



Adolescent family violence in Australia:

A national study of service and support needs for young people who use family violence

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ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

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This report addresses work covered in the ANROWS research project RP.20.03 "Adolescent family violence in Australia: A national study of prevalence, use of and exposure to violence, and support needs for young people". Please consult the [ANROWS website](#) for more information on this project.

ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 1 – Communities are safe and free from violence, and National Outcome 4 – Services meet the needs of women and their children experiencing violence.

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This report was led by Associate Professor Kate Fitz-Gibbon. The findings and implications contained within this report arise entirely from the work of Kate Fitz-Gibbon in her capacity as Director of the Monash Gender and Family Violence Prevention Centre and are wholly independent of Kate Fitz-Gibbon's role as Chair of Respect Victoria.

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

ANROWS acknowledges that children and young people living in homes where domestic and family violence (DFV) is present are not simply "exposed" to DFV - they are experiencing it. There are no circumstances in which children and young people are exposed to DFV and are not also being impacted by this violence. Therefore, ANROWS will always default to using "experienced DFV" instead of "were exposed to DFV" or "witnessed DFV". This language aligns with the *National Plan to End Violence Against Women and Children* (due for finalisation in 2022), which recognises that children experience DFV as victims in their own right, and also seeks to honour the voices of victims and survivors who have felt minimised, erased or unacknowledged as childhood survivors.

Please note that in this report, the authors have chosen to use the terms "exposed to" and "witnessing" violence, and have provided a rationale for this choice in the "Definitions" section (see "Child abuse" definition in particular).

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

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Acronyms

ABS	Australian Bureau of Statistics
AFV	Adolescent family violence
AVITH	Adolescent violence in the home
DFV	Domestic and family violence
IPV	Intimate partner violence
LGBTIQA+	Lesbian, gay, bisexual, trans, intersex, queer, asexual or questioning individuals
NESB	Non-English-speaking background
ORU	Open Research Unit
PTSD	Post-traumatic stress disorder
RCFV	Royal Commission into Family Violence (Victoria)

Definitions

Adolescent family violence

In this study, adolescent family violence is defined as violence used by an adolescent, including the following behaviours:

- physical violence towards another family member (e.g. hitting, slapping, pushing, punching, kicking)
- damaging the property of another family member (e.g. destroying someone's property or belongings as an intimidation or punishment tactic)
- verbally abusing another family member (including yelling, swearing)
- emotional/psychologically abusing another family member (e.g. putting someone down, telling them they're useless/stupid/ugly)
- threatening to harm/hurt another family member and/or threatening to harm/hurt someone close to another family member (including a pet or friend)
- threatening to kill another family member
- sexually abusing another family member (including touching another family member's private parts and/or forcing a family member to have sex)
- strangling another family member (including choking or suffocating someone, grabbing someone by their throat, pinning someone down or against the wall by their throat)
- perpetrating any other form of abuse against another family member (including sexual identity-based abuse and/or gender identity-based abuse, discrimination and prejudice).

Adolescent violence in the home

See "adolescent family violence", above.

Bisexual

A person who is sexually and emotionally attracted to people of both sexes.

Child abuse

In this study, child abuse is defined as a person experiencing violence between other family members, including all forms of violence between under-aged siblings, and/or being subjected to targeted abuse perpetrated by other family members prior to the age of 18 years. Violence/abuse was in turn defined as witnessing and/or being subjected to the following behaviours: physical, verbal and emotional abuse; sexual abuse; threats to harm or kill made towards a family member; and property damage. We acknowledge that "witnessing" DFV between family members constitutes experiencing abuse. However, we refer to the two overarching forms of child abuse as witnessing DFV and experiencing child abuse in the form of being a direct target of DFV to allow for a distinction in the overarching analyses.

Disability

Disability is defined as any condition of the body or mind that affects a person's ability to do or engage in certain activities (including physical and cognitive activities). For this study, the following types of disability are captured: a physical condition; a visual or hearing condition; an intellectual disability; a specific learning disability (such as dyslexia, dyscalculia, dysgraphia and other learning conditions); autism spectrum condition; attention deficit hyperactivity disorder; an acquired brain injury; poor mental health affecting day-to-day functioning; or another disability.

Domestic and family violence (DFV)	<p>As defined in the <i>National Plan to Reduce Violence against Women and their Children 2010-2022</i> (COAG, 2010, p. 2), “domestic violence” refers to:</p> <p>acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control and can be both criminal and non-criminal.</p> <p>“Family violence” is a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence. The term family violence is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur. (COAG, 2010, p. 2)</p>
Family member	<p>Family member is defined broadly to include biological parents, adoptive parents, step-parents and foster carers, siblings, grandparents, extended family members (e.g. aunts, uncles and cousins) and chosen family members and Aboriginal and Torres Strait Islander kinship relationships. Family members includes extended family members and is not limited to the family members with whom the adolescent lives all or part of the time.</p>
LGBTIQ+	<p>An acronym used to describe people who identify as lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual or questioning.</p>
Non-English-speaking background	<p>Non-English-speaking background (NESB) is defined broadly as someone living in an English-speaking country whose primary language is a language other than English. For the purpose of this report, this includes Australian-born young people who speak a language other than English at home. This may include First Nations young peoples.</p>
Pansexual	<p>Pansexual refers to “someone who is attracted to any sex/gender” (Pride in Diversity, 2018, p. 69).</p>
Perpetrator	<p>Perpetrator refers to “a person who commits an illegal, criminal or harmful act, including domestic, family or sexual violence” (Department of Social Services [DSS], 2022, p. 65). This study does not use the term “perpetrator” to refer to children and young people who use violence.</p>
Queer	<p>We acknowledge that the term “queer” does not have a fixed definition, and that it can be a “polarising” term (Pride in Diversity, 2018, p. 71). In this study, queer describes “someone who does not conform to social norms regarding gender and sexuality” (Pride in Diversity, 2018, p. 71).</p>

Sexual identity	This term is used throughout this report to capture diverse sexual identities. Sexual identity is used to refer to the “component of identity that includes a person’s sexual and emotional attraction to another person. A person may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities” (DSS, 2022, p. 66).
Sexual violence	Sexual violence is defined as any form of unwanted sexual behaviour, including sexual assault, rape and sexual abuse. For the purpose of this report, this includes rape (any penetration of the victim’s body), attempted rape, fondling or unwanted sexual touching, and forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator’s body. In this study we only capture sexual violence perpetrated within a family context.
Trauma	As defined in the <i>National Plan to Reduce Violence against Women and their Children 2010-2022</i> (COAG, 2010), trauma occurs when a person’s ability to respond to a distressing event and/or to cope is overwhelmed. Trauma can have a significant effect on a person’s emotional, psychological and/or physical wellbeing. Symptoms and indicators of trauma may look different for different people.
Victim-survivor	<p>A victim-survivor is a person who has experienced DFV, including sexual violence and/or child abuse and neglect. This term is</p> <p style="padding-left: 40px;">understood to acknowledge the strength and resilience shown by people who have experienced or are currently living with violence. People who have experienced violence have different preferences about how they would like to be identified and may prefer survivor or victim separately, or another term altogether. (DSS, 2022, p. 67)</p> <p>While we note that the ANROWS preferred terminology is “victim and survivor”, we have adopted “victim-survivor” on this occasion as it has been used throughout the data collection process and aligns with preferred national terminology.</p>
Violence against women	<p>In this study, we use the United Nations (1993, n.p.) definition of violence against women, defining it as</p> <p style="padding-left: 40px;">any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.</p>
Young people	Definitions of young people may vary age-wise, depending on the legal or social context. This study defines young people as those aged between 16 and 20 years, as this represents the ages of the young people in the study sample employed for this project.

Executive summary

Over the last decade there has been increasing attention paid at the national and state levels to the adequacy of system and service responses to different forms of family, domestic and sexual violence. Findings from Australian state-based inquiries and academic research have revealed a lack of suitable and integrated service and justice system responses to adolescent family violence (AFV; see, *inter alia*, Campbell et al., 2020; Douglas & Walsh, 2018; Fitz-Gibbon et al., 2018; Royal Commission into Family Violence [RCFV], 2016). AFV refers to the use of family violence (including physical, emotional, psychological, verbal, financial and/or sexual abuse) by a young person against their parent, carer, sibling or other family member within the home (RCFV, 2016). Consequently, for young people using AFV and their affected family members, there are no clear avenues for accessing effective support or responses. While much has been achieved in the area of domestic and family violence (DFV) in Australia over the past decade, improving understandings of the help-seeking experiences of young people using violence in the home, as well as the adequacy of current responses, remains a critical gap. This report seeks to directly address that gap in current understandings.

Research aims

This project has four aims:

1. To create a database on the use of family violence by young people within the home, including among marginalised community groups.
2. To understand the nature of family violence used by young people within the home.
3. To examine the degree to which young people who use violence within the home have been exposed to different forms of family violence throughout childhood.
4. To generate new insights and recommendations into the support needs for young people using family violence.

Methods

This report draws on data obtained as part of a national project involving the administration of a survey to young people living in Australia who were 16 to 20 years old at time

of survey completion. Survey respondents were recruited through online research panels managed by Open Research Unit (ORU), a market research company. The sample was recruited using non-probability protocols, and as such is not representative of the broader Australian population (16 to 20 years old). Overall, 5,021 young people completed the survey. Two thirds of the sample identified as assigned female at birth, and one third said they had been assigned male. In addition to sex assigned at birth, young people also identified their gender identity, revealing a level of gender diversity.

Survey respondents were asked a series of questions about their sociodemographic characteristics, their current living arrangements and their experiences of:

- witnessing violence between other family members
- being subjected to direct forms of abuse perpetrated by other family members
- their use of violence against other family members.

The survey included both closed and free-text questions, yielding both qualitative and quantitative data. The analysis of the quantitative data involved bivariate tests of association (chi-square) and the estimation of multiple logistic regression models to examine factors associated with young people's use of violence in the home. The qualitative data was analysed in NVivo to identify key themes across the dataset by gender identity and sexual identity, with separate analysis conducted for other cohorts.

Specifically, young people who completed the survey were asked to provide detailed information about the nature of their experiences and use of violence, including age of onset, frequency of behaviours and their relationship with the perpetrator/victim (e.g. son to mother). Respondents were also asked about the impacts of their experiences and use of violence in a range of domains, including their mental and physical health, their connections to culture and their engagement in education. The findings from these survey questions are presented in Fitz-Gibbon, Meyer et al. (2022).

