches that address simultaneous needs and experiences. Existing funding models are recognised by NYIPV Network members in creating some challenges when attempting to develop, deliver and respond to youth IPV, in ways which can encompass the complexity of this work.

The NYIPV Network recognises the ongoing, connected and evolving nature of action to this issue in service delivery, academic, policy, legislative, educational and societal spheres. Our recommendations reflect our formative meeting discussions and topics as a collective. Inherently, the NYIPV Network calls for greater focus, resourcing and responses to youth IPV in ways that span from local communities to scaled approaches requiring broader national co-ordination.

Recommendations made by this submission

1. Recognise that youth IPV is a distinct and distinctive form of DFSV, and that this requires increased and nuanced understanding, visibility and distinction in the broader Australian DFSV discourses.
2. Enable and invest in developmentally sensitive and tailored prevention and response programs, services and workforce development for youth IPV that are different from AVITH and adult-instigated DFSV.
3. Invest in the expansion of the national Youth IPV evidence base in ways which centre co-created research involving local service providers and young people.
4. Establish initiatives that support the connections and sharing of learnings between research and practice.
5. Increase safe, youth-specific accommodation options.
6. Research and sustainably fund programs that provide intervention and responses to change the trajectories of young men who use youth IPV.
7. Resource the education system to provide intervention, response and support to young people who experience and/or use youth IPV.

Introduction

Youth intimate partner violence (youth IPV) causes a range of immediate and ongoing harms and impacts on the lives, wellbeing and future trajectories of young people², their families and communities. However, despite such significant and enduring impacts, including connections to future violence-use trajectories³, this issue has traditionally lacked standard nomenclature, visibility and responses in the broader Australian DFSV discourses⁴. Known by a myriad of terms in Australia and internationally⁵, youth IPV is recognised to encompass the physical, financial, verbal, psychological, emotional, sexual, coercive control and other harms that occur in young people's dating and intimate relationships⁶.

The urgency of responding to this issue cannot be understated. It is unclear whether fatalities, including youth suicides, that occur in the context of youth IPV are nationally recorded or reported on as a sub-section of broader national, state and territory DFSV data. However, in 2026 alone there have been a series of tragic fatalities involving young women which are alleged to have involved youth IPV. In the month preceding this submission, four young people, including an unborn child, two teenage girls, and a pregnant 23 year old young woman have been allegedly killed by their partners in IPV contexts.

This is an issue that has both global and local prevalence⁷, with data from the recent National Survey of Secondary Students and Sexual Health indicating that amongst a sample of 4396 young people aged 14-18 years old, of the 61% who had been in a romantic relationship that had lasted more than 3 months, 44% had experienced verbal abuse, 37% had felt frightened of someone they were in a relationship with at some point, 31% had experienced tech facilitated harassment or tracking by a partner, 18% had experienced physical violence, and 2.6% had been forced by a partner to have sex⁸. Further, research snapshots of the Australian Institute of Family Studies⁹ *Growing up in Australia* longitudinal study of 10 000 Australian children and their families identifies that experiences of youth IPV were reported by 3 in 10 young people aged 18-19 years old. Less is known about the prevalence of youth IPV at specific state and territory levels or in the lives of those young people who reside in diverse and distinct geographies such as regionally and rurally¹⁰. However, existing inquiry into the experiences of rural, regional and remote young people indicate that youth IPV in such geographical and spatial contexts is complex¹¹, while localised and state-based research indicate that this issue is widespread and severe, particularly in locations with high rural populations such as Tasmania¹².

