



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

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Submission made to:

Department of Social Services, Australian Government

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Acknowledgement of Country

YSAS would like to acknowledge the First Nations people of Victoria for their ongoing connection to Country, custodianship and care for the land and waterways on which we live, work and rely. YSAS acknowledges the inherent cultural strength, wisdom and guidance of all Aboriginal and Torres Strait Islander Peoples and their vast experience in caring for the social, cultural and emotional wellbeing of their Communities. We are committed to supporting Aboriginal and Torres Strait Islander self determination

Acknowledgement of Victim Survivors Strength, Resilience and Agency

YSAS stands alongside and acknowledges the strength, agency and resilience of victim-survivors of domestic, family and sexual violence (DFSV). YSAS recognises the gendered nature of DFSV and the significant impact that this violence has on the lives of victim-survivors, including the disproportionate impacts on the lives, safety and wellbeing of women and children. It is recognised by YSAS that addressing the gendered drivers of violence and actively working towards gender equality are key actions necessary for preventing and ending DFSV. YSAS acknowledges the many decades of advocacy, work and research by advocates, academics, victim-survivors, the broader community, DFSV sector and other sectors to progress gender equality and to end DFSV.

Contributions to this submission

We would like to acknowledge the contributions made by members of our YSAS workforce to this submission. We thank the YSAS workforce members who participated in focus groups, review meetings, discussion, prepared case studies and undertook other activities that supported the development of this submission.

About YSAS

YSAS is Australia's largest, youth-specific community service organisation. Operating since 1998 as Victoria's flagship Youth Alcohol and Other Drugs (AOD) service, YSAS now employs over 400 skilled staff across 18 sites in metropolitan and regional Victoria.

While the prime focus of YSAS remains on effective Youth AOD Treatment and sector leadership, our organisation also provides a variety of programs, services and supports across areas including harm minimisation, crime and violence prevention, early intervention, youth mental health, social connectedness, research and advocacy.

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Scope of this consultation

Recognising the significance and relevance of domestic, family and sexual violence (DFS) in the lives of young people accessing YSAS's services, YSAS's submission to the consultation process on the *National Plan to End Violence Against Women and Children 2022-2032* [National Plan] will primarily centre on recommendations as they pertain to young people, their families and communities. It is recognised that this consultation is seeking response to the following:

1. Victim-survivors of violence against women and children and other forms 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

Executive Summary

As Australia's largest and Victoria's flagship youth alcohol and other drugs (AOD) organisation, YSAS has more than 25 years of direct experience engaging with children, young people, their families, communities and other stakeholders across Victoria. YSAS holds a vision "*to create a community where all young people are valued, included and have every opportunity to thrive*". We believe that in order to achieve this vision, children, young people and their families require access to resources and support to meet their needs, so they can adapt to and overcome challenges.

Domestic, family and sexual violence (DFSV) is an issue that creates significant challenges, harms and has ongoing impacts across all spheres of Australian society. There is an increasing body of evidence recognising the high prevalence of DFSV in the lives of Australian children and young people¹, including in the distinct form of youth intimate partner violence (IPV)². The impacts of DFSV on the immediate and ongoing safety and wellbeing of children and young people are both significant and documented. Exposure to, and experiences of, DFSV has been connected to a range of health and wellbeing concerns including substance use, self-harm, mental health issues³, educational disruption, physical health issues, justice system involvement⁴, housing instability and

¹ Haslam et al., (2023) The Australian Child Maltreatment Study involved a sample of 8500 Australians, inclusive of 3500 young people aged 16-24 years old. This study identified that young people aged 16-24 years old experienced higher rates of emotional abuse and DFSV exposure than other age cohorts, with a prevalence of 28.2% of physical abuse, 34.6% emotional abuse and 43.8% exposure to DFSV.

² Power, Kauer, Duffus & Bourne (2026). Recent data of the 4396 young people aged 14-18 years old in the 8th Australian Survey of Secondary Students and Sexual Health conducted by La Trobe University indicated that 27% of the entire sample of young people had experienced fear during intimate relationships, 27% had experienced verbal abuse, 19% had experienced technology facilitated harassment and 11% had experienced physical violence.

³ Haslam et al., (2023)

⁴ Australian Institute of Health and Welfare (2026):

homelessness⁵. Experiences of DFSV have further been identified as contributing to young people's own use of adolescent violence in the home (AVITH)⁶, IPV and DFSV⁷ trajectories.

In addition to experiences of co-occurring DFSV and youth AOD issues, a large proportion of young people who access YSAS services also experience multiple intersecting forms of marginalisation including justice-system and Child Protection involvement, experiences of the Out-of-Home Care (OoHC) system, accommodation instability and homelessness, social isolation, disengagement from education and employment, and mental health needs.

The intersections between DFSV and youth AOD is an issue recognised by YSAS as having immediate and ongoing impacts on the lives, wellbeing and safety of children and young people accessing youth AOD services. Consequently, YSAS has engaged in research, projects, partnerships and advocacy to further raise awareness, develop and share understanding of these issues. The learnings from these initiatives support the recommendations we make in this submission.

We appreciate the opportunity to provide a submission to the Australian Government during consultation on the Second Action Plan (2027-2032) of the *National Plan to End Violence Against Women and Children*. We believe that our submission can provide voice and visibility to the experiences, needs, strengths of young people, their families and communities.

We further encourage the continued commitment, investment and actions from Federal, State and Territory governments in prevention, early intervention, response, recovery and healing from DFSV in the lives of children, young people and their families.

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⁵ Davidson, Harris & Menih (2022)

⁶ Campbell, Richter, Howard & Cockburn (2020)

⁷ Boxall, Pooley & Lawler (2021)

Summary of YSAS recommendations

- 1. Recognise young people as a distinct cohort who require responses that address their unique developmental and support needs, different from both child and adult.**
- 2. Invest to enable and expand integrated DFSV & IPV focused prevention, early intervention, response, recovery and healing in services that young people are already accessing.**
- 3. Increase ongoing representation of young people in the DFSV discourses at State, Territory and National levels, including the inclusion and representation of justice-involved young people.**
- 4. Improve police and legal responses to young people's experiences of and support seeking for DFSV.**
- 5. Increase investment and action to support young people accessing basic resources connected to their DFSV experiences such as accommodation, health, material and safety needs.**
- 6. Build and expand the Australian youth focused DFSV evidence base.**
- 7. Create resourced and real opportunities for young people to access community and social activities and initiatives that support their capabilities, recovery, healing, healthy identity, positive social interactions and sense of connection.**
- 8. Continue action to disrupt and prevent negative online influences.**

Introduction

The intersections of Youth AOD and DFSV

Young people often seek support from YSAS services for AOD issues that are connected to their DFSV experiences. Young people with co-occurring AOD and DFSV may also experience other complex challenges such as accommodation instability and homelessness, justice-involvement, disengagement from education and employment, youth mental health issues and social isolation⁸.

In 2018-2019 YSAS undertook an initial project to better understand and identify the workforce capabilities required for responding to co-occurring DFSV experiences and youth AOD⁹ use. To complete this project, 130 YSAS workers from across Victoria participated in qualitative focus groups and consultations to share and discuss how they saw DFSV present in the lives of young people accessing YSAS's youth AOD, crime prevention, early intervention and youth mental health (headspace) services. The findings of this project provided insight into the complexities young people were frequently navigating and they identified:

- DFSV is common amongst young people accessing YSAS's youth AOD services and youth AOD workers were consistently supporting young people with co-occurring substance use and DFSV experiences¹⁰.
- There is a frequent overlap between multiple forms of violence and polyvictimisation¹¹. Young people accessing YSAS services could simultaneously be

⁸ Rintala, J., Johnston, B., Bruun, A., Bryant, J., Weir, S., Belotti, K., & MacLean, S., (2025) The 2025 Youth AOD Census: Technical Report. YSAS. Australia. [2025 Youth AOD Census: Technical Report — YSAS](#)

⁹ This 12-month project occurred between 2018-2019 and was funded by Family Safety Victoria (FSV). It sought to identify core family violence capability needs of the Youth AOD Workforce.

