

A high-contrast, black and white photograph showing the back of a man's head and neck. The hair is dark and short, and the skin is a light tone. The lighting is dramatic, with the back of the head and neck in shadow against a bright, white background. The text is overlaid on the back of the head.

**Improving responses  
to young men's use of  
intimate partner  
violence: Towards  
a best practice  
approach**

Nicholas, L. Hanckel, B. Burgin, R.  
Kilvington-Dowd, L. Johnston, B.  
Mills, X. & McGregor, J.

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We acknowledge that sovereignty was never ceded, and Aboriginal and Torres Strait Islander peoples remain strong in their connection to land, culture and in resisting colonisation.

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The authors acknowledge the lives and experiences of all people who experience family violence. We recognise the hope, resilience and courage of victim survivors and we pay respects to those who did not survive. We also acknowledge friends and family members who have lost loved ones.

If you find the content of this report distressing, please reach out to support services, including:

**FULL STOP** 1800 385 578

**1800 RESPECT** 1800 737 732

**Lifeline** 13 11 14

**Men's Referral Service** 1300 766 491

## Acknowledgement of contribution

We would like to acknowledge the contribution of all those who took part in this research. Without your contributions, this work would not have been possible.

## Glossary / abbreviations

<b>Abbreviation</b>	<b>Meaning</b>
<b>AOD</b>	Alcohol and Other Drugs
<b>AVITH</b>	Adolescent violence in the home
<b>DFV</b>	Domestic and Family Violence
<b>IPV</b>	Intimate partner violence
<b>MARAM</b>	Multi-Agency Risk Assessment and Management Framework
<b>MBCP</b>	Men's Behaviour Change Program
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual
<b>YSAS</b>	Youth Support and Advocacy Service

# Executive summary

## Project background

Intimate partner violence (IPV) among young men aged 16–25 is a significant yet under-serviced and under-researched issue in Victoria, Australia. While there has been significant investment broadly in family violence and increased focus on supporting children and young people, there has been little focus on building increased understanding of, and capability to respond to, young people's use of IPV. There is also a critical gap in services tailored to young men using IPV.

This report examined the current service landscape, and spoke to practitioners working with young people, young men who had used or have not used IPV, and young women victim survivors to identify key drivers and risk factors for young men's use of IPV. We also undertook co-design with practitioners and young men to develop emerging principles of engagement for effective interventions.

The project is specifically derived from data generated from research with socially, economically, and culturally marginalised young men and practitioners who work with them. While most of the victim survivors who participated in this research had experienced IPV from a young man from more privileged backgrounds, many of the specific insights, especially around effective engagement for young men are derived from the specific cohorts that we spoke to. These limitations must be considered when understanding the findings of this report and in application of the recommendations.

## Key objectives

The key objectives of the project were to:

1. Map existing service responses and referral pathways for young men using IPV.
2. Identify unique risk and protective factors, and motivators for change for young men using IPV.
3. Develop best-practice principles for engaging young men in IPV interventions.

## Approach

This project used a multi-stage, mixed-method, iterative research design that brought together sector needs and experiences, as well expertise and lived experience of marginalised young men, some of whom had used IPV, and young women who had experienced IPV in a previous relationship(s). The over-arching aim was to understand how to improve service responses to young men using IPV in Victoria.

The project draws on existing literature, service and referral mapping, and the insights and experiences of 37 young people and 51 practitioners from Victoria, Australia. The study was undertaken by academics in close collaboration with partner organisations No to Violence, Drummond Street Services, and YSAS (Youth Support and Advocacy Service).

## Key findings

### 'A referral with no hope': The service landscape and barriers to accessing services

#### ***What we found***

This research highlighted that young people currently experience a range of barriers in accessing services to respond to their use of IPV. These barriers also existed for young victim survivors of young men's use of IPV when seeking support and safety. A significant proportion of current responses to young men's IPV involve non-family violence specialist services which often do not have the training, support or funding to respond to young men's use of IPV. There is a very small number of interventions in Australia targeted specifically to young men's use of IPV. Some young men using IPV will be referred to non-age-tailored adult Men's Behaviour Change Programs (MBCPs), which may not be the most suitable for younger men aged between 18 and 25.

Young men under 18 are ineligible for MBCPs and there are often no appropriate referral options for them. As a result, these young men often 'bounce' around services, receiving referrals with no clear destination. This gap in service responses increases risk for victim survivors. Additionally, there is a lack of a specialised workforce that can respond to young people's use of IPV across the family violence, youth, and broader community services sectors.

#### ***What this means***

To address the lack of tailored services, funding is required to develop more trauma-informed, age-tailored interventions for young men who use IPV. It is critical that these interventions are flexible and able to meet the needs of individual clients, with one-to-one and group service modalities available.

Sector wide training is required so there is improved capability to identify and assess young men's IPV use, and in referral and response processes. This includes increasing knowledge and awareness of existing family violence risk management processes and intervention pathways specific to young men and building new pathways to meet demand.

## Building the evidence on drivers, risk and protective factors and motivators for change for young men using IPV.

### **What we found**

Participants emphasised that the gendered drivers of IPV for young men include problematic patriarchal beliefs (sometimes covert or hidden) and gender inequality, including ideas of women as property. Many reflected that learned belief systems about relationships are often modelled and reinforced in families and among friends and peers, which further embeds gendered stereotypes and an acceptance of violence. The form of these gendered beliefs, and the ways they manifest among the young men we engaged with, differed from previous research on older men and vary according to culture.

The contexts for young men's use of IPV include histories of adversity and victimisation, including family violence used by a parent or carer, challenges with alcohol and/or drug use and poor mental health. Young men's IPV included extensive coercive control including emotional abuse and controlling behaviours, sexual assault and coercion, isolation, and monitoring. Coercive control was consistent across young men from marginalised or privileged backgrounds whose use of violence was discussed in the study. Yet, evidence shows that the violence of privileged men is often obscured.

A unique aspect of these young people's lives is the key role of technologies that can facilitate their use of IPV. While the young men this research engaged with had some literacy around IPV, they often demonstrated a lack of reflexivity or accountability and a resistance to the gendered nature of IPV. These factors represent a barrier to behaviour change that needs to be addressed as part of an effective service response.

Protective factors evident in the accounts of the participants included relationships with trusted adult support workers, positive supportive friendships and friends who held these young men to account. Such factors also included positive older peer support, physical activity, connection with culture, sense of community, and religion. Faith and religious or cultural communities were seen by the young men in this study as a motivator for change.

Where engagement begins at legal intervention, practitioners shared working dynamically to leverage the opportunity as a 'hook' alongside other intrinsic and extrinsic motivators for engagement, future thinking and goal setting.

### **What this means**

Learnings about the risk factors specific to young men using IPV present key insights for practice. Given the relationship between marginalised young men's use of IPV and their own history of family violence victimisation, trauma-informed interventions are paramount to intervene to reduce and end their use of violence. Mental health, and harmful drug and alcohol use should also be focused on in developing integrated and holistic approaches that recognise the connections to the use and/or experiences of IPV and other family violence. Peer group roles in reinforcing the use of violence and risk-increasing behaviours warrants secondary prevention or early intervention for peer groups, codesigned with and for young people so that they are meaningful within the context of young men's lives.

Young men using IPV should be able to engage in culturally tailored support. Culturally specific considerations should be built in from inception rather than 'tacking them on' to a supposedly universal young male identity.

### **Effective engagement and intervention: 'Moving away from the white room'**

The phrase 'moving away from the white room' describes the need for an approach to intervening in young men's use of IPV that takes its lead from the expertise within the service ecosystem that already exists for young men. Young men need to be engaged in environments they already inhabit, and where they are not stigmatised or shamed, so they can open-up to changing.

#### ***What we found***

A key finding from this research was that marginalised young people preferred to access youth and community services they were already currently engaged with, where they had trusting relationships with workers. The right approaches, settings, language and people are crucial to facilitate engagement for marginalised young men to allow for intervention towards behaviour change. The emerging principles designed as part of this project were developed to ensure a youth-specific specialist service response that sustains engagement and reduces harm, while working towards accountability.

As it is common for young, marginalised men who use IPV to have also experienced violence, including interpersonal, structural and institutional violence, it is important that careful, trauma-informed approaches are centred in responses.

Interventions need to be age-appropriate, individualised, and culturally-tailored. Top-down, authoritarian approaches that reflect other institutions are not effective. Young, marginalised men engage better in spaces that feel familiar and safe, and with workers they can relate to and share their values, lived experiences, culture, language and / or faith.

#### ***What this means***

Responses and interventions to young people's use of IPV need to be trauma-informed, which requires resources and training to support services that young men engage with to ensure they are safe and respectful spaces.

From the perspectives of the youth and community support workers that participated in this study, an ideal model for service delivery would be multidisciplinary, wrap-around 'one-stop shop' models. For example, programs that embed age-tailored youth IPV responses within existing youth and community services or improving and expanding specialised secondary consult services. Ideally, services would be geographically accessible, available when young men need them, and incorporate individualised components to enable one-on-one work. It is important to consider spaces that young men engage with, including those with diverse cultures, faiths, identities, abilities, ages and socioeconomic status. While physical spaces were prioritised by participants in this study, they also spoke to violence occurring outside of hours and to barriers to accessing services, such as for young men in regional or remote communities. This highlights the need for future programs and responses to consider the utility of online and digital service options to respond to this gap.

Psychoeducation is also required that is tailored to the language and contexts of young men's (diverse) lives and builds on and taps into young men's existing capabilities and capacities. This should aim for self-reflection, especially on the gendered nature of IPV and explore the role of technology in facilitating IPV.

In addition, there is a need for confidence and skill building among the cohort engaged with for this study. This may include group-work focused more on activities (e.g. adventure-based activities) or support to develop communication skills for conflict resolution, and for improving emotional regulation. Group work should be used in conjunction with trauma-informed, one-on-one work that adopts a family violence lens. Group work can build trust between the service or practitioner and young men and may also be useful for implementing these new skills.

Responses should be led by the Emerging Principles of Engagement for Young Men Using Intimate Partner Violence, developed as part of this project, to help advance a best practice guide for responses to young men's use of IPV. We believe these principles offer the basis for emerging research, evaluation and practice knowledge to grow from.

## Emerging Principles of Engagement for Young Men Using Intimate Partner Violence

Responses and interventions for young men using intimate partner violence should:

### Centre victim survivor safety:

- › Provide immediate family violence support and service information to victim survivors.
- › Prioritise victim survivor safety in all responses and interventions with young men who use intimate partner violence.

### Meaningfully and safely engage with young men on their terms:

- › Develop and tap into young men's existing capabilities and capacities, including the language they use and concepts that resonate with them.
- › Build on young men's existing protective factors and networks of support.
- › Provide psychosocial education for young men to improve their understanding of the drivers, nature, and impacts of intimate partner violence.
- › Create safe and respectful spaces, free from stigma, judgement and bias.

### Establish youth friendly and relatable settings of engagement:

- › Establish settings that are welcoming, accessible and adapted to the times and spaces that young people engage in.
- › Embed family violence intervention specialists within services already interacting with young people.
- › Aim for integrated, multi-agency approaches and 'one-stop shops'.
- › Deliver age-appropriate interventions that account for the social, emotional and situational contexts of young men.

- › Enable responses and interventions that are individualised, relatable and tailored, and acknowledge the intersectional contexts of the young men.
- › If possible, centre peer, lived or cultural experience and embed workers that young people can relate to.

### Create pathways to behaviour change. Services that engage with young men who use intimate partner violence should:

- › Have sufficient time and service capacity for building rapport and trust with young men who use intimate partner violence.
- › Provide wrap around services to respond to individual co-occurring needs such as mental health, harmful alcohol and other drug use, concurrent experience of family violence as a victim survivor and housing/homelessness risks.
- › Adopt a strength-based, non-judgemental approach to build self-esteem and confidence. This could include group and individual engagement such as:
  - Adventure-based therapeutic approaches and other structured group activities to promote self-efficacy and skills development.
  - Trauma-informed one-on-one therapeutic practices that recognise and respond to trauma histories and victimisation.

# Recommendations

## Increase investment in identification, responses and programs for young men using intimate partner violence

1. Fund the development and delivery of trauma-informed, age-tailored, and cohort-specific responses and programs for young men using intimate partner violence. These must be informed by the 'Emerging Principles of Engagement for Young Men Using Intimate Partner Violence,' be coordinated with other support services, and include individual or group responses.
2. Fund co-designed, peer awareness raising and bystander initiatives aimed at supporting prevention and early intervention of young men's use of intimate partner violence.

## Grow workforce capability

3. Fund system-level training on identifying, referring and responding to young people informed by the 'Emerging Principles of Engagement for Young Men Using Intimate Partner Violence'.<sup>[1]</sup>
4. Develop a process for secondary consultations and establish Communities of Practice for responding to young men using intimate partner violence to support ongoing practice development.

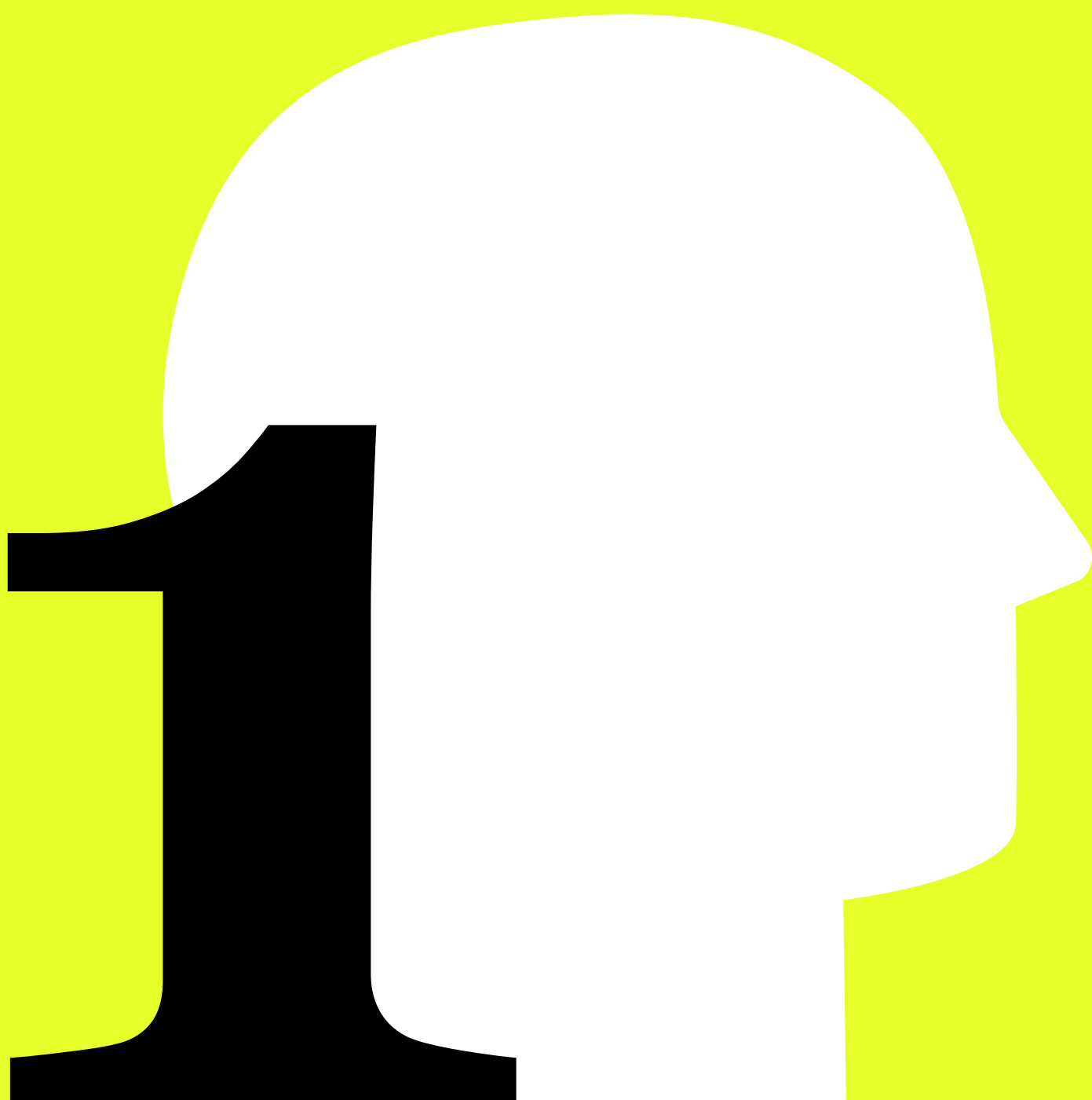
## Build and embed a best practice evidence-base on responding to young people using IPV

5. Further develop the 'Emerging Principles of Engagement for Young Men Using Intimate Partner Violence' with a broader range of young people using IPV – including privileged young men using IPV, First Nations young people, LGBTQIA+ young people and neurodiverse young people - and service providers to ensure the Principles are tailored for different cohorts.<sup>[2]</sup>
6. Invest in research on young people's use of intimate partner violence, including research on specific cohorts and systemic enablers of violence, such as privileged young men's violence, barriers to receiving services, and victim survivor experiences and needs.
7. Contribute to the emerging evidence-base by funding evaluations of services for young people using intimate partner violence.
8. Embed emerging best-practice responses to young people's intimate partner violence in key government policies, processes and contracts (including in the MARAM Foundation Knowledge Guide).

[1] This includes for family and sexual violence practitioners, private psychologists, community mental health workers, alcohol and other drug workers, GPs, educators, youth workers, and housing and homelessness practitioners working with young people.

[2] Recognising the Emerging Principles of Engagement for Young Men Using Intimate Partner Violence were developed following research with a small number of socially, economically, and culturally marginalised young men and practitioners who work with them, further testing and adjustment is required to ensure the principles are suitable for other cohorts of young men using IPV.

**Chapter 1:**  
**Introduction  
and background**



# Chapter 1: Introduction and background

**'...adolescent DFV could be the 'missing link' explaining the intergenerational transmission of abusive behaviours' (Boxall, Pooley and Lawler, 2021: 2)**

In Australia, 2.3 million or 23% of women report having experienced violence from an intimate partner since the age of 15 (ABS, 2022). Of 18–19-year-olds, 29% report having experienced some form of intimate partner violence (O'Donnell, Rioseco, Vittiglia, Rowland and Mundy, 2023). A study of offending pathways in Australia showed that 'adolescent DFV [domestic and family violence] offenders were much more likely to become adult family violence offenders, and reoffended more frequently', demonstrating 'the need for interventions focusing on DFV offending among adolescents.' (Boxall et al., 2021: 1).

**This project uses the term intimate partner violence (IPV) to refer to 'physical, sexual, psychological/emotional abuse, and controlling behaviors by a former or current partner' (World Health Organization, 2012). 'Dating violence is a common type of IPV among young people' (Nwabuzor Ogbonnaya, Ward, Rose, Peterson & Ferguson, 2024: 955).**

**Family violence is defined in the Family Violence Protection Act 2008 (Vic) as behaviour by a person towards a member of their family that amounts to physical, sexual, emotional or psychological abuse, is behaviour that is threatening or coercive. The term intimate partner violence (IPV) is used to refer to these behaviours that occur in the context of a current or former intimate relationship.**

**IPV is distinct from adolescent violence in the home (AVITH) which is about violence towards family or carers in the home, and adolescent DFV (Boxall et al., 2021) or 'adolescent family violence' (Hobbs, 2022: 7), which may include violence towards a partner but also other family members.**

Whilst intimate partner violence (IPV) impacts young people of all genders, young women (aged 18–24) often experience IPV more frequently, and at higher levels of severity (Daff, McEwan & Luebbers, 2018). For example, among 18–19-year-olds, three times as many young women (12%) than young men (4%) report having experienced sexual violence in their intimate relationships (O'Donnell et al., 2023) and an overwhelming proportion of youth offenders of sexual assault are young men (81%) (AIHS, 2025). Likewise, 'Similar to findings from the adult literature, research examining police reported youth family violence disproportionately involve males engaging in abusive behavior toward females, with this gendered pattern being observed across all relational forms of youth family violence.' (Sheed, McEwan, Papalia, Spivak & Simmons, 2023:1080). In a Tasmanian study, 40% of 18–19-year-olds in Tasmania experienced abuse from an intimate partner on at least one occasion in the previous 12 months,' with 'Females ... more likely to report experiencing DVA [domestic violence and abuse] than males' (Hobbs, 2022: 139). Young women in this study also experienced greater severity of abuse than young men. For specific groups, the intersection of different aspects of marginalisation can compound the frequency and severity of their experiences of IPV. Whilst research on LGBTQIA+ young people's experiences of intimate partner violence is relatively limited, studies support the premise that LGBTQIA+ youth experience IPV at higher rates, consistent with the evidence for LGBTQIA+ older adults (Dank, Lackman & Zweig, 2014).

Research that can inform interventions into young men's use of IPV is urgently needed to develop age and developmentally appropriate responses. Interventions into family violence refers to any system or service response that identifies and responds to a person using violence. This might include a specialised family violence response, police intervention or engagement with another service with a core business beyond family violence. Intervention may increase the risk posed to the victim survivor(s) by the person using violence (State of Victoria, 2021). Therefore, while some interventions might include working directly with the person using violence, others are more concerned with supporting the victim survivor(s) safety or crisis support.