The issue of youth IPV is noticeably absent from national, state and territory policy. The Victorian Royal Commission into Family Violence (RCFV) identified children and young people as victim survivors of DFSV in their own right¹³, an important recognition that has been centred in a range of research, advocacy and policy including the *National Plan to End Violence Against Women and Children [National Plan]*. However, the current *National Plan* does not identify youth as a distinct life stage¹⁴ and although the prevalence of youth IPV is discussed, responses to this issue are largely conflated with the DFSV needs and experiences of children, or immersed within the broader DFSV discourses in ways which do not centre or identify youth IPV as a distinct issue. There is also an absence of youth IPV as an issue to be addressed in state and territory policies nationwide. Historically located in Australia's broader primary prevention arena¹⁵, with a body of recent work undertaken to review, standardise and expand the nation's educational curriculum to further increase understanding and prevent this issue¹⁶. However, beyond primary prevention, at state, territory and national levels there remains a distinct lack of visibility, coordination and investment in spheres of early intervention, response, recovery and healing for both the use and/or experiences of youth IPV.

This submission by the National YIPVN for the consultation on *Second Action Plan (2027-2032) National Plan to End Violence Against Women and Children* seeks to raise awareness of the issue of Youth IPV as a distinct and distinctive form of DFSV that is experienced and/or used by young people aged 12-24. This submission draws upon and presents summaries of the discussions that have occurred over 18 months of NYIPV Network meetings to inform recommendations specific to youth IPV that are proposed by this submission.

Recommendation 1

Recognise that young people experience youth IPV as a distinct and distinctive form of DFSV, and that this requires increased and nuanced understanding, visibility and distinction in the broader Australian DFSV discourses.

Historically overlooked and positioned a fringe issue within the broader DFSV discourses¹⁷, youth IPV has lacked visibility and the power of a name¹⁸, legislative response appears either absent¹⁹ or mixed amongst adult DFSV response in many Australian jurisdictions²⁰, and there is limited local evidence centred on the intervention, recovery and healing needs of young people who either experience and/or use youth IPV²¹. Yet, despite the frequent conflation of youth IPV with childhood experiences and adult understandings of DFSV²², youth IPV exists as a distinct and distinctive form of DFSV requiring visibility and nuanced understandings.

Initial meetings of the NYIPV Network sought to develop a shared working understanding of youth IPV in a way which recognises this as a distinct and distinctive form of DFSV specific to young people. Young people's use and/or experiences of youth IPV are inherently connected to their socio-political, cultural and legal positioning as "youth"²³, and the developmental needs and changes at this stage of the human life cycle²⁴. Young people's use and/or experience of IPV are further impacted and influenced by the unique characteristics, experiences and the different intersecting identity dimensions that each young person inherently holds.

As such, any response to youth IPV must recognise the developmental distinctions of this cohort compared with both younger children and adults. Adolescence is a period of significant physical, neurological, emotional and social development²⁵, during which young people are forming their identities, developing increasing autonomy, and establishing intimate partner relationships for the first time where they are simultaneously learning how to negotiate trust, intimacy, conflict and boundaries within romantic relationships. These experiences occur within a context where peers and family remain highly influential, financial independence is limited, and many young people continue to rely on parents, carers and schools for support and safety. Neurodevelopmental changes affecting impulse control, emotional regulation, future planning and decision-making further shape how adolescents experience and respond to relationships, risk and harm. A developmental perspective therefore recognises that youth IPV is not simply a younger version of adult DFSV.

Youth IPV is recognised as causing severe and significant immediate and ongoing impacts on the lives of young people²⁶. However, the NYIPV Network identified that despite such harms; the power, control and abuse that young people experienced during their relationships was often systemically overlooked, generally trivialised and perceived as “not serious” in broader legal, policing, social and health discourses. This concern has also raised by youth IPV victim-survivors themselves, who have described their IPV experiences as being minimised as “soap drama”²⁷, and feeling as though they have “no voice” in the broader DFSV system²⁸. This is further reinforced through current legislative frameworks in a range of Australian states and territories, which either fail to consider youth relationships as being akin to significant relationships or to fall outside the legislative definition of family relationships²⁹ in ways that can enable legal recourse, ultimately increasing risk of harm, and limiting opportunities for support.

Members of the NYIPV Network have described youth IPV as being a “silenced” area of DFSV, with attempts to raise visibility to this issue being “fraught with challenge”. This has included the assumption that raising visibility to youth could be perceived as drawing attention and funding away from an already financially constrained and under-resourced adult DFSV sector. Yet, a failure to recognise youth IPV as a distinctive form of DFSV requiring nuanced understandings, visibility and distinction in the broader Australian DFSV discourse, creates the risk of lost opportunities to provide support, safety and change in young people’s present and future lives.