¹⁰ YSAS Family Violence Capability Framework Implementation Final Report 2018-2019

¹¹ Poly-victimization is used to describe the presence of multiple intensive trauma experiences that result in behavioral responses that can present beyond the bounds of Post-Traumatic Stress Disorder. (Ford, Grasso, Hawke & Chapman, 2013 p. 788)

both victim-survivors and users of DFSV, IPV, AVITH and other forms of aggression such as bullying and community violence.

- A complex and often reinforcing relationship existed between youth AOD and DFSV. Young people could use AOD as a way to cope with or in response to experiences of DFSV victimisation. Conversely, AOD use could also increase the frequency and severity of DFSV and be further utilised as a tool of power, control, coercion and as a mechanism for further exploitation¹²¹³.
- DFSV directly impacted young people's experiences of seeking, engaging with and remaining in youth AOD services and treatment. This was particularly relevant in terms of DFSV where users of violence attempted to block access to harm minimisation, as well as sabotage and/or stalk youth victim-survivors whilst they were receiving AOD treatment, including in youth residential withdrawal and youth rehabilitation facilities.

Of particular significance were findings about the DFSV risks and harms tied to young people's AOD use. This report identified that examples of co-occurring DFSV and AOD risks and harms could include:

- DFSV that involved blocking or restricting victim-survivor's access to safe injecting equipment and/or coercion to use the same injecting equipment. This created a health risk such as infection from blood borne viruses (BBV) such as Hepatitis C and/or HIV. Conditions such as BBV may have chronic and ongoing health impacts and management needs over the course of an individual's life.

¹² This project found the use of substances as a tool of coercive control included deliberately increasing or withholding substances & prescribed medication, restricting or preventing access to harm minimization, sexual exploitation, financial control and deliberate overdose (YSAS, 2019 p29-30)

¹³ Victorian Alcohol and Other Drug Association (VAADA) (2026) identifies substance use coercion as connected to, but distinct from substance use exploitation.

- DFSV that restricted or impacted the victim-survivor's own procurement and self-administration of substances. This created risks of deliberate overdose, an issue that could be life-threatening¹⁴. Deliberate overdose could also be used to enable drug and alcohol facilitated sexual assault (DAFSA).
- DFSV that involved the deliberate withholding of substances to cause drug and alcohol withdrawal. Drug and alcohol withdrawal can be painful, psychologically distressing and potentially life threatening¹⁵.

These risks and harms could present as immediate and life-threatening medical emergencies, as well as cause cumulative ongoing health, wellbeing and quality of life issues.

This project further found that there were few DFSV services, resources or interventions specifically tailored for, and accessible to, young people in both metropolitan and rural/regional Victoria. Due to the limited DFSV supports available to the young people accessing their services, youth AOD workers were adapting youth AOD practices and frameworks to provide support to young people whose substance use was directly connected to and impacted by DFSV. Approaches used in Youth AOD services such as developmentally sensitive, trauma informed, Resilience Based Practice Frameworks¹⁶ and service modalities such as youth-focused outreach¹⁷ were identified as holding the

¹⁴ Particularly for central nervous system depressants such as Gamma-Hydroxybutyrate (GHB) and opiates such as heroin.

¹⁵ Acute and sudden withdrawals from heavier use of substances like GHB, benzodiazepines, opioids and alcohol can cause disorientation, delusions and more serious physical symptoms reported are convulsions, seizures and loss of control over bodily movements. Heavier use and suddenly stopping can be fatal and YSAS recommend medical detoxification involving 24/7 clinical care.

¹⁶ YSAS uses [a Resilience Based Practice Framework](#) that focuses on creating the conditions that enable young people and their families to respond to needs, prevent harm, fulfill their aspirations and respond effectively to stressors. The YSAS Resilience Based Practice Framework considers safety, stability, agency, connection, participation and identity.

¹⁷ Youth focused outreach approaches are known to increase the capacity for youth services to engage otherwise "hard to reach" youth in sustained interventions that can also incorporate their families, communities and systems. This is a modality used in a range of YSAS services and recently examined in the

potential to be expanded in ways that could respond to such issues and supported understandings about the function of the young person's AOD use as it connected to their DFSV experiences. This project also highlighted the critical need for further inquiry to examine the intersections between youth AOD and DFSV and the transferability and adaptability of practice frameworks to provide early intervention, response, recovery and healing from both issues.

A range of AOD agencies including VAADA and YSAS¹⁸ have engaged in advocacy to highlight and draw attention to the risks, harms and complexities that occur as result of the intersection between DFSV and AOD use, and the potential for integrated and coordinated DFSV responses from the adult and youth AOD sectors.

The AOD and youth AOD sectors are uniquely positioned to identify, respond and intervene in circumstances of co-occurring DFSV and AOD use. However, there exists a need for further capacity building, research and resource investment in the AOD and youth AOD sectors to undertake this work.

DFSV prevalence in young people accessing Youth & Youth AOD Services

A range of YSAS research partnerships and inquiry have sought to increase understanding on the impacts and prevalence of DFSV in the lives of young people accessing youth AOD services.

To identify and provide a contemporary understanding of the needs and characteristics of young people accessing Victoria's youth AOD services, YSAS recently partnered with La Trobe University to complete the 2025 Youth AOD Census¹⁹. Involving surveys completed

[2025 Evaluation of the YSAS Youth Support Service \(YSAS YSS\)](#), a crime prevention and early intervention service.

¹⁸ For example: YSAS's submission to the *Inquiry into Capturing Data on Family Violence Perpetrators in Victoria* (2024) and YSAS's *Response to the National Strategy to Achieve Gender Equality* (2023), YSAS's *Response to the National Family Violence Crisis* (2024)

¹⁹ Rintala, J., Johnston, B., Bruun, A., Bryant, J., Weir, S., Belotti, K., & MacLean, S., (2025) The 2025 Youth AOD Census: Technical Report. YSAS, Australia. [2025 Youth AOD Census: Technical Report — YSAS](#)

by workers across 13 organisations in the Victorian youth AOD sector, the 2025 Youth AOD Census detailed the needs and characteristics of 893 young people²⁰ engaged with Victoria's Youth AOD sector.

What emerged from the 2025 Youth AOD Census is a picture of young people facing a multitude of complex and intersecting issues such as:

- Over a third of all young people entering Victoria's Youth AOD services were victim-survivors of DFSV (n=322, 36.1%).
- One fifth of all young people were victim survivors of youth IPV (n=183, 20.5%).
- Half of all young women (n=169, 47.2%) were victim survivors of DFSV.
- Two-fifths (n=146, 40.8%) of all young women were victim survivors of IPV²¹.
- Two in five of young people disclosed having self-injured in the past (n=364, 40.8%)
- One in five young people disclosed having previously attempted suicide (n=190, 21.3%)
- Around three in five young people disclosed having a mental health diagnosis (n=527, 59%), with young women²² and LGIBTQA+²³ young people disproportionately affected by mental health concerns.

²⁰ Of the total 893 young people for whom the census surveys were completed, 55% identified as young men, 40.1% identified as young women and 4.9% identified as transgender or non-binary young people.

²¹ The 2025 Youth AOD Census found that all forms of abuse and neglect were disproportionately experienced by young women compared to young men.

²² Two thirds of young women had a mental health diagnosis (n=238, 66.5%) with anxiety disorder, depression, Post-Traumatic Stress Disorder and Borderline Personality Disorder most common.

²³ Of young people who identified as LGIBTQA+, nine in ten had a mental health diagnosis (n=107, 89.2%) and were overrepresented on anxiety disorders, depression, bipolar disorder, substance use disorder, PTSD, borderline personality disorder and Autism Spectrum Disorder.

