

Evidence Review

Addressing young men's
use of Intimate partner violence

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Summary

Young people experience intimate partner violence (IPV) at alarming rates, and current systems are failing both those who are harmed and those who cause harm. This review examines what the evidence tells us about the nature and scale of youth IPV, the pathways into it, and—most importantly—what works to address it.

Around three in ten Australian 18–19-year-olds report experiencing some form of IPV in the past year (O'Donnell et al., 2023). Emotional abuse and physical violence affect young men and young women at similar rates; young women, however, are significantly more likely to experience sexual abuse (O'Donnell et al., 2023). Across the research, the dominant pattern is unambiguous: young men are the primary users of violence, using it more often, in more severe forms and in ways that carry the greatest risk of harm (Mathews et al., 2025; Nicholas et al., 2025; O'Donnell et al., 2023). Stating this plainly is not a limitation of scope; it is a commitment to keeping the safety of young women at the centre of every response.

Young people are a uniquely complex cohort. Many who use violence are themselves victim-survivors of family violence, navigating disrupted development, fractured systems and limited access to support (Fitz-Gibbon, 2025a, 2025b). It is also important to note that most children and young people who experience violence in childhood do not go on to use violence in adulthood, with available evidence suggesting this occurs in fewer than one third of children exposed to family violence (Fleming et al., 2015). Responding effectively to youth IPV means holding both realities simultaneously: the harm being caused and the context in which it occurs, without allowing one to obscure the other.

Evidence shows that young people cannot be adequately served by programs and systems designed for adults. Age-appropriate, trauma-informed responses are essential. Particularly promising, but underused, approaches include:

- Developing age-appropriate behaviour change programs that hold accountability and trauma-informed care as complementary.
- Taking a whole-person approach to address co-occurring needs—including housing instability, mental health issues, and histories of family violence—and treating these as preconditions for behaviour change, not as distractions from it.
- Building a coordinated, cross-sectoral ecosystem of responses that brings together schools, housing services, early parenting programs, the justice system and specialist domestic, family and sexual violence (DFSV) services.



Failing to tailor responses to young people is a missed opportunity and a cost borne most heavily by the young people, mainly women, who are being harmed.

Box A: Key messages

- **Young women are the primary victim-survivors of the most serious forms of youth IPV.** Young men and women experience emotional abuse and physical violence at similar rates, but young women are significantly more likely to experience sexual abuse. Young men are the predominant users of severe, high-risk and controlling violence. Those experiencing IPV must remain the central concern of any response.
- **Young people are a distinct cohort with unique developmental needs.** They cannot be adequately served by systems and programs designed for adults.
- **Many young men who use IPV are themselves victim-survivors of family violence.** Practitioners must hold both realities at once; respond to a young man's trauma and history without losing sight of the harm they are causing.
- **Not all violence can be responded to in the same way.** Whether aggression is proactive, reactive or affective has direct implications for which intervention will work. Practitioners who understand the function of violence, not just its form, are well placed to intervene effectively.
- Emerging evidence suggests that standard adult Men's Behaviour Change Programs may not be the most appropriate response for 18-25-year-olds. Younger participants complete programs at significantly lower rates. Age-appropriate, trauma-informed alternatives are urgently needed.
- **A whole-person approach is not optional; it is the precondition for change.** A young man cannot meaningfully address his use of IPV if he is homeless, in crisis or without a trusted adult in his life.
- **Technology-facilitated abuse is central to how young people experience and perpetrate IPV.** Location tracking, constant contact expectations and image-based abuse require practitioners to have specific tools and skills.
- **The legal system is applying adult frameworks to young people with harmful results.** Intervention orders designed for adults are being applied to children as young as 12 without adequate assessment of developmental capacity. Simultaneously, some young women are being misidentified as perpetrators, which deters help-seeking and compounds harm.
- **Some young people face compounded risk and are acutely underserved,** including young people leaving out-of-home care, young fathers, First Nations young people and LGBTQIA+ young people.
- **There is no dedicated service response for young people aged 15–17 who are using IPV.** Dedicate funding to develop and evaluate responses for this age group during this critical developmental window.
- **The evidence does not support incarceration-focused responses as a primary strategy for youth IPV.** Insights from practice and research suggest that young people may have a greater capacity for change than older adults, and that a developmentally informed, rehabilitation-oriented responses are associated with better safety outcomes for victim-survivors.
- **The evidence on what works remains thin because evaluations have measured the wrong things.** Completion rates and program attendance tell us little about the question research identifies as central: whether young women are safer. The evidence supports a shift toward evaluation designs that measure victim-survivor safety outcomes.
- No single program or service can address youth IPV alone. Coordinated, cross-sectoral responses are the baseline.

1. What do we know about youth IPV?

Youth IPV is common, often severe and deeply under-recognised by the systems intended to respond to it. The evidence consistently shows that young men are the predominant users of violence in young people's relationships—using more violence, more often, and in more serious and risky ways—and that young women bear the greatest burden of harm.

1.1 The scale and nature of youth IPV

Youth IPV affects young Australians at rates that should alarm policymakers and communities. Around three in ten 18–19-year-olds have experienced some form of IPV in the past year (O'Donnell et al., 2023). Almost half (48%) of young Australian women report experiencing IPV, and nearly three in four young women aged 18–24 report experiencing technology-facilitated abuse in their lifetime (Mathews et al., 2021; Powell et al., 2022). In a national longitudinal study, close to 120,000 men each year reported starting to use violence within their relationships (O'Donnell et al., 2025).¹

The impacts on young victim-survivors are wide-ranging and long-lasting: harmful alcohol and drug use, poor mental health, social isolation, disengagement from school, reproductive health issues and lasting hypervigilance long after the relationship has ended (Johnston et al., 2025; Kirkman et al., 2025; Piolanti et al., 2022). Young women frequently encounter an additional burden—having to fight against narratives that minimise or deny their experiences—which compounds the harm they have already suffered (Johnston et al., 2025). For young people from marginalised communities—First Nations young people, LGBTQIA+ young people, young people in regional or rural areas, and young people with disability—violence is experienced in uniquely layered ways shaped by intersecting systems of disadvantage and discrimination (Campo & Tayton, 2015; Carlson et al., 2024; Fitz-Gibbon et al., 2022).