For those young people who had used violence in the home (20%, $n=1,006$), the survey included an invitation to disclose whether their use of violence in the home had ever been reported to the police, the outcome of that report, whether

they told anyone about their behaviour in the home, and who were the most and least helpful people that they disclosed to. All young people who completed the survey were also asked in an open-text question what could have helped them during their experience of violence in the home. With a focus on service and support needs, this report presents the findings from this portion of the survey data.

Findings

Young people's views on disclosing use of family violence

This study found that of the 1,006 young people who self-reported that they had ever used violence in the home, one in three had disclosed this use of violence to a family member (34%, $n=345$). Smaller proportions of respondents said they had reported their use of violence to a friend (18%, $n=177$), a formal service (7%, $n=68$), or another member of the community (1%, $n=9$). Of those young people who disclosed to a family member, disclosures were most frequently made to mothers (22%, $n=221$), siblings (17%, $n=171$), fathers (15%, $n=151$), grandparents (4%, $n=31$) and extended family members (3%, $n=28$). When the sample was disaggregated by sex assigned at birth, there appeared to be broadly comparable rates of disclosures for male and female respondents.

Beyond informal supports, among young people who had used violence in the home, only 20 said they had been reported to the police for these behaviours. Demonstrating the very low levels of contact that young people who use violence in the home have with criminal justice agencies, this accounts for approximately two per cent of this cohort.

Young people's disclosure experiences and perceptions of formal and informal support needs

Young people in our study identified a number of support needs around their use of violence in the home, along with its connection to underlying or intersecting experiences of child abuse and related trauma. These included the need for:

- a safe space or place
- someone to talk to

- professional support
- education around abusive behaviours, their impact and the intergenerational cycle of violence
- a supportive school environment/school staff
- a supportive and protective mother.

Expectations around accountability of trusted adults emerged across a number of these key themes, with young people often articulating experiences of disclosures having been ignored. They described their clear expectations that trusted adults, including teachers and carers, must respond more appropriately and consistently to young people's disclosure of violence.

There were also a number of young people within this study who reflected that they were unsure what could or would have made a difference for them, and a small number of young people who believed that nothing could or would have made a difference for them.

Reporting behaviours and support needs among priority cohorts

When looking at the sample of respondents who said they had used violence in the home ($n=1,006$), our quantitative analysis of reporting behaviours across priority cohorts showed some level of variation. For example, disclosure rates to family members were higher for First Nations young people compared to non-Indigenous young people (53%, $n=32$ vs. 33%, $n=310$). Young people from non-English-speaking backgrounds (NESBs), on the other hand, reported lower disclosure rates to family members compared to young people from English-speaking backgrounds (22%, $n=17$ vs. 35%, $n=328$). Young people from NESBs were overall less likely to disclose their use of violence in the home to others, including friends (13%, $n=10$ vs. 18%, $n=167$) and formal support services (4%, $n=3$ vs. 7%, $n=65$). Young people living with disability reported similar disclosure rates to the wider population of young people, including to family (34%, $n=179$ vs. 34%, $n=153$) and friends (20%, $n=103$ vs. 15%, $n=69$). It is noteworthy that young people living with disability had the highest self-reported rate of disclosure to formal support services, with one in 10 young people living

with disability having disclosed their use of violence to a formal service provider (11%, $n=58$). This may in part be the result of young people living with disability being more connected to formal support services and potentially having developed relationships with support service providers that lend themselves to such disclosures, which require a trusting environment.

Our qualitative analysis of the open-text responses provided by young people from priority cohorts reiterated the wider thematic findings on reporting behaviours and support needs. There were, however, some factors that were more present among some cohorts of young people. For First Nations young people, the most common responses provided revealed the need for a safe space or place. Further, First Nations young people emphasised the need for permanent, alternative and safe housing solutions more so than the wider sample of young people.

We found that young people from NESBs discussed the role of culture, religion and related expectations as a factor in their experiences of violence, as well as the normalisation of violence and the educational and support needs for their parents and themselves. In common with responses from young people from NESBs, for young people with disability there was considerable emphasis on the need to better support parents to change parenting practices and beliefs and to work with young people in ways that better meet their needs. Young people were seeking environments free from violence but recognised that their parents often need support and education rather than blame to achieve this.

For gender-diverse young people and young people with diverse sexual identities, reflections on support needs coalesced around more interventions and education for their parent(s); formal and informal support, guidance and education for themselves; and the need for a safe physical space. Further, this population of young people specifically emphasised the need for those to whom they disclosed their use and/or experiences of violence to provide a supportive and validating response.

Implications for policy and practice

The findings from this study are directly relevant to DFV policy and practice in each Australian state and territory. Listening to the help-seeking and disclosure experiences of young Australians who have used violence in the home reveals the significant gaps in current responses to this form of DFV, and the need to develop a whole-of-system suite of tailored, trauma-informed and DFV-aware interventions.

When considered in light of the findings presented in Fitz-Gibbon, Meyer et al. (2022), which reveal the significant co-occurrence of experiences of, and use of family violence among, young Australians, this study reiterates the call made over six years ago by the Victorian RCFV (2016) that children must be seen and responded to as victim-survivors of family violence in their own right. Supporting the recovery needs of young people who have experienced and used DFV is an essential strategy to reduce the risk of intergenerational violence, to minimise the impacts of AFV on other family members, and to ensure the trauma experienced by young Australians as a result of DFV is addressed.

Introduction

Over the last decade there has been increasing attention paid at the national and state levels to the adequacy of system and service responses to different forms of family, domestic and sexual violence. Findings of Australian state-based inquiries and academic research in Australia and the United Kingdom have revealed a lack of suitable and integrated service and justice system responses to adolescent family violence (AFV; see, *inter alia*, Campbell et al., 2020; Douglas & Walsh, 2018; Fitz-Gibbon et al., 2018; Royal Commission into Family Violence [RCFV], 2016). AFV refers to the use of family violence (including physical, emotional, psychological, verbal, financial and/or sexual abuse) by a young person against their parent, carer, sibling or other family member within the home (RCFV, 2016). Consequently, for those young people experiencing AFV and their affected family members, there remain no clear avenues for accessing effective support or responses. While much has been achieved in the area of domestic and family violence (DFV) in Australia over the past decade, improving understandings of the help-seeking experiences of young people using violence in the home, as well as the adequacy of current responses, remains a critical gap. This report seeks to directly address that gap in current understandings.

Research aims

This project sought to address the current knowledge research gap on what is needed to better meet the service and support needs of young people who use violence in the home in Australia. To generate a holistic picture of young people's use of violence in the home, the broader project from which this report draws has four key aims:

1. To create a robust prevalence database on the use of family violence by young people within the home, including among marginalised community groups.
2. To understand the nature of family violence used by young people within the home.
3. To examine the degree to which young people who use violence within the home have been exposed to different forms of family violence throughout childhood.
4. To generate new insights and recommendations into the support needs for young people using family violence.

In our examination of young people's experiences of violence in the home, the project focuses on two primary forms of child abuse: experiences of *witnessing* abuse perpetrated between other family members, and experiences of being subjected to targeted abuse perpetrated by other family members. Experiences of either or both of these forms of abuse are referred to collectively throughout this report as "child abuse".

By taking a holistic approach to understanding young people's use of violence in the home, service systems will be better equipped to address diverse and underlying needs of families affected by AFV, including through early interventions to disrupt the intergenerational transmission of DFV and ongoing recovery support for young people with adverse childhood experiences. The project findings are relevant to all Australian state and territory jurisdictions.

Study rationale

This report is the second of two reports stemming from a national prevalence study of AFV in the home (see also Fitz-Gibbon, Meyer et al., 2022). The first report presented a national prevalence study on the use of family violence in the home, finding that one in five young people in our survey sample of just over 5,000 had ever used violence against a family member. Reflecting the same pattern of abuse evidenced in other forms of family violence, in particular intimate partner violence, the study found that AFV typically represents a recurring pattern of events that can be classified as frequent AFV or episodic AFV (see Fitz-Gibbon, Meyer et al., 2022). Importantly, this first report found that there was a high level of overlap between experiences of child abuse and use of violence against family members among young people. Highlighting the complex needs and experiences of young people who use violence in the home, this current report extends the first report's analysis with an understanding of young people's experiences disclosing their use of violence and accessing supports, as well as their expressed service system needs.

Recent DFV reviews in Australia have recognised that evidence on the nature and prevalence of AFV remains limited and support needs of young people are not well understood (see

RCFV, 2016). This gap in service and system delivery has remained persistent for over a decade despite significant policy and practice reform underway in other areas of family, domestic and sexual violence system responses. This report, while not purporting to recommend nor evaluate specific programs nor services in this space, provides much-needed insight into the help-seeking views and experiences of young people who use violence in Australia.

The rationale for privileging the views and expertise of young people in this study aligns directly with the next *National Plan to End Violence against Women and their Children* (Department of Social Services, 2022), which contains an explicit focus on ensuring children are responded to as victim-survivors in their own right (see also Fitz-Gibbon, Reeves et al., 2022). Given the demonstrated complexity of young people and their families where AFV is present, this study is significant in its design for ensuring that young people's voices are privileged throughout.

Report overview

The following section of the report sets out the research methods for this study. A detailed overview of the approach taken to the national prevalence survey is provided, including sampling and data analysis. We reflect upon ethical considerations and our approach to intersectionality. This section also provides details of the characteristics of our survey sample.

Our presentation of the study findings is organised into three key sections. Section 1 presents the quantitative findings on young people's experiences of disclosing their use of family violence to informal supports, including family and friends. The section also examines rates of police-reported AFV among the sample. In Section 2 we focus more in depth on disclosure experiences by examining who young people cite as the most helpful and least helpful person they disclosed their use of family violence to, and why. This section also presents a qualitative analysis of young people's reflections on their support needs. In the final substantive analysis section of this report, we focus on the reporting behaviours and support needs of young people from priority cohorts. Here we examine the findings specific to First Nations young people, young people from NESBs, young people with

disability, gender-diverse young people and young people with diverse sexual identities, and young people living in regional and rural areas.