- Two fifths of young people (n=359, 40.2%) had problems with criminal offending upon entry to the services, and that this was proportionately more likely to be young people aged 16-17 years old.
- Over a third of young people (n=335, 37.5%) had experienced at least one substance related harm upon entry to the service. Examples of substance related harms included being admitted to hospital (n=138, 41.2%), having experienced physical harm (n=131, 39.1%), use of violence while substance affected (n=101, 30.1%), victim survivor of violence (n=71, 21.2%) and victim survivor of sexual assault (n=29, 8.7%)
- Out of all 893 young people, 59.6% (n=533) emotional abuse had been experienced by half (52%), two fifths had experienced neglect (41%) or physical abuse (39.4%) and one fifth had experienced sexual abuse (20.7%)
- Around half of all young people (n=440, 49.3%) were disconnected from education and/or employment²⁴.

Similarly, the Youth Needs Census Queensland (ThYNC-Q) completed by YSAS in partnership with Dovetail in 2017²⁵ provides further indication of the prevalence of DFSV in the lives of young people accessing youth AOD services. Of all young people identified in ThYNC-Q (n=508), DFSV was a prevalent issue and key concern that intersected with a range of other issues, needs and characteristics. ThYNC-Q found that 29.7% (n=151) of young people accessing Queensland's Youth AOD services were direct victim-survivors of DFSV, 33.1% (n=168) young people had witnessed DFSV and 13.4% (n=68) of young people were users of DFSV.

²⁴ Education related issues disproportionately affected young men, who were more likely than young women to be expelled from school (n=50, 10.2%) or experience learning difficulties (n=110, 22.4%)

²⁵ Hallam, Landman, Davis & Kutin (2017) The Queensland Youth Needs Census (ThYNC-Q)

Recent review of YSAS's Youth Support Service (YSS) conducted in partnership between YSAS and Swinburne University Centre for Forensic Behavioural Science, further indicates the frequency and complexity of DFSV in the lives of young people and their families who are engaged with the ²⁶. Using a range of different youth-focused practice frameworks and approaches, YSAS YSS provides person-centred, wrap around support to divert young people away from justice system trajectories, address criminogenic risks and promote positive development. YSAS YSS works directly with young people aged 10-18 years old and their families ²⁷ early interventions across metropolitan Melbourne and areas of regional Victoria²⁸.

The most recent evaluation of YSAS YSS indicates that over one in four young people accessing the YSAS YSS (26.2%) had experienced emotional abuse, roughly one in five young people (20.2%) accessing YSAS YSS were victim-survivors of DFSV and one in ten (11.3%) of children and young people sought support from this program for the use of AVITH²⁸. Multiple evaluations have consistently demonstrated the positive outcomes for children, young people and their families engaged with the YSAS YSS, and the effectiveness of this program in reaching and engaging 'at risk' young people early²⁹.

However, recent reductions in program funding have directly impacted the YSAS YSS's capacity to provide support, early intervention and justice system diversion to an estimated 330 at risk children, young people and their families in the Northern and Western regions of Melbourne³⁰. The demand for YSAS YSS's evidence-informed program remains significantly

²⁶ The 2025 Youth AOD Census provided data specific to the needs and characteristics of 168 young people engaged with the YSAS YSS.

²⁷ YSAS (2025) [Learnings from the Youth Support Service: Promoting Positive Development and Preventing Crime — YSAS](#)

²⁸ YSAS (2025) Learnings from the YSAS Youth Support Service

²⁹ YSAS (2025) Learnings from the YSAS Youth Support Service; Ruffles, J., Fullam, R., Dent, H., Thomson, K., Richardson, K., & Daffern, M., (2024)

³⁰ Wong, (2024); YSAS, (2024)

high, for example, in late 2025 more than 450 young people were unable to access or remained on waitlists to receive YSAS early interventions in Bendigo alone³¹.

The findings of the 2025 Youth AOD Census, evaluation of the YSAS YSS and the 2017 ThYNC-Q highlight the significance and relevance of the youth and youth AOD's sector's role in providing support to young people with complex needs, including those which intersect with experiences of DFSV.

Prevalence and systemic constraints

Despite the consistently high prevalence of DFSV in the lives of young people accessing youth and youth AOD Services, there remains no widespread, dedicated, ongoing funding streams to resource the youth and youth AOD sector to provide DFSV response. Indeed, the "long overdue"³² need for attention and resourcing to developing DFSV specialisation across the AOD sector is noted in Rapid Review of Primary Prevention Approaches³³.

Given the prevalence, risks and harms at the intersection of youth AOD and DFSV and potential for co-occurring concerns to be addressed in the same treatment and service setting, we believe resourcing and uplift in the youth AOD sector can support early intervention, prevention of harm and create change and safety in lives of children, young people and their families who are impacted by DFSV.

³¹ Najjar, (2025)

³² Campbell et. Al., (2025) p.76

³³ Campbell et. Al., (2025) p.76

YSAS Recommendations:

- 1. Recognise young people as a distinct cohort who require responses that address their unique developmental and support needs, different from both child and adult.**

Presently the existing *National Plan to End Violence against Women and Children* [National Plan] does not differentiate “Youth” as distinct life stage³⁴ and frequently the needs of young people appear conflated with descriptions of the needs of adult women and children³⁵. It is our recommendation that the National Plan recognises young people as a distinct cohort, with development, support needs, social positioning and DFSV responses that are unique and different to both children and adults. The limited visibility that has been historically afforded to young people in Australia’s family violence discourses³⁶ has shifted in important ways that recognise the agency, rights and voices of children and young people. Children and young people were recognised as victim survivors of DFSV in their own right by the Victorian Royal Commission into Family Violence³⁷. This understanding has been subsequently reinforced by a range of Australian research³⁸ and youth led advocacy, that has called for the listening of youth voices and a focus on safety wellbeing and individual needs prior to the point of crisis³⁹.

YSAS upholds an intrinsic and expressed commitment to the voices and agency of young people, and the right for young people to be involved in decisions that affect them⁴⁰ consistent with the United Nations Convention on the Rights of the Child⁴¹. YSAS has a longstanding practice of Youth Participation that brings lived and living experience,

³⁴ Page 40, Although identifying that the example is not an exclusive list, key life stages are listed as Childhood, Adulthood and Older Age.

³⁵ Page 44 “The need to recognize children in their own right”

³⁶ Johnston, Flynn & Gordon, (2022)

³⁷ Royal Commission into Family Violence (RCFV), 2016 p.23

³⁸ For example Gillfeather-Spetere & Watson, (2024); Fitz-Gibbons, (2025)

³⁹ Australian National Organization on Women’s Safety (ANROWS) Statement from Young Advocates (2025)

⁴⁰ YSAS Youth Participation Guidelines (2026)

⁴¹ United Nations Convention on the Rights of the Child (UNCRC) (1989)

knowledge and expertise into all facets of the organisation. For more than a decade, Youth Participation has informed YSAS policies, practice, service delivery and decision making in a range of established, strong and robust ways⁴².

YSAS recognises that young people are a distinct cohort who have different needs, strengths, voices and forms of agency that cannot and should not be conflated with those of children and/or adults. Although transitional⁴³, youth is considered a distinct period of the human life course, which is not homogenously experienced, but often involves a series of biopsychosocial⁴⁴ developmental processes and changes.

Exposure to forms of interpersonal violence such as DFSV are one of the most disruptive stressors that a young person may face. The occurrence of DFSV and IPV may cause interrupted pathways⁴⁵ and abrupt “off time” exits⁴⁶ in young people’s lives, such as disengaging from school and employment, sexual and reproductive health impacts, early cohabitation (living together) and limit exposure to the wide range of social environments that support growth and connection. In addition to significant immediate safety risks⁴⁷, DFSV and IPV may further create emotional and psychological impacts such as fear, isolation, loss of hope, sadness, anxiety, loss of confidence⁴⁸ and be connected to a range of coping, resistance and survival strategies⁴⁹.