1.2 How violence functions: proactive, reactive and affective aggression

Emerging research indicates that the violence young people use, particularly in relation to child-to-parent violence, does not all serve the same function (Harries et al., 2024). This raises key intervention considerations for violence across the lifespan, including youth IPV, where understanding this distinction may be key to intervening effectively. Drawing on developmental and social psychology perspectives, the research identifies three distinct forms of aggression: proactive aggression, which is planned and instrumental; reactive aggression, which is retaliatory and triggered by perceived threat; and affective aggression, which arises from emotional dysregulation rather than calculated intent (Blair, 2013; Harries et al., 2024; Smeets et al., 2017).

While interventions for men using family violence tend to centre on proactive, intentional use of violence, young people presenting to services may be engaging in reactive or affective aggression,

¹ Prevalence data should be interpreted with caution: studies use varying definitions, age ranges and methodologies, making direct comparison difficult.

arising not from a deliberate exercise of power and control, but from dysregulated responses to threat, conflict or emotional overwhelm.

For young people with a history of domestic and family violence exposure, reactive and affective aggression seem particularly likely to predominate. Harries et al. (2024) note that this form of aggression can develop as a means of communicating or meeting needs that were not met, or were inconsistently met, by caregivers—a pattern directly associated with exposure to domestic and family violence. Where a young person has grown up in an environment of violence, their aggression may reflect a dysregulated threat-response system shaped by early adversity, rather than entrenched callous-unemotional traits of the kind associated with proactive aggression. This is a clinically important distinction: it points toward the treatability of reactive and affective presentations and underscores the need for trauma-informed assessment that considers a young person's history of violence exposure before drawing conclusions about the function of their aggression.

This distinction carries direct practice implications. Proactive aggression may indicate greater treatment resistance and require more intensive specialist responses. Reactive and affective aggression may respond better to skill-building in emotional regulation, distress tolerance and conflict resolution. Practitioners are encouraged to consider the function of a young person's violence, not only its form, as a starting point for case conceptualisation. This may sharpen the precision of accountability work without diminishing it.

1.3 Technology as a primary channel for abuse

Technology-facilitated abuse is not a peripheral issue in young people's relationships; it is a central mechanism through which control, surveillance and harm are enacted. Location tracking, constant contact expectations, password sharing and image-based abuse are increasingly normalised within young people's relationships. Yet these behaviours are rarely identified as controlling behaviour by either party (eSafety Commissioner, 2024).

Smartphone applications that normalise continuous location sharing, such as Find My Friends and Snapchat, can facilitate stalking and monitoring. Young people often perceive password sharing and location access as gestures of trust rather than mechanisms of control (eSafety Commissioner, 2024; Stonard, 2020). If an intimate partner fails to respond within an expected timeframe, there is often an automated assumption of infidelity, keeping young people in heightened states of jealousy and insecurity (Stonard, 2020). Young people can weaponise these digital norms to enact violence through technological channels. Australia's eSafety Commissioner has raised specific concerns about the normalisation of behaviours consistent with stalking and coercive control within the digital relationships of young Australians (eSafety Commissioner, 2024).

Recent Australian research documents the school-level impacts of manosphere content in detail. Boys and young men who follow manosphere influencers are more likely to hold sexist and misogynistic attitudes, and among some this translates to increased resistance and backlash towards classroom conversations about gender equality, consent and respectful relationships (Pfitzner et al., 2026).

Many boys report feeling uncomfortable with the misogyny they encounter online and among peers but feel unprepared or socially unsafe to challenge it (Pfitzner et al., 2026), pointing to bystander capacity building as an underutilised prevention lever across school settings. Importantly, these

dynamics are not confined to particular school types or socioeconomic settings. However, research in elite private boys' schools documents that gender-based harm in those environments tends to remain hidden and unchallenged, with institutional cultures and market pressures motivating the erasure rather than the acknowledgement of gendered harm (Variyan & Wilkinson, 2022), limiting both external scrutiny and research access.

1.4 Young men who use violence are often victims themselves

A defining feature of this cohort, and one that must shape every practice response, is that many young men who use IPV are themselves likely to be victim-survivors of domestic and family violence (Fitz-Gibbon, 2025a, 2025b). At the population level, one in eight Australian adults — 13% — report having witnessed violence between their parents or caregivers before the age of 15 (ABS, 2023; Higgins et al., 2023). This reality must inform how practitioners respond without ever displacing the safety and needs of the young women being harmed.

The available evidence—drawn largely from young people in contact with statutory systems—indicates that many young men who use violence have also engaged with fragmented crisis services, child protection, housing support, and mental health systems (Fitz-Gibbon, 2025a). Trauma, educational disruption, isolation and the absence of trusted adults shape their pathways into harmful behaviour (Fitz-Gibbon, 2025a, 2025b). Housing instability is a particularly critical factor: young people who are homeless, or who have recently exited out-of-home care, face compounded vulnerability to both using and experiencing IPV (Brisbane Youth Services, 2025). Understanding a young man's history of victimisation is not grounds for minimising his use of IPV; it is a context for intervening more effectively on behalf of the young woman he is harming.

Box B: The legal landscape is failing young people on both sides

The evidence indicates that the legal system is applying adult frameworks to young people with harmful results for those using violence and those experiencing it.