The discussion and conclusion sections of this report examine the strengths and limitations of the study as well as potential directions for future research. The implications and recommendations for policy and practice are explored alongside the significance of the study's findings.

Methods

This project places the voices and experiences of young people at the centre of advancing Australia's evidence base around AFV through presenting the findings of a national prevalence study designed to examine young people's experiences and use of family violence within the home.¹

National prevalence survey

This project utilised a national prevalence survey of over 5,000 young Australians aged 16 to 20 as the primary research method for examining AFV. The survey instrument was designed to meet three principal objectives:

1. To create a robust dataset for measuring the prevalence of AFV in Australia.
2. To facilitate better understandings of the use of DFV by adolescents alongside an understanding of DFV exposure during childhood.
3. To generate new knowledge on current service options and support needs among this cohort.

The survey consisted of a series of demographic, quantitative and qualitative questions. This schedule of questions allowed the project to collect the breadth of data needed to quantitatively examine the prevalence, use of and exposure to DFV among young Australians but also the depth of data needed to better understand experiences of violence among young people. This approach sought to deliver new knowledge on the support needs for this cohort.

In addition to establishing the first Australian community-based prevalence dataset for AFV, the survey questions were structured to gather new knowledge on three key areas: the use of DFV by adolescents, DFV exposure during childhood, and service options and support needs. For each of these areas, the national panel survey approach allowed the research to specifically consider the experiences of young people from priority cohorts.

Sampling

The survey was conducted by the Open Research Unit (ORU), a market research company, using Qualtrics Software during the period September to October 2021. The survey was emailed to members of the ORU's online research panels who were aged 16 to 20 years old. Although the ORU panels are representative of the broader Australian population by state and territory (i.e. panellists are recruited using proportional quota-based protocols to ensure they represent the spread of people living in Australia), because participation in the survey was limited to members of the ORU's online panels, not every person living in Australia (16 to 20 years old) had the same odds of completing the survey. This means that the current sample is not a probability sample, and as such the results are not necessarily generalisable to the wider Australian population.

Respondents who consented to participate in the survey were asked about their sociodemographic characteristics, their living arrangements (at time of the survey), their experiences of child abuse and violence prior to 18 years old, and use of violence in the home at any age. Respondents who reported they had either experienced violence or used violence were also asked a number of detailed questions about the nature of these experiences, including type of abuse experienced, the age of first experiencing/using violence, the relationship between the respondent and the perpetrator of violence and/or victim-survivor of the violence, and the frequency of the abuse. The survey included both closed and open-ended questions (see Appendix B for a copy of the full survey instrument).

The completion rate for the survey – the proportion of total invitations sent to panel members that resulted in completed surveys – was 6.7 per cent. However, 80 per cent of young people who opened the invitation and passed the screening process went on to complete the survey. The final sample size for the study was 5,021 respondents.

Data analysis

The survey data was subjected to both quantitative and qualitative modes of analysis. The analytic processes involved in the study are described below.

¹ This methods section is a truncated version of the methods section presented in Fitz-Gibbon, Meyer et al. (2022). Here we have included only the methods information, including sampling and analysis details, that is relevant to findings presented in this report.

Analysis of quantitative data

The analysis of quantitative data collected through the survey was conducted using STATA12 software. Analysis was conducted at the univariate (descriptive) and bivariate levels (using chi-square tests of association and Fisher's Exact where cell sizes were lower than 5).

Dependent variables

Any use of violence in the home

Respondents were classified as using violence in the home if they said they had ever:

- been physically violent towards another family member (e.g. hitting, slapping, pushing, punching, kicking)
- damaged the property of another family member (e.g. destroying someone's property or belongings as an intimidation or punishment tactic)
- verbally abused another family member (including yelling, swearing)
- emotionally/psychologically abused another family member (e.g. putting someone down, telling them they're useless/stupid/ugly)
- threatened to harm/hurt another family member, and/or threatening to harm/hurt someone close to another family member (including a pet or friend)
- threatened to kill another family member
- sexually abused another family member (including touching another family member's private parts and/or forcing a family member to have sex)
- strangled another family member (including choking or suffocating someone, grabbing someone by their throat, pinning someone down or against the wall by their throat)
- perpetrated any other form of abuse against another family member (including gender identity- and sexuality-based abuse, discrimination and prejudice; see Appendix B).

Family member was defined broadly to include biological parents, adoptive parents, step-parents and foster carers, siblings, grandparents, extended family members (e.g. aunts, uncles and cousins) and chosen family members. However, for the purpose of the analysis, chosen family members were combined with extended family members.

While the survey collected information about the frequency of violence used by young people in the home, we made the decision not to set a "cut-off" or "threshold" for identifying whether a young person was defined as using violence or not. Rather, if a respondent reported using any of the above listed behaviours against a family member at least once they were classified as using violence. This is in recognition of the potential negative impacts associated with "one-off" or episodic violence for victim-survivors and young people (see Fitz-Gibbon, Meyer et al., 2022).

Independent variables

Sociodemographic characteristics

Respondents were asked to provide basic demographic information about themselves, including:

- Indigenous status
- language spoken most of the time at home
- sex assigned at birth
- gender identity
- sexual identity.

Survey respondents were also asked whether, at time of completing the survey, they were living with a physical impairment; a visual impairment; an intellectual disability; a specific learning disability (such as dyslexia, dyscalculia, dysgraphia and other learning impairments); autism spectrum disorder; attention deficit hyperactivity disorder; an acquired brain injury; poor mental health affecting day-to-day functioning; or another disability. Respondents who self-reported that they had at least one of these conditions were classified as having any disability.

Respondents were also asked to provide their postcode as a way of identifying whether they lived in major cities, regional areas or remote areas. Regional classification was calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (Australian Bureau of Statistics [ABS], 2018).

Experiences of child abuse

Survey respondents were asked about their experiences of child abuse prior to the age of 18. In particular, young people were asked about their experiences of witnessing

violence between other family members, including seeing things happen directly, overhearing things that may have happened in a different room and/or seeing the aftermath of things having happened while they were not present. Further, respondents were asked whether they had been the direct target of abuse perpetrated by other family members.

Respondents were defined as experiencing any child abuse if they had either witnessed or been subjected to any of the following behaviours perpetrated by another family member:

- physical violence
- property damage
- verbal abuse
- emotional/psychological abuse
- threats to harm/hurt another family member and/or threats to harm/hurt someone close to another family member (including a pet or friend)
- threats to kill
- sexual abuse (including touching another family member's private parts and/or forcing a family member to have sex)
- strangling another family member (including choking or suffocating someone, grabbing someone by their throat, pinning someone down or against the wall by their throat)
- any other form of abuse (including gender identity- and sexuality-based abuse, discrimination and prejudice).

Qualitative data analysis

The qualitative data for this study was collected using a small number of free-text questions included in the survey. The questions asked respondents who had used violence in the home to reflect on which sources of help-seeking were the most and least useful in assisting them in different domains and why. Respondents were also asked for the views on what they thought could have helped them when they were using violence in the home.

The majority of young people who said they had used violence in the home answered the question in relation to what services they believed would have assisted them (89%, $n=899$). However, only a minority of respondents who had used violence in the home and disclosed their use of violence to others (e.g. family members, friends, formal service providers) identified

what the most (35%, $n=156$) and least (32%, $n=146$) useful help-seeking source had been. This means that the views of respondents who completed the free-text questions may not be generalisable to the rest of the survey sample, or the population of young people in Australia who use violence in the home more generally.

All responses provided in the open-text questions were coded and analysed thematically using NVivo 12. Responses to each open-text question were first analysed in their totality (noting that not all participants provided a response to each open-text question) to determine key themes and trends in the data, and then analysed by participant sex and other priority cohort groups. This allowed the research team to be cognisant of general trends across the data as well as themes specific to, or absent within, specific priority cohorts.

For each of the open-text questions, the qualitative responses provided by female survey participants were significantly more detailed and longer than those provided by male and non-binary participants. While there was still enough qualitative data available to analyse key themes for participants from all demographic groups, we note this participant difference in contributions by gender identity means that at times this report draws more heavily on the voices of the female participants than those of the male and non-binary participants.

Ethical considerations

Ethics approval for this project was secured through the Monash University Human Research Ethics Committee (MUHREC; project ID: 27269). Administration of the survey was designed to minimise all risks to participants through the provision of a quick exit button, no IP address tracking and the provision of relevant support services contact details at the beginning and conclusion of the survey. There were no risks identified beyond discomfort for those involved in the anonymous survey.

All survey participants were provided with a list of national and state-specific support services at the outset and on completion of the survey. Support service information provided to survey participants included face-to-face and remote service support options, including helplines and web

chat information. This ensured access to supports for any participants who were under COVID-19-related restrictions.

Participants were able to skip over any survey questions that they did not feel comfortable completing and also had the option of exiting the survey at any time without further follow-up. These two strategies were employed to ensure that anyone who determined partway through the survey that they did not want to participate still had the support service information from the outset without being compelled to continue.

Approach to intersectionality

We understand intersectionality to be fundamental to our research approach. While originally developed to expose “race” and gender as interlocking systems of oppression (Crenshaw, 1989), contemporary intersectional theorising has further incorporated attention to other important dimensions of differences such as class, Indigeneity, disability, sexuality and/or gender identity. How these multiple and interacting sources of oppression might differently come to bear on both the use of AFV and exposure to DFV is central to this research. Importantly, beyond understanding how forms of inequality, discrimination and disadvantage can or might underscore unique experiences of AFV, our approach to data analysis and the presentation of findings has sought to be sensitive to interlocking systems of advantage. Such an approach ensures that systems of power are central to the analysis of the use of violence, rather than sole (or disproportionate) attention being given to, for example, the ways that so called “minority stress” or economic disadvantage act as the foundations for violence. In following an intersectional analysis, the project findings seek to avoid the rhetoric of “sameness”, and instead point to beneficial context-specific responses.

Sample characteristics

In the final sample, 35 per cent of respondents were from New South Wales ($n=1,754$), 29 per cent were from Victoria ($n=1,454$), and 15 per cent were from Queensland ($n=729$). A smaller proportion of respondents said they resided in Western Australia (11%, $n=556$), South Australia (6%, $n=315$),

the Australian Capital Territory (2%, $n=102$), Tasmania (2%, $n=88$), and the Northern Territory (<1%, $n=20$).