Australia has a wealth of practice-based knowledge in interventions targeting adult men's use of family violence, including interventions that are focused on changing violent behaviours, such as Men's Behaviour Change Programs (MBCPs). MBCPs encourage men to take responsibility for their behaviour and provide them with skills and knowledge to change it. MBCPs, typically delivered in a group format over 20 or more weeks, operate under the twin aims of improving the safety of women and children and holding users of violence to account (Day, Vlasis, Chung & Green, 2019; Nicholas, Ovenden & Vlasis, 2020). While evaluations of the effectiveness of MBCPs have indicated changes to behaviour are most likely to be incremental, the programs require greater resourcing to enable more tailored services and need to be better embedded within the broader family violence ecosystem to improve behaviour change, accountability and risk management outcomes (Helps et al., 2025). These programs are designed for adult men and eligibility is restricted to men aged 18 and older. This means 16- and 17-year-olds using IPV are ineligible to participate in MBCPs. In addition, non-age-tailored MBCPs may not be suitable for all younger men aged between 18 and 25 because other participants are at different developmental and life stages. Recent research shows MBCP completion rates tend to be higher for older men (Fitz-Gibbon, McGowan, Helps & Ralph, 2024). Given this, non-age-tailored MBCPs may not be fit-for-purpose in intervening in young men's use of IPV.

While primary prevention of IPV often targets young men and boys, there are few intervention programs specifically designed to target young men's IPV behaviours. One such program, run by Meli, is a tailored MBCP for young men aged 18 to 25 in Victoria. Few other options for working with young men using IPV exist. Interventions involving direct work with young men using IPV that are age and context appropriate are thus a crucial gap in research and practice in Victoria.

## The research project

This project seeks to respond to this gap by:

- › exploring the current service and referral landscape for young men who use IPV in Victoria;
- › understanding how the unique, contextual drivers, risk and protective factors of young men who use IPV in Victoria play out to underpin effective tailored interventions; and
- › understanding how best to engage young men in IPV interventions.

To do this we spoke to practitioners who work with young men, marginalised young men who have and have not used IPV, and young women victim survivors of IPV. For the purposes of this project, interventions refer to those that engage directly with young men using violence.

As discussed in more detail in Chapter 2, this research drew on interviews and focus groups with racially, culturally and economically marginalised young men, some of whom who have used IPV. Their experiences of systemic disadvantage set an important backdrop for this study. Meanwhile, the young women victim survivors we spoke to typically described the backgrounds of the young men who used violence against them very differently. We understood most of these young men to come from more privileged backgrounds, and many enjoyed economic privilege, compared to the young men we spoke to.

The young men we spoke to were engaged with support services. This was a necessary criterion, since we had to ensure that the young men themselves were supported, and victim survivors' safety could be prioritised. The young men who access services like those offered through our recruitment pathways are more likely to experience disadvantage, including poverty, racism and colonialism. Community violence also featured in the narratives of these young men, further illustrating their complex lives and experiences.

Findings of this research should be built upon, including through research with different cohorts of young people to understand how dynamics of youth IPV differ and how practice guidance should be tailored in response. For example, the project scope focused on the use of young men's IPV in heterosexual relationships, meaning findings may not be relevant for LGBTQIA+ young people. Additionally, there was no targeted recruitment of Aboriginal and Torres Strait Islander young people or young people with disabilities. Further research and service design for these cohorts should consider also how they are subject to disproportionate profiling and over-policing.

## The Victorian policy context

The 2015 Victorian Royal Commission into Family Violence ('the Royal Commission') identified the need for a range of interventions into family violence to keep people using violence 'in view' of the broader service and justice systems. It also identified that children and young people were the 'silent victims' of family violence (Royal Commission, 2016; 101). The Royal Commission prompted the development of the ten-year plan to end family violence, 'Ending Family Violence: Victoria's Plan for Change'. The plan recognises the importance of early intervention work with children and young people at risk of using family violence (State of Victoria, 2016). The Royal Commission also prompted the development of the Multi-Agency Risk Assessment and Management (MARAM) Framework, which forms the coordinated response to family violence in Victoria. The MARAM Framework sets out the shared objectives to 'keep victim survivors safe', 'keep [people using violence] in view' and 'hold [users of violence] accountable for their actions' (State of Victoria, 2021). While these principles are universal, crucially, MARAM is not specifically tailored to young men's use of violence.

The first five-yearly review of the MARAM Framework found that practitioners wanted further practice guidance on working directly with children and young people. This includes working with children and young people as victim survivors of family violence in their own right and wanting further guidance when working with young people using family violence, including IPV. There are currently few tools within MARAM specific to children and young people's experiences of family violence, and no tools in use for identifying or assessing young people's use of family violence (and there are limited tools internationally). Tailored MARAM tools for use with children and young people experiencing family violence and with young people using family violence are currently under development.

The lack of existing MARAM risk assessment tools for use with young men using IPV is mirrored by the lack of tailored interventions into the use of violence by young men. This research seeks to address this paucity and contribute to the emerging evidence to develop evidence-based responses and bolster development of MARAM tools and guidance for responding to youth IPV in Australia and elsewhere.

## Existing research

### Young men and IPV

There are very few studies on IPV use by young men in Australia. Of those that do exist, most concentrate on the prevalence (Hobbs, 2022; Boxall & Morgan, 2020; Daff et al., 2018) and characteristics of users (Sheed et al., 2023), and a very small amount that have explored the experiences of victim survivors (Chung, 2007; Hobbs, 2022; Mackenzie & Mackay, 2019). There is no Australian research that we could find that explores the perspectives of 16–25-year-old users of violence, or on interventions for them, and there are very few international studies on IPV use and interventions for young men aged 16–25. One analysis was conducted in Victoria ‘of all youth aged 10–24 years (N=5014) who were reported to police for using family violence over a four-month period in 2019’ (Sheed et al., 2023: 849) to compare characteristics across age groups. This paper concluded that future research should focus ‘on young people who engage in family violence behaviour, including how this behaviour differs in adolescence and young adulthood ... [to] provide important cues for tailoring interventions to meet the needs of these young people and reduce further violence.’ (Sheed et al., 2023: 849). This reflects Rak and Warton’s (2022: 2) claim that ‘The voices and experiences of young people who use violence are frequently missing from practice, research and policy discourse’.

The relative lack of research on young women’s experiences of IPV means that ‘their experiences risk being merged with those of adult women and/or children and overlooked in key national family violence reform, policy and research agendas’ (Johnston, Flynn & Gordon, 2022: 12). There is some literature about young women’s experiences of IPV that we use alongside analysis of our interviews with victim survivors (Hobbs, 2022; Chung, 2007; Mackenzie & Mackay 2019; Øverlien, Hellevik & Korkmaz, 2020; Reynolds & Shepherd 2011), but much more research is needed in this area to understand the specific needs of young people who experience IPV.

## Lessons from wider research and practice

There is some broader research from Australia and internationally about prevention, prevalence, or experiences of violence among young men that is useful for offering insights into service responses.

### ***Gender and masculinity***

It is widely established that patriarchy (including patriarchal systems and structures) is an underpinning driver of violence, and adherence to specific ideas of masculinity is a key risk factor (Jewkes et al. 2015).

However, the lack of studies on young men using IPV means less is known about how this plays out for them specifically. As outlined above, there are crucial gendered dimensions to IPV, with young men using more frequent and severe violence against female partners (O'Donnell et al. 2023). Meta-analyses of interventions for both men and boys indicate that:

'Interventions that address masculinity seem to be more effective than those that remain blind to the powerful influences of gender norms and systems of inequality. Thus, understanding and application of theories of masculinity are important for effective intervention design.' (Jewkes et al. 2015: 1586).

Of the few studies specifically about young men's use of IPV, 18-25-year-old men in a study from the United States showed that adherence to 'sexual cultural scripting norms' were associated with an increased risk of using emotional abuse and traditional masculine norms were associated with an increased risk of using physical abuse (Willie, Khondkaryan, Callands & Kershaw, 2018: 241). There is thus near consensus that interventions must both be gender specific and gender-transformative in the ways that they challenge gender norms and power dynamics and build understandings about gender equity (Oliffe et al., 2022; Banyard et al., 2019). For young men, gender norms and relations may well be different to older men (Bartholomaeus & Tarrant, 2015), and divergent across different contexts and groups. This project aims to illuminate some of these differences.

**'Research shows strong links between socially dominant forms and patterns of masculinity, sexist attitudes and behaviours, and men's perpetration of violence against women'**

(Our Watch 2021: 5).

## Trauma and violence

**'Trauma is defined as an extreme event that overwhelms an individual's coping skills and threatens their well-being'**

(Voith, Logan-Greene, Strodthoff & Bender, 2020: 695).

The evidence in Australia and internationally suggests that 'youth DV rarely occurs in isolation from other violence' (Rak & Warton, 2022: 2) and there are strong links with experience of family violence within a person's family of origin and the likelihood of a young person using or experiencing violence (Kaufman-Parks, DeMaris, Giodano, Manning & Longmore, 2018; O'Donnell et al., 2023; Smith, Greenman, Thornberry, Henry & Ireland, 2015). Although risk looks different across different contexts, similar findings emerge in AVITH research, which highlights the need to consider a young person's past and ongoing victimisation of violence, in addition to their use of violence in the home (Campbell et al., 2023; Campbell, Richter, Howard & Cockburn, 2020, Fitz-Gibbon, Meyer, Boxall, Maher & Roberts, 2022). Campbell et al. (2023) highlight the need for youth specific and trauma informed approaches to address violence used by adolescents, by recognising that punitive responses are not suitable given that often young people who use violence, may themselves be experiencing or may have experienced family violence and/or have complex needs (Campbell et al., 2023).

This includes recognising intergenerational trauma, referring to the 'accumulative emotional and psychological pain that develops over an individual's lifespan and across generations because of a group's collective trauma' (Cripps, 2023: 8). Colonial policies, including the forced removal of children, forced relocation, dispossession and ongoing marginalisation, criminalisation and racism create the context in which violence occurs. Where interventions fail to 'deconstruct subjectivity and systems of oppression [they] may, at worst, reproduce new social inequalities' (Gottzén, Bjørnholt & Boonzaier, 2020: 24).

**'...the factors that contribute to trauma include dynamics of disadvantage, misrepresentation, disempowerment and broken and lost connections, which are intersectionally tied with the structural and systemic experiences for justice involved young people, this is especially so for Australia's First Nations young people.**

**Attempts to understand young people's use of violence in their interpersonal relationships without recognising the role and presence of violence within community life more broadly fail to recognise the complexity of situated experiences of violence. Interpersonal violence rarely occurs in isolation from other forms violence and criminal activity more generally'**

(Rak & Warton, 2022: 3)

Adult interventions into DFV, such as MBCPs, are often guided by trauma-informed care (Helps et al., 2025), this is also crucial when working with young men. The strong correlations between use and experience of violence among young people speaks to the need for trauma-informed responses, in addition to risk assessment processes to assess the young person's potential experiences of family violence, as well as to their use of violence within relationships.

### **Tailored, targeted and engaging responses**

A consistent finding across the literature on prevention and intervention programs for young men is that a one-size-fits-all approach is not likely to succeed (Jewkes, Flood & Lang, 2015; Keddie, Hewson-Munro, Halafoff, Delaney & Flood, 2023). Rather, developing culturally appropriate and context specific responses is needed to incorporate approaches that address the intersectional contexts underpinning young people's use of IPV (Moss & Fedina, 2022; Corrie & Moore, 2021).

As part of considering a gendered lens, 'mapping of *local versions* of masculinities and their influences can be a useful part of formative research for the intervention design, and can also be part of the intervention.' (Jewkes, Flood & Lang, 2015: 1586, emphasis added). The focus on local masculinities considers the socio-cultural context, mobilising an intersectional approach while keeping gender at the core of service design and delivery. This is supported by research by Satyen, Hansen, Green & Zark (2022) who explored culturally specific domestic violence interventions. Their findings support that 'discussions of gender roles and attitudes to gender equality specific to each cultural context' is crucial to 'successful outcomes' (Satyen et al., 2022, 11).

It is also important to consider the role of shame, which has been examined in the context of adult men's use of family violence (Potter-Efron, 2015), as a barrier to seeking support to change (Stanley, Fell, Miller, Thomson & Watson, 2012). The discomfort associated with feeling shame, and the nature of shame as a communicative tool, are noted in limited international inquiry into young men's use of sexual violence (Gottzén, 2019). However, the role and nature of shame in Australian young men's use of IPV, and whether shame impacts readiness to change, remains a notable evidence gap locally.

Understanding and tailoring responses to people's motivators for change is also important. Literature indicates that interventions for younger men need to consider the ways that their motivations for behaviour change differ from older men. Adult men attending men's behaviour change programs often cite access to their children and/or a desire to re-establish a meaningful relationship with their partners as reasons to engage in and complete men's behaviour change programs (Gray et al., 2016; Meyer, 2018). However, these extrinsic motivators are less relevant to young people without children and whose relationships, particularly in adolescence, can be more transient.

**Risk factors**

While many individual risk factors for younger men's use of IPV are consistent with older men, there may also be unique risk factors and more research is required on this (Campbell, 2022; Jewkes et al., 2015). Research finds that interventions for young men are more successful when they address their specific co-existing needs and risk factors, and 'recommend the provision of comprehensive services, including substance use and mental health treatment' (Voith et al., 2020: 697). Other risk factors or co-existing needs include housing instability and homelessness and alienation from school (Rak & Warton, 2022). In terms of distinctive characteristics of the age group 16-24, a review of data for 10–24-year-olds in Victoria who were reported to police for using family violence (Sheed et al., 2023) found that the key characteristics of those in 'late adolescence' (15-19) that may be instructive for understanding risk factors were:

- › Gender (male)
- › low socioeconomic status
- › mental health issues
- › substance abuse
- › unemployment / school truancy

A key caveat here, and throughout the report, is that there is often a skew of data on people using violence, as administrative and publicly reported data is based on people in contact with the service and justice system who are more likely to be disadvantaged, stigmatised and marginalised (Legislative Assembly Legal and Social Issues Committee, 2025).

## Chapter 2: Methods



## Chapter 2: Methods

This project used a multi-stage, mixed-method, iterative project design to bring together sector needs/ experiences, as well as expertise and lived experience of marginalised young men, some of whom have used IPV, and young women who had experienced IPV in their (past) relationship(s). The over-arching aim was to understand how to improve service responses for young men using IPV in Victoria.

This project draws on existing literature, service and referral mapping, and the insights and experiences of 37 young people and 51 practitioners from Victoria, Australia. The study was undertaken by academics, in close cooperation with partner organisations No to Violence, Drummond Street Services, and YSAS (Youth Support and Advocacy Service), with all partners involved in the design, research, analysis and write up stages of the project. The study has three sub-aims:

### Aim 1



Map the existing service responses, referral pathways, and processes for engaging young men using IPV in intervention and support;

### Aim 2



Identify effective sites of intervention, specific risk and protective factors, and motivators for change to better understand what works for this specific cohort;

### Aim 3



Identify ways to engage young men using IPV, and co-design with practitioners and young men best-practice solutions for interventions with young men.

The aims were met by addressing key research questions and sub-questions:

1. What does the service and referral landscape look like for interventions into young men's use of IPV?
  - a. What are the processes and practices for identifying this cohort?
  - b. What are the processes and practices for referral to services of intervention and support for this cohort?
  - c. What gaps exist in this landscape?
2. What are the specific service provision needs of this cohort?
3. What are the family violence risk and protective factors, and motivators for change, specific to young men's use of IPV?
4. What do victim survivors of young men's IPV perceive to be key target areas for behaviour change and accountability?
5. What would effective engagement look like for young men using IPV?
  - a. What resources do practitioners need to respond?
  - b. What recourses and messaging would meaningfully engage young men using IPV?
  - c. What principles underpin effective behaviour change practices targeting young men using IPV?

Several incremental data collection strategies were used to complement and contribute to the collection of a rich body of data. Data was collected across three phases, as shown in Figure 1 and Table 1. Insights from each phase informed the data collection objective of the next. In practice, this iterative approach involved critically analysing findings after each phase, to identify gaps or emerging findings that required further validation or warranted further exploration in subsequent phases. These built-in opportunities to validate and triangulate the data as we collected it from various participants (practitioners, young men and victim survivors), using various data collection instruments (a survey, semi-structured interviews and co-design workshops) supports the strength and rigour of the overall methodology (Lincoln & Guba, 2007).

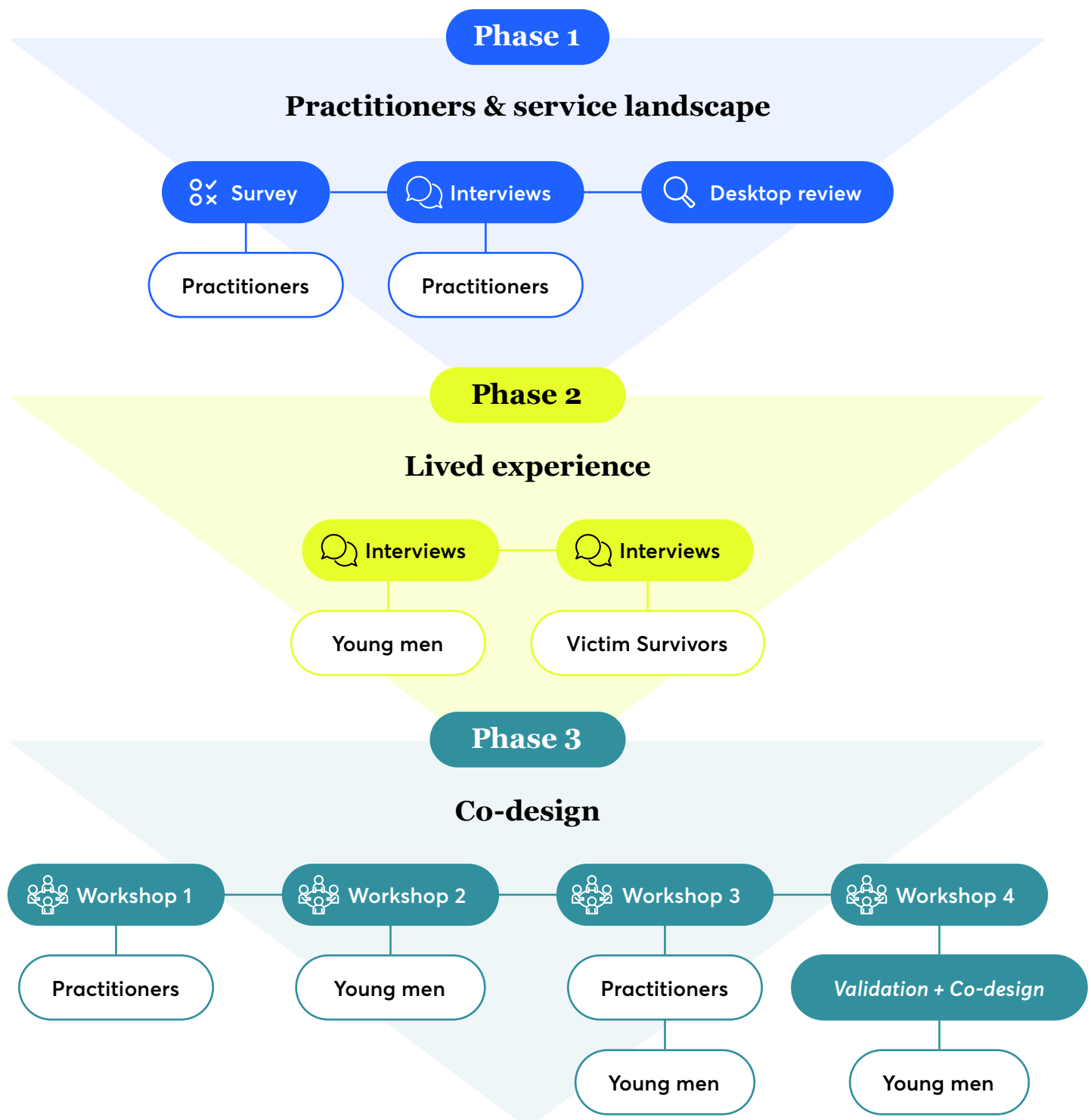





Figure 1: flow chart of phases

Aim 	Research Question 	Method/s 
Map the existing service responses and processes for engaging young men using IPV in intervention and support	1	<ul style="list-style-type: none"> <li>› Survey of practitioners</li> <li>› Interviews with practitioners</li> <li>› Desktop review</li> </ul>
Identify effective sites of intervention, specific risk and protective factors, and motivators for change to better understand what works for this specific cohort	2, 3, 4	<ul style="list-style-type: none"> <li>› Interviews with young men</li> <li>› Interviews with victim survivors</li> <li>› Interviews with practitioners</li> <li>› Workshop 1 (practitioners)</li> <li>› Workshop 2 (young men)</li> </ul>
Identify ways to engage young men using IPV, and co-design with practitioners and young men best-practice solutions for interventions with young men.	2, 5	<ul style="list-style-type: none"> <li>› Workshop 1 (practitioners)</li> <li>› Workshop 2 (young men)</li> <li>› Workshop 3 (practitioners and young men)</li> <li>› Workshop 4 (validation with young men)</li> </ul>

**Table 1: Research Aims, Questions, and Design**

Ethics approval for all phases was sought and obtained from Western Sydney University Human Research Ethics Committee [Ethics approval number: H15478]. All participants were made aware of the voluntary nature of participation, their right to confidentiality, how their data would be used, and access to support in the case of distress. More detail on safety and ethics is detailed for each data collection approach below.

## Phase One: Practitioners and service and referral landscape

### Aim 1



Map the existing service responses and processes for engaging young men using IPV in intervention and support.

### Research Question 1



What does the service and referral landscape look like for intervention into young men's use of IPV?

Using an explanatory sequential design, which employs the collection of quantitative data, which is then explained or elaborated on by the collection of qualitative data (Bryman, 2016), this involved three data collection instruments:

- › a survey of practitioners;
- › interviews with practitioners, and;
- › a desktop review.

Owing to the iterative project design, data were used to evidence other research questions and aims given the scope of the data collection in this phase.

### Practitioner survey

The practitioner survey collected data from 28 practitioners working in services across Victoria who engage young men ages 16-25 who use IPV. The questions focused on:

- › the core services they offer,
- › the location of their services,
- › the extent to which their service screens for, targets and responds to the needs of young men using IPV,
- › awareness of other services,
- › their expertise in addressing IPV,
- › practices for identifying for IPV and
- › referrals in and out of their organisations.