Intervention orders originally designed for adult relationships are being applied to children and young people, including those as young as 12, without adequate assessment of developmental capacity or context (Victoria Legal Aid, 2025). Victoria Legal Aid has observed a 34% increase in child clients with Family Violence Intervention Orders or Personal Safety Intervention Orders applications since 2018, with children with disabilities disproportionately affected (Victoria Legal Aid, 2025). Young people often find themselves treated in one of two ways: as individuals with no agency or as fully formed adults with deliberate intent to harm. Neither framing reflects their developmental reality and neither produces meaningful outcomes (Nicholas et al., 2025).

The system is simultaneously failing the young women it should be protecting. Many are not believed by police, are discouraged from pursuing intervention orders, or find that orders, once granted, offer little practical protection (Korkmaz, 2021; Rowlands et al., 2021). A particularly serious failure documented in the research is the misidentification of victim-survivors as perpetrators: when police and courts lack the training, time or inclination to accurately assess the nature and history of violence in a relationship, young women who have used reactive or defensive force can find themselves issued with orders or charged (Barlow & Walklate, 2025; Johnston et al., 2025; Reeves, 2021). Research shows this misidentification falls disproportionately on First Nations young women, LGBTQIA+ young people, young women with disability, and young women from culturally and racially marginalised communities (Reeves, 2021). The evidence points to a legal landscape producing outcomes that neither adequately hold young men accountable nor adequately protect the young women they are harming.

2. What are the pathways to youth IPV?

The pathways through which a young person comes to use IPV are complex, intersecting and shaped by both individual experience and structural context. No single factor predicts youth IPV, but multiple vulnerabilities compound risk. Understanding these pathways is not about excusing violence; it is about identifying the points at which intervention is most likely to make a difference.

2.1 Violence in the home and the absence of healthy relationship models

One of the most consistent predictors of youth IPV perpetration is growing up in a home where violence is present. Young people living with family violence can struggle to resolve conflicts in their own intimate relationships. This is not because they are incapable, but because they have never seen healthy conflict resolution, consensual communication or safe attachment modelled by a trusted adult (Abbott et al., 2021; Kedzior et al., 2024).

This absence of positive role models shapes both behaviour and perception. A UK study found that young women struggled to separate love, care and protection from coercive and controlling behaviours because they lacked a reference point against which to make that distinction (Abbott et al., 2021). Australian research echoes this: young people in South Australia reported a significant disconnect between the qualities they desired in relationships and the realities of their relationships. They reported a strong interest in observing healthy relationships around them to understand their own experiences in comparison (Kedzior et al., 2024). For many young people, recognising violence as violence is a learned capacity and one that services cannot assume is already in place.

Conversely, having a positive male role model—particularly a father figure—is identified as a protective factor against the use of violence in adulthood (O'Donnell et al., 2025). This underscores the relational nature of both risk and protection, and points to the importance of mentoring, peer support and worker relationships as intervention levers when biological family cannot provide this.

2.2 Young people exiting out-of-home care

Young people leaving out-of-home care (OoHC) are among the most consistently identified and most underserved cohorts within youth IPV responses (Ball et al., 2024). Before turning to the evidence, a methodological note is warranted. Young people whose lives intersect with statutory systems—child protection, housing, justice—are considerably more visible to researchers than those who do not. The concentration of evidence on the OoHC cohort partly reflects this: young people using or experiencing IPV who have never had contact with government services are likely to remain substantially under-detected in the research literature. This is a known limitation of the field, and it is reasonable to assume that youth IPV is more evenly distributed across socioeconomic groups than the evidence base currently suggests. The risk factors associated with OoHC—trauma history, disrupted attachment, housing instability, and abrupt transition to independence—are nonetheless well-evidenced as pathways to IPV perpetration and victimisation in their own right, and the concentration of these risk factors in this cohort is not an artefact of research attention.

Children enter OoHC most commonly due to abuse, neglect and exposure to family violence, meaning many carry significant trauma histories by the time they transition to independence (Ball et al., 2024; Campo & Commerford, 2016). This transition typically happens earlier and with far less support than their peers, and it coincides with the developmental period when impulse control, emotion regulation and the capacity for intimacy are still consolidating (Avery & Freundlich, 2009; Campo & Commerford, 2016). For young people with complex trauma histories and disrupted attachment, these developmental processes are further compromised, increasing vulnerability to both using and experiencing IPV. Housing instability, a common experience of those exiting OoHC, is an especially critical risk factor. Young people who are homeless face compounded difficulty in both stopping violence and accessing support.

The intersection of OoHC history with early parenthood is particularly significant. Being a young parent under the age of 21 may be one of the clearest risk factors for IPV (O'Donnell et al., 2025), and for young people who have never experienced stable, safe caregiving relationships, the demands of parenting arrive without the emotional regulation skills or relational security that support safe family formation. Early parenting services may represent one of the few reliable points of contact where behaviour change work can begin and where the motivation of becoming a parent can be a powerful driver of change when met with appropriately trauma-informed, wraparound support (Campo, 2015; Mann & Duell, 2024).

2.3 Gender roles, entitlement and the manosphere

Young men's use of violence is consistently linked to adherence to rigid gender role expectations and attitudes accepting of violence against women (Malhi et al., 2020). Heteronormative social scripts position young men as initiators and socialise them to persist despite resistance, increasing the likelihood that a partner's verbal and non-verbal boundaries are ignored or overridden (Hird & Jackson, 2001; McGlynn & Rackley, 2017; Nikula & Berg, 2024). For young women navigating these scripts, the consequence is the daily negotiation of safety, the suppression of boundaries and the adaptation of their own behaviour to manage a partner's violence (Brown & Hegarty, 2021; McGlynn & Rackley, 2017; Powell et al., 2022).

The manosphere—a network of online communities that challenge feminism and justify violence towards women—has become an increasingly significant pathway into harmful attitudes, particularly among young men aged 18–29 (Meger et al., 2024). Anti-feminist messaging normalises misogynistic worldviews and provides social legitimacy for controlling behaviour. Of particular concern is the rise of incel communities, where violent extremism is actively promoted (Phelan et al., 2025). The COVID-19 pandemic accelerated this, with extended social isolation linked to increased alignment with misogynistic online content among young men who had lost their usual protective social connections (McCann et al., 2023; Wescott et al., 2024). There is some evidence that online spaces can provide protective and preventive opportunities. However, we have limited understanding of other protective factors and resilience that prevent young people from becoming abusive as adults (ANROWS & Australian Government Department of Social Services, 2026).