The sociodemographic characteristics of the sample are presented in Table 1. One in three respondents said they were 16 (13%, $n=657$) or 17 years old (19%, $n=976$) at time of completing the survey. This means the majority of the sample were 18 to 20 years old (67%, $n=3,388$). Five per cent of respondents were First Nations ($n=256$), and 10 per cent (10%, $n=525$) said that they spoke a language other than English most of the time at home (i.e. were from NESBs). One in three respondents said they had at least one disability (36%, $n=1,748$).

Sixty-seven per cent of respondents reported being assigned female at birth ($n=3,348$), and 33 per cent reported being assigned male at birth ($n=1,623$). The majority of respondents said they were cisgender (i.e. their gender identity was the same as their sex assigned at birth; 96%, $n=4,773$), with four per cent ($n=215$) identifying as gender diverse or questioning. Further, 31 per cent of respondents self-identified as gay/lesbian, bisexual or other (e.g. asexual). Among sexually diverse respondents, the most commonly identified sexuality was bisexual (50%, $n=736$), followed by asexual (5%, $n=71$), lesbian (4%, $n=63$), and gay (4%, $n=62$).

Approximately one in two respondents had completed Year 12 or equivalent (51%, $n=2,569$). Finally, 16 per cent respondents reported their usual place of residence was in a regional or remote area ($n=787$), while 83 per cent were living in a major city ($n=3,923$; as defined by the ABS).

Table 1: Characteristics of survey respondents

	Overall sample (n=5,021)		Young people who used violence in the home (n=1,006)	
	n	%	n	%
Age (in years)				
16	657	13	117	12
17	976	19	168	17
18	1,338	27	269	27
19	995	20	209	21
20	1,055	21	243	24
Sex assigned at birth^a				
Male	1,623	33	234	23
Female	3,348	67	762	77
Gender identity^b				
Male	1,592	32	227	23
Female	3,181	64	707	71
Gender diverse or questioning	215	4	66	7
Diverse sexual identity^c	1,468	31	384	39
First Nations^d	256	5	60	6
Non-English-speaking backgrounds^e	525	10	78	8
At least one disability^f	1,748	36	526	54
Highest level of education completed^g				
Primary school	166	3	30	3
Year 7-9	19	<1	6	1
Year 10-11	1,714	34	324	32
Year 12	2,569	51	525	52
TAFE, certificate or diploma	534	11	118	12
Undergraduate degree	14	<1	3	<1
Usual place of residence^h				
Major city	3,923	83	783	85
Regional	709	15	129	14
Remote	78	2	15	2

Notes: ^a Excludes 50 respondents in the overall sample who did not provide this information, and 10 respondents who used violence in the home who did not provide this information.

^b Excludes 33 respondents in the overall sample who did not provide this information, and six respondents who used violence in the home who did not provide this information.

^c Excludes 278 respondents in the overall sample who did not provide this information, and 30 respondents who used violence in the home who did not provide this information.

^d Excludes 42 respondents who did not provide this information, and 11 respondents who used violence in the home who did not provide this information.

^e Excludes six respondents in the overall sample who did not provide this information. "Non-English-speaking backgrounds" defined as a respondent who said they spoke a language other than English most of the time at home.

^f Excludes 225 respondents in the overall sample who did not provide this information, and 30 respondents who used violence in the home who did not provide this information.

^g Excludes five respondents in the overall sample who did not provide this information.

^h Excludes 311 respondents in the overall sample who did not provide their postcode, and 79 respondents who used violence in the home who did not provide this information. Regional classification calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (ABS, 2018).

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

Section 1: Young people's views on disclosing use of family violence

1.1 Rates of disclosure to informal supports (family and friends)

Twenty per cent of young people in the sample had used violence in the home ($n=1,006$). Overall, one in three young people who had used violence in the home said that they had disclosed their use of violence to a family member (34.0%, $n=345$). Family members included mothers (22%, $n=221$), siblings (17%, $n=171$), fathers (15%, $n=151$), grandparents (3%, $n=31$), and extended family members (3%, $n=28$). Further, 18 per cent of young people who had used violence in the home said they had disclosed to a friend ($n=177$). Only a small number of young people said they had disclosed their use of violence to a formal service (e.g. teachers, counsellors and youth workers; 7%, $n=68$) or to a community member (1%, $n=9$).

When the sample was disaggregated by sex assigned at birth, there appeared to be broadly comparable rates of reporting for male and female respondents. As shown in Figure 1:

- 35 per cent of males ($n=83$) and 34 per cent of females ($n=259$) had reported their use of violence in the home to their family members ($\chi^2(1)=0.17$, $p=0.677$, Cramer's $V=-0.01$)
- 14 per cent of males ($n=33$) and 18 per cent of females ($n=140$) had reported their use of violence in the home to a friend ($\chi^2(1)=2.27$, $p=0.132$, Cramer's $V=0.05$)
- 5 per cent of males ($n=11$) and 7 per cent of females ($n=57$) had reported their use of violence in the home to a formal service provider ($\chi^2(1)=2.17$, $p=0.140$, Cramer's $V=0.05$)
- 1 per cent of males ($n=3$) and females ($n=6$) had reported their use of violence in the home to a community member provider (Fisher's Exact $p=0.446$, Cramer's $V=-0.02$).

Previous analysis of the current dataset identified that 53 per cent of young people who completed the survey had either witnessed family violence involving other family members (51%, $n=2,547$) or been subjected to direct abuse perpetrated by other family members (30%, $n=1,514$; see Fitz-Gibbon, Meyer et al., 2022). Research has demonstrated that experiences of childhood abuse can influence victim-survivors' reporting and help-seeking behaviours during later stages of their lives in both positive and negative ways (Burgess-Proctor, 2012; Hamdullahpur et al., 2018). However,

to date, no research has examined the impact of child abuse on help-seeking behaviours of young people in relation to their own later use of violence.

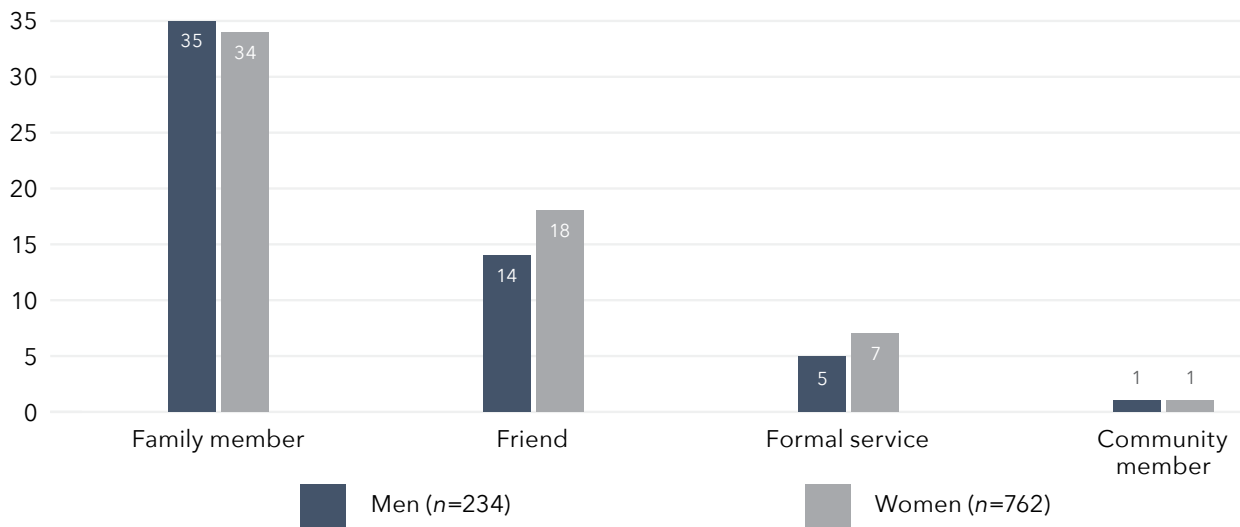
There was a weak and negative relationship between young people's experiences of child abuse (witnessing and/or being the direct target of abuse by family members) and the disclosure of their own use of violence to family members ($\chi^2(1)=7.98$, $p<0.01$. Cramer's $V=-0.08$). While 46 per cent of young people ($n=51$) who had used violence in the home but not experienced child abuse said they had disclosed to their family members, only 33 per cent of respondents ($n=294$) who *had* been subjected to child abuse disclosed to their family members. The reasons for lower rates of disclosure to family members among young people who had themselves been subjected to abuse are unclear. It could potentially be attributable in some situations to these respondents having been removed from the care of their families when the abuse was discovered, meaning they had fewer opportunities to disclose. It could also be influenced by the nature of the relationship between these respondents and family members; in situations where they experienced abuse, their attachment and trust in family members may be negatively impacted, in turn reducing the likelihood that they would disclose to them.

The findings suggest that being subjected to child abuse had a unique impact on young people's willingness to disclose to their family members, rather than others. As shown in Figure 2, there did not appear to be any relationship between young people's disclosure of their use of violence in the home to friends (18%, $n=159$ vs. 16%, $n=18$; $\chi^2(1)=0.13$, $p=0.719$, Cramer's $V=0.01$), formal service providers (7%, $n=63$ vs. 5%, $n=5$; $\chi^2(1)=0.96$, $p=0.327$, Cramer's $V=0.03$) and community members (1%, $n=1$ vs. 1%, $n=8$; Fisher's Exact $p=0.649$) and being subjected to child abuse.