The wording of the recruitment was for 'practitioners who come into contact with young men ages 16-25 who use IPV'. This was purposefully broad to determine, along with the desktop review and partner consultation, whether any services specifically target this specific issue, and further to capture where these young men were engaging with services. This facilitated an understanding of the possible points of identification, referral and response.

The online survey was hosted on Qualtrics and distributed by all team and sector networks, including via regular newsletters and email contact lists and snowballing. A flyer or post about the survey linked to a participant information sheet, and to the survey which had consent information and assured anonymity.

Data was analysed in the Qualtrics platform. Descriptive analyses were undertaken on closed survey responses and open-ended questions were exported and analysed thematically by multiple team members. As per the explanatory sequential design of the project, any gaps in understanding and or insights derived from the survey were then used to inform the subsequent data collection.

### Practitioner interviews

Semi-structured interviews were conducted with nine practitioners from Victorian services that work with young men aged 16–25 who use IPV. Participants were recruited via the practitioner survey, which invited interested participants to leave their contact details, and via the existing networks of project team and partner organisations. This resulted in the recruitment of nine practitioners from Victoria from a range of sectors, including the sector working with adults using violence, AOD, youth services, youth justice, Child Protection, education, and case management.

Consistent with the explanatory sequential design of this phase of the project, the interview schedule was designed to build on and explore in more detail the responses already provided in the survey and explain in more depth their responses to the survey prompts. This was to elicit practitioners' views about the service landscape, including any gaps in service provision, challenges and opportunities engaging young men using IPV and approaches that they use to support this cohort. Practitioners also discussed what they considered to be best practice for engaging with young men using IPV, providing early insight into subsequent project phases.

Interviews lasted between 23 minutes and 72 minutes and were recorded and transcribed. The data was analysed thematically by multiple team members, guided by Braun and Clarke's (2021) six-step coding process. This involves going over transcripts line-by-line to generate initial descriptive codes, which are then compared and consolidated among team members, reviewed and expanded and/or merged into broader categories through an iterative process switching between the research questions and the data, developed into themes, defined, named and produced in the final analysis.

### Desktop service review

We undertook a desktop review to identify information on the service landscape for young men who use IPV in Victoria to bolster the findings from our partner organisations, the survey and interviews. This allowed us to 'to identify gaps [and] ... understand how a project may contribute back to a larger body of knowledge' (Victoria State Government, 2023). Using a search protocol that undertook internet searches of all variations and combinations of the terms below, we were able to scope existing services (or the lack thereof). Due to the lack of services targeted at this precise cohort and issue, we instead moved to focus more on the referral pathways between services using both the survey and interview data, and the online sources.

This allowed us to develop a diagram (Appendix 1), which illustrates some key services identified as possible destinations or pathways for young men who use IPV. This service gap is discussed in the findings.

**Table 2: Desktop review search protocol**

Young men	AND	Service*	AND	IPV	AND	Victoria
Adolescent*		MBCP		"intimate partner violence"		
16-25		Intervention*		"family violence"		

We systematically recorded the following information about all services identified from all Phase One data:

- › Location
- › Offers service for young men?
- › Offers service to specific sub-cohort of young men?
- › Offers service specific to IPV?
- › Referrals in
- › Referrals out

## Phase Two: Understanding service needs of cohort

### Aim 2



Identify effective sites of intervention, specific risk and protective factors, and motivators for change to better understand what works for this specific cohort.

Phase Two involved in-depth interviews with five young men who have used or experienced IPV (who are currently service engaged) and with four victim survivors of young men's IPV. The Victorian Government's response to family violence is founded on the twin principles of safety for victim survivors and accountability for people using violence. The voices and perspectives of victim survivors of IPV and of young men using IPV are therefore critical to understanding how to engage the cohort in behaviour change interventions, in a way that supports these goals, and in-depth interviews are an ideal tool to make sense of lived experiences.

### Research Question 2



What are the specific service provision needs of this cohort?

### Research Question 3



What are the family violence risk and protective factors, and motivators for change, specific to young men's use of IPV?

### Research Question 4



What do victim survivors of young men's IPV perceive to be key target areas for behaviour change and accountability?

### Interviews with young men engaged with a service

**'Seeking the voices of young people who use violence does not validate their use of violence, rather it aims to understand, learn and validate the circumstances motivating and preceding the violence, especially when considering gender.'**

(Rak & Warton 2022: 11)

Careful planning was undertaken during this project to identify and mitigate potential risks from research participation. Potential risks were identified and associated risk mitigation and safety protocol strategies were developed by the research team and approved by the WSU Human Research Ethics Committee, as discussed above. Priorities in recruitment and data collection with this cohort were designed to avoid escalation of IPV use or other violence, securing the safety of victim survivors, and maintaining accountability for IPV use, alongside standard practice for ethical research. Partner organisations hold obligations for family violence identification, assessment and management under MARAM.

To safely meet these obligations, and due to a lack of services supporting this cohort's use of IPV, the strategy for recruitment and data collection was designed in close collaboration with service providers and recruitment was undertaken through YSAS, to ensure young men were already service-engaged with a service with existing risk-assessment procedures. Crucially this means that we only captured the perspectives of young men who are engaged in YSAS services. As a result, the perspectives of young men within this report reflects the perspectives and experiences of marginalised young men. We know that use of violence by more privileged men is under-reported (Legislative Assembly Legal and Social Issues Committee, 2025), under-prosecuted and under-researched (Bellew, 2005) and, as such, recommend more research be undertaken focusing on privileged young men's use of violence.

YSAS provide a range of specialist youth support services and programs for young people aged 10-25 years old experiencing drug and alcohol challenges, mental health and other complex issues that are identified in the literature as risk and co-occurring factors with IPV. Coordination and planning between YSAS practitioners, YSAS site leadership and members of the research team was undertaken to develop the research materials, recruitment and interview protocols and procedures. Online training sessions for recruitment and participant support was developed by the researcher-practitioner and provided to YSAS staff.

Research suggests that people using violence are less likely to volunteer to participate in research that requires them to self-identify as a user of violence (Loeffler et al., 2010). Self-identification also requires acknowledging the behaviour even constitutes IPV. As victim survivors expressed through this research, such language does not always resonate with the target cohort (young people aged 16-25 years) and there were literacy challenges among the cohort at this service. As such, recruitment did not specifically require young men to identify their use of IPV and avoided mention of the somewhat technical term 'IPV'. Instead, potential participants were supplied with a list of IPV behaviours and asked if they had ever 'used or seen any [of the behaviours] used by other young men'. The purpose of the research was stated to be to 'understand how power and control can be used by young men in their relationships...so that we can design programs to provide support for young men who need help changing these behaviours'. Interested participants were prompted that the project team 'would like to invite you to share your opinions and/or ideas about ways that services and workers can engage with young men to stop these things occurring. If you have an opinion about what could be helpful, we would like you to be part of our research.'

The recruitment strategy resulted in five in-depth semi-structured interviews with young men, lasting between 24 and 64 minutes. The young men were aged between 18 and 23, from diverse cultural and ethnic backgrounds and from marginalised backgrounds. While the number of participants was low, this isn't surprising given the careful approach to recruitment and the strict requirements for participation, namely current engagement with a service (YSAS). However, we hope that the procedures developed in this process can be used to illustrate how careful partner-designed research can overcome the seeming impasse of ensuring the safety and support of interviewing a cohort about an issue for which there are limited specific, specialised services.

Participants recruited into this research were young people who were engaged with a range of YSAS services and programs. This ensured their access to ongoing support during and after their involvement in the research. It is noted that existing protocols and procedures for responding to family violence risk assessment and management are present at YSAS in the context of youth service delivery and program operations and in line with obligations under MARAM.

Although the young people involved in the research were experiencing a range of ongoing complex challenges (for example, unstable accommodation, and poverty) the recruitment process involved workers sharing the recruitment materials with young people who were assessed as eligible and appropriate for participation. The determination of 'appropriateness' involved an assessment by YSAS to screen for IPV risk for potential participants before they were invited to interview.

Recruitment involved approaching young people who met the following criteria:

- › Actively participating in service/program engagement, and;
- › Not currently in acute crisis or at enhanced risk (i.e. Not in a state of crisis or presenting with acute immediate needs, who were not assessed as being at high or elevated risk, not currently in AOD residential services for drug or alcohol withdrawal or rehabilitation etc.), and;
- › Participation did not risk disrupting their engagement/progress in service delivery, and;
- › Participation would not create or increase risks of harm to themselves or others.

Risk management processes were established to support the project.

Being involved in the research was a voluntary opportunity for those who were assessed as appropriate on the above criteria and wanted to share their views and opinions about an issue they felt would benefit from better programs and supports.

The semi-structured interview schedules were developed with practitioners, as well as being influenced by Phase One interviews, where we asked practitioners what they would ask young men. Interviews entailed discussion of the list of behaviours sheet, open-ended questions about the support and service needs that they believed would help them and their peers to stop using violence, and some 'story completion' or story-stem research. Story completion is a useful method to interview users of violence because it 'allows people to say things they wouldn't say ... about themselves, so it is useful particularly with topics ...which might be hard to talk about or which are taboo' (Braun et al., 2019: 138-9). Additionally, this is a good method for topics that carry shame such as use of violence because 'by doing story completion we can potentially reduce social desirability impacts, because... it takes away that personal accountability.' (Braun et al., 2019: 142).

The specific procedure for these interviews was as follows:

**1** YSAS workers participated in preparatory training about recruiting appropriately for the research, safety and the provision of support both during and following participation in the interviews. This included strict risk management considerations around safety and potential harm to participants and others.

**2** Discussions between young men and their YSAS worker.

**3** Further screening by the research team on arrival for scheduled interviews to ensure informed consent was again undertaken. Participants reminded of interviewer's obligations for reporting conduct that raised concerns for the safety of the participant themselves or for another person.

**4** Interviews were audio recorded and occurred in a private location separate to other program activities.

**5** All interviews involved the participants, a member of the research team and a YSAS worker, who was nominated as a support person by the young men.

**6** A researcher-practitioner remained on-site at the YSAS program for a minimum of 1.5 hours after each interview for optional de-briefs, and to provide further support if required.

**7** Follow-up was undertaken by members of the research team with the YSAS site in the days following the interviews to ensure all participants' wellbeing and that no concerns or safety issues were raised following their involvement in the interviews.

Given the small sample size of young men who have used IPV, several steps have been taken to ensure anonymity. The YSAS location to which the young men are attached is not reported here. There are multiple YSAS service delivery sites across Victoria. Each participant is referred to by a pseudonym. Four participants disclosed using or seeing peers/friends use behaviours associated with IPV during past relationships and one participant did not disclose whether they had used IPV. This lack of disclosure may be linked to the interview schedule, which did not ask questions about the young men's use of IPV.

The cultural appropriateness of the interviews was supported by working closely with site workers who understand and often share the cultural contexts of the young men in their services. Constant input and feedback was sought from caseworkers to design and adapt the materials and approaches used in this data collection phase.

### Victim survivor interviews

The inclusion of victim survivor voices corresponds with the feminist framework underpinning this study, which sought to centre lived experience, as a key mechanism to understanding best practice interventions for young men's use of IPV. Research has historically shown that survivors often report a benefit to participation in qualitative research (Newman et al., 1999). Participants were recruited via social media (X, formerly Twitter, and Instagram). The call for participants sought young people who had experienced IPV by a young man, while they were aged between 16-25. Victim survivors were recruited where they were no longer in a relationship with a person using violence. Four victim survivors, now aged over 18 years old, who met the eligibility criteria participated in a semi-structured interview, which lasted between 30 minutes to 1 hour and 30 minutes.

The number of participants who identified as a victim survivor was low, relative to the expected participation rate. Victim survivors disengaged at the point of receiving the participant information sheet and consent documents. These documents set out a standard approach to confidentiality (that assured anonymity) and outlined the project aims. While we cannot know why these victim survivors disengaged, comments made by two participants may shed some light on the difficulties in participating as a victim survivor in research that focuses on the user of violence. Hannah, for example, felt that the process required her to 'humanise' the person who used IPV against her:

'Yeah, I don't even mean the project like I have total faith in what you're doing. It's just like I was questioning. I was going, why haven't I ever thought about him? I've thought about intervention and prevention, but for other people. I've never thought about him because I'm like it's so difficult to, yeah, humanise him.' (Hannah)

While Hannah evidently overcame this barrier, it is feasible that others opted not to participate in this research for the same reason. Claudia also expressed trepidation in participating, though for a different reason:

'Yeah, that relationship ended six years ago, and it's only in the past, maybe a year and a half that I really started to think, "Ohh my gosh. Like, that was domestic violence". But I still... even signing up for this interview... I had that imposter syndrome being like, "Ohh, I don't really know if they will truly think it is domestic violence because I was young".' (Claudia)

Here, Claudia verbalises the disconnection between young people's experiences and the language of 'domestic violence' as found in some of the broader literature (Carlise, Coumarelos, Minter & Lohmeyer, 2022; Martin, Houston, Mmari, Decker, 2012).

Interviews took a trauma-informed approach, prioritising safety and wellbeing of the victim survivor participants. All interviews took place online, allowing victim survivors to dial in from a location that was comfortable for them. The interviewer confirmed that they were safe and able to have the discussion before explaining the purpose of the interview. The interviewer also talked through the process for data de-identification and how the data would be used. They were also reminded that they could stop the interview at any time. Interviews began with informal check-ins, and concluded with check-outs, to build rapport between participant and researcher, and to support victim survivors to feel safe and supported.

Interviews were victim survivor led and centred their agency; commencing with a conversation about words that are 'out of bounds' and words that the victim survivor would prefer the researcher to use. One participant made requests about language use, which was observed by the researcher. Participants were advised that they were not required to share their lived experience of violence, but they were safe to share whatever they liked. All disclosed some form of violence. The researcher confirmed that they had access to support services, and all confirmed that they did. Numbers for crisis services were also provided. The researcher took time to acknowledge and validate participants' perspectives and emotions, though no victim survivor demonstrated signs of serious distress.

## Analysis

All interviews were recorded, transcribed and analysed for recurrent themes drawing on Braun and Clarke's (2021) six-step process, as outlined above in relation to practitioner interviews in Phase One. This process of thematising was abductive, a method of analysis that allows for a constant balance between theorising and empiricism and 'is neither data-driven nor hypothesis-driven but conducts parallel and equal engagement with empirical data and extant theoretical understanding' (Thompson, 2022: 1411). In this project, the research questions, Phase One findings, and MARAM evidence-based risk factors and protective factors (State of Victoria, 2021) informed some deductive codes for things we needed to know based on our aims, but emergent themes informed inductive codes. The process of this was as follows:

- › At least two team members analysed each transcript in terms of the existing codes, as well as reading for emergent themes
- › Descriptive data and quotes were compiled in a shared document to respond to the existing codes
- › Emergent codes and themes were discussed among the research team and finalised through consensus
- › Descriptive data and quotes were compiled in a shared document to respond to the emergent themes
- › The themes were written up into the report in response to the three key aims of the project

In analysing how the MARAM evidence-based risk factors were discussed by participants, no new risk factors were identified, but we were able to determine how the risk factors are understood by participants and how family violence risk presented specifically for these young men using IPV.

Key insights and identified gaps from Phase One and Phase Two were then used to inform Phase Three, the co-participatory design workshops. This included a greater focus on exploring how the young men understood and talked about IPV, motivators for behaviour change; opportunities and strategies for engaging young men using IPV; and the settings and contexts for service intervention.

## Phase Three: Co-designing principles for service design and delivery

### Aim 2



Identify effective sites of intervention, specific risk and protective factors, and motivators for change to better understand what works for this specific cohort;

### Aim 3



Identify ways to engage young men using IPV, and co-design with practitioners and young men best-practice solutions for interventions with young men.

### Research Question 3



What are the family violence risk and protective factors, and motivators for change, specific to young men's use of IPV?

### Research Question 5







What would effective engagement look like for young men using IPV?

This phase particularly sought to produce recommendations regarding the resources and messaging needed to effectively engage with young men using IPV, as well as to identify effective practices that support and enable behaviour change in this cohort to underpin development of a set of best practice principles for service design and delivery. Workshops, co-design and co-created research methodologies were selected for this phase of the research to enable stakeholders (practitioners working with young men, young men themselves) to influence and shape service engagement to support behaviour change in young men IPV users (Sanders & Stappers, 2008). Each workshop was informed and shaped by earlier workshops. This iterative approach supported the project's aims to cross-validate data throughout the project.

Given that spaces for, and research about family violence interventions (including behaviour change interventions, as well as support and recovery services for victim survivors), are often adult-centric (see Howard, Hanckel, Moore, Atherton, Suppers, 2025), this co-design, multi-workshop approach was intended to recognise the expertise of young people, so that we can shape services responses which are more likely to engage young people.

The workshops engaged young men and sector stakeholders (with experience and expertise across the sector working with people using family violence, youth services, youth AOD, housing and homelessness and specialist family violence), to generate ideas and explore the research findings. The codesign workshops fostered a collaborative environment, where researchers and stakeholder participants worked together to co-create solutions. The inclusion of the perspectives of those with lived experience of IPV provided an important opportunity to validate and co-analyse the findings, so that the solutions developed through this phase in the project were grounded in reality and as such, were more likely to meet the actual needs of young people.

 <p><b>Workshop 1</b></p>	<p>5 x practitioners, policy makers and experts</p>	<ul style="list-style-type: none"> <li>› To validate and co-analyse Phase 1 and 2 data</li> <li>› Co-designing appropriate messaging and strategies for motivation and engagement.</li> </ul>
 <p><b>Workshop 2</b></p>	<p>21 x 16–25-year-old men (use of IPV unknown)</p>	<ul style="list-style-type: none"> <li>› To explore the intersectional needs of young men and validate Phase 2 findings</li> <li>› Validate and expand messaging, motivation and engagement ideas from Workshop 1</li> <li>› To explore support systems for young men.</li> </ul>
 <p><b>Workshop 3</b></p>	<p>9 x practitioners and experts and 1 x young man</p>	<ul style="list-style-type: none"> <li>› To co-analyse data from Workshop 2</li> <li>› To co-design ideal services, recommendations and principles of engagement.</li> </ul>
 <p><b>Workshop 4</b></p>	<p>7 x 18–23-year-old young men with use of or contact with IPV</p>	<ul style="list-style-type: none"> <li>› To provide feedback to participants from Phase 2</li> <li>› To validate recommendations about how to engage with and support young men users of IPV</li> <li>› To co-design ideal services</li> </ul>

**Table 3: Overview of workshop participants and aims**

All participants were made aware that data would be anonymised, with pseudonyms assigned, but also of the limits to confidentiality in workshops. In signing consent forms, participants were asked to not discuss content of workshops outside the workshop context, and content was kept purposefully abstract to avoid individual disclosures.

### Workshop 1: Practitioners

Practitioners for Workshops 1 and 3 were recruited through the project team's networks and partner/sector networks, as well as from Phase One participants. Invitations were sent out to research and policy experts, practitioners, and service providers in Victoria, working with adolescent boys and young men who use IPV or victim survivors of IPV; as well as those working with adult men using DFV who engage with men aged 18-25 years.

The five participants in this workshop were practitioners, policy makers and experts representing a range of career stages and a diversity of voices from family violence, men's behaviour change, mental health and wellbeing, youth work, and a policy and research officer. Activities were developed for participants to reflect on collated data from Phases One and Two to validate our thematic analysis, and co-develop engagement, motivation, and messaging practices for 16–25-year-old men by drawing on both the data and their expertise and experience. The workshop lasted three hours, was recorded and transcribed, and the facilitator's field notes were recorded. This was then coded and thematically analysed as per the procedure described above. These findings were subsequently summarised to inform Workshops 2, 3 and 4 and fed into the development of recommendations and principles of engagement.

## Workshop 2: Young men

### 'Co-production and co-design with young people can enhance access, equity and participation in interventions'

(Rak and Warton 2022: 4)

To gain insight into perspectives of a different cohort of young men, 21 young men aged 16-25 years were recruited through a drop-in youth service providing programs and support to primarily male migrant and refugee boys and young men. Many of the participants were first-generation refugees or recent migrants and some were second-generation migrants. Participant information was carefully designed in youth-friendly language so that participants understood the purpose of the research as well as consent procedures, including the voluntary nature of the workshop.

The two researchers who attended the workshop participated in pre-workshop drop-in activities and provided food afterwards to build rapport and show appreciation for participants' time. The workshop included videos, discussion points and activities for participants, with content steered towards abstract discussion about 'young men' or 'young men of similar backgrounds', to promote open discussion.

The workshop facilitated the exploration of participants' understanding and use of language to describe IPV, their formal and informal support systems, their thoughts on appropriate support, engagement and intervention for this issue, and relevant messaging for the group. This involved activities on messaging, reflecting on current adverts about young men's use of violence, and workshoping more appropriate messaging in small groups. Trusted community leaders, who were still in the age bracket but served as program leads, were present and participated, as well as facilitated the breakout groups. This presented both a safety net in terms of the presence of trusted community members, and some translational benefit in terms of explaining ideas from the project in more colloquial language.

The workshop lasted approximately two hours. As per the protocol followed for Workshop 1, a recording was made and transcribed, and facilitators' field notes were also recorded. This data was then coded and thematically analysed as per the procedure described above. These findings were subsequently summarised to inform subsequent workshops and fed into the development of recommendations and principles of engagement.

### **Workshop 3: Co-designing principles**

This workshop was intended to bring practitioners and experts together with young men. However, due to a struggle to find an available time that worked for young men and practitioners, we had limited success in recruiting young men. Therefore, this group of 10 participants (9 practitioners and 1 young man) was weighted towards practitioners. The purpose of the workshop was to identify the 'ingredients' of an ideal service for young men IPV users. Combining the insights developed through the prior phases of the project and the previous workshops, we undertook activities with participants, whereby they were asked to consider optimal service settings, the principles grounding appropriate service delivery and the skills and resources needed to support the cohort. The workshop lasted for three hours. The discussion was recorded, transcribed and analysed thematically so that outputs could be validated in the final workshop.