⁴² Examples of YSAS Youth Participation include YSAS’s Youth Advisory Committee (the “YSAS Crew”), annual Youth Participation events (YSAS “Ideas Days”), youth participation policies, youth led local initiatives, projects, forums and committees (such as the headspace YACS), the employment of Youth Peer Advocates, a dedicated Youth Participation Officer role and organisational reporting on Youth Participation. Further, Youth Peer Advocates are central members of YSAS’s Research Reference Group, prior YSAS research projects have involved Youth Advocate Research Assistants⁴² and YSAS holds stated commitment to Youth Participation Principles.

⁴³ Hogstrom Tagesson & Gallo (2021)

⁴⁴ Harms, 2010

⁴⁵ Hobbs (2022)

⁴⁶ Warner et al., (2017)

⁴⁷ Hobbs (2022) report into youth IPV in Tasmania outlined experiences of youth victim survivors to include a range of harms, including some forms of physical violence that caused ongoing painful physical injuries.

⁴⁸ Hobbs (2022), Chung (2007), Towns & Scott (2013), Johnston, Flynn & Gordon, (2022)

⁴⁹ Johnston, Flynn & Gordon (2025) & in press

Although young people hold expertise, knowledge, strengths and skills reflective of this period of life, they also face distinct challenges as a consequence of the way that youth is positioned in society. Young people may face a range of barriers when seeking support for DFSV and IPV⁵⁰ and further struggle to access accommodation, transport, employment and legal and financial independence, compounding their vulnerability to further harm⁵¹. Further, like adults who use AOD⁵², young people who use substances may also face stigma and negative, misidentified or criminalised responses when disclosing AOD use.

1. Invest to enable and expand integrated DFSV & IPV focused prevention, early intervention, response, recovery and healing in services that young people are already accessing.

Australia has a strong and enduring investment in DFSV primary prevention⁵³, with youth approaches to IPV historically positioned in Australia's primary prevention agenda⁵⁴. Such long-term commitment to these initiatives holds important potential and demonstrated impact in the prevention of violence at both individual and whole of society levels. However, there remains ongoing and visible service⁵⁵ and evidence gaps nationally for working alongside young people in early intervention, response, recovery and healing from DFSV and IPV⁵⁶.

⁵⁰ When seeking support for DFSV and IPV, young people can experience barriers such as shame, lack of signalling that services are youth friendly, a sense that their experiences won't be believed or taken seriously, concerns confidentiality may not be maintained, negative stereotyping, stigma and concerns of retaliation from people using violence. For example: Johnston, Gordon & Flynn (2024), Corrie & Moore (2021) Nicholas et. al. (2025) Campbell et al., (2020)

⁵¹ Campbell et al., (2024); Corrie & Moore (2021); Johnston, Gordon & Flynn (2024)

⁵² VAADA (2026) Due to policy approaches which criminalise substance use, adults may not disclose DFSV due to concerns about increased scrutiny, heightened surveillance, loss of housing and being seen as less credible when seeking help.

⁵³ Campbell, Fernando, Gassner, Hill, Seidler & Summers (2024)

⁵⁴ Johnston, Flynn & Gordon (2022)

⁵⁵ Domestic Family and Sexual Violence Commission, (2025)

⁵⁶ The absence of youth-specific programs that expand beyond the realms of primary prevention has been raised in a range of recent advocacy, particularly regarding youth IPV. For example Hobbs (2022) Johnston, Flynn & Gordon (2025 & in press) Safe Steps, (2025)

This service gap was highlighted in research into young men's use of IPV that was conducted in partnership between YSAS, No to Violence (NTV), Drummond Street (DS), Western Sydney University and Swinburne University of Technology⁵⁷. Using a multi-stage, mixed-method, iterative research design involving marginalised young men, some of whom had used IPV, young women victim-survivors of IPV and practitioners, this study identified a critical gap in services tailored to young men using IPV⁵⁸ and a range of barriers to seeking support. Indeed, the findings of this report identified that young men seeking support for their use of IPV often experienced a “referral with no hope”⁵⁹ due to the lack of dedicated services for young men and the limitations of adult men's behavioural change programs (MBCP), which are recognised as inappropriate for a youth cohort⁶⁰.

This report also found that support-seeking and response were complicated by a range of intersecting factors such as harmful AOD use, homelessness, community violence, poverty, marginalisation and the young men themselves being victim-survivors of family violence. This research identified that currently, diverse services are responding to the needs of young men using IPV, but they are not funded or resourced to be able to do so. The findings further highlighted that practitioners and young men would like to see family violence specialists embedded at the services they already access and who can respond to their cultural, religious, ethnic and geographical backgrounds⁶¹.

YSAS recognises that the use and/or experiences of DFSV are often underreported and that few adult men receive behavioural change for use of DFSV⁶². Less is known about the prevalence of DFSV and IPV used by young men nationally, however data obtained from the

⁵⁷ Nicholas, Hanckel, Burgin, Kilvington-Dowd, Johnston, Mills & McGregor (2025)

⁵⁸ Nicholas et al., (2025)

⁵⁹ Nicholas et al., (2025) p.49

⁶⁰ Limitations of adult MBCP for young people included young men being intimidated by older men, adult MBCP being unable to offer developmentally and life stage tailored therapeutic trauma support needs, content and discussions. Nicholas et al., (2025) p.47.

⁶¹ Nicholas et al. (2025) p.95

⁶² Evidence from No to Violence (NTV) indicates fewer than 3% of adult men who use DFSV in Australia receive any behaviour change. Source: No to Violence (NTV) (2026)

YSAS only sub-sample (n=543) of the 2025 Youth AOD Census⁶³ identified that 9.1% of young men accessing YSAS services were identified as users of IPV, loosely one in ten young men. The YSAS only sub-sample of the 2025 Youth AOD Census further reinforces the prevalence of DFSV experiences, youth IPV and AVITH present in the lives of young people accessing YSAS's services, with one third (36.6%) of all young people accessing YSAS Youth AOD services identified as victim survivors of DFSV.

Similarly, a range of adjacent services including generalist⁶⁴ and issue specific services such as youth homelessness agencies⁶⁵ have raised the prevalence and complexities experienced by young people seeking support for DFSV, including intersections with homeless, the justice system, Child Protection system, education disengagement, substance use and mental health issues.

The level of psychosocial complexity experienced by those accessing youth services demonstrates the significance and need for providing and expanding DFSV and IPV support as integrated responses to young people at the agencies, sites and services which they already access and engage with⁶⁶.

2. Increase ongoing representation of young people in the DFSV discourses at State, Territory and National levels, including the inclusion and representation of justice-involved young people.

Australian social and criminological inquiry has identified that compared to the broader youth population, justice-involved young people hold higher likelihood of having

⁶³ The YSAS only sub-sample of the 2025 Youth AOD Census identified the needs and characteristics of 543 young people. [2025 YSAS Youth Census Snapshot — YSAS](#)

⁶⁴ Brisbane Youth Services 2024 demographic trend analysis into DFSV identified that on intake, 68% of young people had past experiences of DFSV and 40% of young people experienced IPV in the past. Mann & Duell (2024) p.11

⁶⁵ Corrie & Moore (2024) Melbourne City Missions Amplify Research Report

⁶⁶ Please see Case Study 2. This case study describes how an 18-year-old young man was supported to address a range of co-occurring needs such as use of IPV, mental health issues and substance use.

experiences of entrenched disadvantage⁶⁷ and highly complex needs, trauma, abuse and neglect⁶⁸, Child Protection system involvement, disability and neurodiversity⁶⁹ and experiences of DFSV. Further, First Nations children and young people⁷⁰ and young people who are Culturally and Linguistically Diverse remain overrepresented in the youth justice system⁷¹. However, despite the prevalence of DFSV experienced by this cohort, justice-involved children and young people are rarely provided voice in the broader DFSV discourses. Further, there remains a lack of visibility and trauma-informed responses to justice-involved children and young people's DFSV experiences, needs⁷² and a lack of respect or adherence to their inherent dignity, humanity and human rights when detained⁷³.