2.4 The COVID-19 pandemic and its ongoing legacy

The social restrictions accompanying the COVID-19 pandemic removed the protective social infrastructure many young people depend on at a critical developmental stage. School closures, lockdowns and restricted access to peers, teachers and community members eliminated the everyday relationships that support de-escalation, social skill development and exposure to healthy relationship modelling (Pfitzner et al., 2023; Wescott et al., 2024). For young people already in high-risk home environments, lockdowns both increased exposure to family violence and reduced the ability to seek help (Bennett et al., 2021).

In Australia, the pandemic's impacts on young people have extended well beyond the lockdown period. Young people continue to demonstrate patterns of social anxiety and reduced community engagement at significantly higher rates than pre-pandemic levels (Kindred & Bates, 2023). This sustained social withdrawal means many young people are entering intimate relationships without the peer experiences and adult guidance that help build the relational skills and the reference points for healthy relationships, which might otherwise protect against IPV.

Box C: Additional pathways — from practice

The European Guidelines for working with young men who use violence against their intimate partners identify a range of additional, intersecting pathways into youth IPV that practitioners should be aware of:

- *Heightened risk around teenage pregnancy and large age gaps between partners*
- *Barriers to reporting and gaps in recognition of violence*
- *Normalisation of coercive control and stalking behaviours*
- *Peer communication and social media*
- *Substance misuse*
- *Living away from home (e.g. at university)*
- *The unique ways young men experience intersections of marginalisation (Nikula & Berg, 2024).*

3. What works to address youth IPV?

Despite the scale of the problem, dedicated behaviour change responses for young men aged 18–25 who use IPV remain critically underdeveloped across Australia. In Victoria, in 2026, there is currently only one men's behaviour change program specifically designed for this cohort, run by Meli in Geelong (No to Violence & Meli, 2026)—this is despite a broader prevention landscape that includes school-based initiatives such as the Respectful Relationships curriculum.² The international evidence base, however, is increasingly robust: meta-analyses and systematic reviews consistently find that well-designed programs produce significant positive impacts on knowledge, attitudes and perpetration, and that interventions grounded in healthy relationship skills, protective social norms and gender equality show the strongest effects (Ellsberg et al., 2018; Finnie et al., 2022; Lee & Wong, 2022). The evidence on what works for young people specifically points clearly in one direction: responses designed for adults are not adequate, and the cost of that mismatch is borne primarily by the young women being harmed.

Box D: What do we mean by prevention, intervention and 'secondary prevention'?

Youth IPV interventions are often described as 'secondary prevention', defined as intervening after violence has occurred to prevent further harm (Buchanan et al., 2025; Neilson et al., 2023; Piolanti et al., 2022). Under this framing, youth IPV work spans the domains of prevention, early intervention, response and recovery and healing as outlined in Australian State and National policy frameworks, including the National Plan (Department of Social Services, 2022). While these domains may be helpful policy distinctions, youth IPV highlights that they rarely reflect the complexities of individual lives and can get in the way of person-centred, individually tailored approaches.

Multiple factors influence whether an individual continues or ceases using violence, and expecting transformational change from a single non-tailored intervention is unrealistic (Helps, et al., 2025). Despite this, practice expertise and research suggest that well-designed interventions contribute to increased safety for victim-survivors when compared with incarceration or no intervention (Jennings et al., 2017). A systematic review and meta-analysis of 26 preventive IPV interventions found a significant protective pooled effect, and notably that interventions including men were more effective than those targeting women only—reinforcing the value of sustained investment in approaches that engage young men directly (Alsina et al., 2024). This underscores the case for sustained investment in approaches tailored to young people.

However, structural barriers complicate this investment. The definitional ambiguity outlined above is one factor in the chronic under-resourcing of youth IPV work, but it sits alongside deeper issues: the historical invisibility of young people within systems designed for adults, and a tendency to treat youth IPV as a youth justice rather than a DFSV concern. Together these have produced fragmented, limited funding at every level of government. Clarifying these issues is a precondition for building the sustained, coherent funding environment this work requires.

² The Respectful Relationships curriculum is a whole-school approach to respectful relationships education delivered across Victorian schools. See: Victorian Government (2026). Respectful Relationships. <https://www.vic.gov.au/respectful-relationships>

3.1 Centring young women's safety and gender

Every intervention, regardless of a young person's age, trauma history or complexity of need, must be grounded in one non-negotiable priority: the safety of the young woman being harmed. Centring young women's safety is not a principle that competes with trauma-informed, developmentally appropriate responses to young men; it is the reason those responses matter. The goal of supporting a young man's behaviour change is the safety and freedom from violence of the young woman he has harmed, and of any future partners.

In practice, this means ensuring that victim-survivor support is adequately resourced and not treated as secondary to the work with the person using violence. Insights from practice indicate that phone-based support is likely to be insufficient for the complex needs of young women experiencing youth IPV (No to Violence & Meli, 2026). It also means actively working to prevent misidentification by equipping practitioners to recognise when a young woman's use of reactive or defensive force is being misread as perpetration, and to challenge that misidentification when they encounter it.

Evidence also highlights that effective interventions are those which are grounded in a gender-transformative approach that recognises the gendered drivers of violence and actively works with young men to examine their relationship to masculinity, power and gendered expectations (Nicholas et al., 2025; Nikula & Berg, 2024). Importantly, psychoeducation about healthy relationships is not only relevant to the young men using violence, but it is also equally relevant to the young women who have been harmed by them (Lourenço et al., 2019; Nikula & Berg, 2024). Many young women have grown up in the same environments of limited relationship models and normalised control, and the journey to recognising coercion as violence rather than love can be lengthy and non-linear (Abbott et al., 2021; Kedzior et al., 2024).