### **Workshop 4: Validation and co-design with young men**

This purpose of the final workshop was underpinned by the equality principles that underpin co-design work to validate the project findings with end users. As the potential users of these service, it is critical that young men were given a voice and an opportunity to co-design solutions. To this end the aim was dual purposed:

1. To provide feedback to the young men interviewed in Phase Two.
2. To validate the recommendations on engaging with and supporting young men users of IPV.

Seven participants agreed to participate in the workshop with two researchers and two support workers present to support the safety of participants and facilitators. Support workers were asked to facilitate, but not influence, the young men's responses to ensure the data was as unfiltered as possible. The presence of the support workers was once again an enabler in that they are trusted mentors and often from similar cultural backgrounds, as well as having reporting responsibilities. However, there is the potential that the presence of support workers shaped the participants' contributions. Ultimately, safety is considered the more important factor. The procedures for recruitment and participation in the workshop, followed the strict inclusion criteria that was used for the interviews with young men in Phase Two.

To support engagement with this group of IPV users, the workshop was activity-based and designed closely with practitioner-researchers and site-based practitioners. The group lasted for approximately an hour, was recorded, transcribed and analysed thematically using NVivo, with the same procedures as above.

## Limitations

There were several limitations to our research design and process. A key limitation was that young men participants were all from marginalised backgrounds, and most young women indicated that the users of violence they were discussing were from privileged backgrounds. An important next step would be to explore these questions with more privileged young men, and a different cohort of young women. The sample of young men in Phases Two and Three were very specific due to the demographics serviced by our partner organisations. It was a necessity of a project of this nature to ensure participants were service-engaged. This meant that the insights generated are specific, but can to some extent be mitigated by cross-validation with other participants and phases, including the insights of practitioners, who work with very different demographics and were able to validate or challenge some of the insights we had generated.

The sample of practitioners cannot be described as exhaustive or representative. There is no way to determine all service providers across the state in lieu of a database of this information. Additionally, we took a convenience sample owing to the difficulty of generating responses from busy service providers. Future research could focus on specific types of service providers and attempt to recruit an even spread across provider types and demographics of service user.

The small number of young men who have used IPV and of victim survivors also limits the generalisability of the findings. Future research warrants continued study with these cohorts.

**Chapter 3:**

**‘A referral with no hope’.  
The service landscape for  
young men using intimate  
partner violence**



## Chapter 3: ‘A referral with no hope’. The service landscape for young men using intimate partner violence

Survey responses, interviews and co-design workshops with practitioners working with young men using IPV revealed the significant service gap that exists in Victoria for specialised support and intervention for young men who use intimate partner violence.

### Aim 1



Map the existing service responses and processes for engaging young men using IPV in intervention and support

### Research Question 1



What does the service and referral landscape look like for intervention into young men’s use of IPV?

### Lack of specialised services

Among all of the practitioners who responded to the survey (n=28) or took part in interviews (n=9), none identified their specific sector held roles or worked in services that were specifically designed with the core business of interventions for IPV use among 16–25-year-olds. All worked in roles with some level of responsibility for the identification and/or assessment of family violence, underscoring the importance of this shared responsibility under MARAM. Practitioners worked in other family violence response (n= 9 MBCPs, n=3 AVITH) or in the youth sector in non-family violence services. Aside from MBCPs and AVITH workers, all other respondents engaged with this cohort incidentally as part of their role in a service with a primary purpose other than family violence response. These were:

› Youth and family services	2
› LGBT family case worker	1
› Youth refuge	1
› Mental health	2
› Education	6
› Corrective services	3
› Asylum seeker services	1
› Court services	2
› First nations family violence and mental health services	1
› Alcohol or drugs	1
› Healthy masculinities prevention program	1

**Table 4: Sectors of practitioner respondents**

An important caveat here is that the bulk of these people work with marginalised young people. Practitioners shared that while some services provide targeted supports for young people, these tended to focus on a different presenting need, such as homelessness. Survey responses reflected that ‘There aren’t any [services] fit for purpose’; ‘Specifically for this age, appropriateness of available courses, I consider to be lacking.’

Some practitioners were concerned that services whose primary context is not family violence, may not apply an appropriate family violence lens when working with people using IPV. The lack of youth specialists and psychologists with family violence, IPV and behaviour change knowledge is a sector-wide deficit and a critical missing resource to intervene with young men using violence in early relationships. In discussing their experiences, many highlighted how under 18s were often referred onto psychologists. Consequently, practitioners like Elizabeth worried 'I don't know whether they [psychologists] have that family violence lens in the work.' Janice (an AVITH specialist) supported this saying that when 'referring into mental health support ... I don't know whether they'd be able to have the same family violence lens that we would have'. AOD youth worker Hung stated that 'the supply is very scarce and the demand is massively high' for psychologists who can attend to the complex needs of his clients as well as IPV. Likewise, Ben reflected 'when I sort of think about okay within those Youth Services, is there specialised family violence workers? No...There's a gap in particularly for, you know, 16 to [...] 18 more specifically.'

Where services do target young people's use of family violence, they usually targeted young people's use of violence in the home rather than IPV. While our sample of practitioners was in no way exhaustive or representative, our desktop service review also found only a very small number of specialised services in Victoria targeting young men using IPV. Meli delivers a MBCP for young men aged 18 to 25, tailored to meet the specific needs of this cohort by discussing topics such as countering harmful online content about masculinity and technology-facilitated abuse (Helps et al., 2025). Other than these programs, most search results provided information about AVITH services intended for young people using violence towards their parents, siblings or other family members.

**AOD youth worker Hung, who has clients using IPV, described that 'we have agencies wanting to team up with us. I can't say the same for family violence services, like I've never experienced, you know, a team of workers [where it's] "Hey, we've been funded to interact". We have partnerships with recreational. We have partnerships with detoxes. We have partnerships with the council, job services, Centrelink. Not once have I ever heard of a partnership in behaviour change. "We're looking for young people, bring them to us", you know, like that that would be nice.'**

Search results also provided information about services for adult men. There was also a small amount of information about victim survivor support for IPV in this age group, including suggestions to contact Safe Steps and 1800RESPECT. Other search results included information about family violence support services, support services for young people who have experienced sexual assault, and youth-specific mental health services. While there are several mental health services available to support people aged 16-25 years in Victoria, there is a lack of tailored IPV services for this cohort. We thus identified that a significant proportion of responses to young people's IPV involves non-family violence specialist services. This approach recognises that IPV and family violence is often identified through engagement with community, health and social services more broadly. For example, Frontyard Youth Services provides integrated support for young people at risk of or experiencing homelessness, targeting needs in relation to health, legal services, and employment. Yet, a high proportion of young people accessing the service (45% of young women and 26% of young men in 2020) do so because of their experience of family violence victimisation (Corrie & Moore, 2021).

Appendix 1 shows that the existing service landscape lacks support and intervention tailored for 16-25-year-old young men who use intimate partner violence. It highlights that the current service landscape is instead made up of:

- › Services that offer referral only.
- › Youth/Adolescent services without IPV intervention focus.
- › Services for GBTIQ+ men only.
- › Services for 18+ men only.
- › Services with neither a focus on youth services nor on IPV intervention.
- › Private practitioners, who are not guaranteed to have family violence specialisation.

While services are currently responding to the needs of young people using IPV, given there is not currently funding to support this work, these providers emphasised the limitations of engaging in this work. As one youth worker in Workshop 3 stated, 'youth services [...] already run on sticky tape and glue', while an AOD youth worker stated that for his service, 'the massive thing is resources'.

Another key theme was that many practitioners worked with very specific groups of men, such as First Nations young people, young people from refugee backgrounds and young people with disabilities, low literacy and / or a range of needs including complex trauma, alcohol or drug use, and/or housing/homelessness. As emphasised in the literature, practitioners felt that generic group work would not be appropriate. Practitioners working with highly vulnerable young people using IPV, who also experienced insecure housing, alcohol or drug use and low literacy who were also using IPV, were concerned services were not able to attend to all these co-occurring needs and risks.

In addition to the lack of specialised services for young men's use of IPV, there is a lack of focus on building capability to respond to the issue across the broader response system. Where there is training to build capability to respond to users of violence, young people using violence are often missed. Dave, a specialist education health worker, said 'I have had some training, particularly in working with perpetrators, it's not perfect training because it's not specific to young people and I haven't had any training specific to young people.'

## Limitations of non-age-tailored adult MBCPs

A clear theme from the surveys and interviews with practitioners and young men was that there are limitations in the suitability of non-age-tailored adult MBCPs for young men, particularly those at the lower end of the 16- to 25-year-old age range. Three main limitations were identified:

1. young men can be intimidated by older men in MBCPs
2. young men often have therapeutic trauma support needs that MBCPs may not have capability to provide
3. MBCP content and discussions may not be tailored to young men's developmental needs and life stages.

Despite these limitations, there was recognition that program suitability should be determined on a case-by-case basis because young men's contexts can vary significantly, and some may benefit from learning from older men in group programs. These limitations however indicate that young men may not benefit as much as older men from non-age-tailored MBCPs, emphasising the need for tailored services for young men who use IPV.

Kyra, a MBCP practitioner and youth in-school prevention worker, explained that young men may be intimidated by older men in non-age-tailored MBCPs and that it could negatively impact their engagement and participation:

'I do think that being in a group with older men could be daunting for young men. I think that potentially it might mean they are less likely to speak up. They're probably less likely to challenge the older men. They're probably less likely to say what they really think. They might feel a little bit more uncomfortable, a little bit more intimidated, potentially because of the age of the other men.'  
(Kyra, practitioner)

Program content and subsequent discussions in non-age-tailored, adult MBCPs can lack suitability for young men who are often at different life stages to other men in their programs. As a result, young men attending these programs can feel uncomfortable and disconnected from the motivations for change which older men identify with. As highlighted in existing literature, these motivations for change are often regarding contact with children and/or re-establishing relationships with partners (Gray et al., 2016; Meyer, 2018).

Some insights in this regard can be gleaned by Ahmed, who reflected on his experience of an online MBCP. Ahmed shared that he struggled to participate as a younger man due to the differences in life experiences:

'The men's behavioural change program and stuff like that... that doesn't really help me..... they're like older men and I'm not really comfortable talking to them about my problems. And I'm sure if I was to talk about my dad, they wouldn't want to hear it. But they talk about their kids and they don't even understand what they're doing. They just care about their wives and what's going on with that.'  
(Ahmed)

Despite these limitations, it was also identified that young men can benefit from learning from older men in MBCPs. When asked about whether there was anything he finds 'particularly helpful' about MBCPs, Ahmed shared:

'Yeah, I guess. Some people talk, I don't know, when some people talk like just speak better, you can listen, just speaking from experience you can sort of relate to trying not to be in that position.'  
(Ahmed)

Practitioners identified there can be large variance in context and subsequent program suitability of young men in the 16- to 25-year-old age bracket, especially when considering IPV use within a developmental lens. This suggests that a one-size-fits-all approach would not be appropriate and a range of service options should be available. There can be 'vast difference in maturity between boys of 16 and men of 25 [thus] it would be on a case-by-case basis' (Survey respondent). Others agreed:

'I am not sure our mainstream group would be suitable for a 18 year old ... maybe case management or one-on-one sessions' (Survey respondent, MBCP practitioner)

Although MBCPs recognise how traumatic experiences interact with gendered and other structural drivers of violence, they typically have limited capability to deeply address complex trauma (Helps et al., 2025). Practitioners in our research highlighted that, while many adult men who use violence have trauma support needs, young men often have particularly significant trauma support needs. Isy, a family violence counsellor who has worked with young men in corrective services, suggested that for young men:

'You need to talk to them about some of the trauma that they've been exposed to and ensure that they're being supported. To address some of that trauma before sort of engaging within a program that might address their offence.' (Isy, practitioner)

## A Referral with no hope

**'It's like a referral with no hope, if you know what I mean.'**

(Dave, mental health practitioner)

Due to the lack of specialised services for young men using IPV, and the limitations of non-age tailored adult MBCPs outlined above, young men are falling through cracks in the system and are unable to access services to support their needs. Practitioners emphasised during interviews and surveys that appropriate referral options are not available, which subsequently leads to poor service experiences for young men using IPV. This lack of service response increases the risk to victim survivors:

'I am unsure of a good option [for referral]. [The services] I am aware of ... I don't think they are the ideal referral'. (Survey respondent)

The lack of specialist services for this cohort means that boys and young men using IPV, particularly those under the age of 18, are often 'bouncing' around a service system designed for adult users of violence. Ben, who works with young men involved with the justice system, outlined how young men using IPV can bounce between referral services without a clear destination:

'I don't think there is anybody that's in this sort of type of role. And I mean within courts, there are case workers and respondent workers. They might be more of a sort of triage type role, ... MRS it does the phone counselling [for over 18s], you've got the Orange Door services, who again they could be more of a like a triage type service where they could, you know, briefly engage with the respondent but then look at it again sort of referring them on. Yeah, obviously there's counsellors, but I don't know whether ...does that mean that specialise within the, you know, through a family violence lens?' (Ben, practitioner)

MBCP practitioners interviewed stated they do occasionally receive referrals for young men under the age of 18. These practitioners and programs are subsequently put in a precarious situation, wanting to support the young men who are referred, but knowing they are ineligible for conventional MBCPs, while being aware appropriate tailored services are not available. Some practitioners indicated they would provide a referral back to the Orange Door, while others advised they wouldn't want to provide a referral unless they know the service can meet the support needs of the client.

'...that cohort, it wouldn't really be a referral ... I'm not referring them on just because that's the kind of process and I don't know where I would send them actually if it wasn't for a Men's Behaviour Change Program'. (Drew, MBCP practitioner)

While some young men bounce around the service system, unable to find an appropriate service response, others are simply 'falling through the cracks'. The lack of appropriate service responses means the response system is failing these young men, missing a critical intervention opportunity which could change the trajectory of their behaviour and use of violence throughout their lifetime. The system is also failing the large number of victim survivors who are at increased risk because an appropriate intervention isn't available, which includes current and potential future partners and children.

**Chapter 4:**

**Understanding family violence drivers, risk factors, protective factors and motivators for change for young men using IPV**



## Chapter 4: Understanding family violence drivers, risk factors, protective factors and motivators for change for young men using IPV

### Aim 2



Identify effective sites of intervention, specific risk and protective factors, and motivators for change to better understand what works for this specific cohort.

### Research Question 3



What are the family violence risk and protective factors... specific to young men's use of IPV?

### Research Question 4



What do victim survivors of young men's IPV perceive to be key target areas for behaviour change and accountability?

Interviews with victim survivors and young men, as well as interviews and surveys with practitioners, offered insight into how gendered drivers, risk and protective factors play out in 16–25-year-old young men to offer insights for intervention. Since we spoke with victim survivors and those who have used IPV, in this context risk factors refer to the factors that indicate seriousness of IPV through an assessment of risk, and the level of harm that IPV poses. Our data does not allow us to determine what factors make someone more likely to use violence in the first place but it does shed light on factors that reinforce violence and on IPV behaviours that increase risk. Understanding family violence risk is crucial to support victim survivor safety, to identify target areas for intervention and validate risk assessment for young people victim survivors and users of violence.

In meeting its aim of understanding family violence risk for young men using IPV, this study was limited by the sample size of young men using IPV and because the young men who did participate were from more disadvantaged or marginalised backgrounds. However, in contrast, the victim survivors generally spoke about the IPV they experienced from young men from more privileged backgrounds. While similar patterns emerged, as discussed below, findings should be read and understood with this caveat in mind. The difficulty of recruiting young men from more advantaged backgrounds for this project emphasises how the violence of privileged men is often obscured. These men were less likely to be involved with a service, despite their use of violence, and thus fell outside of the recruitment strategy which prioritised active service-engagement to maintain safety of victim survivors. This reflects the broader skewing of data that tends to capture only that of marginalised men who may be more likely to come into contact with the justice and broader service systems, often due to hyper-surveillance (Legislative Assembly Legal

**'Family violence behaviours are produced by a complex relationship between a perpetrator's thoughts, emotional responses, social learning and cultural factors. These can be challenging to distinguish from one another. None of these factors excuse the use of family violence.'**

(State of Victoria, 2021: 26)

and Social Issues Committee, 2025). Men from more privileged backgrounds are often able to conceal their use of violence or access private supports that obscure their violence from the service system (Safe and Equal, 2024), a premise borne out in the conversations with victim survivors discussed below. Future research, with larger sample sizes should unpack these questions further.

Further, despite considerable international literature on risk factors for family violence, this evidence typically adopts an adult lens and fails to explore risk factors unique to young people (Sheed et al. 2023). This research goes some way to responding to this gap. Though the small sample size reduced the likelihood that new factors would emerge, it did confirm the core elements of gendered drivers of violence. Some risk factors also remained consistent with the existing evidence base, though may present differently in the lives and behaviours of young people. Protective factors, unique to young people, were identified and are presented here.

## **Gendered drivers of violence**

It is well established that 'family violence is a deeply gendered issue rooted in structural inequalities', (State of Victoria, 2021: 25). The gendered drivers of violence are well recognised in the literature (Our Watch, 2021), and indeed, practitioner and victim survivor participants in this study articulated the gendered drivers of violence in similar ways to victim survivors of youth IPV in a recent Tasmanian study (Hobbs, 2022). All victim survivor participants felt strongly that the violence used by their former partners was driven by problematic gendered beliefs and gender inequality and practitioners described gendered 'embedded belief systems' as drivers. For victim survivors, the young men's views about gender inequality were the result of learned behaviour. Traditional gendered beliefs and attitudes were also described by practitioners as a barrier to accountability:

'Fixed and harmful ideas of gender roles make it difficult to engage young men to be reflective around their use of violence. Often this lens has not been offered to them before and they will justify, minimise and disengage from any engagement that requires being accountable in any meaningful way.' (Survey respondent, practitioner)

These gendered 'belief systems' should be targeted areas for behaviour change and accountability, as they are for adult men, although as described below, they play out in specific ways for younger men and may present differently across different cultures.

## Impacts of family

In unpacking the place of gender, some victim survivors reflected that 'traditional gender roles' were adopted in the family context more broadly, which reinforced unequal gendered ideologies and eventually, violence:

'His parents were together and like... I think they had a good relationship. But ... it was very much like, traditional gender roles in the relationship, where Dad worked and mum did all the cooking and cleaning and like, raising children. And their Dad was like, a little bit controlling. Like, he was very lovely. But yeah, definitely controlling over his wife, a little bit, and definitely his kids.' (Lily)

Practitioners in interviews and workshops agreed that learned belief systems about relationships often became entrenched through the values of families of the young men using violence:

'I find that a lot of that comes down to embedded belief systems about what relationships look like. I find very much that it's systemic. So it's something that has been within their family unit. And that's something that they've grown up with, that's something that's been normalised to them and it's a really difficult cycle to break.' (Isy, practitioner)

Janice, an AVITH worker, reflected that she has often observed push back around coercive control justified by a young man's specific traditional cultural gendered norms where 'that's just being the man of the household. So, you know, culture and gender, you know, often have this big explosion.' Therefore, her observations are:

'...the cultural context is the bigger difference than age. A lot of the age that attitudes are much the same, you know, but it's whether you feel that you, you know, this is part of my identity that I'm in charge of women. And I can do what I want.' (Janice, practitioner)

Likewise, Kyra who was a family violence counsellor but had also worked in youth justice said:

'...even though generationally, things are very different now, we still have young men that will come to us and be like "but Dad went to work and mum cooked dinner and look after looked after the kids. Like, isn't that just how it is?"' (Kyra, practitioner)

### Impact of male peer relations

Friends and peer groups were also identified by victim survivors as a site for reinforcing gendered stereotypes and an acceptance of violence. Hannah shared that the friends of the young man who used IPV against her were also 'accused of some things'. She said that the peer group of young men would invite young women they met on dating apps to parties or gatherings and 'treat them really weirdly... like for fun...[to] make them feel really uncomfortable'. She reflected that for her, the young man's friends created the context for the violence to occur, and reinforced the violence:

'To me, [his friends] are my rapists. Like, it's not [just] him. I wouldn't be here if not for them, because they enabled it. Like, 100 percent'. (Hannah)

When the friends did find out about the young man's use of violence, instead of intervening, 'everyone just squashed it, and you know, helped him and denied it'. For Hannah, the whole peer group needed intervention into their support for violence:

'I think, first and foremost, it's not just him that needs it. It's like... the group needed [intervention].'  
(Hannah)

Hannah clearly expresses how sexism and patriarchy can drive violence, and the role of peer support at times allowing violence to manifest. Claudia shared similar experiences. For her, the friends of the young man using violence were complicit in their silence:

'There were a lot of times where things would happen in public, and it wouldn't be challenged. Like, whether it's yelling or swearing, and his friends would just stay quiet.' (Claudia)

One victim survivor participant, Lily, also discussed the interaction of sexism and racism among the friendship networks of her former boyfriend:

'[They] were like a little bit sexist, a little bit racist and like... that they said in front of a woman of colour, like, I can't imagine what they were saying behind closed doors.' (Lily)

The displays of racist sexism by these young men that were described by Lily emphasise the role of and inter-connection of other forms of oppression – including racism, colonialism, ableism, homophobia and transphobia – in driving family violence.

### Young men's masculinities

Throughout the project, there was generally consistency in terms of underlying masculinity norms that underpin gender inequality, but these manifested differently according to the backgrounds and contexts of different young men. For the more privileged men who the victim survivors spoke about, for example, these norms may be more hidden and take form in more covert ways. For example, some young men who used violence had different views about gender equality in principle and in practice, or in public versus private. For example, Nadia shared that at the beginning of the relationship she perceived the young man using violence to be 'very progressive', 'very smart' and 'very supportive'. Yet, over time, she witnessed attitudes and behaviours that conflicted with this view. In particular, she observed the young man being 'resentful' of his mother, who worked in a senior position in her field, for not being 'at home doing things for him all the time'. Eventually, he expressed more extreme views about women and public life, including about 'the pay gap not being real', and misogynistic comments about her friend group:

'So he had views that came out ... about my friends like, slut shaming of my friends. And all that kind of stuff...like "they're not very smart" and "she gets around a little bit".' (Nadia)

Nadia pushed back on these views: 'and me [in response] just being like, are you cooked? Like, you're supposed to be smart'.