The submissions made by YSAS to the *National Inquiry into Australia's Youth Justice and Incarceration System* provided ten recommendations⁷⁴ centring the rights and dignity of children and young people. This submission expressed YSAS's concerns about recent punitive shifts in the youth justice system, despite a significant body of national and international evidence indicating the high rates of victimisation and marginalisation held by justice involved young people. YSAS proposes that the Australian youth justice system requires transformation and reform in ways that centre the rights of children and young people, and that minimum national youth justice standards are necessary to ensure that justice-involved children and young people have ongoing access to a range of integrated

⁶⁷ Armytage & Ogloff, 2017; Yoorrook for Justice, (2024)

⁶⁸ Youth Justice custodial offenders had experienced trauma, abuse and neglect at a rate of 66.2%. Youth Parole Board, (2021).

⁶⁹ Goldson, Cunneen, Russell, Brown, Baldry, Schwartz & Briggs (2021)

⁷⁰ Yoorrook Justice Commission, (2024)

⁷¹ YSAS submission to the National Inquiry into Australia's Youth Justice and Incarceration System (2024) (2025);

⁷² Including primary prevention, early intervention, response, recovery and healing.

⁷³ United Nations Youth Australia (2025) Submission 1 to the *National Inquiry into Australia's Youth Justice and Incarceration System* P.11 identifies a denial of dignity and basic rights of justice-involved children and young people expressed through prolonged lockdowns, severely limited access to education and routine neglect of basic physical and mental health needs including menstrual products and medication for chronic pain. This submission identifies such breaches, and others, as a failure to uphold Australia's obligations under the Convention on the Rights of the Child and the Convention Against Torture.

⁷⁴ YSAS (2024) (2025).

services necessary for their safety, wellbeing, developmental and healing needs and rehabilitative goals⁷⁵.

Presently, justice involved young people, and particularly those who are detained, face a range of challenges that may further compound the harms caused by DFSV experiences⁷⁶. Further, a range of significant concerns have been consistently raised about youth and children's experiences of "appalling" conditions⁷⁷ whilst detained, such as limited access to basic amenities, hygiene products and facilities, education, therapeutic support and safety⁷⁸. Gender is a further and notable factor here; although young women consist of a smaller proportion of the justice system population compared to young men, they are more likely to have contact with the justice system at a younger age and have high levels of psychological distress⁷⁹.

Many young people involved in the justice system may further have histories of education disengagement, and consequently limited access to or experiences of receiving school-based primary prevention initiatives⁸⁰. For those young people who are detained, it has been identified internationally and in Australia that there is an ongoing need for rigorous evaluation about the nature and effectiveness of DFSV programs that provide prevention, recovery and healing to justice involved youth⁸¹.

⁷⁵ YSAS (2024) (2025)

⁷⁶ Flat Out & Human Rights Law Centre (2026). The strip searching of justice involved children and young people is both deeply debasing and re-traumatising, particularly for those who are victim survivors of DFSV. This report identified that in multiple Australian jurisdictions children as young as 10 can be strip searched.

⁷⁷ Youth Empowered towards Independence (YETI) 2025 Submission to the National Inquiry into Australia's Youth Justice and Incarceration System. Concerns raised by this submission were wide ranging and included children and young people with disabilities regularly being held in solitary confinement and children and young people being confined in cells without lights for up to 23 hours per day. Page 9.

⁷⁸ Detailed in a range of submissions to the National Inquiry into Australia's Youth Justice and Incarceration System during 2024 & 2025. We draw attention in particular to Submission 1, the United Nations Youth Australia, Submission 93. Youth Empowered towards Independence (YETI) and the Australian Human Rights Commission (2025) Report *Help Way Earlier: How Australia can transform child justice to improve safety and wellbeing*

⁷⁹ Meurk, Steele, Yap, Jones, Heffernan, Davison, Nathan, Donovan, Sullivan, Schess, Harden & Butler (2020)

⁸⁰ Victoria Legal Aid (2025)

⁸¹ Willoughby, Janca, Kwon, Johnston, Collins, Kinner, Johns, Gallant, Glover-Wright & Borschmann (2023)

YSAS's research collaboration with the University of Melbourne Murdoch Children Research Centre (MCRI) Justice Health Unit sought to understand the nature, effectiveness and impact of DFSV responses designed to prevent or respond to violence against justice-involved young women⁸². This project's research team included a Youth Advocate Research Assistant, and findings highlighted the importance of ensuring lived experience perspectives are embedded when considering responses for justice involved young women⁸³, particularly regarding sensitive topics such as DFSV and IPV.

The findings of this research identified that effective, evidence-based primary and secondary violence prevention strategies are urgently needed for justice involved young women to reduce violence and victimisation⁸⁴ more broadly, and a need for further inquiry specific to Australia's context. This study further found that interventions required significant sensitivity to young women's experiences of trauma, particularly when using somatic or group-based approaches⁸⁵, and that it remains unassessed whether population-based interventions such as widespread primary prevention may be sufficient in reducing violence against justice involved young women⁸⁶.

YSAS strongly supports the increased opportunities for voice, representation and advocacy enabling young people to directly and actively shape and inform Australia's DFSV systems, such as the centring of young people during the 2025 ANROWS conference⁸⁷, the youth roundtable convened by the DFSV Commission & ANROWS⁸⁸, and the DFSV Commissions identified strategic focus on children and young people⁸⁹.

⁸² Willoughby et al., (2023). This study used scoping review of peer reviewed and grey literature.

⁸³ Willoughby et al., (2023)

⁸⁴ Willoughby et al., (2023)

⁸⁵ Willoughby et al., (2023) p.13

⁸⁶ Willoughby et. Al., (2023) p13

⁸⁷ ANROWS (2025)

⁸⁸ DFSV Commission (2026)

⁸⁹ DESV Commission (2025) Yearly Report

YSAS recommends the increased opportunity for the representation of young people in Australia's DFSV discourses at State, Territory and National levels. YSAS further recommends the ongoing and sustained opportunities to engage and be led by the lived and living experience of justice-involved young people in the co-creation of responses to DFSV in prevention, early intervention, response and recovery and healing in community and detention justice settings.

3. Improve police and legal responses to young people's experiences of and support seeking for DFSV.

Recent concerns have been raised about the over-representation of children and young people who experience marginalisation and disadvantage being more likely to receive family violence intervention orders (FVIOs) in response to DFSV⁹⁰, and the risks that young people's DFSV resistance may be misidentified in ways that result in legal and justice system involvement⁹¹. However, despite proactive initiatives and advocacy⁹² to prevent the misidentification in adult contexts, further legislative, systemic and procedural safeguards are required to prevent the misidentification of children and young people.

Research completed by Victoria Legal Aid⁹³ draws attention to the increasing presence of children and young people as respondents on FVIOs, the inappropriateness of adult DFSV police and legal responses being applied to children and young people, and the use of FVIOs in response to children and young people's disabilities, neurodiversity and Child Protection system involvement⁹⁴. Further concerns have been raised in Tasmania⁹⁵ where age restrictions and lack of recognition of the severity of youth IPV have been identified as barriers for youth victim survivors in seeking support and safety. Failure to recognise the

⁹⁰ Victoria Legal Aid (2025)

⁹¹ Johnston, Flynn & Gordon (in press); Victoria Legal Aid (2025); Campbell et al., (2020)

⁹² For example, Campbell et al., (2024), VAADA (2026)

⁹³ Victoria Legal Aid (2025)

⁹⁴ Victoria Legal Aid (2025)

⁹⁵ Hobbs (2022)

risks and severity of DFSV experienced by children and young people when seeking support have also been raised in Victorian police responses⁹⁶.

For young people, additional concerns about criminalised or misunderstood⁹⁷ responses to DFSV related AOD use, behavioural presentations and/or mental health issues⁹⁸ by legal systems and police can exist. Like adults⁹⁹, young people may face barriers in accessing legal and police supports for DFSV due to stigma attached to their AOD use, which in turn can delay help-seeking in ways that create increased safety risks, isolation and underreporting. This is of particular concern, given that generally young people are more likely to initially access informal supports, such as peers, when seeking help for issues such as IPV¹⁰⁰ and to delay seeking police or legal intervention until times when they perceive an issue to be at crisis point involving serious safety risks¹⁰¹.