3.2 The importance of age-appropriate approaches and a developmental lens

Standard Men's Behaviour Change Programs (MBCPs) do not adequately serve this age group. In studies of standard adult MBCPs that include younger participants, younger participants generally complete programs at lower rates than older participants (Fitz-Gibbon et al., 2024), which illustrates how adult frameworks may undermine engagement with young people. There is a need for genuinely different approaches, not simply adapted adult ones. A developmental lens is key across youth intervention responses because young people may not have developed the emotional literacy (Estevez-Casellas et al., 2021; Fatima et al., 2025; Fernández-González et al., 2018) or cognitive development (Exner-Cortens, 2014; Leadbeater et al., 2018; Russell & Voith, 2026) to understand their behavioural patterns and their effect on others, or how to take accountability.

All of these skills require support to build (White & Sienkiewicz, 2018; Zosky, 2010). While the evidence base for specifically designed youth programs remains limited, practice insights from Meli's hybrid model—combining individual case management with group work—point clearly in one direction: higher rates of disclosure and deeper engagement than standard adult program models produce.

The relational continuity at the heart of this model, where the same worker walks alongside a young man before, during and between group sessions, is not an operational detail. It is the mechanism of change (No to Violence & Meli, 2026).

Desistance theory (Sampson & Laub, 1993) provides a useful conceptual frame: it highlights that social experiences, rather than individual willpower alone, drive the attitudinal and behavioural shifts that make change sustainable (Giordano et al., 2015). Effective programs build protective social connections alongside accountability work (Daly & Marshall, 2021). There is also a well-documented and unaddressed gap for young people aged 15–17 who are already using IPV. This cohort is known to practitioners and remains without a dedicated service response.

Box E: Lessons from Meli's young men's group

Meli operates the only dedicated behaviour change programs in Victoria (at the time of writing) for young men aged 18–25 who use IPV. Key lessons from their practice:

- **Young men aged 18–25 are a distinct cohort with distinct needs.** Higher levels of engagement in a specifically designed program for young men illustrates the need for more targeted programs.
- **Accountability and trauma-informed practice are not opposites.** Holding both produces higher rates of disclosure and deeper engagement with young men than treating them as competing frameworks.
- **Individual sessions enable group work.** Pre-group case management, in-reach during crisis and real-time responses to incidents between sessions keep young men engaged long enough for change to happen.
- **Relational continuity is the mechanism of change.** The same worker who walks alongside a young man before the group facilitates the group. That continuity is not an efficiency — it is the point.
- Developing participants' emotional literacy is critical.
- Young men who have never had a stable relationship with a trusted adult, who are in housing crisis, or who are navigating poverty and systemic disadvantage, face additional barriers to engagement that programs must be equipped to address. These conditions alone do not drive violence, but they do shape what a young man needs before and during behaviour change work. Programs that cannot flex to meet young men where they are will lose them at exactly the moment they are ready to engage.
- While there is increasing research on the role of the manosphere (as outlined in Section 1.3), not all young men using IPV are driven by misogynistic online content. For young men reaching Meli's program — many carrying extensive histories in child protection, corrections and out-of-home care — poverty, the absence of safe role models, and sustained exposure to structural disadvantage are the more immediate context for their violence. These are structural conditions, not individual failings. Notably, research suggests that even young men who do engage with manosphere content tend to disengage when they gain access to supportive relationships and positive role models — pointing to a common thread in what effective practice looks like across this diverse cohort (Doherty et al., 2026).
- **Affected family member support needs to be rethought for this group.** Phone-based support alone may be insufficient for the complex experiences of young women impacted by Youth IPV.
- **The window when a young person is ready to seek help is narrow.** Waitlists and delays during that window are not neutral — they are risks. The system must respond immediately when that window opens.
- **There is no adequate service response for young people aged 15–17 using IPV.** This gap is known, well-documented by practitioners, and remains unaddressed (No to Violence & Meli, 2026).

3.3 Taking a whole-person approach

Impactful interventions are grounded in whole-person approaches: meeting a young person where they are and working with them to overcome barriers to behaviour change. The available evidence is drawn largely from young people in contact with statutory services, and it is important to note that marginalised young men—those experiencing homelessness, housing instability, mental health challenges, or the absence of a trusted adult—make up the majority of those currently known to services. For these young people, stabilisation is not a diversion from intervention; it is a key component of it. Addressing co-occurring needs—mental health, substance use, histories of family violence and housing instability—is not supplementary to the core work (Fitz-Gibbon, 2025a, 2025b; Nicholas et al., 2025). It is the core work.

Strength-based, non-judgemental approaches that build self-efficacy through both group and individual engagement are associated with better outcomes than those that focus narrowly on violent behaviour alone (Ellard et al., 2025). For many young people, particularly those with trauma histories and disrupted attachment, accountability is a capacity that must be actively developed through safe relational experiences, modelling and the gradual building of emotional vocabulary, as well as impulse regulation and consequential thinking (Avery & Freundlich, 2009; Campo & Commerford, 2016). Programs that embed accountability within this developmental framework are more likely to produce sustained change.

For First Nations young people, effective responses must be community-led, holistic, trauma-aware, strengths-based, and culturally grounded, centred in healing and in kinship, place, and Elders (Carlson et al., 2024). Many effective Aboriginal-led programs are under-resourced and inadequately evaluated, not because they lack impact, but because funding systems privilege Western conceptualisations of evidence, which frequently overlook support measures that combat poverty, ensure equitable educational opportunities, provide culturally appropriate healthcare and reform child protection and criminal legal systems to prioritise family preservation and Indigenous self-determination (Longbottom, 2026, p. 217). First Nations researchers consistently find that imposing external evaluation frameworks on community-led healing programs yields evidence that fails to capture what is actually working—a finding with direct implications for how programs are funded, evaluated, and sustained (Carlson et al., 2024; FNAAFV, 2024).