Furthermore, sexual violence should constitute a dedicated focus within the Second Action Plan rather than being subsumed within DFV contexts only. A standalone approach recognises the distinct drivers, impacts, and support needs associated with sexual violence, particularly for young people, who face some of the highest risks of victimisation and need age-appropriate, evidence-based prevention and response strategies.

Recommended action:

It is a recommendation of the NYIPV that youth IPV is positioned in the national DFSV discourses in ways which recognise the distinct and distinctive nature of this issue. It is our recommendation that resourcing, investment, coordination and actioned responses encompass the nuance, developmentally-sensitive and unique nature of this form of harm on the lives of young people, their families and communities.

Recommendation 2

Enable and invest in developmentally sensitive and tailored prevention and response programs, services and workforce development for youth IPV that are different from AVITH and adult-instigated DFSV

The initial meetings of the NYIPV Network discussed and identified the distinctions and connections between youth IPV and adult instigated DFSV, adolescent violence in the home (AVITH) and child abuse. Seminal Australian research into AVITH has previously identified that although connections exist between both issues, AVITH is distinct from youth IPV³⁰. It is noted however, that similarities in dynamics and forms of power, control and harm exist across adult-instigated DFSV and AVITH and youth IPV. For example, such similarities can include the use of physical, sexual, emotional, psychological, financial, stalking and coercive control harms. Yet despite these similarities, youth IPV is characterised by some features that position it as different and distinct to AVITH and adult instigated DFSV.

The context of youth IPV harm occurring in young people's formative intimate and sexual relationships with partners who are frequently similarly aged peers and external to the existing family/kin unit is an important defining consideration for comparison with AVITH. Further, although both AVITH and youth IPV can cause significant distress and difficulties in the lives of the family members; different legal, social, intervention and therapeutic challenges exist when the young person using and/or experiencing youth IPV is external from the family/kin unit. Presently, there are few services, legal supports or resources available to provide support to family members whose children/youth are impacted by or use youth IPV. It is identified by NYIPV Network members that the needs and roles of families are also significant when intervening early and responding to this issue. However, currently there remains a significant evidence gap to what resources or services can effectively support family and kin impacted by young people use and/or experiences of IPV.

The NYIPV Network have identified a range of social, structural, funding and political challenges in distinguishing youth IPV from AVITH. Raising visibility to youth IPV as a distinct issue is complicated by the politicisation of AVITH, and the assumption that "one size fits all" approaches for addressing AVITH were often considered appropriate responses for youth IPV. NYIPV Network members have described therapeutic, safety management and intervention responses as being distinct for both issues, particularly due to the support needs required to respond to shame, attachment, social relationships and sexual harm in youth IPV contexts.

The prevalence of technology facilitated abuse³¹, direct influence of harmful misogynistic online rhetoric and the high rates of sexual harm experienced by young women³² also exist as distinguishing features of youth IPV. Other complexities identified by the NYIPV Network have included the concerning influence of pornography, the normalisation and use of social media for stalking and surveillance, the impact of shame and the lack of specialist support or legal response. Intersections between youth IPV with other co-occurring issues such as youth mental health concerns, trauma from past or current experiences of adult-instigated DFSV, homelessness and/or unstable accommodation and youth alcohol and other drug (AOD) use can further create social, stigma, developmental and resourcing complexities and challenges in seeking support that are unique to youth IPV.

Additionally, the minimisation of youth IPV harms and severity were understood by NYIPV Network members as being connected to the social location occupied by young people, and the nature of youth relationships frequently being perceived by adults as being shorter in duration and often located within peer social groups³³. Involving the initial and formative relationships in young people's lives, NYIPV Network members spoke about the common confusion of "love" and "control" apparent in young people's narratives of youth IPV, an understanding also established in prior Australian inquiry into this issue³⁴. Such dynamics coupled with forms of abuse such as isolation, and a lack of visibility and structural agency can create significant challenges for young people in seeking support for youth IPV.