This evokes the notion of 'hybrid masculinities', in which men adopt a progressive performance of masculinity that can sometimes be part of strategy (often implicit) to maintain masculine power (Bridges & Pascoe, 2014). This may be facilitated by the access to cultural capital that more privileged young men enjoy, through which they know the 'right things' to say to be socially accepted by progressive young women, even where those views were not truly internalised or held by the young men. There are different kinds of 'cultural capital' required to fit in, depending on environment and context. For the service-involved young men in our research who were not as privileged, the way their masculine norms presented included much more about overt displays of strength rather than the examples described by Nadia above. For example, for them, not appearing 'weak' or 'vulnerable' was part of their peer dynamics and was also a matter of survival, in the face of community violence. As one participant explains:

'If you were to walk around looking sad or looking scared, and someone looked at you from the streets they'd try and take your stuff almost because the way they see it is like... "Why scared? Do you wanna be scared? We'll give you a reason to be scared."' (Dean)

Across both groups, the explicit articulation of 'traditional' gender roles may have varied, but all were influenced by social media, influencers, peers and family. Kyra outlined how while 'some of them had some belief systems about women and maybe they were disrespectful belief systems about women or particular roles that women should have', the way it manifested for young men she had worked with was:

'much more than that...it was about what it means to be a man. And it was about masculinity and status and being the alpha dog' (Kyra, practitioner)

Practitioners identified the influence of far-right, misogynist social media commentators, who are influential across all groups of young men and resulting in a renaissance of the acceptability of expressing misogynist values among young men (Roberts, Jones, Nicholas, Wescott & Maloney, 2025):

'He's 21 years old and he is listening to people like Andrew Tate on Facebook and TikTok, so, like, right? Well, that's where he's learning it from, you know, so there's this whole new whole new world of teaching men, these kinds of things as well that we could potentially interrupt.' (Kyra, practitioner)

Gendered drivers of violence also were identified in the young men's internalised social ideals about what it means to 'be a man in the bedroom'. For example, some victim survivors noted that:

'But with intimacy, I think it did like there was something there that was like, I am weak if I can't last long [during sex]... So yeah, there was something with intimacy where I feel like he had internalised those kind of toxic patriarchal beliefs.' (Hannah).

'So I do think it was accepted in the peer group to have sex with as many people as you can and yeah, that was an objective, I guess for a lot of them'. (Claudia).

## Contexts for the use of IPV by young men

In line with the existing evidence, the interviews with victim survivors, as well as with young men and practitioners, revealed that young men often used IPV against a backdrop of their own histories of victimisation, use of drugs and/or alcohol and poor mental health. The latter two contextual factors were also linked to behaviours by the victim survivors, where the young men who used IPV against them weaponised mental health language against them to control and coerce them, or the IPV escalated in the context of drug or alcohol use.

### Histories of violence and victimisation

Victim survivors noted that young men using violence may have their own histories of victimisation, including resulting from the family violence used by a parent or carer. This can include being directly targeted, having witnessed violence toward another family member, such as a parent, and being exposed to the effects of violence (State of Victoria, 2021).

Some victim survivors relied on their perception that violence might be occurring in those relationships. For example, Nadia reflected:

'He didn't have a good relationship with his dad at all, and I think that is a big part of it. I wouldn't be surprised if his perpetration is somehow related to watching some kind of potential perpetration from his dad as well. Like, his dad was a very angry "flew off handle" all the time kind of person. So, I think it was a little bit of a cycle.' (Nadia)

Fathers were cited by victim survivors and practitioners as a role model through whom violence was learned:

'And his father...like, you can tell where he gets the violence from. (Hannah)

'His dad was like, a very angry kind of man as well.' (Nadia)

The young men's histories of violence and violence victimisation were also noted by practitioners as common and linked to emotional dysregulation:

'Because Dean hasn't had a lot of experience with love in general, he was taken away from home, from mum and dad at early age. Dad was violent and him and his siblings were taken away from the early age so that you know that general love that you know we all experience as children. I guess that didn't get to get developed' (Dean's support worker).

'Most young people in relationships in their adolescence are, let alone young people that have I guess delays or underdeveloped emotional, you know, coping, you know, like undeveloped emotionally in general and also, I guess exposed to intergenerational family violence, domestic violence. But I guess for me it comes down to just, I guess the ability to regulate.' (Hung)

A history of experiences of family violence was also raised by the young men themselves. Daryl, in discussing a story prompt about a fictional couple named 'Jack and Sarah', shared:

'Of course, you gotta think about like just previous family history, like, you know, potentially can think of his own parents, he could have been exposed to that environment as well. And it's somewhat normal for him.' (Daryl)

Young men's experiences of violence are also implied in what Neel says about the neighbourhood he grew up in and his social circle of friends:

'Yeah. I'm thinking back to when I was younger how we grew up. Most of them were probably troubled kids.' (Neel)

These findings are consistent with evidence that suggests adult-perpetrated violence against children and young people is a significant risk factor for youth IPV, and for adolescent violence in the home (Royal Commission, 2016; Campbell, 2022). They also reflect the experience of forms of structural violence across these young men's lives, including poverty, marginalisation and disadvantage. Research in the AVITH context has shown that experiences of, and exposure to, family violence in the home is associated with the normalisation of violence, including that violence can become understood as a legitimate mechanism for conflict resolution (O'Hara, Duchscher, Beck & Lawrence, 2017). This suggests that young men using IPV require trauma-informed and skills-based responses to support their communication skills, and to develop non-violent, healthy alternatives for conflict negotiation skills, and emotional regulation capabilities, which we discuss in more detail in the next chapter.

## Mental health

Mental health challenges were identified by the victim survivors and practitioners as a context for young men's use of IPV. Additionally, victim survivors linked mental health to the controlling behaviours of young men (discussed further in the section below). This established the person using IPV's mental health, as both a risk factor and the context for their use of violence.

The young victim survivors we interviewed suggested that a lack of 'confidence' and 'sense of self', along with 'body dysmorphia', were indicators the young men who abused them were struggling with their own mental health. They felt that the young men 'hated' or 'didn't like' themselves:

'He just had no sense of self. Like he had no confidence in himself... The more that our relationship developed, I feel like the closer I got to seeing like the person that he was, umm, I realised that he didn't like himself.' (Nadia).

'Like he was deeply insecure, like would beat himself up if he wasn't going to the gym like 7-8 times a week like was so strict on his diet. And I think like just had, like, body dysmorphia as well... So, like very mostly like had a six pack and would call himself fat and, I think he just genuinely hated himself and was insecure'. (Lily)

Practitioners agreed with this describing that 'mental health, substance abuse and then, you know, maladaptive behaviours would just go hand in hand' (Drew, practitioner) and that 'mental health, drugs and alcohol; generally, there can be a bit more of an overlap with the younger people' (Elizabeth, practitioner). This led practitioners to suggest that services need to address the co-occurring issues that also increase IPV risk:

'it actually needs to be a bigger cohort of people that work with these young people, I think in multiple different ways, so you'd have like, you can have your case management side of things. Your mental health side of things. Yeah. AOD side of things and be really collaborative around like whatever they need.' (Kyra, practitioner)

However, as noted, the victim survivors expressed how the young men using IPV would weaponise their own mental health issues to justify and/or excuse their abusive behaviour. Claudia spoke about how her former boyfriend used threats of suicide to trap her in the relationship and to keep her focus on him:

'If I stood up for myself, he would do the whole "I'm a shit Boyfriend... I should just go kill myself". Then when we would go to bed and we would like almost be asleep and he would say something like "I'm gonna... I'm gonna take my keys and I'm going to drive my car off the freeway" and then that would make me become distressed.' (Claudia)

This behaviour, an extreme form of controlling behaviour (Fitzpatrick et al., 2022), was repeated across the relationship. Claudia felt that this behaviour was an exercise in gaslighting:

'I would go like, find his keys to hide them or like, fall asleep with them, and then he would make me feel like I was crazy. Like, I guess gaslight me into... I guess getting a rise out of me and making me feel like I was crazy for wanting to prevent that from happening.' (Claudia)

Claudia encouraged him to seek mental health support, and when he eventually did, only at her urging,

she felt that this was tokenistic:

'He chose an old man [psychologist] and I think he knew that choosing that type of psychologist he wouldn't get along with them and that he could at least say "Oh, I tried"'. (Claudia)

She continued:

'I think that he saw his behaviour as a product of his mental health and that's how he dealt with it.' (Claudia).

Nadia similarly shared that she had "begged" her then boyfriend, who was using IPV, to seek mental health support:

'I begged him to go to therapy. Begged him. Begged and begged him. He went twice and then he came back and told me that his therapist told him that I was the source of his anxiety.' (Nadia)

In the end, engaging with mental health support simply gave him new tactics and more language to weaponise against his victim, and evade responsibility for his own actions. This demonstrates the importance of practitioners who interact with young men who use IPV adopting a family violence lens to avoid collusion.

## Alcohol and drug use

The intersections between IPV and harmful alcohol and drug use was raised by practitioners, and victim survivors. This was also raised by the young men who participated in this research, who were receiving support for a range of complex issues, including harmful substance use. Common across the narratives included the recognition of alcohol and drug use as context for the use of violence as well as exacerbating IPV:

'I mean AOD and mental health is yeah, very common, I would say. Um and yeah, obviously escalates things um but as we know these values and thoughts and expectations are all, you know, sort of simmering below the surface, so not even below the surface necessarily. But then, you know, amplified by drugs and mental health.' (Elizabeth, practitioner)

In a discussion about his friends' use of threats of violence towards the new boyfriends of their ex-partners, Greg stressed that this behaviour was more likely, or indeed 'common', when drugs were involved:

'... If you're on drugs, yeah, this is about 80, high 80s percent common.' (Greg)

For all the victim survivors in this study, drug and alcohol use was reinforced by peer groups, and understood to be linked to and underpin family violence risk. This aligns with the evidence that harmful drug and alcohol use is a risk factor for family violence and is linked with an increased risk of serious harm including homicide (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022; Spencer & Stith, 2020).

Lily felt that the friends of her then boyfriend (who was using violence) were encouraging his drug use. Nadia similarly noted the negative role of peers in supporting the drug use of her abusive former partner: 'He didn't often participate in drugs, and when he did, it was never with me. It was with his mates.' Claudia said that her perpetrator's friend group 'all partied and did drugs and had a lot of girlfriends'. Hannah agreed, noting that her perpetrator used 'blackout level drugs'.

Nadia said that even though her abuser did not drink 'too much', she shared that 'one of the bigger incidents [they] had, he was under the influence. And he was just fucked. He was cooked'. Hannah agreed, stating that alcohol would 'bring out the worst of him'. As Claudia surmised:

'I guess the rhetoric, as well that when you drink your inhibitions are lowered, which I think becomes a bit of a scapegoat for young men to do things that are harmful and have a way to get out of it afterwards'.

The young men recognised that alcohol could function to exacerbate violence in general:

'He's fine until he's drunk. And like you can get him with you, and he will seem like he just wants to have your time. But when he's drunk, he just wants to just kill everyone.' (Greg)

Some young men, like Ahmed, also identified drug and alcohol use as a contributing factor to the context in which violence was used or reinforced. Similar to the victim survivors' accounts, Ahmed said it was important to have a social network that did not encourage substance use, particularly in the context of support seeking:

'You have good friends you can speak to who won't offer you drugs and stuff.' (Ahmed)

## Narratives and behaviours of violence

The victim survivors who participated in this study shared that the violence used by young men in their relationships posed significant risk to their safety and wellbeing. These formed a pattern of coercive control. Since the young men were not directly asked about their use of violence, there is not a lot of detail in their accounts of their own behaviours, but monitoring girlfriends or ex-girlfriends (including on social media), jealousy and verbal abuse were identified as present and risk factors for the escalation of IPV among the young men or their peer groups. Further, narratives expressed by the users of violence (either the young men themselves, their friends or the ex-partners of the victim survivors) aligned with those that shift blame for violence away from the person choosing violence and onto the victim survivor. These narratives can form part of the pattern of coercive control underpinning the IPV.

### Behaviours of violence

All of the violence experienced by the victim survivors was underpinned by emotional abuse and controlling behaviours, consistent with the contemporary understanding that family violence is a pattern of coercive control, established through a range of abusive behaviours over time.

**'coercive control is the dominant strategy men choose to subordinate female partners in personal life'.**

(Stark, 2009: 1510)

Victim survivors all highlighted a range of tactics of coercive control used by the young men using violence in their life. The former partners of the victim survivors sought to isolate them and to monitor them in social situations. These behaviours formed part of the pattern of coercive control and are also risk factors for violence. Victim survivors reflected:

'Even though he would go out, like, clubbing with his friends all the time, and that was fine, if I wanted to go out clubbing, he'd get annoyed. Or he'd wanna come with me. And then, like, at the club, he would be absolutely miserable. And just like "I wanna go home. Like, can we go home?"' (Lily)

'And then there was really, there was a lot of, like, just shaming and blaming of me generally for having any male friends. And encouraging me to isolate myself from them.' (Hannah)

Despite their extremely different social contexts, this finding was consistent between the victim survivors and the young men interviewed. This exchange with Dean illustrates that he has seen control escalate when girlfriends are out or talking to other men:

**Dean:** 'So sometimes, like if the partner is talking to a male, it could even be their friend or someone they've known for a long time and like. They'll be talking to them and the partner will be like, "Who's that? Is it like somebody trying to talk to?" And they'll be like, "No, it's friend." And then it just spirals.'

**Interviewer:** 'And how does it spiral?'

**Dean:** 'The partner just thinking that. Like. The female is talking to people when she isn't. She's just trying to talk to her friend ... And then that's when the guy just like basically just logs into her social media and stuff like that.'

**Interviewer:** 'What do they do when they look into the social media?'

**Dean:** 'Start arguing half the time, probably.'

Technology played a significant role in the narratives of the young men interviewed, particularly as a tool for monitoring and stalking behaviours. However, consistent with recent conceptualisations of technology-facilitated abuse and violence, it is important to note that while technology can make harm possible or easier to carry out, it is the individual who remains responsible for the harm, not the technology itself (Mitchell et al., 2025). Research participants confirmed that for younger men, technology has 'become an integrated part of youth IPV victimization and perpetration' (Øverlien et al., 2020: 803). This integration was evident in participant accounts:

'Some of them [the behaviours listed on the sheet provided by interviewer] were pretty normal after being in a relationship with (girlfriend/partner name) ...That is Life360 now. People are having, like, location all the time. Social media. That's a big one. Spreading untrue rumours as well - That's like childish. And the driving one.' (Ahmed)

Dean also observed:

'Like one's talking to someone else. And then the guy is like going through their phone and stuff like that, or have their account stuff.' (Dean)

Another participant spoke about a friend monitoring his girlfriend on social media:

'We're having a drink. You know, he's back from work, and then we're all chilling. And then. Like she's like (put) more posts, so music and the like, so we're wondering where she is. Boom, clicks on it and then like she she's out with some guys. And like her and like these friends, these friends that she's with, he doesn't really personally know these friends. He just knows of these friends. But he knows that like a few of these friends that are like strippers. And like you know, they're on OnlyFans. Like they're very "out there". OK, so then he's like, I don't know, because these friends are maybe not the best friends for her to be hanging out with. If she's in a relationship like they're single, they're all like other strippers, or do OnlyFans. Or, like, you know stuff like this.' (Greg)

As Greg's quote demonstrates, girl and women partners can be positioned as property. Ben who works with justice involved young men and adult men said a key difference he has noticed among younger men's use of IPV compared to older men is the role of technology-facilitated stalking and monitoring:

'the media sort of aspect to the social media and that definitely sort of can come into it and with technology and so forth, you do often say that like phones ... will often be connected to ... the police narrative. You know, whatever that is, whether it's excessive phone calls or, you know, stalking on social media.' (Ben, practitioner)

Other examples of emotional abuse that were highlighted in the victim survivor interviews were directly tied to sexual coercion. This type of emotional abuse often culminated in serious sexual offending. Lily explains that her ex-partner would start fights if she refused sex, and push her until she agreed (but not consented):

'We got into a fight because I didn't want to have sex again... Like, he was just using like, all the same kind of like, manipulation tactics.' (Lily)

This example evokes what has been called the 'everyday coercion' normalised in socio-(hetero)sexual scripts, which, as argued by Wilson (2025), involves a conscious 'suite of effective tactics to manipulate and coerce'. Lily gave the young man more credit, sharing that, 'part of [her] thinks, like maybe for some of it,

he didn't even know that what he was doing wasn't okay'. However, she also posited that she was not sure if she 'gaslit [herself] into thinking [that he didn't know it was rape]' (Lily used the word rape throughout the interview to describe her experiences). More likely is that the emotional abuse and controlling behaviours demonstrated by the young man over the course of the relationship created a context in which Lily blamed herself, at least in part, for the violence.

The shared experiences among the victim survivors of emotional abuse is in line with research suggesting it is a common form of abuse amongst young people (O'Donnell et al., 2023). What is clear here is the role that emotional abuse plays in the cycle of violence, in the escalation of violence over time and in the establishment of a pattern of coercive control. For these victim survivors, emotional abuse was the beginning and end of all abuse; it facilitated physical and sexual harm, and isolated them, preventing them from help-seeking or leaving the relationship.

### Narratives of violence

For the young men we interviewed, often recollections of violence were articulated through friends (since we did not ask direct questions about their use of violence). Their reflections about behaviours of violence were typically bound up in narratives that shifted accountability and blamed women victim survivors. This avoidance of accountability and blame shifting mirrors common responses by adult men using violence (State of Victoria, 2021), including when they begin participation in interventions such as MBCPs (Morrison et al., 2021). Men using violence may position themselves as victims and/or excuse their violence by suggesting they were provoked by a woman's actions. Challenging these constructions of accountability and supporting men to take responsibility for their behaviour are thus a key focus of MBCPs.

In responding to a question about damaging property to make a person feel afraid, Neel justified and minimised his behaviour with his desire for 'space':

'Well because I wanted to leave, she wouldn't let me leave. And like I grabbed the door. I didn't mean to rip it, but I ripped it. I ripped it off the hinges. And the door fell off.' (Neel)

Here, Neel frames this use of violence as retaliatory or a response to a provocation. In doing this, the young men positioned themselves as victims of violence and shifted blame onto the women that they abused. This type of violence plays a role in establishing a pattern of coercive control (as described above).

Victim survivors also shared that their previous partners who used violence tended to adopt a victim stance. For example, Nadia reflected that in the friendship circle of the young man who used violence towards her, there was the false perception that 'the men were always the victim of the women that they dated'.

Nadia suggested that as well as victim blaming, her former partner also had a poor understanding of violence:

'I think through the whole thing, I kind of was under the assumption he wasn't aware that what he was doing was violence. Like I think that kind of understanding of, you know, growing up in the Chris Brown era it was like that is violence and everything else underneath that isn't. And like it's OK to do everything up until that point when you, you know, physically hit someone, then that becomes violence.' (Nadia).

Reference to Chris Brown, an American music artist who assaulted his then partner, music artist Rhianna, was also made by one of the young men who used violence who in discussing forms of violence that are common asked, 'We talking about Chris Brown here?'

Likewise, Claudia was reflecting on whether her former boyfriend who abused her would truly understand that he was using violence:

'I just don't know if it [MBCP] would have worked for him because I don't know if he would have truly thought about experiences as intimate partner violence.' (Claudia)

Lily agreed that her former partner also had a poor understanding of sexual violence:

'I think like he would have known that, like, straight out rape is violent or like, hitting me is violent. But I think like coercion less so or like, if I like, say "no" during something, that's also me having then removed my consent ... and I don't think or at least like I hope that he didn't know that like that wasn't OK for him to like step over those boundaries.' (Lily).

For victim survivors a model of program delivery needs to build an understanding of what constitutes violence.

The lack of understanding of what constitutes violence and of coercive control was consistent with the young men interviewed and was often reinforced by their peers. Young men shared examples that demonstrated the role that peers can play in reinforcing victim blaming narratives. Their interruption strategies themselves were opportunistic, situational, reactive and centred on the perceived needs of their peers:

'My mate was driving. He was arguing with his missus. And he just kept swerving the car. Trying to scare her and I just told him to stop the car so he did, you know. I just told his missus to get it out of the car, otherwise he would've just kept swerving...She was scared but I didn't talk. I just told her to get out of the car. And then she thought, why? I'm like, "If you sit there, he's going to keep swerving the car. If you get out, he'll drive us normally."...She just ended up walking home.' (Dean)

This example captures the tensions inherent in relying on peer support. On the one hand, in this scenario Dean tried to intervene, yet on the other, the young woman was left on the side of the road, effectively punishing the victim survivor, while the user of violence was not held to account for the behaviour.

The young men interviewed for this research generally had more to say about incidences of violence that they felt were used by young women partners. Some young men indicated violence as equally used by young men and women:

'I've seen even females bash, like assault, we're talking assault their partners, you know.' (Greg)

Violence was also framed as a preventative measure to limit physical harm to others. When Greg got frustrated with staff at a service he has attended, he explained:

'I was trying to deescalate situation and I even punched a hole in the door. If we look at that situation, it's like I have done that, punched the hole in the wall so I didn't punch [name of person].' (Greg)

Here, Greg asserts that punching the hole in the door, which is an act of violence itself, ensured he did not use physical violence. Whilst this is not an example of IPV, it illustrates how frustration and tensions can escalate to violence and the contexts in which this occurs. It is a response that reflects the everyday stress experienced by young men, which may be compounded by their experiences of marginalisation and limited opportunities to have previously learnt and/or practiced other non-violent conflict resolution, communication and emotional regulation strategies.