Australian research indicates that young people experience many challenges and overwhelm when navigating the legal system, and that blunt legal and policing responses may fail to actively engage and centre the young person's views and voices¹⁰². YSAS supports existing calls to action for youth-tailored court responses such as legislative changes, assistance in navigating legal processes, and an overarching reorientation towards providing additional support to encourage safety and avoid escalation of risks and legal intervention¹⁰³.

Further, we highlight the importance of independent oversight mechanisms for reporting and increased youth-specific DFSV training for police. Recent Australian research has indicated that generally, young people feel a distrust and reluctance to contact police,

⁹⁶ Corrie & Moore (2021)

⁹⁷ Johnston, Flynn & Gordon (in press)

⁹⁸ Morgan & Higginson (2023)

⁹⁹ VAADA (2026)

¹⁰⁰ De Anstiss (2023)

¹⁰¹ De Anstiss (2023) Safe Steps (2025) Johnston et al., (2025 and in press)

¹⁰² Victoria Legal Aid (2025)

¹⁰³ Victoria Legal Aid (2025)

particularly for marginalised cohorts¹⁰⁴, and may lack a sense of confidence or justice in such processes. As police may often be first responders to situations involving critically escalated and immediate safety issues¹⁰⁵ it is important that non-judgemental understanding towards youth presentations of AOD use and mental health issues¹⁰⁶ consider psychological, safety, social and developmental needs and behaviours in the context of DFSV.

The national training and education package to enhance police responses to DFSV delivered as an activity from the First Action Plan, is a commendable step for the Australian government and law enforcement¹⁰⁷. This training package is currently recognised as being under development¹⁰⁸ and YSAS suggests that this content consider the implications of both coercive control and stigma in AOD and DFSV contexts, as well incorporate a youth developmental lens.

4. Increase investment and action to support young people accessing basic resources connected to their DFSV experiences such as accommodation, health, material and safety needs.

The constraints and limited access to basic resources that young people face when navigating and seeking safety for their DFSV experiences is an issue that has been recognised in a range of Australian youth-focused research and advocacy. The limited structural agency and social capital afforded to young people due to their positioning as “youth” can create and entrench significant challenges. Further, the intersection of other identity dimensions and positions in young people's lives such as geographical location

¹⁰⁴ Morgan & Higginson (2023) for example trans and gender diverse young people are recognised as one of the cohorts most likely to view police responses as lacking procedural justice. P.851

¹⁰⁵ Morgan & Higginson (2023)

¹⁰⁶ Morgan & Higginson (2023)

¹⁰⁷ Department of Social Services (2025)

¹⁰⁸ Department of Social Services (2025)

and rurality¹⁰⁹, youth refugee and migrant experiences¹¹⁰, LGBTQA+¹¹¹, First Nations youth, poverty, lack of familial support and experiences of homelessness¹¹² can result in additional barriers due to systemic invisibility as well as over-surveillance, marginalisation and discrimination.

Research has identified the experiences of adult women as being akin to facing a choice¹¹³ between remaining in DFSV contexts or leaving and subsequently facing poverty. These impossible choices¹¹⁴ also exist in youth contexts¹¹⁵, where chronic underinvestment in youth-focused specialist accommodation, youth specific DFSV crisis services and refuge¹¹⁶ have caused conditions where young people face homelessness and poverty¹¹⁷ as an alternative to experiencing DFSV and IPV¹¹⁸.

The significance of DFSV creating and compounding youth homelessness is an issue that has been consistently raised in research and advocacy¹¹⁹; it is noted in the Report of the Rapid Review of Prevention Approaches¹²⁰ and has been recognised in the context of AVITH¹²¹ and IPV¹²². Australian inquiry has identified that such experiences can place young people

¹⁰⁹ Johnston, Gordon & Flynn, (2024). Issues such as lack of access to vehicles, geographical isolation, lack of local employment options and privacy concerns within small rural communities are examples of further barriers experienced by rural young women when seeking support for IPV.

¹¹⁰ De Anstiss (2023) For example, stigma, lack of culturally sensitive services and sociocultural influences.

¹¹¹ Daff, McEwan & Luebbers (2021) the IPV experiences of LGBTQA+ young people remain an under researched issues in Australia, however existing research conducted by Daff et al., (2021) indicates some mutuality of abuse and aggression (e.g. matched severity aggression)

¹¹² Watson, (2018), Hobbs (2022)

¹¹³ Summers (2022)

¹¹⁴ Please see Case Study 1 which details the challenges experienced by a 21-year-old young women when seeking support and safety from DFSV and IPV.

¹¹⁵ Hobbs (2022) Watson (2018)

¹¹⁶ Frequently, young people may be ineligible for DFSV refuge due to barriers such as age, lack of youth appropriateness and active substance use.

¹¹⁷ Safe Steps (2025) Moore & Corrie (2021) Watson (2018)

¹¹⁸ Watson (2018) Johnston, Flynn & Gordon (2025) Hobbs, (2022) Moore & Corrie (2021) de Anstiss (2023)

¹¹⁹ Watson, (2018); Hobbs, (2022) Moore & Corrie (2021) Safe Steps (2025)

¹²⁰ Campbell et. Al., (2024)

¹²¹ Campbell et al., (2020); Victoria Legal Aid (2025)

¹²² Watson (2018); Hobbs (2022)

at risk of exploitation, create conditions where survival sex is utilised as a necessity¹²³ and is experienced in both rural/regional and urban/metropolitan contexts¹²⁴.

Youth homelessness and accommodation instability is an issue faced by young people accessing youth AOD services, with the 2025 Youth AOD Census recognising that one in three young people experienced some form of housing problem (n=180, 33.1%) while one fifth of young people (n=204, 22.8%) lived in unstable housing such as couch surfing and crisis accommodation. For young people who experience the intersection of youth AOD and DFSV, the lack of accommodation options, geographical isolation and ineligibility for adult DFSV refuge has been linked to young people remaining in DFSV contexts, as well as causing a cascade of other detrimental effects such as social isolation, educational disengagement, reliance on peers for resources, financial strained and continued exposure to abuse and risk of isolation¹²⁵.

Stability is a core basic need¹²⁶, with systemic failure (through the form of a lack of access to safe, ongoing accommodation) recognised as creating stressors and implications for youth AOD recovery.

Indeed, access to stability through the form of safe, stable and ongoing housing is an important component in supporting young people's current and future capabilities¹²⁷. The need for wrap around services to respond to individual and co-occurring needs such as mental health, youth AOD and housing/homelessness coupled with DFSV responses are a key recommendation for creating pathways to behaviour change for young men who use IPV¹²⁸. Further, these factors are essential in ensuring safety for all young people who experience DFSV, AVITH and IPV.

¹²³ Watson (2018)

¹²⁴ Hobbs (2022); Watson (2018) Corrie & Moore (2021)

¹²⁵ YSAS, 2019 Family Violence Capability Implementation Framework Report

¹²⁶ YSAS Resilience Based Practice Framework

¹²⁷ Bryant, Caluzzi, van Deventer, Johnston & Palmer (2026)

¹²⁸ Nicholas et al. (2025)

5. Build and expand the Australian youth focused DFSV evidence base.

In recent years there has been growing interest and attention to youth DFSV in research, including the important recognition of children and young people as a priority area on ANROWS Australian National Research Agenda¹²⁹. It is identified nationally that further understanding is needed regarding children and young people, particularly in terms of their recovery and healing needs, and opportunities to intervene in and alter violence use trajectories¹³⁰.