It is within this context, that the need for distinct, developmentally appropriate, tailored responses are crucial. It is noted that young people currently seek support for youth IPV from a range of youth and youth-focused adjacent services³⁵ and have expressed preference to seek support from agencies they are already accessing³⁶. The high prevalence of youth IPV experienced by young people accessing adjacent youth and health services is exemplified through data from a range of local providers. Data from Brisbane Youth Service indicates that between 2015-2022, 48% of young women presented to this service reporting past experiences of youth IPV, while 14% presented at service intake with current youth IPV experiences³⁷. Similarly, a recent census of Victoria's youth alcohol and drug (AOD) service sector completed by YSAS in partnership with Latrobe University³⁸ identified that 20.5%, or one fifth of all young people entering Victoria's youth AOD services were victim survivors of youth IPV, with youth IPV having been experienced by 40.8% of all young women accessing Victoria's youth AOD services. Similar concerns pertaining to the prevalence of youth IPV in the lives of young people accessing youth³⁹ and adult⁴⁰ accommodation services have been further raised in a range of reports and advocacy.

In seeking support for experiences of youth IPV, existing inquiry indicates that young people are currently required to navigate a patchwork of different service options⁴¹, access adjacent service types and face a range of barriers in support seeking⁴². Young people themselves have expressed that it would be beneficial to have access to dedicated support specific to youth IPV in services that they are already accessing and engaged with⁴³. Locally, there are a range of important and innovative programs exemplifying the strengths and benefits of approaches being integrated into existing youth-focused service types. However, reflecting the lack of visibility of youth IPV in the broader Australian DFSV discourses, the role of adjacent youth and health services in providing current support to this issue has been largely overlooked. There remains a lack of dedicated ongoing funding and investment to localised programs and services to initiate, deliver and maintain support options for young people who use and/or experience youth IPV, despite the high prevalence of this issue present in the populations of young people accessing adjacent services. Indeed, youth services are already undertaking specialist work to respond to youth IPV, but are not funded to do so, and there remain limited formal referral networks from specialist adult focused DFSV to youth services⁴⁴.

A consequence of this dynamic is that youth IPV is highly visible to youth and youth-focused adjacent sectors rather than in the broader national DFSV sector. However, nationally, there remains limited dedicated DFSV funding streams available to the youth and youth-focused adjacent sectors to provide dedicated support, build workforce capacity, research, develop and provide responses specific to youth IPV.

Recommended action:

It is the position of the NYIPV Network that all forms of DFSV that impact children, young people and their families require significant ongoing investment and attention. However, due to the high prevalence of youth IPV apparent in the lives of young people accessing youth and youth-focused adjacent services, there is a critical and urgent need for responses within these sectors in ways that can develop, expand and enable direct services and support to young people, workforce development to uplift and build capacity and properly resourced evaluation of all programs, services and initiatives to ensure high quality, sustainable, long-term provision.

Recommendation 3

Invest in the expansion of the national Youth IPV evidence base in ways which centres co-created research involving local service providers and young people.

Much existing inquiry to date into youth IPV has importantly worked to establish an understand of prevalence and primary prevention needs⁴⁵, with few qualitative studies directly engaging young people to examine their IPV experiences, opportunities for intervention and therapeutic intervention, recovery, healing and other support needs. Qualitative research that has directly engaged young people has been highly localised and found that youth IPV commonly presents in young people's lives in ways which impact their meaning making of relationships⁴⁶, reinforces existing broader gender power hierarchies⁴⁷ and discourses⁴⁸, is significantly and severely compounded by the intersections of other forms of marginalisation⁴⁹ and has enduring and severe impacts on the safety, wellbeing, health and lives of young people and their families⁵⁰. There remains however, a critical evidence gap in Australian research centred on youth IPV, particularly in regard to research that is trauma-informed, co-created with lived and living experience voices and engages or is led by Culturally and Linguistically Diverse young people, rural and regional young people, First Nations young people, LGBTIQ+ young people, justice-involved young people and those whose identity dimensions intersect with a range of other forms of marginalisation. Further, there remains limited inquiry that has engaged family members, peers⁵¹ and communities impacted by youth IPV to examine their needs, roles and experiences of this issue.