Box F: A Call to Action for Practitioners, Policymakers and Researchers — Marlene Longbottom, Defiant Resistance (2026)

In her call to action for all who work toward justice and equity for Indigenous women in Australia, Longbottom identifies seven commitments that carry direct relevance for practitioners, policymakers and researchers:

1. ***Listen and believe*** — centre the voices and lived experiences of Indigenous women in every conversation surrounding violence, justice and healing.
2. ***Educate yourself*** — commit to a lifelong journey of learning about the complex history of colonisation, the enduring impacts of systemic oppression and the rich tapestry of cultures and experiences within Indigenous communities.
3. ***Advocate for systemic change*** — become a vocal advocate for policies and initiatives that address the root causes of violence against Aboriginal and Torres Strait Islander women.
4. ***Use your platform to amplify, not speak over*** — cede your privilege and provide a platform to amplify Indigenous stories and voices.
5. ***Support First Nations-led solutions*** — invest your time, resources and energy in amplifying the work of Indigenous-led organisations and grassroots initiatives.
6. ***Challenge complicity and disrupt harmful systems*** — critically examine your own role in perpetuating systems of oppression, both consciously and unconsciously, and actively work to dismantle them.
7. ***Demand accountability*** — hold perpetrators of violence accountable for their actions, and demand accountability from institutions that fail to protect Indigenous women (Longbottom, 2026, pp. 216–218).



I see hope on the horizon. Conversations are emerging about the impact of legislative reforms, community-led initiatives and the need for a commitment to Indigenous self-determination as defined by Indigenous people."

- Marlene Longbottom, Defiant Resistance (2026)

Finally, effective programs are delivered in youth-friendly, accessible settings; moving away from clinical environments and toward spaces and times where young people naturally engage. Wherever possible, programs centre on peer, lived, or cultural experience, using relatable workers to foster trust and meaningful engagement (Nicholas et al., 2025).

3.4 A whole-of-society ecosystem response

No single program or service can address youth IPV alone. A coordinated ecosystem response that draws together multiple sectors, each engaging young people from different entry points, is crucial.

Schools offer a uniquely important setting for prevention. School-based psychosocial programs for adolescents aged 15–19 are associated with reduced perpetration, and evidence suggests the younger the person, the greater the potential impact (Piolanti et al., 2022). However, it is critical not to assume that all young people at highest risk attend school: those who are homeless, entering parenthood, or navigating mental health and substance use challenges are least likely to be reachable through school settings.

Universities, TAFEs, vocational training settings and workplaces represent underutilised but important sites for prevention and early intervention, particularly for young people aged 18–25 who are beyond the reach of school-based programs. Trades and apprenticeship environments are well-documented sites for the socialisation of rigid masculine norms, where conformity to toughness and the suppression of vulnerability are actively reinforced — precisely the norms that increase IPV risk and reduce help-seeking (Powell et al., 2018). Emerging initiatives such as the STRONG Trades project in Ballarat and the Training for Respect initiative across Victoria's VET sector signal growing recognition of these settings as opportunities for prevention, but investment remains nascent (Apprenticeship Support Australia, 2026; WHISE, 2024).

Early parenting services represent a significantly underutilised intervention point. Pregnancy and early parenthood are periods when violence commonly escalates and when a young man's motivation for change may also be at its highest (Campo, 2015; Mann & Duell, 2024). For young parents with OoHC histories, who bring together the vulnerabilities of care-leaving with the heightened risk of early parenthood, services need to hold both the compounded risk and potential for change that this period represents.

Housing and homelessness services are often the first point of contact for marginalised young people carrying both experiences of family violence and trajectories into using it. Integrated, trauma-informed housing support that goes beyond crisis accommodation is critical to creating the conditions in which behaviour change becomes possible (Ellard et al., 2025; Nicholas et al., 2025).

Protective relationships are among the most powerful buffers against youth IPV. Findings from one longitudinal study indicate that supportive friendships during adolescence reduce the risk of later emotional abuse victimisation by 36%; high trust and good communication with parents during adolescence reduce the risk of emotional abuse victimisation by 39% and sexual abuse victimisation by 77% (O'Donnell et al., 2023). Providing support to young people, their families and communities to build these relationships is not soft infrastructure; it is evidence-based prevention.

4. Implications for practice and policy

Meaningful change in how Australia responds to youth IPV will require action at every level of the system, from the individual practitioner working with a young person in crisis, to the policymaker designing the legal and funding architecture within which that work takes place. The implications below are structured into two tiers: policy and structural levers identified by the evidence as priorities for governments, funders and system architects; and practice levers for the full range of services that touch young people's lives.



The evidence is consistent: without structural change, the burden of a systems-level failure falls on the practitioners and young people least equipped to carry it.

4.1 Policy and structural levers

1. Reform the legal framework for young people using IPV.

The evidence documents significant harms arising from the application of adult legal frameworks to young people using and experiencing IPV. Research points to the need to address the application of intervention orders to young people without adequate assessment of developmental capacity, the minimum age thresholds within civil legal responses to family violence, and the training and attitudinal deficits that drive misidentification of victim-survivors as perpetrators (Reeves, 2021; Reeves et al., 2025; Victoria Legal Aid, 2025). The evidence consistently indicates that reform in these areas should be informed directly by the experiences of those the system is most consistently failing: First Nations people, LGBTQIA+ people, people with disability, and people from culturally and racially marginalised communities.

2. Resolve the definitional and funding fragmentation that leaves youth IPV work under-resourced.

Because youth IPV interventions do not neatly align with a single policy domain—spanning prevention, early intervention, response, and recovery and healing simultaneously—and funding streams focus on these domains, youth IPV work has been under-resourced. The evidence points to the need for more nuanced definitional models that reflect international conceptual frameworks for IPV, taking into consideration the wide range of factors that have been shown to increase the likelihood of men perpetrating partner violence. Research consistently documents that siloed funding produces fragmented service responses, with young people—and young women in particular—most directly bearing the consequences of gaps at every handover point.