1.2 Police responses to young people who use family violence

Among young people who had used violence in the home ($n=1,006$), only 20 said they had been reported to the police

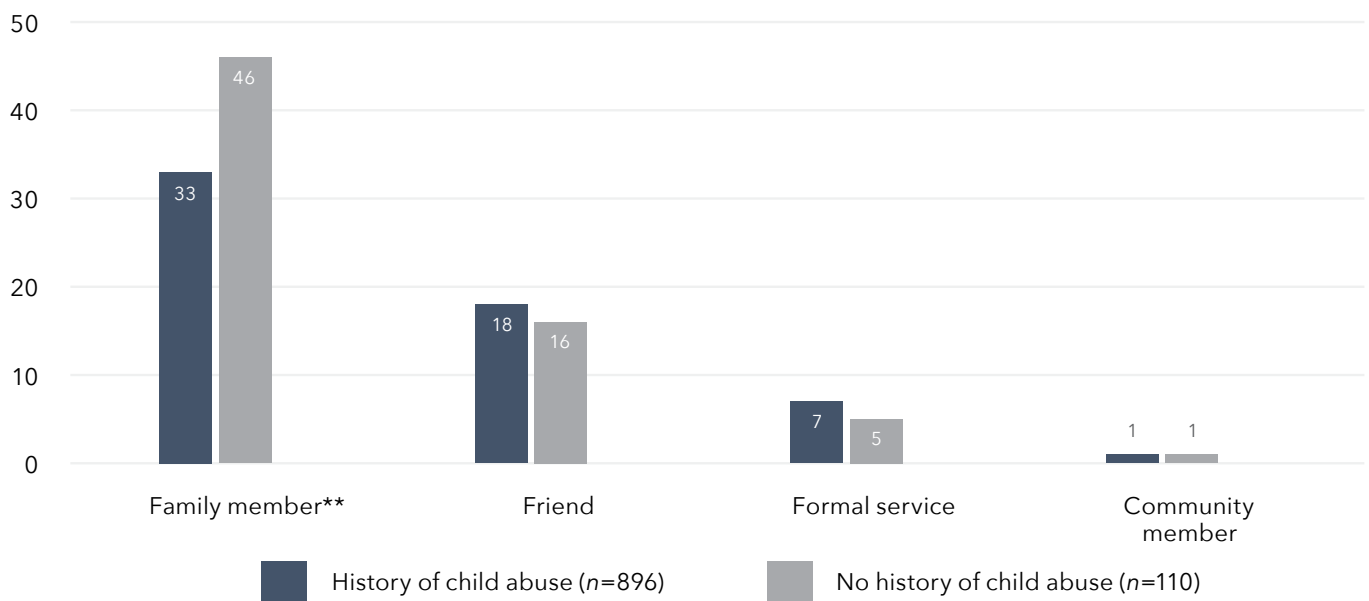
Figure 1: Disclosure of use of violence in the home, by sex assigned at birth and relationship between the respondent and the person they disclosed to (%)



Note: Excludes 10 respondents who did not provide information about their sex assigned at birth. Sample limited to respondents who said they used violence in the home.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

Figure 2: Disclosure of use of violence in the home, by history of child abuse and relationship between the respondent and the person they disclosed to (%)



Note: Sample limited to respondents who said they had used violence in the home.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

for these behaviours. This accounts for approximately two per cent of this cohort. The low rate of police disclosure may in part reflect the variation in the nature, extent and context of violence used by young people in the home, in terms of not necessarily always warranting formal interventions. Further, low rates of police reporting among parents and

carers affected by AFV are consistent with recent Australian research which has highlighted the significant barriers that parents and carers experience when determining whether to report their children's violence to the police (see, for example, Fitz-Gibbon et al., 2021). Across numerous studies, parents – and mothers in particular, who often experience a

disproportionate burden in managing AFV – have described the police as the “last resort” when considering the different responses available for dealing with an abusive adolescent in the home (see, *inter alia*, Fitz-Gibbon et al., 2021; Howard, 2014; Howard & Abbott, 2013). For this reason, official police reporting rates are likely to represent a significant underestimation of the broader prevalence of AFV across the community.

Of the 20 young people who had been reported to the police for their use of violence in the home, six were the respondent to a protection order and one was charged and prosecuted for an offence (for further analysis of young people, AFV and protection orders, see Thomas et al., 2019). The survey did not request any further details from respondents on the impact of criminalisation or on any later interactions with the criminal justice system. These findings demonstrate the very low levels of contact that young people who use violence in the home have with criminal justice agencies, including low levels of reporting. As such, the following analysis focuses predominately on non-punitive system responses to AFV.

FINDINGS

Section 2: Young people's disclosure experiences and perceptions of formal and informal support needs

2.1 Young people's reflections on helpful disclosures

As noted in the previous section, one in three young people who had used violence in the home identified that they had disclosed their use of violence to a family member, while just under one in five (18%) had disclosed to a friend. To better understand the impact of these disclosures for young people, the survey invited respondents to answer two open-text questions – one asking who the most helpful person they had told about their violence was and why, and a second question asking who the least helpful person they had told about their violence was and why. The following two subsections explore this qualitative data.

There were a range of individuals – predominately family members or friends – identified by the survey respondents as the most helpful person to whom they disclosed their use of violence. A content analysis of the responses provided to this question revealed the large number of young people that identified their mother/mum as the most helpful person that they told about their use of violence in the home. Young people, particularly girls and young women, commonly cited their mother's understanding, sympathy and action as the reason they were the most helpful person they told:

Mum – would try to help resolve the issue since we were kids. (Survey participant, female, 18, lesbian)

My Mum – to this day understands that I was severely mentally unwell while I was recovering and forgave me straight away. (Survey participant, female, 20, heterosexual)

My mum because she resolved the conflict peacefully. (Survey participant, female, 18, bisexual)

Mum, she used bible quotes to guide me. (Survey participant, male, 16, heterosexual)

My mum told me that violence is bad and told me that controlling my anger towards my siblings is important and that kinda helped. (Survey participant, female, 18, heterosexual)

My mum since she would be able to help mediate the situation. (Survey participant, female, 20, bisexual)

Mum helped me realise it was wrong. (Survey participant, female, 19, bisexual)

In particular, a number of young people explained that their mother had helped them to address the underlying cause for why they were using violence. This came up predominately in relation to the need to adopt strategies to control anger and emotions. As four young people commented:

Mother because she has taught me how to control my emotions. (Survey participant, female, 17, bisexual)

Mother, because she helped me get over my anger issues that resulted in physical violence. (Survey participant, female, 18, queer)

Mother – sympathetic, forgiving, helped me out of that state and learn to control myself. (Survey participant, male, 17, heterosexual)

Mother – helped me find other ways to express emotions. (Survey participant, female, 16, heterosexual)

For a number of young people, the fact that their mother had also experienced violence, and so had shared first-hand knowledge, was cited as the key reason why they were the most helpful person to whom they had disclosed. As one young person described:

I find my mother more useful as she went through the same as I did when I was a kid. (Survey participant, male, 18, heterosexual)

There were a smaller number of young people who cited their dad/father as the most helpful person to whom they disclosed their use of violence in the home. This is captured in the following quotes from two young people:

Probably dad as my brother's physical aggression used to be targeted at him (now me as I'm physically strong) so he understands fighting back. (Survey participant, female, 17, heterosexual)

Father because he sorted out the argument. (Survey participant, male, 18, heterosexual)

The selection of a parent as the most helpful person was not always dichotomous. Some young people listed both their mum and dad as the most helpful person they disclosed to, noting that they had helped them to navigate the home environment non-violently, helped them to understand their behaviour, and acted upon the disclosure. Beyond parents, other family members were cited, albeit less frequently, as the most helpful person to whom a young person disclosed their use of violence in the home. Other family members described as the most helpful included sisters, brothers and grandparents.

One in five young people said that a friend was the most helpful person to whom they disclosed their use of violence. Young people expressed gratitude to friends who had shown understanding to them following disclosure, as captured in the following three quotes:

My friends understood that I acted the way I did because of how I was raised. (Survey participant, male, 20, heterosexual)

Friends as they understood that i didn't have a choice as my sibling was trying to kill me. (Survey participant, female, 18, heterosexual)

Friend – they helped me realise that that was all I could do in my situation. (Survey participant, female, 19, bi-curious)

There were also a small number of young people who cited a professional practitioner, for example a psychologist, psychiatrist, family counsellor, youth worker or school counsellor, as the most helpful person to whom they disclosed their use of violence. Their responses explained the ways in which the professional had helped them to address underlying factors contributing to their use of violence in the home:

Psychiatrist – actually put a name to my actions (bipolar). (Survey participant, female, 16, bisexual)

Most helpful was psychologist as they explained why this has happened and how to improve. (Survey participant, female, 18, bisexual)

My Psychiatrist – Learning how to control anger was an issue I struggled with from a child, and when that came out towards someone, it burdened me with guilt. Through therapy I learnt how to appropriately manage

anger and stop that behaviour. (Survey participant, female, 20, heterosexual)

The inclusion of practitioners working with young people here underscores the importance of ensuring young people have access to child-centric practitioners through school, health or community referrals.

2.2 Young people's reflections on unhelpful disclosures

Building on this analysis, the survey also invited respondents to identify who was the *least* helpful person to whom they disclosed their use of violence in the home. As noted above, this open-ended question was optional, with the survey respondent having the option to skip the question or to enter the name of the least helpful person and to provide a reason why.

The main reasons provided for listing someone as “least helpful” related to inaction – individuals who did not believe the young person, failed to take or suggest any action, or ignored the disclosure or excused the situation disclosed. This was captured in the following quotes about different family members:

Mum would make excuses. (Survey participant, female, 20, bisexual)

Brother, as he didn't think anything was going on. (Survey participant, male, 18, heterosexual)

Father, as he ignored situation. (Survey participant, female, 17, bisexual)

Birth mother – didn't address or try to fix the situation. (Survey participant, female, 18, heterosexual)

Mother, she was dismissive of the situation. (Survey participant, female, 19, bi-curious)

Reflecting findings from research with adult victim-survivors of intimate partner violence, young people's views underscore the importance of validation and understanding upon disclosing an experience of violence. Similar sentiments were expressed by young people who disclosed their use of

violence to a friend or friends, and cited the lack of subsequent action or response as constituting the least helpful response they experienced. This is captured in the following three short quotes:

Friends – [']cause they didn't do anything. (Survey participant, female, 17, heterosexual)

Friends, they couldn't do much. (Survey participant, female, 20, heterosexual)

A friend as they could not directly do anything to help. (Survey participant, female, 17, heterosexual)

Some young people also reflected that disclosures about their own use of violence had been met with anger or retaliation from a family member, which they found unhelpful:

My dad – because he just told me off without helping me. (Survey participant, male, 17, gay)

My sister – she gets angry at me. (Survey participant, female, 16, sexual identity unknown)

Mum – as she doesn't get angry at the boys hitting me but does when I hit them so really hard to talk to her about it. (Survey participant, female, 17, heterosexual)

My father – he always yelled and make things worse once he found out we had fought. (Survey participant, female, 18, heterosexual)

My dad – because he'd usually just get angry with us. (Survey participant, female, 20, heterosexual)

A smaller number of young people expressed a sense of guilt or regret for having disclosed their experience with a chosen individual. As one young person reflected:

Brother, [I] feel guilty for putting him through that and he doesn't understand why I do it. (Survey participant, female, 17, bisexual)

There were a small number of young people who cited a person beyond a family member or friend in their list of the least helpful person to whom they disclosed their use of violence in the home. Other unhelpful disclosures included to the school counsellor, teacher, a priest, child safety, a psychologist

and a therapist. There were minimal details included here as to why disclosures to these individuals were particularly unhelpful. In two instances, the young person cited a lack of education and training as the key factor impeding an effective response, highlighting the importance of access to specialist practitioners in this field.