Meetings of the NYIPV Network have examined the increased attention towards youth IPV within the broader Australian DFSV discourses. Collectively, the NYIPV Network has engaged in critical reflection and interrogation of emerging narratives about youth IPV in the national DFSV conversation and conversely, considered what narratives appear to be missing or are difficult to say. Reflections and discussions undertaken by the NYIPV Network indicate that although important foundational understandings have been established, such as the recognition of children and young people as victim survivors of DFSV in their own right⁵², the impact of harmful online content⁵³ and the need for urgent response. However, there remains an absence of coordination in the broader conversation and regions and communities of Australia whose views are either absent or significantly under-represented. The NYIPV Network has highlighted that there is a need for opportunities where emerging researchers, diverse youth voices and local community programs can share learnings, views and advocacy, particularly in contexts where the potential exists that nationally scaled content may not be appropriate or adaptable to local contexts and communities. This is particularly important given the

urgency of response recognised for youth IPV, where utilitarian ethos of rapid scalability may result in the needs, voices and experiences of marginalised cohorts, local communities and unique contexts and needs being further overlooked or homogenised.

In Australia, there remains ongoing opportunities to increase funding for co-created and co-designed youth-led participatory action research and evaluation into the issue of youth IPV including exploratory research to develop greater and more nuanced understandings of youth IPV from a range of perspectives, communities and locales. Indeed, critical opportunity exists to establish and further enhance community, cohort and youth led and informed understandings of youth IPV in primary, secondary and tertiary prevention, program research and evaluation, including qualitative longitudinal research to identify the impacts and effectiveness of early intervention, recovery and healing.

Recommended action:

Establish a funded national youth IPV research and evaluation program that brings together researchers, service providers, educators, community organisations, and young people as equal partners in knowledge generation. Research priorities should include young people's experiences and use of IPV, pathways to support, therapeutic and recovery needs, the perspectives of families and communities, and the effectiveness of prevention and intervention responses. Particular emphasis should be placed on youth-led and community led participatory approaches of diverse and specific cohorts of young people to ensure policy and practice are informed by the voices and experiences of those most affected.

Recommendation 4

Establish initiatives that support the connections and sharing of learnings between research and practice.

As a collective of practitioners, services and researchers whose work centres on the issue of youth IPV, the NYIPV Network has highlighted the significance of platforms such as the network in providing opportunities for established and emerging inquiry and programmatic response into this area to regularly meet, update and share learnings. NYIPV Network meetings that have centred on the reciprocal translation of research into practice (and practice into research), have examined platforms, opportunities and challenges in research and knowledge translation. These discussions have raised the difficulties of accessing contemporary research due to time constraints, academic paywalls, limited resourcing and advocacy required to attend conferences.

NYIPV Network discussions have raised concerns about the lack of contextuality to local communities including metro-centrism and assumptions about “one size fits all” program fidelity in larger scaled research. Further, although practitioners are regularly engaged as research participants when examining the issue of youth IPV, few funded and supported avenues exist to enable researcher-practitioner trajectories. This is an issue that is identified as further impacting opportunities for context and community specific voices and views, particularly in regard to evaluative research to understand “what works” from those currently engaged in undertaking this work. Some reflections from the NYIPV Network have further highlighted that dynamics such the lack of academic attention towards evaluative research and limited resourcing may create and compound challenges in local programs seeking formal evaluation of initiatives to respond to youth IPV.

Discussions have emerged from the NYIPV Network to highlight the value and significance of practitioners obtaining important sector updates and learnings through forums such as word-of-mouth, peer-to-peer sharing amongst colleagues, newsletters and networking forums (such as Linked in), community stakeholder feedback, informal and formal learning networks, accessible research reports, cross-sectoral forums, researchers sharing directly with service providers and Communities of Practice. Importantly, NYIPV Network members have highlighted the important opportunity for state, territory and national coordination and resourcing to enhance and continue the connection between research and practice.