3. Commission dedicated services for young people aged 15–17 using IPV.

There are currently very few, if any, dedicated service responses in Australia for young people aged 15–17 who are using violence in their intimate relationships. This gap is known and well-documented by practitioners and researchers (Buchanan et al., 2025; Neilson et al., 2023; Piolanti et al., 2022). The evidence indicates a critical developmental window for intervention, and the value of purpose-built responses for this cohort developed in partnership with practitioners who are already working with them across schools, housing and youth justice settings.

4. Align policy responses with the evidence on what produces better outcomes for victim-survivors.

Research consistently shows that young people's violence is less entrenched than that of older adults and that they have a significantly greater capacity for change (No to Violence, 2024). Incarceration-focused responses that do not include rehabilitation-oriented components have not been shown to produce better safety outcomes for victim-survivors and may actively disrupt the developmental conditions under which change becomes possible. Investment in developmentally informed, rehabilitation-oriented alternatives is supported by the evidence and should be reflected in commissioning decisions and policy frameworks.

5. Build youth IPV capability across all sectors that touch young people's lives.

Schools, housing services, health services, early parenting programs and the justice system are all encountering young people using and experiencing IPV, but few have the specialist DFSV training, tools or referral pathways to respond effectively. The evidence points to the value of building workforce capability across these settings: not awareness raising in isolation, but the specific conversational skills, screening tools and referral pathways that enable confident, safe responses. Research on workforce development in adjacent fields consistently identifies this as an infrastructure investment rather than a one-off training exercise, with sustained resourcing required to embed and maintain capability over time.

6. Resource and evaluate First Nations-led responses on their own terms.

Many effective Aboriginal and Torres Strait Islander-led programs that respond to family violence and youth IPV are chronically under-resourced and inadequately evaluated, not because they lack impact, but because funding systems privilege Western conceptualisations of evidence (Carlson et al., 2024; FNAAFV, 2024). First Nations researchers consistently identify that community-led healing, grounded in kinship, culture and self-determination, produces outcomes that externally imposed frameworks fail to capture (Carlson et al., 2024; Longbottom, 2026). The evidence supports funding Aboriginal Community Controlled Organisations to lead, design and evaluate responses for their communities; recognising community-led healing as legitimate, evidence-informed intervention; and developing evaluation frameworks that reflect what First Nations communities identify as meaningful outcomes.



Young people cannot wait for the system to be ready. Practitioners who understand youth IPV—and who are willing to name it, respond to it, and refer appropriately—are already part of the solution.

4.2 Practice levers

1. Keep young women's safety and lived experience at the centre of every response.

Every practice decision must be anchored in the reality that youth IPV is predominantly perpetrated by young men against young women, shaped by structural gender inequality and enabled by systems that have historically failed to take young women seriously. In practice, this means ensuring victim-survivor support is adequately resourced, actively challenging misidentification when encountered, meeting young women where they are rather than where services find it easiest to respond, and attending specifically to those facing compounded barriers; i.e. First Nations young people, LGBTQIA+ young people, young people with disability, and young people from culturally and racially marginalised communities.

2. Meet young people where they are developmentally.

Young people cannot be adequately served by systems and programs designed for adults. Age-appropriate responses that reflect a young person's developmental stage, including their capacity for accountability, emotional regulation, and sustained change, are not optional. They are the precondition for any meaningful outcome. This means actively challenging adult frameworks when they are applied to young people, and advocating within your organisation and sector for purpose-built alternatives.

3. Take a whole-person approach as the starting point, not an afterthought.

A whole-person approach is a vital precondition for change. A young man cannot meaningfully address his use of IPV if he is homeless, in crisis or without a trusted adult in his life. Addressing co-occurring needs, housing, mental health, substance use and trauma needs to be a key part of the intervention. Services should provide or actively connect young people to wrap-around support and document the gaps they encounter so that the case for better resourcing can be made with evidence from practice.

4. Apply a gendered lens to every interaction.

IPV is a gendered form of violence, grounded in unequal power dynamics reinforced by patriarchal social structures. Practitioners across all service settings should feel equipped to explore a young person's relationship to gender roles, expectations, and entitlement; and to provide psychoeducation about healthy relationships not only to young men using violence, but to the young women they have harmed and to the peers, families and communities in which both are embedded.

5. Address technology and online spaces explicitly.

Do not treat technology-facilitated abuse as a secondary issue or assume young people will raise it themselves. Build specific conversational tools to explore location tracking, constant contact expectations, image-based abuse and online community influences. Help young people, both those using technology to control and those experiencing it, to understand where connection ends, and control begins.

6. Engage with young people from wherever you are already accessing them.

Schools, housing services, early parenting programs, justice settings and health services are all legitimate and important sites for youth IPV intervention. Embed screening, referral pathways and basic response capability across these settings. Invest in the cross-sector coordination that makes those pathways work, and document and escalate the fragmentation that leaves young people unseen at every handover point.

7. Establish referral pathways and respond when the window opens.

The moment a young person is ready to seek help is narrow. Waitlists and delays are risks. Ensure referral pathways to specialist youth IPV services are known, up to date and fast. For further resources, the Family Violence Sexual Violence Knowledge Hub provides an accessible, thematically organised entry point to the evidence: <https://outcomes.org.au/young-person-ipv/>

8. Treat accountability as a capacity to be built, not a recognition to be demanded.

For many young people, particularly those with trauma histories, disrupted attachment and limited exposure to healthy relationships, to meaningfully take accountability is a skill that must be actively built through safe relational experiences, modelling, emotional vocabulary development and gradual consequential thinking. Practitioners who hold both the expectation of accountability and the developmental reality of how it is built are more likely to produce sustained behaviour change and more likely to keep young women safer as a result.