2.3 Young people's reflections on support needs

Young people in our study identified a number of support needs around their use of violence in the home, along with its connection to underlying or intersecting experiences of child abuse and related trauma. While some of these support needs were articulated by young people as specifically relating to their own use of violence, the majority of young people who provided open-ended feedback as part of the survey reflected on their support needs as both users and victim-survivors of DFV.

Several themes emerged from the qualitative data around support needs. We focus on the key themes here, which included the need for:

- a safe space or place
- someone to talk to
- professional support
- education around abusive behaviours, their impact and the intergenerational cycle of violence
- a supportive school environment/school staff, and
- a supportive and protective mother.

While young people's support needs are grouped under themes, the presence of some young people's views under multiple themes highlights that for several young people, it was more than one specific element of support that would have made a difference to them at the time of experiencing and/or using violence in the home.

The need for a safe space or place

For young people in this study, the need for a safe place was the most commonly listed type of support that they would have found useful in addition to any other support they may

have had access to at the time. Here, two subthemes emerged, namely the desire to be able to seek respite and the desire to leave home permanently and find a safe alternative housing or carer arrangement. It is noteworthy that while much of the qualitative feedback on support needs was provided by participants identifying as female, the need for a safe place as well as the desire to have permanent alternative living arrangements were noted by numerous survey participants identifying as male along with one young person identifying as gender-fluid.

Temporary respite

Many young people stated that they wished they had somewhere safe to go when things were unsafe and they felt they may react to family conflict with use of violence and/or were at risk of experiencing further parent or carer violence. As illustrated by the following quotes, they wished for an escape to a safe place:

Not being at home. (Survey participant, male, 19, heterosexual)

Having more and easier contact with other family members. Having a place to go when things got bad. (Survey participant, female, 19, bisexual)

A support system and a safe place/person in case of a serious event. (Survey participant, female, 18, pansexual)

Further to the needs around access to respite and a safe place articulated by young people more generally, a small number of young people specifically highlighted the importance of being able to remove themselves from the family home during the COVID-19 pandemic-related lockdowns to seek respite and/or avoid conflict that may otherwise further escalate. As described by a young male and female in this study:

Not being in Lockdown so I could legally go out for a bit to relax. (Survey participant, male, 17, heterosexual)

Somewhere to go to escape it (peak violence was during covid lockdowns). (Survey participant, female, 17, queer)

Friends or families of friends as temporary respite emerged as a subtheme from a number of young people's feedback, as illustrated by the following quotes:

Having a friends house I could stay at when things got bad. (Survey participant, female, 20, bisexual)

Being either taken in by a close friend's family for a bit while my father got help for his temper. (Survey participant, female, 18, pansexual)

Being able to go to friends' houses when I needed to and them living closer to me. (Survey participant, female, 18, heterosexual)

These quotes demonstrate the importance of social connection within and beyond the family for those young people using violence in the home. While mothers were the most common recipients of disclosures, the next most likely people that the young people in this study disclosed their use of violence to were their friends.

Permanent removal from unsafe home environments

In addition to many young people wishing for access to respite at times of family conflict and crisis, some young people articulated clearly that what would have been useful to them was access to permanent alternative living arrangements, as illustrated by the following quotes:

Getting the fuck out of there. (Survey participant, gender-fluid, 16, bisexual)

The use of a foster family so that I could be taken away from the toxic people in the house. (Survey participant, male, 18, heterosexual)

If I had the resources or support to leave the home as a minor. (Survey participant, female, 19, lesbian)

Leaving, which is what I did I left my dads house. (Survey participant, female, 17, heterosexual)

Moving out of the house earlier than I did. (Survey participant, male, 17, heterosexual)

Being able to move out as soon as it started. (Survey participant, male, 17, heterosexual)

Permanent alternative living arrangements were raised as critical by a diverse group of young people, including those

with diverse gender and cultural identities, which is discussed further under each respective priority cohort section.

Someone to talk to

The second most common support need identified by young people was having someone to talk to as a form of emotional support. For many young people, this was noted as a general desire to have someone to talk to, suggesting that many of the young people in our study felt isolated during their experiences and/or use of violence in the home. Some young people specifically articulated that beyond having someone to talk to, that person must also actively listen. Further, young people discussed the importance of having someone to talk to in combination with the need to obtain information and validation. This was captured in the following quotes:

I think telling someone, someone being there to tell me things that my parents never told me, a loving role model and people who were understanding. (Survey participant, female, 19, sexual identity unknown)

People to talk to, an understanding of what our options were if we could leave, culturally appropriate support. (Survey participant, female, 18, bisexual)

Someone to talk to and understand. (Survey participant, female, 17, heterosexual)

I just wanted someone to give me a hug and tell me everything was going to be okay and that things would eventually get better. (Survey participant, female, 18, heterosexual)

In addition to the critical aspect of emotional support highlighted by young people's quotes, some further articulated expectations around accountability of those who young people may seek to talk and disclose to:

If someone had asked and actually done something rather than turn away when I needed them. (Survey participant, female, 18, lesbian)

Someone being there or my counsellor listening. (Survey participant, female, 20, pansexual)

Expectations around accountability of trusted adults emerges across a number of themes in the section around support

needs. Young people similarly articulated experiences of disclosures having been ignored and expectations that trusted adults, including teachers and carers, must respond more appropriately and consistently to young people's disclosures of violence.

Some young people further addressed their support needs in the context of their cultural identity, voicing a need for emotional support and validation of experiences, as described by a young Indian woman and a young Sri Lankan woman:

Emotional support and having someone there to reassure it should not be the norm in Asian families. (Survey participant, female, 18, heterosexual)

I think bringing awareness to the fact that it does still happens in South Asian homes despite the superiority that South Asian cultures seem to think they hold would've helped. I felt embarrassed to talk about it because it's not really a thing we talk about in my culture. (Survey participant, female, 19, heterosexual)

One young person described the need to have someone to talk to in the wider context of opening up support pathways through the normalisation of conversation about violence in the home:

Talking to my friends about it more and normalising talking about it as well as society in general focusing breaking this cycle of toxic masculinity that often results in violence in the home to a much worse degree than I have experienced fortunately. (Survey participant, female, 20, queer)

This highlights young people's individual needs to have a trusted person to talk to. Unless young people can feel comfortable to talk about their experiences and/or use of violence in the home, access to critical support for young people and their families will remain limited.

In addition to the articulated desire to have someone to talk to about their experiences and/or use of violence, some young people also stated it would have been useful to know more about available supports, as illustrated by this quote: "Education and knowledge of facilities available for us to reach out." (Survey participant, female, 18, heterosexual)

Other young people further described the importance of support being accessible and available when required. While few young people commented on this aspect, a young male and a young female identified the availability of helplines as a specific support need:

Reachable support lines for kids. (Survey participant, male, 18, heterosexual)

Maybe a helpline since I only tried to call once and it was closed that night. (Survey participant, female, 20, heterosexual)

Finally, several young people more explicitly described the need to have someone to talk to (and listen) in terms of the desire to have access to professional support, including counsellors and psychologists. This is further unpacked in the following section.

Professional support

Several young people articulated a desire to have had access to professional support at the time of their experiences. For some, this related to their own professional support needs (e.g. counselling around underlying trauma and emotional regulation). For others, the need for professional support was explicitly articulated in relation to support for parents to address the underlying issues present in young people's households, including their fathers' use of violence, mothers' support needs in the context of DFV, parents' more general relationship conflict and parenting techniques, siblings' behaviours and, at times, the mental health concerns of parents.

Professional support for young people

Several young people noted that access to professional support, including counsellors and psychologists, would have been useful. The majority of qualitative comments reflected a general desire for access to professional support, including earlier access to therapeutic interventions, therapeutic interventions to support recovery from childhood trauma, and therapeutic interventions to support emotional management skills for young people. This desire was illustrated by the following quotes:

Seeing a therapist. (Survey participant, female, 20, heterosexual)

Recognising and treating trauma. (Survey participant, female, 20, bisexual)

Going to therapy earlier than I did. (Survey participant, female, 18, heterosexual)

A therapist to help me work through my emotions. (Survey participant, female, 16, heterosexual)

A smaller number of young people specifically spoke to the tricky nature of accessing counselling, which often requires young people to involve their parents and carers. This raised concerns around trust and confidentiality as well as family shame and stigma for these young people. This was illustrated by the following quotes:

Even though counsellors are safe to talk to and confidential, having one that my parents didn't arrange for me or that my dad wasn't employing at school would have allowed me to talk about the extent of parents actions – hard to do that if they know them. (Survey participant, female, 17, heterosexual)

Greater access to counselling or confidential support groups in the area. I did see a counsellor but I didn't always want my parents to be painted as evil people. (Survey participant, female, 20, heterosexual)

Talking to a psychologist but I wasn't ever going to ask my parents to take me. (Survey participant, female, 19, heterosexual)

Professional support for parents, carers and other family members

In addition to their own identified professional support needs, many young people identified professional support for one or both parents as critical. Here, the majority of young people articulated support needs for parents around parents' problematic behaviours rather than parents' experiences of children's use of violence in the home. This is unsurprising given the high prevalence rate of parental DFV and other forms of child abuse identified in this study. The following quotes illustrate the therapeutic support needs of families and parents as identified by young survey participants:

If my parents both got relationship therapy. If my dad

was more educated and mature to handle conflict. (Survey participant, female, 18, bisexual)

If my parents could go get therapy. (Survey participant, female, 18, lesbian)

Therapy for my dad. (Survey participant, female, 17, bisexual)

Someone institutionalising my second sister because her behaviours and undiagnosed mental conditions have put a significant stress on this family. (Survey participant, female, 20, heterosexual)

In addition to the specific interventions identified as critical for parents in order to improve young people's experiences and outcomes, a few young people also identified more holistic, multilayered family support as critical. This was illustrated through the reflections received from the following young people:

A free therapist for my entire family to help eradicate these problems and the bad aspects of each person's behaviour. (Survey participant, non-binary young person, 20, bisexual)

Talking to someone outside the family, everyone in the family going to therapy or counselling. (Survey participant, female, 17, asexual)

Finally, some young people also noted that earlier (i.e. more timely) support – whether for young people and/or other family members – would have been useful to disrupt their experiences of violence and support better outcomes for young people as well as their families.