Recommended action:

Establish and fund national initiatives that strengthen collaboration, knowledge exchange and shared learning on youth IPV across research, policy and practice. This should include the establishment of a national youth IPV peak body, regular funded national and regional gatherings, and the development of an accessible, online platform for sharing research, practice resources, evaluation findings, community led initiatives, and emerging evidence. These initiatives should be co-designed with young people, practitioners, researchers, and community organisations to ensure diverse perspectives, local knowledge, and lived and living experience inform responses to youth IPV.

Recommendation 5

Increase safe, youth-specific accommodation options

Young people who experience family and domestic violence at home are frequently forced to leave home before they have access to the resources, support networks, or housing options necessary to live independently. For many, the absence of safe accommodation leaves them reliant on abusive partners for housing, financial support, and access to material resources. This dependency is frequently observed by network members who describe how this dramatically increases young people's risk of experiencing violence and abuse, and that this can increase the severity of violence experienced by young people - particularly where there is no adult oversight in the setting. Research supports this and shows that homelessness and housing instability increase exposure to victimisation, exploitation and intimate partner violence among young people, while access to stable housing combined with supportive adult relationships acts as a critical protective factor for safety, wellbeing and recovery⁵⁴.

In 2023-2024, 42,642 young people aged 12-24 received support from Specialist Homelessness Services while unaccompanied by a parent or guardian. They represented 15 per cent of all Specialist Homelessness Services clients, and 67 per cent of all clients aged 12-24⁵⁵. Current policy and service systems leave many young people without effective responses. Homelessness alone does not trigger state guardianship responsibilities, and children who are not subject to child protection orders may fall between service systems, with neither family support, nor statutory intervention available⁵⁶. In many jurisdictions, supported accommodation options for unaccompanied children are limited or unavailable until they become eligible for youth or adult homelessness programs, often around 16 years of age⁵⁷. During this period, intimate partners can become the only accessible source of accommodation and support. Even where accommodation services exist, access may be restricted by service eligibility criteria, capacity limitations, and geographic location. Furthermore, research has shown that young people with the highest levels of vulnerability are frequently those most likely to be excluded from supported accommodation services because their needs exceed service capacities or risk thresholds⁵⁸.

Accommodation for young people unable to remain with their families should be designed specifically for the developmental, relational and safety needs of young people, rather than adapted from adult homelessness or family violence service models. A youth-specific accommodation response should be underpinned by a child and youth wellbeing framework that prioritises safety, recovery, development, participation and rights. Investment must support prevention and early intervention, alongside workforce development, service integration, and evidence and trauma-informed practice. Accommodation pathways must be accessible without requiring

parental involvement or referral. Young people at greatest risk are often those who lack supportive adults able to navigate systems on their behalf. Similarly, services should minimise barriers to access and avoid care conditionality⁵⁹ approaches that exclude young people because of the complexity of their circumstances. Support should remain available when vulnerability and risk are highest.

Accommodation options must be available across metropolitan, regional and rural communities. Research with young people experiencing youth IPV highlights that geographic isolation can intensify vulnerability by limiting access to support and reducing opportunities that increase safety⁶⁰. Equitable service distribution is therefore essential.

Importantly, accommodation responses must recognise that many young people are seeking connection, belonging and supportive adult relationships. For young people who have experienced domestic and family violence, neglect or family breakdown, the relational aspects of support as often as important as accommodation itself. It is for this reason also, that the pull toward a relationship that provides this on some level, even if also unsafe, is where young people become trapped in violent and abusive relationships. Effective services require consistent, trusted, trauma and violence-informed adults who can provide ongoing support, guidance and a sense of belonging. Furthermore, the availability of safe and developmentally appropriate housing options for young people experiencing violence is a critical service gap for young people using violence. Network members have observed that continued residence in households where DFSV is occurring can undermine safety and presents a major barrier to engaging young men in behaviour change interventions and other support services.