The young men we spoke to also often articulated recollections of violence used by their friends and peers. These stories were consistent with the victim survivors' expressions of being controlled and monitored by young men who they were in relationships with. For example, young men said that making threats after a breakup is 'pretty common' (Greg). Greg considered this to be more common among the young fathers in his friendship circle. However, this was framed as protective:

'It's more they're like, you know, who is this around my kid, you know, being protective.' (Greg)

Such positioning of concerned and caring father as a tool to conceal and exert coercive control over partners post separation is a strategy that is recognised and documented in the broader literature (Tutty, Lorraine-Radtke & Nixon, 2023, Katz, Nikupeteri & Laitinen, 2020).

These narratives therefore shed light on the types of behaviour that the young men may have used, and the ways in which they justify these behaviours and attitudes about men's violence against women. This offers emerging insights into how violence might be framed by some young men that is consistent with the idea of 'masculinist protectionism' that frames itself as benevolent but justifies control over women (Nicholas & Agius, 2018).

## Protective factors

The young men who used IPV who participated in this study were service engaged and had strong relationships with trusted adult support workers. These operate as protective factors for these marginalised young men, that can prevent or intervene into the use of family violence and thus, reduce the level of risk posed.

For young men using IPV who are also victim survivors, protective factors can 'promote safety, stabilisation and recovery' (State of Victoria, 2021: 52). Given the close relationship between their use of violence and their own experiences of violence, establishing circumstances that support young men to stop using violence, while also supporting safety from violence, is paramount.

Some factors have the potential to operate as protective in both directions, protecting from violence and from using violence. Further, while friends can reinforce violence or present risk as explored above, positive friendships can be 'protective or stabilising factors that minimise likelihood of harm to self and risk to others' (State of Victoria, 2021: 39; Corrie et al., 2021).

Additionally, while interviewees spoke about key support they received from their workers and friends, the focus group with young men who were from marginalised backgrounds demonstrated that, for them, connection with culture, sense of community, and religion were also protective factors against violence.

Importantly, some of these identified protective factors are likely to differ to the protective factors of other cohorts of young men. Marginalised young men, who are more likely to be engaged with services, identified support workers as a key protective factor. More privileged young men may have access to other protective factors, and are unlikely to be accessing the same type of services.

### Mentors and support workers

As we spoke to young men who were engaged in services, we were able to see how practitioners and peer support workers can act as protective factors. In the workshop with young men, 'older' young men from the same group also held peer support roles for the younger members and we observed them supporting these young men to reflect on problematic behaviours.

In the interviews, many young men chose to have their youth AOD worker in the interview with them which allowed for insight into the clear bonds of trust they had formed and reflective of the practice frameworks and approaches used at the service. When asked if there were parts of the youth service they used that were really good, Greg pointed at his support worker and said 'him.' The support worker then said:

'So I think what Greg is trying to say is he probably never feels judged by me. Unless I have a bone to pick with him or something that I think he could do better. I have high standards for (Greg) because, Yeah, we've been through a lot together.' (Greg's support worker)

Greg went on to say that the worker also being from the same cultural background was important and that, except for him, 'I don't really talk to anyone' (Greg). The importance of having time, skills and lived experience to build trust will be discussed in the next chapter, but the important role of this in existing, locally embedded services as a protective factor came through clearly.

Support workers would remind the young people of practical strategies they had discussed for intervening with the escalation of violence. For example, when asked what the support worker did that was useful, Dean said 'Turning off my phone and like ignoring her [girlfriend] and stuff like that. And like (support worker name) telling me, be happy and don't get mad at her' (Dean).

Likewise, Neel referenced his support worker as the best thing about the service saying:

'He gave me good advice. And like, sometimes I would take it on and like sometimes I wouldn't. And then I was still like still caught up with, like, bullshit ... I always come with like the most hectic problems and he makes it sound easy.' (Neel)

While the primary purpose of the service was AOD support, the practitioners working there clearly supported participants around emotional regulation and intervention to prevent the escalation of violence. Dean's support worker said:

'For a long time Dean can be vulnerable around me. Like he's comfortable enough to be really emotional around me. Once we get that out of the way we just talk about relationships.'  
(Dean's support worker)

### Peer and Friendship Support

The young men in interviews and in the codesign group expressed the role that informal peer support played in their own lives. Some young men spoke about the importance of friendships in de-escalating violence and supporting during tough times. Sometimes this entailed holding each other to account and pointing out unacceptable behaviours. When asked what they would do to support a friend struggling to control their anger, a young man participant in Workshop 2 responded:

'Making him aware that, you know, that you do kind of, you struggle to control your emotions. You, like, put a hand out support to him, you know? Yeah. And let him know that, "what I've noticed about your behaviour is when you do X, Y, and Z, or you hear it sometimes, it doesn't go the way you intend, you tend to act in a certain way", just sort of, make him aware that it's possible to regulate emotions and control them' (Participant 4, Workshop 2)

Holding to account was not always something participants were motivated to do, rather they identified strategies that were orientated towards practical interruption and distraction to stop violence escalating. For example, taking car keys in an attempt to prevent an escalation to violence or practical interruption in the first instance, followed by strategies to facilitate 'emotion talk' with his friend:

'Maybe just offer him a beer, a beverage to then deescalate the situation. Then sit down, you know, and then just, just give talking a go and if that doesn't work then just say "Oh well, you know, go for a drive, yeah?". And then you know. Maybe I go do something physical, so because sometimes you can't talk to someone when they're in the mindset of being frustrated. Yeah, but if you just think physical - then they're taking it. They can use the frustration out while they're being physical and also talk to you at the same time'. (Greg)

The young men appeared limited in their capacity to proactively undertake 'emotion talk' because this sits in opposition with their understanding of manhood and masculine identity, but with support may develop over time. Further, the young men's marginalisation and its intersection with masculinity means these young men have limited options to resist the hypermasculine practices that are dominant in the spaces they move in and through. However, there are concerted efforts by the young people to facilitate 'emotion talk'. Greg cleverly navigates challenges associated with getting men to engage in 'emotion talk' by fostering the circumstances that are likely to enable it to take place. The drive is essentially a distraction but the shoulder-to-shoulder or side-by-side positioning in the car enables 'emotion talk' to take place without direct eye-to-eye contact and removes some of the stigma for men and pressure associated with emotional disclosure. This was a strategy also emphasised by youth worker Hung who often took his young men clients for a drive or for a walk to facilitate a chat in less intensive environments.

Similarly, enabling the shift to something physical, which Greg goes on to explain was a couple of rounds in the boxing ring, helped his friend to let off steam as a form of catharsis. Greg explained how he used boxing to dissipate his friend's high emotional energy and frustration and to foster space for his friend to discuss issues in his relationship with his partner. This involved the use of the physical act to 'get him on a good level where he's used the anger' (Greg) to promote discussion.

Greg shared that the physical exertion was an effective strategy in this situation, stating 'by the end of it, you know, him and his partner were talking it out'. The shared physicality of this exercise enabled his friend to then engage in 'emotion talk' without further risk to masculine identity. This situation is clearly complex, and may involve the presence of 'hybrid masculinities' (Bridges & Pascoe, 2014) where 'emotion talk' is facilitated but masculinity is 'recuperated'. As we will discuss in the next chapter, activity-based intervention can be a good 'hook' for engagement of young men towards building trust and enabling behaviour change. Like Greg achieved in this example, such activity-based intervention can offer opportunities to engage young men where they are at, both developmentally as well as culturally.

### Faith, community and culture

Faith and belief systems are shared collectively by some young men we spoke to, which act as an informal support network or tool. Whilst noting this is not for all men, young men from faith communities discussed faith as a tool of guidance. Young men in the codesign workshop also spoke about the importance of supporting people within their migrant communities:

'We're first-generation immigrants. So certain ways that we were brought up isn't the same ways that we see in society. So it's a lot of learning for us to take advice from. So we kind of support each other as a brotherhood, lean on each other, take advice from each other. Sometimes we might not have the best time for each other, but every day is a learning day.' (Participant 1, young man)

Janice, an AVITH worker from an area with a lot of young people from refugee backgrounds, emphasised that religious leaders, like Imams or elders, are often sources of guidance for young men in her community. While emphasising that this can be limited depending on the views of the leader, or the extent to which it 'sinks in'. She emphasised:

'I see some people using their Quran, for instance, as a way of, you know, trying to loop them back into, you know, there are other ways of connecting with your roots and your beliefs and your culture. And actually there's a lot about respect and love and peace in that so. Sometimes that'll happen. You know an older uncle will take them to mosque and say, you know ... It's all about loving everyone.'  
(Janice, practitioner)

As well as a protective factor, faith and religious or cultural community can be a motivator for positive change. The young men in Workshop 2 often cited Islamic teachings for their moral frameworks. The guiding principles on which their faith is based supports resilience and in doing so provides the young men with ways to manage and reconcile negative emotions and to cope with challenging emotions.

**Speaker 3:** 'Because we're taught in Islam that whatever challenge, trial and tribulation you're presented is nothing more than you can bear. Absolutely. So, you know, in times of hardship, turn to your God, and everything will be easier.'

**Facilitator:** 'So religion/faith is like a big motivator for you to be a good person?'

**Speaker 3:** 'Yeah, in every aspect of life. Religion, if it's in the middle of it, then you can regulate things easier and smoother, in my opinion.'

## Motivators for change and for service engagement

Research on family violence responses, such as MBCPs, often cite participants' access to their children and/or a desire to re-establish a meaningful relationship with their partners, as reasons for men to engage in and complete programs (Gray et al., 2016; Meyer, 2018). However, these motivators are often less relevant to young people (noting however that young men may also be fathers and may therefore be motivated by these reasons). Service development for young men using IPV should consider young people's unique motivators for change, including context, culture, age and development, and how they differ from older men. In this study, motivators for service engagement and for change were both raised and were intertwined.

For example, many practitioners who worked with young men engaged with the criminal justice system described instrumental or extrinsic motivators (i.e. the motivation is driven by a benefit beyond the change itself) for engaging in services such as getting parole, or getting the evidence they need for court. For example, Janice said that at her service 'those who come in with intimate partner violence issues, they come in at the last minute saying I'm going to court on Monday and I need a letter usually', as an initial instrumental or extrinsic motivator.

While such factors may not motivate young men using violence towards a change in behaviour in the long run, Janice spoke about the importance of using these interactions as an opportunity for engagement and connections to support and services. Such connections, in turn, could enable opportunities for identifying, responding to and enhancing more intrinsic motivators, which may support longer term change:

'...we follow up with them and say, "OK, well, you've had this, this scare, you've either ended up being convicted or not, but it's it you could be doing better things with your time. So why don't you come in and be part of our youth group or our steering committee or get involved in the sport or whatever" and you know, sometimes they do.' (Janice, practitioner)

As such, for Janice (and others like Ben, below), criminal justice system engagement in itself was not a meaningful motivator for young men that should be sought or adopted. Indeed, young men from racially, culturally and economically marginalised groups are already targeted for criminal justice system intervention at disproportionate rates (O'Brien, 2021). Instead, these practitioners spoke to the need to leverage this initial motivator for service contact (including the 'scare' as Janice put it) where it was already present, by focusing on the young men's future.

This also worked as a prevention tool by leveraging another person's engagement with the criminal justice system:

'...we have some really good conversations out of [program type] and all of those young men who we service in the public housing estate know adult men who are in jail for [...sexual assault]. So, and they know young people who are in juvenile justice as well. So, they see that it's an issue and I think we deal with it well, but we don't get to it early enough...So I think that prevents problems for maybe 30% of them that go "Wow, OK. I didn't know that. I'm gonna make sure that I adjust myself".' (Janice, practitioner)

Many practitioners in interviews and surveys described the motivating factors or emotional hooks they use to elicit empathy for victim survivors from people using violence and support to sustain engagement in services. Motivating factors could include better understanding family members, and the impact of violence on them, their own experiences as a victim survivor child, and their desire to get back with a partner. This future-focused approach was endorsed by Ben, a family violence court worker, who described that:

'It's about trying to give, I guess, for them to be able to see what and how their lives could look different if they weren't so focused on the victim survivor and then also the impact of that could have on the victim survivor as well.' (Ben, practitioner)

Instrumental motivators were also identified by the victim survivors in their reflections on more privileged young men using violence, but in slightly different forms. Nadia for example, spoke about the implications for the career and reputation of the young man using IPV against her, and reflected that any risk to those may serve as an initial hook to motivate change:

'...he was worried about his ability to do what he wanted to do in his life.' (Nadia)

Lily agreed, reflecting that for her ex-partner it was also 'about his future career', which drove 'fear of not being able to work' in his chosen field.

Many practitioners proposed that young men should be encouraged to consider what kind of person, man, partner or parent they want to go on to become, or not become as part of this future-focus. For example, Kyra, a MBCP practitioner and youth in-school prevention worker explained:

'...if they don't have kids that would still play a big part, like I'd probably still ask a lot of the same questions, particularly around what they want for their kids and their future and what kind of role, what do they wanna be and what kind of father they wanna be ... I'd still probably, you know, use a lot of the same questions and try to really get them to think about the impact... I think, though, that we can also draw on their experiences of being a kid and potentially like, which is where obviously need to hold that in a little bit more of like a therapeutic way because potentially trauma could come out.' (Kyra, practitioner)

The idea of considering what a 'good man' is resonated with young men. The young men who had not used violence in Workshop 2 were asked to develop an advertisement for peers that challenged young men's violence and the approach that they took tapped this very narrative. They performed the following:

Title: What is it to be a man? (one person speaking and group responding together/individually)

'What is a man?', 'A man has muscles', 'No!'

'What is a man?', 'Someone people fear', 'No!'

'What is a man?', 'Emotional', 'No!'

'What is a man?', 'Abusive', 'No!'

'What is a man?', 'Hitting his woman', 'No!'

'What is a man?', 'Looks after his woman', 'Yes!'

'What is a man?', 'Respectful', 'Yes!'

'What is a man?', 'Rich', 'Yes!' [laughs]

'What is a man?', 'A provider', 'Yes!'

'What is a man?', 'Speaking to his friends when needed', 'Yes!'

'We are men'

Consistent with the cultural beliefs many of the young men in this workshop expressed explicitly, men's role as protector and provider is evident, but note that the young men highlighted respect for women, intolerance of violence - particularly against women - and a rejection of behaviours denoting power and control through strength.

These views on protector and provider positions adopted by the young men highlight the complexity of engaging young men in a way that does not risk reinforcing a gendered ideology that imposes and reinforces dominant masculinities (see *inter alia*, Nicholas & Agius, 2018). Practitioners must 'meet young men where they are at', but they should also explore 'the costs of adhering to narrow constructions of masculinity for marginalized men' (Pérez-Martínez et al., 2023: 482; Dworkin, Fleming & Colvin, 2015). This includes avoiding reinforcing a binary that violence is used by 'bad (young) men' and not by 'good (young) men' (Jordan, 2022; Nicholas & Agius, 2018); a binary that oversimplifies violence, obfuscates the violence used by privileged men, and individualises the problem, removing it from its broader context of marginalisation and discrimination (Messner, 2016), including young men's own histories of victimisation as evident in this study.

Critically, the young men emphasised the importance of speaking to friends when needed, reinforcing the role of peers. The young men therefore demonstrated very clear views that violence should be condemned. This emphasises the need to consider the culturally specific experiences and needs from inception rather than tacking them on to a supposedly universal young male ideal. It also emphasises that services and programs need to build on existing informal and formal supports that young men already have, which we discuss in the next chapter.

**Chapter 5:**

**‘Moving away from the white room’: Envisioning best practice interventions**



## Chapter 5: ‘Moving away from the white room’: Envisioning best practice interventions

### Aim 3



Identify ways to engage young men using IPV, and co-design with practitioners and young men best-practice solutions for interventions with young men.

### Research Question 4



What would effective engagement look like for young men using IPV?

- a. What resources do practitioners need to respond?
- b. What resources and messaging would meaningfully engage young men using IPV?
- c. What principles underpin effective behaviour change practices targeting young men using IPV?

Findings from Phase One of the project revealed a service system ill-equipped to respond to the problem of young men’s IPV. As discussed in Chapter 3, a lack of appropriate, targeted services for this cohort was identified as a key barrier for support, which leads to many young men either being shunted around a service system that is unable to adequately respond or falling through the gaps of the service system completely.

Alongside this was a lack of confidence in, and training for, practitioners in identifying, assessing and managing IPV use by young men. Some evidence suggests that young people using IPV who are linked in with broader service supports, for example for harmful alcohol and drug use, are reluctant to discuss their needs for IPV support (Oliffe et al., 2022). The sparse network of services for a suitable referral limits support options for this cohort.

**Best practice for sustaining engagement of boys and young men IPV users in IPV interventions is somewhat limited in the literature because there are few interventions specifically focussed on post-IPV use interventions amongst this cohort.**

This research project emphasises the importance of youth specific services, which are tailored to the needs of young people, and centre young people’s experiences. Service responses should avoid adult-led and adult-centric approaches, which can lead to disengagement and support that is not developmentally appropriate for young people. This could include a specialist service response for young men using violence integrated within existing services, that already have high engagement for young men, as well as streamlined pathways into integrated service responses for young men who do not engage with services. It is also important to consider specific services for the young victim survivors of violence.

In this section we share three key principles to support a youth specific specialist service response, to sustain engagement, support behaviour change and reduce harm. Whilst our focus here is on engaging with and facilitating behaviour change in young men who use IPV, these three principles are founded on the prioritisation of victim survivor safety first and foremost. The three principles include:

1. Facilitate meaningful engagement with young men
2. Establish youth-friendly settings of engagement
3. Create pathways to behaviour change

This chapter discusses the implementation of these principles in practice, to support the delivery of services that are relevant, engaging and age-appropriate.

## **Principle One: Facilitate meaningful engagement with young men**

Principle One focuses on meaningful engagement with young people. We asked questions of practitioners and young men about messaging, framing or approaches to engagement and found key considerations about language, framing, identifying with the issues, addressing shame and centring safety. These considerations focus on:

- a. building on and tapping into young men's existing capabilities and capacities, including the language they use, and;
- b. establishing respectful and safe contexts for engagement within service delivery.

### **Psychosocial education**

Psychosocial education, designed to increase awareness of problematic behaviours, is a key element of violence prevention and intervention programs. While there were mixed views about young men's understanding of family violence, there was broad support for improving knowledge through psychosocial education in tailored interventions for young men using IPV.

Psychoeducation should be tailored to the language and contexts of young people's lives. Some practitioners spoke about younger men having a better understanding of what constitutes violence and being more open to different ways of thinking about gender than older men. Ben, who works in a youth justice context, stated that in his experience:

'It's easy to work with younger men as I don't think gender is as big a barrier.' (Ben, practitioner)

Another noted:

'Young men are able to reflect more, they haven't got as many years, and they haven't had as many barriers pulled up.' (Drew, MBCP practitioner)

Practitioners articulated that they felt young men were often more reflective and less rigid. Some young men also have a greater understanding of abuse, including intimidation and verbal abuse, because of respectful relationship programs delivered in schools. One practitioner noted, for instance that, 'that they might have a bit more of an understanding around verbal abuse or intimidation or the psychological stuff' (Janice). While they may have increased knowledge of violence and abuse compared to older men, it was agreed that these values are weakened if they are not supported in the home. This finding was reinforced in Phase Three during the co-design workshops with young men, who demonstrated an advanced literacy around types of violence, which will be discussed below in considering tailored language.

However, a lack of understanding and language was also reflected in some of the young men's responses. When shown a list of behaviours consistent with IPV, Ahmed remarked:

'I haven't seen or heard of these things before, before this, that's like written down.' (Ahmed)

Then the support worker goes on to clarify that driving with the intent to scare an intimate partner is a form of violence:

**Support worker:** 'Yeah, as a form of power or control over a woman.'

**Ahmed:** 'I never thought about the driving one thing you know and stuff driving.'

Janice observed that while some young men are more literate about forms of non-physical violence, she also acknowledged that there is an equally large number of young men who 'think violence is giving someone a black eye.'

This lack of insight into their use of violence, or at least its negative impacts, is a significant barrier to service engagement – even where services exist, people need to understand and recognise these violent behaviours to engage in service responses. Broader psychosocial education and primary and targeted prevention efforts, designed with and for young people, could improve broader understandings.

### Tailored language around violence

While recognising that violence is variably acknowledged by young men, the findings pointed to the many ways that young men refer specifically to violence, and the limited engagement with the language of IPV.

For instance, the young men in the workshop all demonstrated a good understanding of other contemporary language around the coercive aspects of relationship violence. They had not heard the term 'IPV' or 'intimate partner violence', and this and family violence did not resonate with them. Instead they used the language describing behaviour such as 'abuse', 'manipulation', 'control' and 'gaslighting'. One additional term we heard in discussions with young men in co-design Workshops 2 and 4 was the term 'crashing-out' or 'to crash out', or 'blacking out' referring to feelings of overwhelm and frustration: a point when, for them, emotional regulation and impulse control became challenging, and violence could be possible. Take the following example which, while illustrating the young men fooling around, shows how some power and control language has become part of young people's lexicon:

**Facilitator:** 'So, it [IPV] is defined as any violent, threatening, coercive or controlling behaviour that occurs in current or past intimate relationships. What would you call that?'

**Speaker 4:** 'Abuse. Abuse?'

**Facilitator:** 'Do you know the term gaslighting?'

**Speaker 4:** 'Yeah, of course. He's always gaslighting me.'

**Speaker 3:** 'He's the originator. He's the definition. He causes domestic violence.' [laughter]

**Facilitator:** 'Keep going.'

**Speaker 3:** 'Well, that's domestic [violence], manipulation.'

Likewise, Greg, a young man who participated in the interviews, used language that is common in social media such as 'red flags', 'toxic', and 'monitoring'. This demonstrates that there is discourse in young men's lives, and it needs to be related to the work being done by services.