Education around abusive behaviours, their impact and the intergenerational cycle of violence

Educational support needs were identified as critical for young people and/or parents. Some young people articulated the need for education for themselves to understand what constitutes abusive behaviours and family violence, noting that violence often becomes normalised in families where parental DFV is present. They wanted reassurance that that help is available. Others described the need for parents to be better educated about abusive behaviours. Some young

people also identified that broader education would have been helpful: “more awareness about issues” (Survey participant, female, 16 years, bisexual).

Education around DFV for young people

Young people, particularly young women, raised the need for better education around forms of family violence as a key support need – in particular, education predominantly focused on the importance of understanding the nature and origins of a normalisation of violence in order for the young people to understand their experiences as abuse and know that support was available. This is illustrated by the following quotes:

Being taught how to control emotions of anger in a civil way, rather than violence and yelling being demonstrated from a young age. (Survey participant, female, 17, heterosexual)

Knowing it was wrong and not a normal part of growing up. (Survey participant, female, 17, bisexual)

Maybe knowing that what I was experiencing wasn't healthy, and that I wasn't alone. (Survey participant, female, 18, heterosexual)

Some young people specifically pointed to school education on impacts of home violence as a support need. The role of schools as a support mechanism for young people using and/or experiencing violence is further explored in a later section.

Education around domestic and family violence for parents/carers

Young people articulated a clear need to better educate parents around the use of violence, its impact on children and the risk of intergenerational transmission and normalisation of violence. Some young people described parents' educational needs in the context of their parents' own upbringing, acknowledging a previous intergenerational transmission of abusive behaviours. This was illustrated by this young woman's feedback:

The way my parents were brought up, their mindsets because they still don't believe what they did was wrong and they aren't sorry for it. (Survey participant, female, 19, heterosexual)

Other young people commented on parents' educational needs more broadly to understand that their parenting practices and/or relationship behaviours constituted abusive behaviours:

If my mother had the education and skills to understand that it was abuse and how to deal with it, etc. (Survey participant, female, 19, lesbian)

People teaching my parents healthy parenting tips so they wouldn't think parenting by fear is a solution (Survey participant, female, 20, heterosexual)

The above quotes highlight young people's understanding of parents' abusive behaviours as a form of intergenerational transmission of violence and/or something that could be addressed through better education for parents.

Supportive school environments and staff

As illustrated by the above sections, most support needs discussed by young people centred on friends and access to professional support. However, some young people also raised that having a more supportive school environment and/or teachers and guidance counsellors who take a more proactive approach to enquiring about individual student wellbeing would be useful to improve access to support and pathways to safety for young people using and/or experiencing violence in the home. As described by the following young people, schools having a trusted onsite counsellor or psychologist available to students was seen as important; they also emphasised the need for such staff, along with teachers more broadly to be trustworthy and proactive:

Someone at school e.g. psychologist that I could tell. (Survey participant, female, 20, heterosexual)

Help at school & classes on those issues. (Survey participant, male, 20, heterosexual)

Actual help from the people I told, if the school or government stepped in. (Survey participant, female, 17, queer)

More trustworthy and helpful teachers, less trust in the adults that messed me up. (Survey participant, female, 16, aroace [term nominated by participant])

A supportive school counsellor. (Survey participant, female, 18, bisexual)

Some young people further articulated a desire for more regular and individualised check-ins from teachers, as described by the following young people:

Maybe regular check ins by teachers could have helped. (Survey participant, female, 18, heterosexual)

Kind words, maybe teachers asking how i was individually. (Survey participant, female, 17, bisexual)

Finally, a number of young people would have liked to have access to a combination of things at the time of their experiences and/or use of violence in the home, as highlighted by this young woman: "Psychology. Help at school. Classes and talks run at school for young kids who don't understand what's going on." (Survey participant, female, 20, bisexual)

These findings raise implications in terms of schools' role as places of education around DFV. Schools can be a point to identify young people's experiences and support needs. The findings also suggest that young people are more likely to disclose if staff are DFV-informed – that is, they have the skills to identify and respond to indicators of DFV and can offer children a safe space to disclose.

A supportive, understanding mother

In addition to the support sources and strategies discussed above, a small number of young people, all identifying as young women, described the need for a more supportive, understanding mother. While fathers were primarily referred to in the context of using violence, the following quotes reflect expectations of mothers to be more supportive and understanding of young people's support needs when experiencing and/or using violence in the home:

Having more understanding mother. (Survey participant, female, 18, heterosexual)

My mother helping more to dissolve the situation instead of ignoring it. (Survey participant, female, 17, heterosexual)

Supportive mother. (Survey participant, female, 20, bisexual)

More support from my mother. (Survey participant, female, 16, heterosexual)

These expectations may arise from mothers being seen as primary carers or trusted adults in contrast to fathers, who were described by some young people in this study as using violence. This highlights the multilayered support needs of families affected by adolescent violence in the home, as many mothers in this study may have been victim-survivors of DFV themselves. While this can make them an ally to children, it can also undermine and diminish parental supportive capacity. As a result, young people – specifically young women in this study – may have felt that their mothers did not meet their support and safety needs. The impact of DFV on mothers’ parenting capacity often requires professional recovery support along with accountability and interventions for abusive fathers, highlighting the multilayered and holistic support needs of young people and their families in this study.

Support around emotional/self-regulation and self-awareness

The majority of support needs raised by young people in this study related to informal and formal support needs often identified in relation to intersecting experiences and use of violence. Where support needs were identified in relation to specific individual behaviours, these primarily related to:

- addressing parents’ behaviour that young people associated with their own use of violence (e.g. interventions for fathers’ use of violence towards them, their siblings and/or their mothers; parents’ use of physical and/or harsh disciplining techniques; sexual abuse)
- young people’s recovery needs arising from adult abusive behaviour (e.g. access to therapy to address childhood trauma).

A small number of young people, with only one identifying as male, further raised support needs specific to their own behaviour. As illustrated by the following examples, these young people described that support and education around emotional regulation and healthy conflict resolution strategies would have been useful in preventing their use of violence in the home:

Being taught how to control emotions of anger in a civil way, rather than violence and yelling being demonstrated from a young age. (Survey participant, female, 17, heterosexual)

Learning to control my anger and not hit younger siblings. (Survey participant, female, 18, heterosexual)

For myself, perhaps better self-control or remembering to remove myself from the situation. (Survey participant, female, 19, sexual identity unknown)

Doing personal development at school. I was the cause of a lot of the violence, it was after my mum gave me the book, *7 Habits for Highly Effective Teens* for Christmas that I began to change and become a better person. So reading books and doing special days or courses, not just for domestic violence, but to teach children/teenagers to become self-aware, how to deal with others, personalities, faith, self-belief, confidence, etc., would really be able to make a difference in young people’s lives. (Survey participant, female, 20, heterosexual)

What could’ve helped me was an anger management councillor [sic]. (Survey participant, male, 17, heterosexual)

Unsure what could or would have made a difference

In addition to the key themes regarding relevant support mechanisms in the sections above, a large number of young people stated they were unsure or did not know what would have been useful to them or could have made a difference to their experiences at the time. Being unsure was the most commonly provided open-ended answer in response to what would have been useful to young people at the time, highlighting the uncertainty experienced by young people around help-seeking and possibly their limited positive experiences with disclosures and help-seeking around their use and/or experiences of violence in the home.

Nothing could or would have made a difference

In addition to being unsure, a substantial number of young people (similar to the proportion of young people identifying the need for respite or a safe place as a key support mechanism) stated that nothing would have made a difference to their situation and experiences at the time. Together with the uncertainty around what support may be available and useful for young people using and/or experiencing violence

in the home, this observation highlights the need for greater awareness of and access to relevant support services for young people. While some young people stated that nothing would have made a difference because no support was necessary, other reflections received suggest a belief that nobody could have helped at the time. In many instances, it is unclear from the brief responses provided by young people who felt nothing would have made a difference whether this feeling is based on past disclosures and/or help-seeking that did not make a difference; a lack of awareness of what support might have been available; or a combination of the two.

FINDINGS

Section 3: Reporting behaviours and support needs among priority cohorts

Limited research has explored the help-seeking behaviours of those using violence, and the characteristics of people who do and do not disclose their use of violence to others. However, this research is crucial for ensuring that interventions are appropriately targeted and delivered in a way that is suitable for the intended recipients. Further, this information assists in identifying groups who are less likely to engage in help-seeking behaviours and may need more proactive outreach support. We therefore unpack disclosure rates and self-identified support needs by priority cohorts in the following subsections. As is evident from the subsequent sections, many support needs of young people who identified with one of the priority cohorts align with the support needs identified across the large sample of young people who acknowledged using family violence, as presented in Section 2.3.

The following sections further explore rates and nature of disclosure behaviours among young people. They are organised into four priority cohort sections to explore differences in the experiences among different communities of children and young people, namely:

- First Nations young people
- young people from non-English-speaking backgrounds (NESBs)
- young people living with disability
- young people with diverse gender and sexual identities.

Findings presented hereafter illustrate some of the common support needs identified across different groups of young people as well as support needs that were specifically discussed in the context of young people's cultural backgrounds, their experiences of living with disability, and their gender identity and sexual orientation.