Recommended action:

The National Plan should include investment in a dedicated continuum of accommodation and support for young people aged 12-24 who cannot safely remain with their families. This system should provide low-barrier access to crisis, transitional, and longer-term accommodation; relationship-based support; integrated health and wellbeing services; and consistent national standards that recognise the distinct needs of young people experiencing homelessness, family and domestic violence, and youth IPV.

Recommendation 6

Research and sustainably fund programs that provide intervention and responses to change the trajectories of young men who use youth IPV.

Currently, the lack of visibility of youth IPV as a distinct issue requiring tailored responses is highlighted by the presence of either non-existent⁶¹ or adult-centric criminalising legislative approaches⁶² being applied to young people's use of violence. NYIPV Network members have noted that there have been a significant increase in Intervention Orders (IVOs) pertaining to young people in the last 5 years⁶³, which has raised concern about adult-centric criminalised legal responses, when few alternative pathways for court-directed early intervention, restorative justice and recovery currently exist for young people who use IPV.

The intervention, response, therapeutic, behaviour change and recovery needs for young men who use IPV remains a significantly under-explored area in Australia. It has however been recently established that the broad-brushed application of adult-geared responses such as men's behaviour change programs (MBCP) are considered inappropriate for a youth cohort⁶⁴. Young men who use IPV require approaches that are different to adult men, and that existing MBCP may be unable to offer relatable content and lack the trauma-informed, developmentally tailored support required for and by a youth cohort⁶⁵. Indeed, the complexities of developing and providing intervention to young men who use youth IPV have been discussed in a range of NYIPV Network meetings. It is recognised that many young men who use youth IPV may also be victim-survivors of current or past adult-instigated DFSV, and to have had limited opportunities to have received support for these experiences. Consequently, young men using youth IPV may have complex pre-existing therapeutic needs including attachment issues such as anticipatory and increased sensitivity to perceived rejection⁶⁶, significant and internalised shame and limited prior opportunities for either experiencing and/or modelling of healthy relationships and non-violent conflict resolution.

The significant lack of services for intervention and responses specific to youth IPV was highlighted in recent Victorian based collaborative research involving multi-stage, mixed method, iterative design that engaged young men, practitioners and young women victim survivors⁶⁷. This project identified a widespread lack of referral and service options for young men who used youth IPV, creating a context where young men experienced a "referral with no hope"⁶⁸ when attempting to seek intervention for their use of youth IPV. The significant service gaps have been further raised in national roundtable discussions pertaining to this issue and in a recent knowledge and evidence review⁶⁹ specific to the issue of youth IPV.

During NYIPV meetings centred on responses for young men who use IPV, it is recognised that within the broader Australian DFSV discourses, there is a critical need for research and evaluation of approaches that can interrupt, create change and support immediate and ongoing desistance from use of youth IPV. Current programs centred on young men are frequently provided on a sporadic pilot basis, lack longitudinal evaluation, are highly localised and frequently unfunded or self-initiated by youth services. Despite such challenges, a range of services have self-initiated or self-funded programs to provide responses to the use of IPV by young men within their local communities. Such programs have included those that engage young fathers such as Caring Dads, and programs engaging young people in schools such as the Merge and Flo programs delivered by Home Base in Tasmania. Discussions and reflections during the NYIPV Network have highlighted the important learnings from these programs, potential implications for knowledge translation into other contexts and importantly, the challenges in continuing such endeavours with patchworked and intermittent funding.

Recommended action:

It is a recommendation of the NYIPV Network that attention is provided to legislative, therapeutic and service delivery options that can effectively intervene and respond to the use of IPV by young men in ways that can contribute to the broader national evidence base on this issue whilst still enabling responses to localised, community and specific cohort needs.

Recommendation 7

Resource the education system to provide intervention, response and support to young people who are victim survivors of youth IPV.