IPV and domestic or family violence were often considered terms not associated with young people's experiences. This was evident in the victim survivor interviews as well. Claudia, for instance reflected:

'Yeah. And I think like as a young person, you don't really think of domestic violence as something that is for a young person. You think of it as something that happens between adults.' (Claudia)

This points to the critical role and literacy around language of violence, but also the challenges of these issues really resonating with the young men.

### Shame, safety and respect

In addition to the need to address psychosocial education, practitioners commented on the shame and guilt associated with use of family violence and the barriers they could create for meaningful behaviour change if not approached carefully. This represents a second factor that needs to be addressed for effective intervention:

'There's often factors of shame, guilt and also judgement and fear of judgement from the others.'  
(Isy, practitioner)

'If they feel judged, then no one wants to change when they feel less than another person.'  
(Drew, practitioner)

Practitioners emphasised the need for resources to support the delivery of safe and respectful services, where stigma, judgement and bias can be put to one side, in order to start and maintain initial conversations with young men.

'We need to make sure that if the people in those spaces, if they're not a specialist practitioner or whatever, are aware of how some of the systems that they're operating might not be actually safe for [people using violence] within those uhm, spaces.' (Practitioner 3, Workshop 3)

However, they also acknowledged that creating these spaces and addressing service barriers will require additional resources and training (see integrated multi-agency response):

'There's potential there for all services to have some kind of baseline [...] of capability or confidence or capacity irrespective of whether they're a specialist so that there's [...] a response that's like sensitive and not stigmatising and [...] opens that conversation.' (Practitioner 2, Workshop 3)

As we will outline below, this kind of environment takes time and investment through community and with individual young men. Existing services find themselves addressing some of these issues because of the rapport, trust and respect they have built over extensive time when the presenting issues may have been something else, such as seeking support for AOD issues. This was very much the case for two participants who expressed how much their support workers, who shared cultural heritage and were from the same area, invested a large amount of time in them and were the key go-to for discussing violence and relationships.

Likewise, while obviously not specifically focused on in this research, prevention literature tends to emphasise the importance of connecting with young people in spaces and physical locations that are familiar such as sporting or community hubs and drawing on ambassadors and community leaders as credible messengers (Carlson et al., 2015; Ringin, Robinson, Greville, Papertalk, & Thompson, 2021).

Further to the above point about the importance of using language that resonates with young men, existing messaging within the sector used to connect men into pathways of support and care is not always suitable. It does not use the language of young men; it often explicitly uses 'violence' and primarily focuses on problems, including 'unhealthy relationships', without focusing on healthy relationships. Some practitioners suggested reframing and use of language can be used carefully when using labels to create spaces that feel safe and not stigmatising. As one practitioner noted:

'So, we had a beautiful example of like a leadership program for young men who were going through a diversion program ..., and it was a really nice way of empowering these young people to see themselves as leaders and to critically analyse their behaviour and think about changing their behaviour without saying, okay, let's do a perpetrator program... you know with, it's looking at the behaviour, not the... labelling them as a perpetrator, because if you're a perpetrator, how do you change?'

(Participant 4 Workshop 3)

The delivery of messages, including the right settings, using the right language with the right people (discussed in the following sections), seems critical. While the young men we interviewed recognised that their relationships are problematic and may need guidance, they rejected messages or services that appeared unfamiliar or lacked empathy and understanding of their situation. The person communicating the message is crucial; they need to be relatable to the young men and from the same or similar communities as well as provide the young men with a sense of safety. Additionally, the settings in which these messages are delivered are important. Young men were hesitant to engage with services and places that make them feel vulnerable.

## Principle Two: Establish youth friendly settings of engagement

Principle Two focuses on services that centre young men's everyday lives, including the places they live and communities they are already part of. Offering a youth friendly service means catering to their needs in relation to accessibility, integrating with existing services and providing critical intersectional support. We discuss each in turn.

### Youth Accessible Services

Consideration was given to services that are youth accessible in terms of physical access. For young people geographical location and proximity to good transport links is critical as practitioners explained:

'Like, you know, like, when we think about transport, like, if our, you know, like you know, youth and adolescents like, not to mention this process, like, there's lots of different stages. So, we're looking at engaging, like, say, 13, 14, 15 or 16-year-olds. Like, they don't have access to a car' (Practitioner 3, Workshop 3)

Access to services at times outside of regular office hours was also a limitation of existing services discussed by practitioners who pointed out the need for critical support outside of standard business hours (i.e. weekends and evenings), which are the key leisure times and when incidents are more likely to occur:

'Yes, there can be, like, a lot of behaviours that occurs during the day, like coercive control and things like that. But a lot of incidents don't occur within the hours of nine to five, which is when services are available. You know, and that's actually where we want young people to be at school or, like, in apprenticeships and things like that.' (Practitioner 3, Workshop 3)

When the young men in Workshop 4 were asked when people are most likely to have relationship troubles and be feeling angry and frustrated, the participants responded:

**Participant 6:** 'More likely at night, I would say.'

**Participant 2:** 'Yo, correct.'

**Participant 6:** 'Because that's when people are more likely to be using...'

**Participant 4:** 'The pain comes in.'

**Participant 8:** 'The pain comes in. Alright. Sorry, that was funny, yo, yo.'

**Participant 6:** '... uhm, drugs and alcohol.'

**Participant 2:** 'Yeah. Nah, you're right, you're right.'

**Participant 6:** 'Fighting with their missus or whatever.'

**Participant 2:** 'True. Things will most likely happen at night. Yeah, true.'

**Participant 8:** 'A lot of stuff happens the weekend'

Practitioners, noted regular office hours excluded a lot of young men who were unable to attend due to school or work commitments. Similarly, the young men also pointed out the necessity for out-of-hours support for young men:

**Participant 6:** 'I'm sorry, full... uhm, nighttime will be good for more mature kids. Yeah. Kids that are more onto it and like just wanna fix their shit.'

**Participant 2:** 'Maybe the ones that are working.'

**Participant 8:** 'Yeah, that's right.'

**Participant 2:** 'And they work through the day.'

**Participant 8:** 'And they can do a group in the evening'

However, practitioners had concerns about safety both for staff and young men wanting to access the service at night and on weekends with the young men and practitioners suggesting that the solution might include telephone and/or online appointments:

'We could just have someone on call at night.' (Participant 7, Workshop 4)

'...maybe having an online aspect, aspect where you can like a telehealth almost thing where you could as a, as a youth worker you've got the rapport there you can sit with the young person and they can have this consult or discussion' (Practitioner 3, Workshop 3).

Accessibility for differently abled young men, and the kinds of spaces and environments this necessitates will be unpacked below, but it is crucial to note that this was an issue raised by multiple practitioners. For example, a youth AOD worker described the importance of 'Familiarity being comfortable sensory wise, we work with very, you know, neurodiverse, intersectional, all of the above' (Hung, practitioner).

## Integrated, multi-agency approaches

**'It's a no-brainer ... multidisciplinary call it what you want but, one-stop shop'**

(Hung, practitioner)

One of the clearest findings in this project was extensive support (by both practitioners and young men) for the idea of embedding IPV intervention specialists, operating with a family violence lens, within services already interacting with young people, and who provide youth service delivery well already. Youth services or specialist programs working with young people are already dealing with many of the risk factors intertwined with use of IPV among young men. Such services already have established practice frameworks and developmentally geared approaches for engaging young people. However, youth services in general are often in short supply of specialist family violence and IPV practitioners, they are limited in funding and are often geographically dispersed, with many areas (including in rural and regional locations) lacking adequate services.

Upskilling and resourcing IPV and family violence specialists within existing services requires commitment of funding and skill development in the youth sector. Our discussions with practitioners indicated a keenness for embedding this within service delivery, if adequately funded. Youth worker Ben, who worked in a justice context, for instance, stated that he felt youth services were the place to begin with this kind of work:

'[Local youth specialist service] is a really good start and I even think that they could have even had workers that were accompanying police to family violence related incidents or incidents that have occurred at the home where they could then serve, initiate those conversations with the young person and also the family, and to sort of engage in what is going on there.' (Ben, practitioner)

Practitioners in Phase One also proposed that youth-focused spaces that were 'one-stop shops' were ideal, for the reasons outlined above regarding trust and safety. The below quotes from Phase One illustrate this, which was validated in discussions with practitioners in Phase Three:

Interviewer: 'Why is that the best approach? Why do you think having someone in the existing services is a good approach?'

**Hung:** 'Number one reason is it's right there for you to access and to upskill your, you know, through secondary consult. It's like, I say it's a no brainer, but again I'm spelling it out loud, it's going to be super-duper useful. It's the same reason why we have a, you know, registered nurse, the same reason why we have psychologists, the same reason, you know, like multidisciplinary call it what you want but, one-stop shop you know.'

For young men using services, a one-stop shop also appealed because it enables familiarity and fosters the strong rapport and trust needed for this challenging work (see building rapport and trust). In the validation workshop with service-engaged young men (Workshop 4), this resonated:

**Facilitator:** 'Well, what somebody suggested was that if you needed help, instead of going to a new service, they should have their help at somewhere that you already go.'

**Participant 2:** 'Yeah, that, that would probably be nice.'

**Facilitator 4:** 'This is my place.'

**Facilitator 2:** 'Everyone comes back here because they know this place.'

For practitioners these 'one-stop shops' would need to offer wrap around services to support young men:

'So it actually needs to be a bigger cohort of people that work with these young people, I think in multiple different ways, so you'd have like you can have your case management side of things. Your mental health side of things. Yeah. AOD side of things and be really collaborative around [...] whatever they need. So resources around making sure that there's enough staff to really wrap around this young person.' (Kyra, practitioner)

One survey respondent extended some of these ideas to note the need to accommodate young men with varying abilities, noting that an ideal service would combine 'skills of service to work with clients with lacking abilities of cognitive, emotional, social and self-regulation, care, kindness, challenge (without shame), person centred approach, radical honesty.'

Practitioners also emphasised that, in addition to embedding specialised IPV workers into existing services, there should be a plan for building baseline capacity for non-specialised workers so that identification, referral and response processes for young men IPV clients could be improved. This included people who engage with young men and are obligated under MARAM to respond to different extents, including teachers, youth workers, AOD specialists, youth workers, and police:

'people need to be [...] trained up in it, whether you're a youth worker, drug and alcohol worker, whatever, to feel comfortable to have these conversations at that sort of first point of contact. I think you know the referral base for the police also needs to be quite clear around who to refer to.'  
(Ben practitioner)

Critically, while this project was about improving interventions, practitioners also emphasised that intervention needs to go hand-in-hand with prevention: 'the massive thing is resources, like starting positive relationships stuff from primary school, from kindergarten' (Hung). Respondents emphasised approaches for the future that could support both intervention and early prevention activities were critical.

### Age-appropriate interventions

One of the major issues highlighted by practitioners was the limitations of a service system designed for adult users of violence. The inability of services designed for adults to meaningfully meet the support needs of young people has also been broadly identified in research (Smith, 2024; Rollo, McDermott, Kahn & Chapel, 2020). As one practitioner noted:

'As we develop our programs or think about principles for engagement, it has to be developmentally appropriate to the age of the group that we're working with. And that's something that you know, we talk about not putting an adult lens on programs for children and young people, but we always do it as soon as it's a family violence response.' (Practitioner 4, Workshop 3)

While practitioners noted the clear gap in services specifically targeting young men (see Chapter 3), so too did the victim survivors who saw the benefit in age-appropriate services. Nadia emphasised the need for a group with similar age participants, but also stressed the need for readiness to engage by the user of violence:

'What program would have helped him? I think it would have had to have been people his own age, but the struggle would be getting him to admit that he needed it, which I think is pretty typical of most perps.' (Nadia)

Service environments generally can be challenging spaces for young men who are guarded about who they can trust, limiting their opportunities to benefit from the support that services can provide. When asked what would happen if a group was introduced at the youth service he is currently attending, Dean said:

'Like when we come here, we don't really talk about things. We just sit there and like, ask each other how we've been and stuff like that [...] And then someone try to talk about their misses? We would just be like "Don't bring it up. We don't want to hear it. It would just be like save it for another time."' (Dean)

When pressed about whether a group to talk about healthy, positive relationships could work at the current service, Dean went on to say:

'Honestly ... not many people would come. Not much of the boys that come here really want to talk about relationships...It makes us look.... I don't know...More just like, vulnerable.' (Dean)

Given these barriers, practitioners emphasised that interventions needed to deliver age-appropriate responses, that take account of the developmental, social, emotional and situational context in which young men exist. They also spoke about the need for individualised support to cater for the specific needs of young men. Exploring what a youth friendly service would look like with practitioners and young men there was agreement from both on the importance of play:

'You know, they're still children, still young people, you know. They still like to play and that's how they still learn and experience and safely try things that they're not used to as well.' (Participant 1, Workshop 3)

There was enthusiasm among the young men in the validation workshop about the idea of structured activities within services as a way to familiarise them with the space and with support workers and peers. They emphasised it was necessary to feel comfortable in one's surroundings before being able to start conversations about their behaviours:

**Participant 2:** 'Uhm, well, kids feel comfortable when they play, so then, it's a good way to make them feel comfortable in the, in the space.'

**Participant 3:** 'Let them open up.'

**Participant 2:** 'Yeah. Yeah. When they feel comfortable with the people around and the activities they're doing, they'll open up and talk about what they need help with.' (Workshop 4)

This emphasis on play as a mechanism for creating safe and comfortable surroundings raised questions about support delivery. The young men largely favoured group formats with the option to seek individual support when needed, as one participant explains:

'Yeah, the group would be good for the kids to open up, get comfortable with the space. And then, when you're doing your program, then take the kids one by one and do your solo thing with them. That'll work.' (Participant 3, Workshop 4)

Practitioners also agreed that a combination of individual and group work was necessary, however they emphasised instead the role of groups as a way of practicing and affirming new skills and behaviours:

'So, I wonder if the group component there is actually about like celebrating and reinforcing and encouraging and role playing and practicing positive behaviours and attitudes amongst peers.' (Participant 3, Workshop 3)

### Relatable staff and peers

As already outlined elsewhere, practitioners considered it important to have relatable staff who young men could connect with. For some, like Dean, this meant including people with lived experience of people who had stopped using violence involved in the service delivery. He drew on his experiences of Narcotics Anonymous to explain how and when he feels comfortable:

**Dean:** 'Like when you're in jail I did Narcotics Anonymous in there and everybody in that group, including the workers that were like we were talking to they used to do drugs, yeah. So it was all like it's pretty comfortable.'

**Interviewer:** 'Yeah. And do you think that could be the same for people who breach IVO's?'

**Dean:** 'Yeah, like. They should get someone who understands where they're coming from.'

Staff with lived experience were also valued by the young men in co-design workshops as Participant 2 explains:

'It would help because they know what the kid's going through. They can speak of their problems to open up the kid and he can be like, yeah, I can relate to that. Yeah, I've been through that. It's very nice. It's inspiring for young men to follow.' (Participant 2, practitioner)

Having relatable staff also involves having members from the communities you are working with, including staff from diverse cultural and ethnic backgrounds, who better understand community pressures on young men from similar backgrounds.

## Intersectional and culturally appropriate approaches

**'a working alliance between young people and practitioners requires respect, mutual trust, felt safety and a modelling of supportive dialogue. Deeply relational, First Nations ways of doing and knowing (Martin & Mirraboopa, 2003) honour the importance of kinship and its relationship to First Nations lore, and the inherited cultural obligation to make people, kin and country work (Dudgeon & Bray, 2019). In this sense, connection and relationship building goes beyond the establishment of rapport, it requires context, acknowledging and recognising history and positioning yourself to completely hear another person's story'.**

(Rak & Warton, 2022: 2-3)

The young men noted how they drew on the varied influences in their life when they were seeking support. This was situated around their intersectional positions and needs. Importantly, their intersectional marginalisations shape their worlds. As we discussed in Chapter 4, the young men in Workshop 2 often turned to each other for help and support because there is comfort in sharing similar values and they rejected services that were not able to provide culturally appropriate guidance. As a participant from Workshop 2 explains:

'I think it boils down to just the upbringing, the cultural differences, all of that stuff. That's why I probably wouldn't suggest someone to go to [service name] before going to the community. Because you know, someone with money can't tell you about money .... Yeah, 100%' (Participant 3, Workshop 2)

The analogy about privilege - 'Someone with money can't tell you about money' - suggests that there is more than just a need for shared values but also a shared understanding of the marginalisation of young men from diverse racial, ethnic and cultural backgrounds and/or poverty. There was support for this amongst practitioners:

'I'd like to see more culturally appropriate services for just generally, boys and young men who are disengaging from school and feeling really bad about themselves.'  
(Janice, practitioner)

The site where we conducted interviews offered just this, situated in a context where unemployment and school disengagement are common. Participants from this service spoke about the importance of having staff with shared cultural backgrounds. As Dean explained:

'There's an Asian that works here. Yeah, it's really good. It's good that there's minority .... What's the word? That's the word - multiculturalism.' (Dean)

Some non-age-tailored services were unrelatable to the young men we spoke to who were in very specialised youth AOD programs. For example, Headspace was identified as a possible referral pathway by one practitioner in Phase One, but for Ahmed was not a good fit:

'Like when I went to the other service at Headspace and I didn't really like it. Like they were alright, just hard to speak to some people' (Ahmed)

Several practitioners also raised the need for interventions that can be adapted and tailored to address the specific needs of a range of communities, including First Nations young men, GBTQIA+ young men, refugee or asylum seeker young men, culturally and linguistically diverse young men and young men with a disability. Practitioners concluded that different approaches are needed that respond to the diverse needs of young men:

'I think for practitioners to be really at the forefront of having that diverse lens or thinking outside the square, not getting stuck in a sort of one-way approach... But I think there's a bit more than that as well. It's like, uhm... Yeah, so, sorry, what was it? Culturally, uhm, social location. Uhm, cultural knowledge' (Practitioner 6, Workshop 3)

This 'cultural knowledge' might feasibly be extended to the ability to deliver programs and connect with clients in language. The reliance on program delivery in English is recognised elsewhere as a barrier to access for culturally and linguistically diverse communities (Fitz-Gibbon, Helps & Tan, 2023). Tailoring interventions to the culture and language of the young men thus also offers a mechanism for rapport building, increasing likelihood of engagement (Reimer, 2020).

This was articulated as something that should be considered at the inception of programs rather than added on as specialist additions later. Rather an intersectional lens, including recognition of experiences of racism, intergenerational trauma, poverty or disability, should be embedded into program design and delivery. For example, Dave who is a mental health practitioner within a specialist needs educational setting, stated that there needs to be a focus on:

'People with disability or who are autistic ... being identified as, particularly as young people who are using violence in the home... I don't know why it's constantly excluded from preventative programs or programs or like curriculum, so it's just it's never, it's always an afterthought.' (Dave, practitioner)

This requires tailoring services that are not only relatable and trustworthy but can also attend to the complex intersectional needs and experiences that people have, as well as taking a whole-of-system approach.

Once again, these insights point to the importance of having multiple entry points into a specialist service to provide support around youth IPV, including family violence capability and resourcing at the places that young men with support needs are already engaging. For example, practitioners who had worked across child protection, corrective services, immigration detention, and with people with intellectual disabilities all emphasised that a one-size-fits-all approach cannot be retrofitted to these groups. However, taking an intersectional approach to intervention is not to minimise the universal gendered drivers of IPV. As family violence counsellor Kyra emphasised, IPV is:

'...actually not a cultural thing at all. And so ... externalisation of that is actually inaccurate. But yeah, I think I think that society likes to, especially society in Australia because we are predominantly what I know we're very, very diverse population, but the white people wanna keep thinking that it's all the CALD people or the people from other countries, the religion and the culture that have problematic belief systems. But it's men, actually it's men that have problematic belief systems. Not countries nor religions or cultures.' (Kyra, practitioner)

Isy further described it as being about 'individualised needs':

'There are so many individualised needs, different psychosocial factors, different environmental, different sort of cultural needs as well. You've got to maintain that cultural sensitivity, particularly when looking at a program. Oh yeah, it's difficult. It does come back down to the individual and whilst I don't necessarily think it's an individual issue as such, I think that we cannot treat it in an individual way.' (Isy, practitioner)

The principles explained thus far have foregrounded the extent to which interventions and responses to IPV need to consider how to engage young men, and the kinds of settings they need to create or maintain. Principle 3 now builds on some of these insights to think about enabling behaviour change.

## Principle 3: Create pathways to behaviour change

Principle 3 centres building trusting and supportive pathways to enable behaviour change. Setting up spaces for meaningful engagement (principle one and two) to support behaviour change requires developing spaces for vulnerable conversations with young men and implementing trauma-informed and therapeutic approaches that recognise both the experiences of young men, while also maintaining a lens to the safety of victim survivors and supporting them to move away from their use of IPV.

### Build Rapport and Trust

**'No work ever gets done until we take care of trust, engagement, all that kind of stuff [...] that's the first door that gets opened. And then once that door gets opened, there's a whole lot more possibilities for other doors to be open, but that's the first door, it's the security door, if that makes sense and there is no other way around it.'**

(Hung, AOD youth program practitioner)

This has been foregrounded in discussing the protective role of trusted support workers, avoiding stigma, and building safe spaces, but key for meaningful response is the time and capacity for building rapport and trust with young men who use IPV. This is an important part of the broader strategy for supporting behaviour change because it enables practitioners to broach sensitive topics.