Limitations of this review and directions for future research

This review draws on the best available evidence on youth IPV and young men's use of violence in intimate partner relationships. However, several significant limitations in the evidence base should be noted to contextualise the findings and identify priorities for future research.

The evidence base reflects service contact, not the full population

Much of the research reviewed here is drawn from young people in contact with statutory systems—child protection, housing, justice, and specialist domestic, family and sexual violence services. Young men from more privileged backgrounds who use IPV are substantially invisible in research studies: they are less likely to come to the attention of statutory services, their partners may be less likely to be believed when they seek help, and their institutions—notably schools—are more likely to manage incidents internally and resist external scrutiny (Variyan & Wilkinson, 2022). This is not evidence that youth IPV is concentrated in marginalised communities; it is evidence that our knowledge systems follow service contact rather than the actual distribution of violence. Building a more complete picture will require research designs that deliberately reach beyond statutory service populations.

The knowledge base is emergent and geographically concentrated

The evidence base on youth IPV—and particularly on what works to address it—is still developing. Much of the most relevant Australian research has been published in the past three to five years, and key studies are based on small samples, single programs or single jurisdictions. International evidence, particularly from Europe and North America, is drawn on throughout this review where Australian evidence is absent, but the applicability of those findings to the Australian context cannot be assumed. Caution should be exercised in generalising findings across contexts, particularly where the legal, service and cultural environments differ substantially.

Evaluation of what works remains thin

Despite the growth in practice knowledge, the evaluation evidence on what specifically works to reduce youth IPV perpetration and improve victim-survivor safety remains limited. Existing evaluations tend to measure program completion and engagement rather than safety outcomes for victim-survivors—a known limitation across the broader DFSV evidence base (Helps et al., 2025). Very few randomised or controlled evaluations of youth-specific programs exist, and the single program operating in Victoria at the time of writing—Meli's young men's group—has not yet been the subject of a formal longitudinal evaluation. Practice insights from Meli, while valuable and informative, represent one program's experience rather than a replicated evidence base.

This is not unique to youth IPV. A systematic review and meta-analysis of IPV prevention interventions more broadly found that while effective approaches exist, no moderating factors beyond the inclusion of men were identified—indicating that our understanding of what specifically drives effectiveness remains limited across the DFSV field (Alsina et al., 2024).

Directions for future research

The limitations above point to several clear priorities for future research:

- Studies that deliberately sample beyond statutory service populations, including young men in educational and workplace settings across socioeconomic groups, to build a more accurate picture of the prevalence and distribution of youth IPV
- Longitudinal evaluations of youth-specific behaviour change programs that measure victim-survivor safety outcomes over time, not only program completion
- Research on effective models for young people aged 15–17, developed in partnership with the practitioners, schools and community organisations already working with this cohort
- Research on the role of manosphere content in youth IPV across socioeconomic groups, including in more privileged school and peer environments where the dynamics may differ from those documented in statutory service contexts
- Investigation of the protective factors and resilience mechanisms that prevent young people who have experienced family violence from going on to use violence themselves, to better inform prevention design.

Definitions

Domestic, Family and Sexual Violence (DFSV)

The collective term used in Australian policy and service contexts to encompass domestic violence, family violence, and sexual violence. In this brief, DFSV is used when referring to the broader sector and its services; IPV is used when referring specifically to violence between intimate partners.

Gender-transformative approach

An approach to intervention that goes beyond raising awareness of gender inequality to actively challenging and changing the unequal power relations, harmful norms and gendered attitudes that drive violence. In the context of youth IPV, this means working with young men to examine their relationship to masculinity, entitlement and gendered expectations, while also addressing the conditions—including peer culture, family dynamics, and online spaces—that reinforce those attitudes.

Intimate Partner Violence (IPV)

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. These behaviours can be enacted in person or through technology and online spaces. In this brief, IPV refers specifically to violence occurring in the dating, de facto and intimate relationships of young people aged 15–24 (as defined by the United Nations).

Men's Behaviour Change Programs (MBCPs)

Structured group-based programs designed for men who use violent, controlling or abusive behaviours toward intimate partners and family members. MBCPs have three core objectives: to scaffold men to take responsibility for their behaviour and make changes to end their use of violence; to support the safety and wellbeing of victim-survivors and affected family members; and to assess, manage and respond to risk of violence. While MBCPs vary in their theoretical approaches, they are united by a shared commitment to operating within an explicitly gendered framework of accountability — one that centres the safety of victim-survivors and affected family members, not only the behaviour change of the man participating (Helps, et al., 2025; NSW Department of Communities and Justice, 2026).

Risk factor

The term risk factor is used in this review in its general research and epidemiological sense, referring to factors associated with an increased likelihood that intimate partner violence will occur in the first place. This is consistent with its use in the broader prevention and intervention literature on which this review draws.

This is distinct from the specific meaning of risk factor within, for example, Victoria's Multi-Agency Risk Assessment and Management (MARAM) Framework, where the term refers to factors associated with a greater likelihood that family violence will be repeated and/or escalate in severity in situations where violence is already occurring. This distinction is critical in practice: MARAM risk factors are tools for assessing ongoing danger to victim-survivors, not for identifying who may come to use violence.

Technology-facilitated abuse

The use of digital technologies—including smartphones, social media platforms, messaging applications and tracking tools—to monitor, harass, control or harm an intimate partner. In young people's relationships, technology-facilitated abuse commonly includes repeated intrusive contact, location tracking, image-based abuse and the use of password sharing or location-sharing applications as mechanisms of surveillance. Many of these behaviours are normalised within young people's relationships and are not always recognised as abuse by either party.

Youth / Young people

In this review, the terms youth and young people refer primarily to those aged 15–24 who use or experience intimate partner violence. This framing moves away from the rigidity of fixed developmental categories, such as adolescent or young adult, which may not reflect the lived reality of all young people.

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