

Addressing Young Men's Use of Intimate Partner Violence

A summary of the evidence for practitioners and policymakers — July 2026

Young people experience intimate partner violence (IPV) at alarming rates, and current systems, built for adults, are failing both those who are harmed and those who cause harm. This brief distils the key findings of No to Violence's [Evidence Review](#) for those designing, funding and delivering responses.

Key messages

- Young men are the predominant users of severe, high-risk and controlling IPV. Young women are the primary victim-survivors of the most serious youth IPV—their safety must remain the central concern of any response.
- Young people are a distinct cohort. 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: responding to trauma without losing sight of the harm being caused.
- Not all violence functions the same way. Whether aggression is proactive, reactive or affective shapes which intervention will work.
- A whole-person approach is the precondition for change, not an optional extra. A young man cannot address his use of IPV while homeless, in crisis or without a trusted adult in his life.
- Developmentally informed, rehabilitation-oriented approaches are associated with better safety outcomes for victim-survivors. The evidence does not support incarceration-focused responses.
- There are limited, tailored service responses for 15–17-year-olds using IPV: a critical, unaddressed gap.

What We Know

Scale and nature

Around three in ten Australian 18–19-year-olds report experiencing some form of IPV in the past year. Almost half of young Australian women report experiencing IPV, and nearly three in four young women aged 18–24 report lifetime technology-facilitated abuse. Nationally, close to 120,000 men each year report starting to use violence within their relationships. Impacts on young victim-survivors are wide-ranging and long-lasting: harmful alcohol and drug use, poor mental health, social isolation, disengagement from school and lasting hypervigilance. Young people from marginalised communities — culturally and racially marginalised, First Nations, LGBTQIA+, regional/rural and those with disability — experience violence in uniquely compounded ways.

How violence functions

Emerging research distinguishes three forms of youth aggression: proactive (planned, instrumental), reactive (retaliatory, threat-triggered) and affective (arising from emotional dysregulation). Standard adult perpetrator programs are built around proactive violence, but many young people presenting to services may be engaging in reactive or affective aggression, often shaped by their own exposure to family violence. Understanding the function of a young person's violence, not just its form, sharpens accountability work rather than diminishing it.

Technology-facilitated abuse

Location tracking, constant-contact expectations, password-sharing and image-based abuse are increasingly normalised in young people's relationships and are rarely recognised as controlling behaviour by either party. Location-sharing apps can facilitate stalking; assumptions of infidelity when a partner doesn't respond quickly keep young people in states of jealousy and insecurity. This is a central mechanism of harm, not a peripheral one.

The legal system is failing young victim-survivors and those using IPV

Intervention orders designed for adult relationships are being applied to children as young as 12, without adequate assessment of developmental capacity. Victoria Legal Aid has recorded a 34% increase in child clients since 2018, with children with disability disproportionately affected. At the same time, young women who use reactive or defensive force are being misidentified as perpetrators when police and courts lack the training or time to assess the history of violence in a relationship. A failure that falls disproportionately on First Nations young women, LGBTQIA+ young people, young women with disability, and those from culturally and racially marginalised communities. The result is a legal landscape that neither reliably holds young men accountable nor reliably protects the young women they harm.

Pathways Into Youth IPV

- **Violence in the home:** growing up without healthy conflict-resolution or attachment models makes it harder to distinguish care from coercion and control.
- **Exiting out-of-home care:** disrupted attachment, earlier transitions to independence and housing instability compound vulnerability to using and experiencing IPV, particularly when combined with early parenthood.
- **Gender roles, entitlement and the manosphere:** rigid gender scripts and online anti-feminist communities normalise controlling behaviour, especially among young men aged 18–29; COVID-era isolation accelerated this.
- **COVID-19's ongoing legacy:** pandemic disruption removed protective peer and adult relationships at a critical developmental stage, effects that persist in elevated social anxiety and withdrawal today.

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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.

— No to Violence, Evidence Review (2026)

What Works

Effective responses centre young women's safety and gender in every intervention decision, apply an age-appropriate developmental lens rather than adapting adult programs, take a whole-person approach that treats housing, mental health and trauma as core business rather than distractions, and connect a coordinated ecosystem—schools, TAFEs and workplaces, early parenting services and justice settings—around the young person, as no single service can address youth IPV alone.

Lessons from practice: Meli's Young Men's Group

- Relational continuity is the mechanism of change; the same worker supports a young man individually and in group sessions.
- Accountability and trauma-informed practice are not opposites; holding both produced higher levels of disclosure and deeper engagement.
- Flexible, responsive delivery (i.e. outreach, crisis response, practical support) lifted retention from around 12% to over 80%.
- The window when a young person is ready to seek help is narrow; waitlists and delays are risks, not just an administrative burden.

Centring First Nations self-determination

Effective responses for First Nations young people are community-led, holistic and grounded in kinship, culture and healing. 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 that overlook what community-led healing can achieve. Funding, designing and evaluating these responses on their own terms is an evidence-based priority, not a concession.

Priorities for Action

Policy and structural levers

- Reform legal frameworks so intervention orders and civil responses reflect young people's developmental capacity, and address misidentification of victim-survivors as perpetrators.
- Resolve funding fragmentation across prevention, response and recovery so youth IPV work is no longer under-resourced.
- Commission dedicated services for 15–17-year-olds using IPV.
- Invest in developmentally informed, rehabilitation-oriented alternatives to incarceration.
- Build youth IPV capability across schools, housing, health and justice; not one-off training, but sustained infrastructure.

Practice levers

- Keep young women's safety and lived experience at the centre of every response.
- Meet young people where they are developmentally, not with adapted adult programs.
- Treat a whole-person approach as the starting point, not an afterthought.
- Apply a gendered lens and offer relationship psychoeducation to young men and young women alike.
- Address technology-facilitated abuse explicitly and directly.
- Build referral pathways that respond fast when a young person's narrow window to seek help opens.

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

Evidence Gaps

The evidence base is drawn largely from young people in contact with statutory systems, is geographically concentrated and evaluates program completion rather than victim-survivor safety outcomes. Priorities for future research include reaching beyond statutory-service populations to build an accurate picture of prevalence; longitudinal evaluations measuring safety outcomes, not just program completion; effective models for 15–17-year-olds; the role of manosphere content across socioeconomic groups; and the protective and resilience factors that stop cycles of violence repeating.

Definition at a glance

- **Intimate partner violence (IPV):** physical, sexual or psychological harm within a dating, de facto or intimate relationship, including behaviour enacted through technology.

About This Review

The full [Evidence Review: Addressing you men's use of intimate partner violence](#) draws on Australian and international peer-reviewed research, government and sector reports, and practice insights from Meli's Young Men's Group—currently the only dedicated behaviour-change program in Victoria for young men aged 18–25 who use IPV. The Review was prepared by Dr Lisa Wheildon, Dr Hannah Petocz and Lucy Tyrrell at No to Violence, with input from a Strategic Advisory Board, as part of the Open Expansion Phase Two project, funded by Family Safety Victoria, and is intended for practitioners, policymakers, funders and researchers working to improve responses to youth IPV across Australia.



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This brief summarises No to Violence's full [Evidence Review: Addressing Young Men's Use of Intimate Partner Violence](#) (July 2026), which contains complete findings, citations and references. For further resources, see the Family Violence Sexual Violence Knowledge Hub at https://outcomes.org.au/knowledge-hub/familyviolence_sexualviolence/