Similarly, YSAS supports calls to expand the knowledge and understanding of children and young people in the Australian DFSV discourses, particularly through inquiry that centres lived and living experience and Youth Participation principles and approaches. As an organisation that directly delivers services to children, young people and their families in a range of connected service streams¹³¹; YSAS values ensuring that evidence driven services and support are provided in ways which can create and maintain positive changes in the lives of those experiencing challenges.

YSAS believes that there is important opportunity to further expand the knowledge base of DFSV desistance¹³² in the context of young people's use of IPV and DFSV, and opportunities to examine and evaluate the effectiveness of different programs, services and intervention modalities in responding, including for justice-involved young people.

As raised in this report and prior YSAS advocacy and research, there is a critical need for further inquiry into the intersections of youth AOD use and DFSV. Particularly to further understanding of the risks and dynamics of such issues, and in how recovery and healing can be achieved for co-occurring DFSV experiences and AOD use. Many young people may

¹²⁹ ANROWS Australia's National Research Agenda (ANRA) 2023-2028

¹³⁰ DFSV Commission (2025)

¹³¹ YSAS provides a range of services in primary health, youth mental health, crime prevention, early intervention and, youth AOD streams.

¹³² Boxall (2023)

use substances as a way of coping or responding to DFSV, and this creates many implications for¹³³ and opportunities to provide therapeutic support for healing and recovery of co-occurring issues when young people are engaged with youth AOD services¹³⁴.

We highlight the opportunities in the Australian DFSV research discourses for further inquiry into the agency, strengths, needs, experiences and supports required for specific cohorts who experience DFSV (e.g. LGBTIQ+ young people¹³⁵, young people who use substances, rural and regional young people and justice-involved young people). Also importantly, a culturally led, informed, sensitive and responsive inquiry for Culturally and Linguistically diverse young people, and a First Nations led and Self-Determined youth focused inquiry.

6. Create resourced and real opportunities for young people to access community and social activities and initiatives that support their capabilities, recovery, healing, healthy identity, positive social interactions and sense of connection.

Recent research between the University of New South Wales (UNSW), Ted Noffs Foundation (New South Wales), YSAS (Victoria) and La Trobe University¹³⁶ has sought to understand how young people's aspirations, capabilities and values can impact and support AOD care. This project¹³⁷ has examined the types of values and lives that young people sought out and the capabilities¹³⁸ and resources available for young people to

¹³³ For example, youth AOD workers reflections in YSAS 2019 Family Violence Capability Framework Report

¹³⁴ For example youth residential withdrawal and residential rehabilitation facilities

¹³⁵ Daff et. al., (2021)

¹³⁶ Bryant et al., (2026) The Mapping Capabilities New Policy and Practice Approaches for young people in AOD care. A summary of research findings and poster available: [Capability Expansion: A new policy and practice approach to working with young people in AOD care? — YSAS](#)

¹³⁷ Bryant et al., (2026) involves qualitative modified life history interviews with young people in New South Wales and Victoria who have completed intensive AOD treatment.

¹³⁸ Bryant et al., (2026) Capabilities are considered alongside the practical and real opportunities available within the conditions of a person's lives to achieve their aspirations.

achieve their aspirations, quality of life and recovery pathways. Holding important implications for youth AOD care and recovery from substance use, this research identifies the significance of personhood and autonomy, housing and security, community, support and social connections in creating and sustaining life changes and “living well”¹³⁹.

Similarly, findings from evaluation of the YSAS YSS¹⁴⁰ highlight the significance of goals, strengths and motivations in deterring young people from justice system involvement and maintaining desistance, including through integrating activities that support pro-social connections, interests and positive self-identity and sense of belonging¹⁴¹.

For First Nations young women, the Stronger Sisters camp led by Bunjilwarra Koori Youth Drug and Alcohol Healing Service¹⁴² has consistently demonstrated how the opportunity to strongly connect with Culture and Community, hold positive identity and work towards personal aspirations and hopes are intrinsic in recovering and healing from use of and/or experiences of violence. As a peer co-created, First Nations led, designed and facilitated project, Stronger Sisters is modelled on the vision, guiding principles and strong ethos of Community-led self-determination, Culture, collaboration, strengths based and cultural and trauma informed resilience and healing approaches¹⁴³. Drawing upon a range of developmentally and culturally centred core goals, Stronger Sisters created a range of positive impacts in the lives of the First Nations young women through strong Culture, enhanced feelings of pride, physical and emotional health, empowerment, self-care and importantly, sisterhood¹⁴⁴ after IPV and DFSV experiences.

¹³⁹ Bryant et al., (2026)

¹⁴⁰ YSAS (2025) Learnings from the Youth Support Service

¹⁴¹ For example connection to community, positive peers, role models, basic life skills, wellbeing needs, health and employment/education pathways.

¹⁴² Bunjilwarra (2023) Funded by *Dhelk Dja: Safe Our Way* team, Strong Sisters is a project led by Bunjilwarra Koori Youth Drug and Alcohol Healing Service, that involves annual camps for young Aboriginal Women who are victim-survivors and/or users of family and intimate partner violence. [Stronger-Sisters-Evaluation-Report-2023.pdf](#) This camp has been supported by YSAS.

¹⁴³ Bunjilwarra (2023)

¹⁴⁴ Bunjilwarra (2023). Examples of activities on the Stronger Sisters camps include Cultural cook-ups, Art Therapy, Team bonding, Wayapa, Yidaki Healing, Basket weaving, Fire lighting and walking Self-Care workshops. Culturally centered sex education and yarning.

For marginalised young men who use violence, recent research has also indicated the importance of approaches that are youth-tailored and involve opportunities for developing positive peer relationships, pro-social goals and build self-esteem¹⁴⁵. Both the practitioners and young people in this study discussed the importance of physical pursuits such as sports as a form of catharsis of high emotional energy and fostering connection and opportunities for discussion¹⁴⁶. Further youth-focused activities that were identified as important in the work with young men included creative arts approaches and outdoor activities¹⁴⁷. Identifying the importance of such approaches, this study provided recommendations for the use of adventure-based therapeutic approaches and structured group activities alongside trauma-informed individual counselling to support change¹⁴⁸.

These initiatives recognise the importance of developing, maintaining and enhancing their identities beyond their experiences of justice involvement¹⁴⁹, substance use¹⁵⁰ and experiences of trauma and challenge¹⁵¹.

However, there exists a critical need for real, practical resources to enable such experiences and opportunities. For many young people who experience marginalisation and struggle for their basic needs such as accommodation, the opportunity for working towards their aspirations, hopes and capabilities may appear out of reach.

Given how significant capabilities, aspirations and goals are in both enabling and maintaining positive changes, recovery and healing, YSAS recommends that resourcing and investment are provided to support young people in working towards their goals,

¹⁴⁵ Nicholas et al., (2025)

¹⁴⁶ Nicholas et al., (2025)

¹⁴⁷ Nicholas et al., (2025)

¹⁴⁸ Nicholas et al., (2025)

¹⁴⁹ YSAS (2025)

¹⁵⁰ Bryant et al., (2026)

¹⁵¹ Johnston, Flynn & Gordon (2025). [Reframing resilience: Young women use creativity to heal from abuse – Monash Lens](#) and youth-focused magazine summarizing the findings from qualitative research engaging young women about their experiences of youth IPV, including recovery and healing.

aspirations and capabilities in addition to ensuring that their basic material needs such as accommodation are met.

7. Continue action to disrupt and prevent negative online influences.

The harmful and negative influences of negative online content, including that which promotes misogyny and male supremacy is an issue that has been recognised as impacting boys and young men in Australia¹⁵². It is widely understood that these misogynistic spaces are linked to gendered violence, coercive control and rigid gender stereotypes and dominant forms of masculinity¹⁵³. The impacts of such spaces beyond the screen are recognised in diverse ways, including having impacts on teachers feeling impacts of sexism and misogyny in the classroom¹⁵⁴. As recognised in the Report on the Rapid Review of Prevention Approaches¹⁵⁵ and the annual report of the DFSV Commission¹⁵⁶, further understanding, action and advocacy are required to address, challenge, intervene and develop targeted responses to online misogyny and radicalisation.