Schools are among the few systems with sustained contact with most young people and are therefore well placed to notice changes, receive disclosures, provide immediate safety and connect young people with specialist assistance. However, this potential cannot be realised by expecting individual teachers or wellbeing staff to manage complex relationship violence without specialist expertise, adequate time, clear authority and established pathways.

Young people and adults using violence toward young people in their relationships isolate them from school, interfere with attendance, and use peers and technology to monitor them⁷⁰. The impact on schooling is significant - young people report interrupted schooling, declining engagement and performance, disrupted peer relationships, and early school leaving all attributable to youth IPV.

Members of the network working directly with schools have observed a marked increase in the prevalence and complexity of IPV among young people in schools. These growing needs have not been matched by adequate investment in the supports, resources and workforce development required for schools to respond appropriately and effectively.

Attendance and engagement data may help schools recognise that a young person needs support. NYIPV Network members, and international research, has found that experiencing youth IPV is associated with substantially higher rates of absence from school. Low attendance, or changes in attendance patterns should therefore prompt a supportive, contextual inquiry. International research shows that secondary school students who had experienced youth IPV in the previous 12 months had significantly higher odds of school absences due to fear compared with their peers⁷¹.

Schools also face challenges when the two young people in a relationship belong to the same peer group or attend the same setting. Safety measures must avoid transferring the burden to the person experiencing violence, inadvertently revealing a disclosure, increasing surveillance or retaliation, or producing exclusion and disengagement that heighten risk. Responses to young people using violence should establish clear limits and accountability while addressing developmental needs, trauma exposure and conditions and factors sustaining the behaviour⁷². Australian research concerning adolescent violence demonstrates that young people using violence frequently have complex histories of victimisation and limited access to suitable help, supporting an early intervention and therapeutic response alongside accountability⁷³.

Recommended action:

Provide dedicated, recurrent funding to enable schools and other education settings to identify and safely respond to youth IPV. This should include developmentally appropriate support for young people who are experiencing violence and abuse and tailored interventions for young people using violence and abuse. The response must be trauma- and violence-informed, culturally safe, inclusive of diverse genders and sexualities, and designed in partnership with young people and specialist services.

Funding should support:

1. *Specialist DFSV workers embedded in, or routinely accessible to schools*
2. *Training, consultation and practical guidelines for school leaders, teachers, support staff and pre-service teachers that is sensitive to staff who have personal experience of DFSV⁷⁴⁷⁵*
3. *Clear protocols, policies and procedures for identification, disclosure, risk assessment, information sharing, confidentiality, documentation and safety planning (including for when both young people attend the same setting)*
4. *Developmentally appropriate referral pathways, with active referral and follow up rather than reliance on young people navigating services themselves*
5. *Coordinated responses involvement education, specialist youth and DFSV services, Child Safety, police, health, housing, Centrelink and other relevant services*
6. *Trauma- and violence-informed strategies to maintain or restore educational engagement*
7. *Routine, sensitive review of changes in attendance as possible indicator of risk*
8. *Support for parents and carers*
9. *Sustained, whole-school Respectful Relationships and Consent Education, connected to effective intervention and support*
10. *Inclusion of RRE and DFSV response in the Australian Professional Standards for Teachers*

This investment should complement the National Respectful Relationships Education Framework. Whole-school RRE can strengthen prevention, recognition and help - seeking, but increased awareness is likely to generate disclosures. Schools therefore need trained staff, safe response processes, and accessible referral pathways (see Recommendation 2) in place before, and alongside curriculum delivery.

Conclusion

This submission to the National Action Plan (2027-2032) National Plan to End Violence Against Women and Children shares learnings and recommendations formed through 12 months of discussion and reflection during the meetings of the NYIPV Network. As an independent, unfunded and voluntary collective, the NYIPV Network has acted as an independent collaborative national knowledge sharing platform connecting researchers, practitioners and service delivery organisations nationwide to centre, share, advocate and strengthen understandings of the issue of youth IPV across Australian communities, states, territories and nationally. We welcome the opportunity to provide a submission to this consultation and encourage continued visibility, commitment, investment and action to the issue of youth IPV in Australia's national DFSV agenda.

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