There are real challenges for practitioners to build rapport and trust with young men who often start from a place of mistrust of services, as one young man in the validation workshop explains when asked if he talks to service staff about his relationship issues:

'Like, that's another thing, too. That's like, I have no idea who you are. You're a stranger to me. Why would I tell you my problems? You know what I mean? That's all I'm trying to understand.'  
(Participant 2, Workshop 4)

Practitioners pointed out that individual investment and rapport building takes time, which needs to be resourced. This is particularly true for young men who may have had ongoing contact with services. As research has shown, marginalised or disadvantaged young people often have histories of difficulties with services and therefore building trust with services can be critical to support any form of intervention and service delivery (Frederick, Spratt & Devaney, 2023; Jobe & Gorin, 2013):

'And then the work starts. But it, it takes time, I think, particularly for young people who have felt let down by families, by systems, by services. How can we build trust with them? And it takes time.'  
(Participant 4, Workshop 3)

The overarching message was that to be effective and ensure engagement with young men who use violence, service providers or practitioners need to make young men feel valued, safe, respected and heard. Top down, authoritarian approaches with limited respect or effort to engage and create a safe respectful space are not conducive to creating pathways for behaviour change, with shame and stigma presenting a big barrier as outlined earlier and emphasised by this practitioner:

'with younger men, I definitely don't, I get the impression that they really don't like being, I guess lectured about things. I think that's something they're probably dealing with from lots of other organisations and people in their lives.' (Elizabeth, practitioner)

This importantly takes time, so it is critical that service delivery is able to resource this work.

### Trauma-informed, therapeutic approaches

Practitioners proposed that young men need therapeutic and trauma-informed approaches. Trauma-informed approaches are seen to work best within an individual setting, due to risks of disclosures and/or risk of negative peer pressure in groups, especially for young men whose identity is still developing (Campbell et al., 2023). Tony (practitioner), for example, articulated this, indicating that in a group 'they're all bravado and they're all tough and you know... get them individually and I feel like they are safe. They can talk. And yeah, totally, totally different.'

This requires individualised, tailored approaches that also speaks to the diverse needs of young men, who experience intersectional marginalisation:

'What that approach needs to look like will vary person to person one intervention for this person will vary ... we talked about an interdisciplinary team, to be able to scaffold tailored supports to that young person' (Practitioner 1, Workshop 3)

'It just means that when they're going and having those conversations, it's really quite tailored, client-centred, and it's really working with that individual about what their use of family violence is, which we know is so broad in its definition. So, it's just working alongside them' (Practitioner 6, Workshop 3).

The key messages that emerged focused on the importance of wraparound services to respond to individual needs and bridge the co-occurrence of factors such as mental health, harmful drug and/or alcohol use, concurrent experience of family violence as a victim survivor and housing/homelessness.

Practitioners noted that best practice support requires a response to the whole person and their often-complex histories and experiences:

'And then a program that [is] responding to the whole person, you know, whatever identity dimensions or you know, family systems or other presenting needs that they had, yeah'.  
(Practitioner 3, Workshop 3)

Practitioners emphasised that any intervention focused on behaviour change or accountability needs to address trauma, as many users of violence are also victim survivors of violence and will have concomitant feelings of guilt and shame. One participant, who had a background in delivering MBCPs, stated:

'You can tailor the content and you can be more flexible within that and you can have a little bit more of a therapeutic or trauma informed lens than you would have in the standard group, cause I mean like for us, our overarching framework is accountability. So we don't have a lot of therapeutic stuff or trauma informed stuff within that. We do a little bit, but not really. I think what I notice is that the young men in the group could probably do with a little bit more trauma informed therapeutic stuff, as well as the accountability family violence as well.' (Kyra, practitioner)

Likewise, a survey respondent suggested that the ideal would be a 'service with understanding of impacts of early childhood trauma (using ACE framework)'. Some respondents articulated first meeting the person 'where they are at' and the importance of establishing safety, respect and trust with young users of violence to address trauma was critical:

'There's responsibility issues that you need to address before you even go into that sort of intimate family violence. Sometimes you need to talk to them about some of the trauma that they've been exposed to and ensure that they're being supported. To address some of that trauma before sort of engaging within a program that might address their offence. I'm talking to them sort of about their emotions attached to that situation during the event, post the event, what their emotions are at present. Because it can be quite traumatic. Likewise, someone is [using] violence, it can actually pose some trauma to them as well, and that's something they may need to process and deal with. And there's a lot of guilt and shame that flows on from that.' (Isy, practitioner)

### Building self-esteem and self-confidence

As part of a trauma-informed and therapeutic approach, practitioners emphasised that it was essential to build self-esteem and confidence to ready young men for the challenging emotional work needed to realise behaviour change. To change behaviour requires a healthy self-esteem and confidence that most practitioners felt IPV users lacked. As the following practitioners indicated:

'I guess if there is something alongside them that is building up their confidence and self-esteem, then they're gonna be better equipped to manage difficult situations because they've got more confidence in themselves to be able to do that' (Practitioner 1, Workshop 3)

There was a recognition by practitioners that a lack of self-esteem was linked to experiences of trauma, thus emphasising the need for trauma-informed supports:

'...what we were talking around increasing self-esteem and self-confidence within young adults. Uhm, and there's a lot of like trauma-informed practice sort of references and acknowledgement of trauma and trauma experiences. Uhm, and also the recognition of young people who may be using violence, who are also victim survivors and maybe concurrently experiencing violence potentially in the later years as well.' (Dave, practitioner)

The young men were able to clearly articulate the link between low self-esteem and violence use as well:

**Facilitator 2:** 'Do you think lack, lack of confidence would be linked to someone's use of violence against their partner?'

**Participant 2:** 'Yep. 100%.'

**Facilitator 1:** 'Can you explain that? If that's okay...?'

**Participant 2:** 'Yeah, it basically comes down to like bullying. So because this guy can't bully his mates, he'll bully his missus. That makes sense.' (Workshop 4)

On strategies to enable building confidence and self-esteem, young people and practitioners emphasised the potential for adventure-based therapeutic approaches and structured activities that intentionally move 'out of the white room' and into spaces that feel safe and comfortable. Activities provide opportunities not to just talk but also to build confidence and self-esteem through doing. When asked about the kinds of structured activities that would be helpful in the service setting, a young man in the validation workshop indicated:

'Yeah, make them like, work together. Problem-solving things, make them do that stuff together. They'll feel good, bro. Trust us.' (Participant 3, Workshop 4).

Developing skills to solve one's own problems as this participant explains, can 'feel good' and underpins principles about how best to support young men. As discussed previously (see 'Build Rapport and Trust'), young men reject top-down approaches to support. For instance, in Workshop 4 there was discussion around the delivery of advice, framed instead as 'suggestions'. Participant 2 said:

'That would work instead of telling them what to do. Because you can just be like, it's a choice. I'm not telling you what to do. I'm saying you can do this if you want.' (Participant 2, Workshop 4).

Support that enables young men to consider options and find solutions to their own problems is likely to be integral to building self-esteem and confidence, and in combination with trauma informed and therapeutic approaches, is key to readying young men for behaviour change.

## Key principles: A summary

There was some clear consensus across the multiple phases and approaches to data collection that form a picture of what is needed to effectively address young men's use of IPV. The idea of 'moving away from the white room' became a key catchphrase in the third workshop, which entailed co-designing intervention approaches with practitioners, young men and the research team. We had this written on the board and returned to it often and it ranked highly in various priority ranking activities. This points to the need for an imaginative approach to intervening in young men's use of IPV that takes its lead from the expertise and service ecosystem that already exists. Participants highlighted the need for services to be able to be accessed and engaged with, in spaces where young people are already going, where they feel safe and respected. As AVITH worker Janice described, this may be through sport provided by a service in the local neighbourhood, which is then an 'in' to a service provider's other activities. Other practitioners suggested leadership and self-esteem trainings or programs to sit alongside more individualised interventions, held by services that young men already trust and access.

We witnessed exemplary relationships of rapport and trust with practitioners, who were not IPV specialists but were often the 'first door', but had no place to refer young men for these issues. Their engagement with these services did, however, keep them in sight. But there was a clear gap in relation to accessible (financially, geographically, and timely) funded support with practitioners, who specialise in young men's use of IPV and have a family violence lens. Ideally, practitioners and young men would like to see family violence specialists embedded at the services they already access and who speak to their cultural, religious, ethnic, or geographical backgrounds. Thought should be given to the space's young men access, considering that this might be very different depending on culture, faith, identity, ability, age and socioeconomic status.

The findings have surfaced three principles to guide and support development of IPV service delivery for young men:

1. Principle One: Facilitate meaningful engagement with young men
2. Principle Two: Establish youth-friendly settings of engagement
3. Principle Three: Create pathways to behaviour change

Our findings suggest that these three guiding principles will enable the development of a youth specific specialist service response that sustains program engagement, reduces harm, and enables meaningful behaviour change. These principles emphasise the need for safe(r) spaces where young men can be vulnerable, not feel stigmatised, and where trauma-informed and therapeutic approaches can take place to facilitate behaviour change. Offerings of both group and individual tailored support should be considered by inter/transdisciplinary teams to support young men using IPV. These need to be culturally appropriate, intersectional and responsive. They need to offer developmentally appropriate responses delivered in the settings the young men are (e.g. schools and other places such as community hubs, youth centres), and consider activity/adventure-based activities. These programs should be evaluated to assess effectiveness, appropriateness, impact and sustainability.

Further, there is a potential role for young men to be involved in aspects and co-design of service delivery, or inputting into development as young people themselves have strong ideas about what would sustain their engagement. This means bringing evidence together and meaningfully listening to young people's needs (Howard et al. In Press, 2025).

In terms of the setting, it was noted that services need to re-consider their hours of operation, with participants highlighting that incidents often do not occur between 9am-5pm. After hours telephone lines and/or online or digital options should be canvassed. There was an acknowledgment that settings need to move away 'from the white room' into the places where young men feel safe and comfortable. This ranged from group activities to one-on-one support, with suggested settings including, but not limited to:

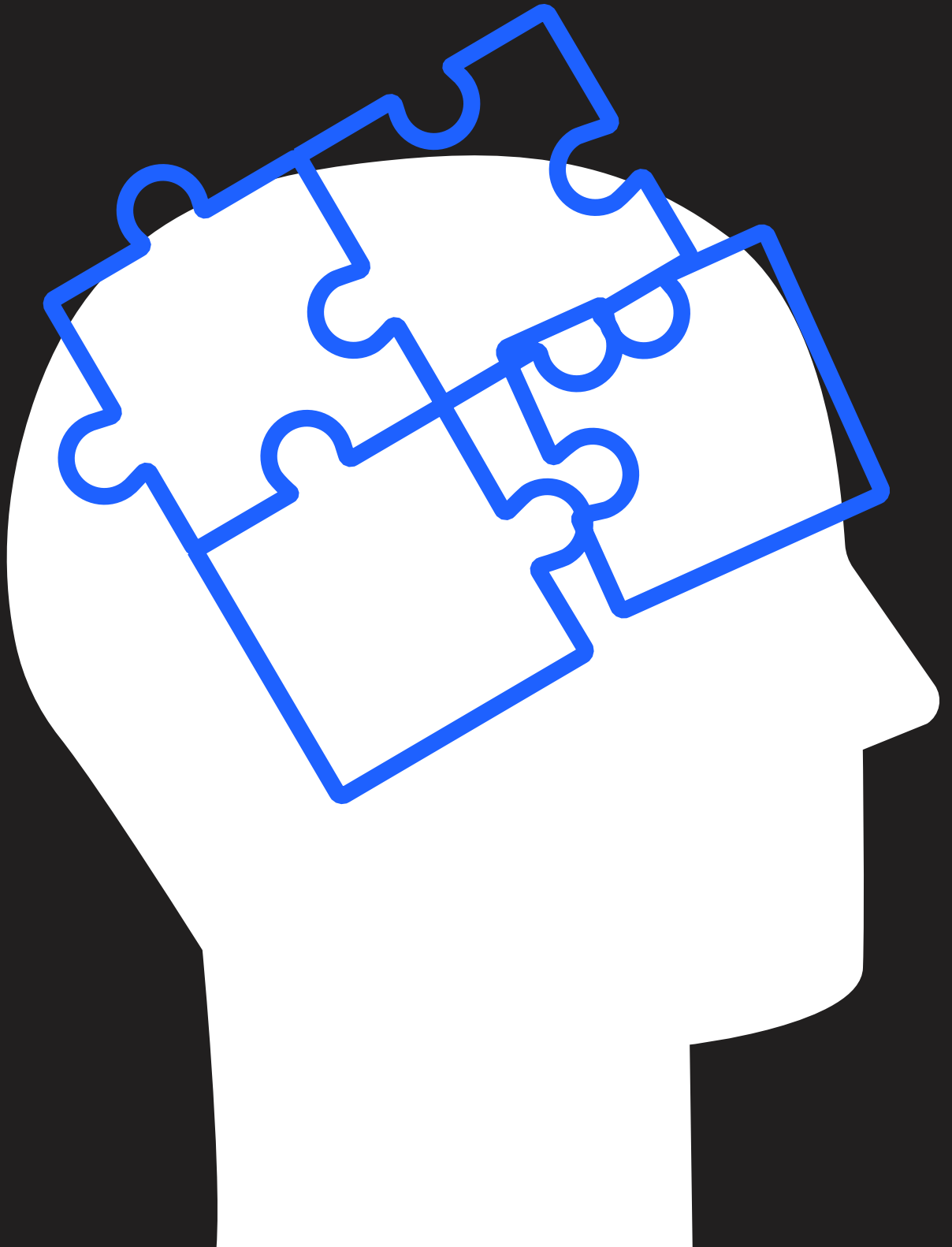
- › Doing physical activities – importance of helping young men developing or improving communication skills and capacity for 'emotion talk'
- › Going for a drive or walk – promoting shoulder-to-shoulder and 'emotion talk', where safe and appropriate to do so
- › Adventure based therapeutic approaches or similar, to support self-esteem and confidence building
- › Creative arts approaches.

In relation to the strategies for working with young men, there was a recognition that approaches need to support young men to become more introspective to address self-esteem and confidence issues. It is critical this is strengths-based and supported by non-judgemental practitioners and also offers skill-building to assist young men to communicate to resolve conflict without violence.

For implementing this support, there was an acknowledgement that it was often not just about a focus on the young men, but also a whole family/community approach that provides the environmental support for individual behaviour to change. In this way strategies need to account for both the individual and their needs, as well as the contexts they are in.

To this end support and resources need time to be developed, so that they can be adequately tailored, including being culturally and age appropriate. For instance, group work can play a role in reinforcing positive change if age appropriate e.g. may need to be tailored to younger (school aged) versus young men in mid to late adolescence or in their early twenties. This research has highlighted the importance of ensuring that accessible, age-tailored and developmentally responsive support is available to young men and victim survivors to encourage change and safety in both their current lives and future trajectories.

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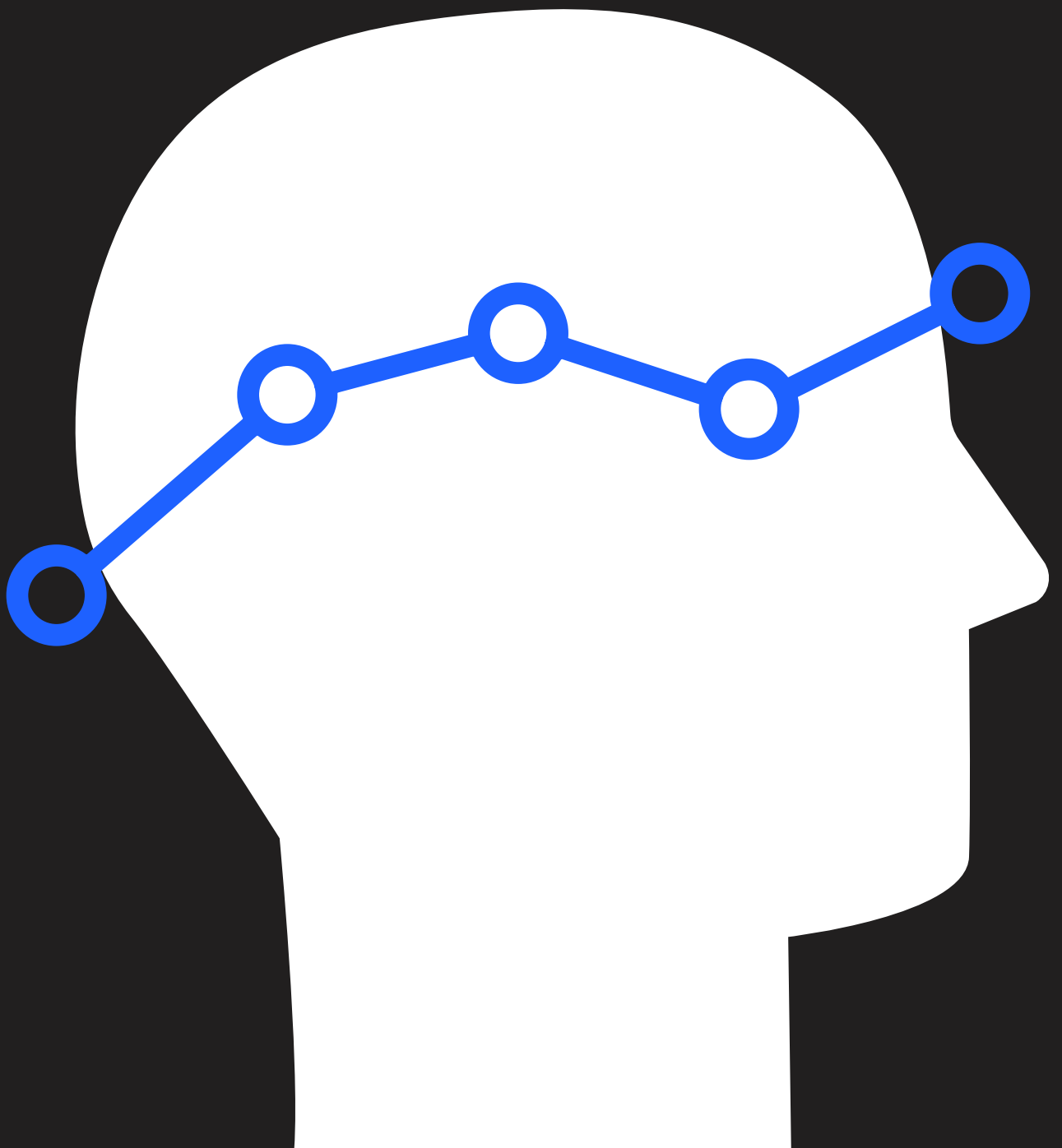
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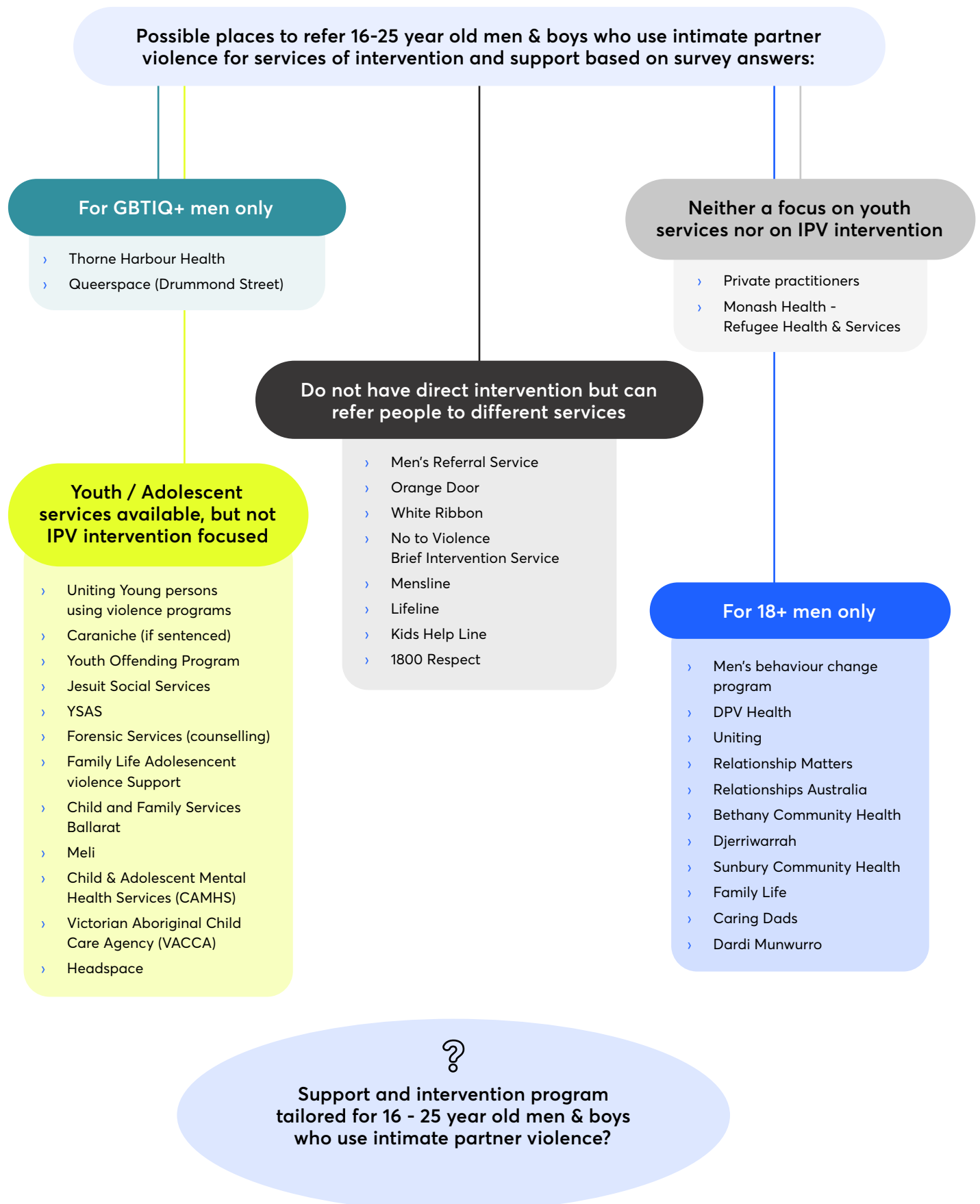
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# Appendix



## Appendix 1: Possible referrals





**WESTERN SYDNEY**  
UNIVERSITY