Although there remains limited inquiry into the impacts and influence of negative online content on young people accessing youth AOD services, focus groups with a sample of YSAS youth and Youth AOD workers¹⁵⁷ who shared a need for:

- Increased accountability by media platforms for stigmatising and harmful language that normalises the use of DFSV, including in headlines and content used on various platforms

¹⁵² For example, Westcott & Roberts (2026)

¹⁵³ Nicholas et al., (2026)

¹⁵⁴ Westcott et al., (2026); Pfitzner, McCook, Phelan, Westcott & Roberts (2026)

¹⁵⁵ Campbell et al., (2024)

¹⁵⁶ DFSV Commission (2025)

¹⁵⁷ These focus groups were co-facilitated by YSAS Youth Peer Advocate in June 2026.

- Social media literacy for parents as well as young people and children that is tailored to developmental needs of different age groups about the safe consumption of media.
- Education on the early signs of radicalisation and the risks of algorithm hacking that further isolate and direct children and young people into harmful “rabbit holes”
- Accountability and formal inquiry into social media companies that prioritise engagement over well-being, and those that purposefully push polarising, damaging and stigmatising content.
- Frequent auditing of social media policies like Community Standards and Terms of Service that consider consistency, accountability, language and discrimination.
- Real-time reporting channels for children and young people to access and raise concerns when exposed to harmful content, including those which are independent of large social media organisations and immediately responsive to concerns raised.

The importance of whole eco-system interventions to such issues and primary prevention, early intervention and response are essential and the need for continued responses to support young people who are victim survivors of digital and online forms of DFSV and abuse¹⁵⁸, including in recovering and healing after such experiences.

Conclusion

YSAS recognises that much has been collectively achieved in Australia’s actions to end violence against women and children, but conversely much is still required to do. Our submission to the *National Plan to End Violence Against Women and Children* has sought to share our understandings and key recommendations for actions that we feel will support the safety, wellbeing, intervention, recovery and healing of children, young people, their families and communities in contact with youth and youth AOD services.

¹⁵⁸ Including young people who are victim-survivors of AI generated sexualised content, image based abuse where intimate photos or videos are shared without consent.

Case Studies

The below de-identified case studies have been prepared by members of the YSAS workforce. Pseudonyms are used.

Case Study 1: Jade

Jade is a 21-year-old young woman who has lived independently from her parents since the age of 15. She left the family home to protect herself from her mother's abusive behaviour and her stepfather's family violence. Within the household, Jade's mother introduced her to methamphetamine use and deliberately isolated her from services and other protective supports.

After leaving home, Jade's housing options were extremely limited. She often relied on intimate partners for accommodation, which increased her exposure to coercive control, exploitation and further violence. Some partners supplied her with substances, used violence against her and actively contributed to the deterioration of her mental health.

In one incident, Jade was assaulted by a partner and sustained significant neck injuries from strangulation. Despite the risks, she escaped the environment and sought help immediately, engaging with hospital services, police and the family violence response system.

Jade cooperated with services and provided a detailed statement to police. She was offered emergency accommodation and, for several weeks, had enough safety and stability to retrieve her car and begin working with a family violence caseworker.

When police arrested and remanded the perpetrator, Jade became ineligible for family violence crisis accommodation, as he was no longer deemed a threat. She exited the housing into homelessness and lived rough in her car for almost six months before she was able to secure safe housing and relocate. This period of instability eroded her confidence in the justice system and exacerbated her substance use and mental health concerns.

Jade is a determined and resourceful young woman, and has achieved safety for herself now, but the consequences of this service response will continue for years. She faces a mountain of fines accumulated while living out of her car, and the instability she experienced after escaping violence affected her capacity to participate as a credible witness in the criminal justice process, robbing her of the opportunity to seek justice for her victim survivor experience.

Case Study 2: Andy

“18 months ago, Andy was a very different person” as reported by his Youth AOD worker, who said he had the privilege of working with an *“insightful, avid reader and extremely introspective young man, who when listened to had so much to share on how his life could be better, if given the chance”*.

Andy was linked in with his Youth AOD worker as part of a wrap-around care team approach. As an 18 year old young man, from a young age Andy had lived across many places. He was removed from the care of his parents at a young age and had lived in a range of settings including Out of Home Care (OoHC) residential settings, foster care settings and through various reunification attempts with his family of origin. Andy experienced significant family instability, witnessing violence and abuse that had been perpetrated by his father against him and his siblings, an issue that continued during attempted reunification with his family of origin. His turbulent childhood and complex experiences are connected to his diagnosis of Complex Post Traumatic Stress Disorder (CPTSD), Attention Deficit Hyperactive Disorder (ADHD), anxiety and depression, which Andy manages through support with youth mental health services that work closely with his youth AOD worker.

Andy first accessed YSAS services through a Primary Health Day Program, a youth-focused “drop in” space, where he connected with program workers, and after building some trust, felt comfortable to speak about his substance use issues and explore what supports were available for when he was ready.

After some instability in his living arrangements, he moved to another region and self-referred to the YSAS in that area. Andy was connected to a YSAS Youth AOD outreach worker for his substance use, as well as other services focused on housing, mental health and youth justice support.

Andy has a young child with an ex-partner. Andy was reluctant to talk about this relationship, and when he did, it was identified that Andy displayed misogynistic attitudes, used coercive and controlling text messages, and would attend her residence to abuse and threaten his exp-partner and the baby.

Andy's past experiences had caused a sense of distrust towards the systems that he previously felt had let him down. This meant he initially struggled to use the support under Child protection, which was setup to visit his son under supervised hourly visits.

Andy's outreach worker highlighted that the "worker *and young person connection*" was vital and needed to be built over time. This trust and rapport, both with his outreach worker and the broader team in this YSAS space, took around 4–6 months to really start "*doing the work*". Andy was able to access support where he didn't feel stigmatised and judged, and it is noted that because of his past with systems that failed him, this needed patience. As someone who has a history of deep trauma, Andy needed consistency, trust and a sense of safety to get out of flight of flight response and feel ready to open, share and work on some of his harmful behaviours. Andy's worker supported him through this step in ways that managed the safety of his ex-partner and child, whilst still carefully working with Andy to address his AOD issues and use of IPV.

This progress was achieved by getting to know Andy, building trust without judgement or pressure, and supporting change through the expertise and experience of his AOD worker. Together, they explored how Andy's past of being a victim survivor, experiencing power struggles, and lacking consistent role modelling or primary caregivers shaped his behaviours. His worker also contextualised that his IPV reasons differed to those of an adult, noting that an adult men's behaviour change program would likely have discouraged his recovery, undermining the development of positive, pro-social connections and his individualised goal setting.

A key factor in his success was the stability he was able to achieve through transitional housing management, which enabled him to access consistent care. The care team met regularly to create consistency and deliver tailored and targeted support in varied intersectional areas he required. Residing in one location enabled Andy's youth AOD worker to connect him in with local programs, which assisted Andy in finding more positive peers to influence who he is becoming.

Andy now demonstrates significant differences in his attitudes, actions and behaviours towards himself, violence and his relationship with his child and ex-partner. Through the careful and consistent support of his youth AOD Worker and a closely integrated team who worked together to address a range of co-occurring issues, Andy has made significant progress

Andy's worker emphasised that access to his own positive traits and new behaviours can take considerable time, particularly when someone has not previously been given patience and the validation he needed. Andy's instability meant he could not always remain in one place, however, having YSAS services across different regions helped him stay connected and later self-refer to a trusted, familiar support. The wrap-around approach addressed many aspects of his life and was delivered with respect, confidence in his recovery, and a strengths-based focus on goals. Andy now feels a sense of pride in his changes and his future. He now sees his child consistently, no longer engages in abusive behaviour towards his ex-partner, has quickly progressed in his recovery for his AOD use, recently enrolled in TAFE and is beginning to build the confidence to do things independently.

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