3.1 Service and support needs among First Nations young people

One in four First Nations respondents (23%, $n=60$) reported that they had used violence in the home. Overall, half of First Nations respondents (53%, $n=32$) who acknowledged using violence in the home said they had disclosed this to a family member. Young First Nations people also stated that a "better support system" (Survey participant, female, 20

years, sexuality unknown) and "people knowing that it's not right" (Survey participant, female, 20 years, heterosexual) would have made a difference to their experiences at the time. Some young First Nations people stated that access to professional support would have been helpful, including access to a therapist, a support group or "authority stepping in" (Survey participant, female, 17 years, heterosexual) more generally. Fewer young First Nations people identified someone to talk to as a support mechanism they would have liked to have access to at the time. This may be a reflection of the nature and disclosure rates identified for young First Nations people above, which suggest that young First Nations people may be more connected to extended family and community members and/or feel more comfortable disclosing their use (and potentially experiences) of violence in the home.

There are two key themes identified in the wider support needs findings that reveal some findings specific to young First Nations people – namely, young people's expectations placed on mothers as a critical form of support when experiencing and/or using violence and young people's desire for safe alternative living arrangements.

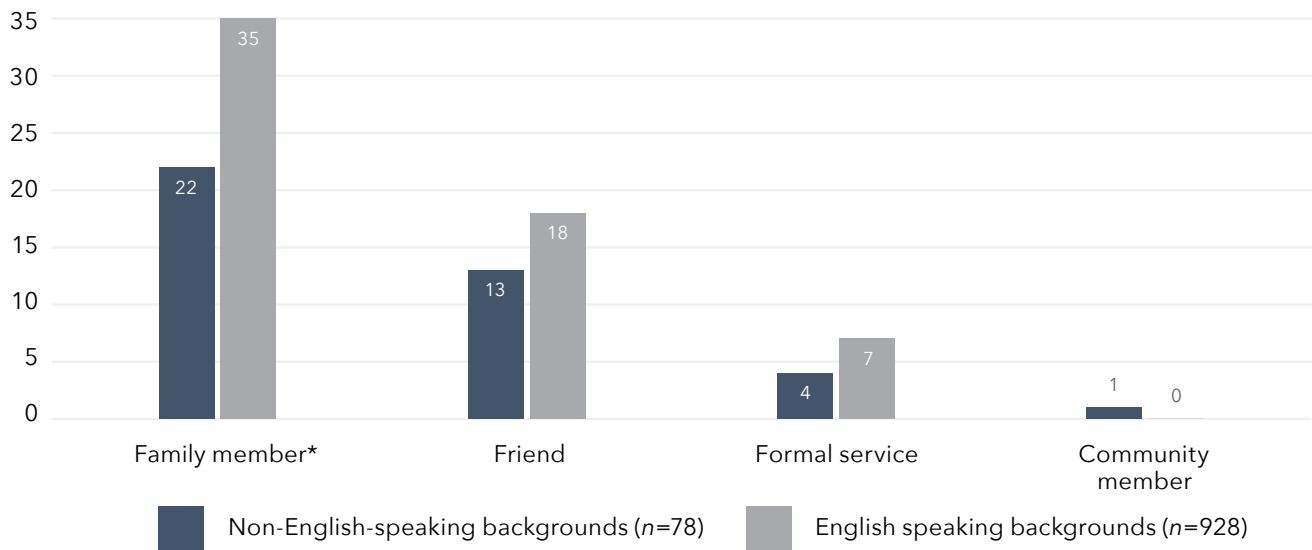
The role of mothers

Of the six young people who wished their mother would have been more supportive or stated that their mother could have made a difference, half identified as young First Nations women. While two simply stated "mother" in response to what could have helped them at the time, one explicitly stated "If my mum supported me" (Survey participant, female, 19 years, heterosexual). Qualitative feedback on support needs and opportunities described by young First Nations people is limited to a small sample. However, multiple mentions by young First Nations women of their mothers being a critical support reiterates the role and expectations placed on mothers by young women experiencing and/or using violence in the home.

Respite and safe alternative living arrangements

As discussed in Section 2.3, respite and alternative living arrangements were one of the most commonly stated support needs by young people broadly. This observation is equally

Figure 3: Disclosure of use of violence in the home, by language spoken most of the time at home and relationship between the respondent and the person they disclosed to (%)



Note: Sample limited to respondents who said they had used violence in the home.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

present in the data provided by young First Nations people. Responses about the need for respite and safe alternative living arrangements outnumbered other thematic responses among young First Nations people. This highlights the critical nature of an escape from their living arrangements marked by their own as well as other family members' use of violence in the home. In addition to the frequency with which First Nations young people identify an escape from home as a key support need, the need for permanent alternative living arrangements also stands out in their responses. While two young First Nations women (19 and 20 years old, respectively) stated that having somewhere safe to stay more broadly would have helped at the time, the majority of First Nations young people who identified that they needed somewhere else to stay wanted to leave their home permanently. This was illustrated by the following examples:

Moving out of the house earlier than I did. (Survey participant, male, 17 years, heterosexual)

Getting away from home. Moving somewhere safer. (Survey participant female, 19 years, heterosexual)

These findings reflect the observations made in Section 2.3, with more young First Nations people commenting on the need for permanent alternative living arrangements than on other support needs.

3.2 Service and support needs for young people from non-English-speaking backgrounds

Across the entire sample of survey respondents, 525 young people identified as coming from households where English was not the only or not the primary language spoken at home. Overall, 14.9 per cent ($n=78$) of these respondents also reported that they had used violence in the home (vs. 20.7%, $n=928$ of respondents who said English was the only primary language spoken at home).

As demonstrated in Figure 3, disclosure of their use of violence in the home was less common among young people from NESBs compared to respondents from English-speaking backgrounds. First, one in five young people from NESBs (22%, $n=17$) said they had disclosed their use of violence in the home to a family member, which increased to 35 per cent among young people ($n=328$) who spoke English most of the time at home. This difference was statistically significant ($\chi^2(1)=5.86$, $p < 0.05$, Cramer's $V=-0.08$). Similarly, the proportion of respondents from NESBs who said they had disclosed their use of violence to friends (13%, $n=10$ vs. 18%, $n=167$; $\chi^2(1)=1.33$, $p=0.249$, Cramer's $V=-0.04$), formal services (4%, $n=3$ vs. 7%, $n=65$; Fisher's Exact $p=0.355$) and community members (0%, $n=0$ vs. 1%, $n=9$; Fisher's Exact $p=1.000$) was lower compared to young people from English-speaking backgrounds. However, these differences were not statistically significant.

When these young people reflected on what supports and services would have assisted them, the need for better recognition of the complexity and diversity of cultural experiences in educational settings and in services offered was often raised. Young people recognised that their parents may have had their “own traumas and life experiences”, and that parents were often navigating between two sets of cultural expectations. However, they also wanted their parents to understand them and the new social contexts in which they lived much better. Typifying this pattern, one young person asked for “an open mind from the family and culture”. Another said: “Having friends who were also experiencing the same cultural situation.” While a number of young people clearly expressed anger and frustration at paternal behaviour and patterns, there was compassion, too, and insight that parents were experiencing their own dislocations and trauma and needed support more than condemnation. As one participant commented:

Maybe more education to parents about how to manage their anger. I know my parents meant well but I think things would have been easier for them if they knew how to work through their emotions instead of projecting them onto me and apologizing later. (Survey participant, female, 18, bisexual)

Another said: “Maybe [if] my parents would understand me things would have been better. I felt like they didn’t know about some of my expectations.” (Survey participant, female, 20, heterosexual)

Another respondent was less hopeful that anything could be changed: “Nothing. It’s a generational thing.” (Survey participant, female, 17, bisexual)

There were consistent calls for school counsellors and programs to be better resourced to address – and assist young people to bridge – these gaps in understanding. Many responses focused on needing “someone to talk to” and the value of friends to share experiences with, indicating that isolation and silence around violence in the home is clearly affecting these young people. The following comments are typical of such responses and hopes:

Having support and someone who could deescalate the situation. (Survey participant, female, 19, heterosexual)

Knowing there’s a lot of people out there willing to help. (Survey participant, female, 17, heterosexual)

Having an understanding sibling or friends who go through the same issues. (Survey participant, female, 17, bisexual)

In common with all the young people who participated, there was considerable focus on opportunities for self-development, available helplines and space as an important part of managing and deescalating violence in the home. Young people talked about counsellors, mindfulness training and support to understand that their experiences were not normal or acceptable as important opportunities for support. Several of the participants commented:

Reachable support lines for kids. (Survey participant, male, 18 years, heterosexual)

Having a space for myself to be able to calm down or just to be in, having someone to talk to without any repercussions and being able to have time to hang out with friends. (Survey participant, female, 17 years, bisexual)

Better access to counselling and a better understanding that what was happening was not normal. (Survey participant, female, 20 years, bisexual)

It being not normalised. (Survey participant, female, 20 years, bisexual)

However, a considerable number said they didn’t think anything could have been done to help them: “idk” [I don’t know] and “nothing”, were common responses. One young person simply wrote “Lol” – laughing out loud.

Young people who self-identified as having learning difficulties indicated that these cultural gaps had the potential to have more intense negative impacts:

If more parents from diverse cultural backgrounds understood the effect of violence and how it has no positive effects at all. If my parents weren’t so selfish and understood what they were subjecting other people to. It would have been helpful if there was someone who identified my dyslexia earlier and could have explained that to my parents as I was put down for a very long time because I thought I was just stupid. (Survey participant, female, 19 years, bisexual)

Table 2: Number of respondents who said they were living with disability at time of completing the survey, by nature of disability (n)

Descriptor	n
Physical disability	92
Visual disability	163
Intellectual disability	35
Autism	134
Attention deficit hyperactivity disorder	203
Acquired brain injury	20
Poor mental health	711
Other	88

Note: Excludes 30 respondents who did not want to disclose their health status.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

A small number specifically identified differences in gender expectations as a key point of divergence that sometimes drove troubling familial interactions. There were calls for assistance with these complex navigations of culture, religion, identity and family. As two participants described:

My teacher came to home to counsel my grandparents that both genders have equal rights so I think if my grandparents would have some knowledge about education it could have helped at that time. (Survey participant, female, 20 years, does not identify with any sexuality)

Having resources available that made it clear I was not committing a sin. (Survey participant, female, 18 years, bisexual)

Another participant said they did not feel impacted by violence, but their comment also reflected the pervasive myth that violence must be physical to be “real” or impactful. Gender identity is recognised as a potential source of gender-based violence in the home (Asquith et al., 2019).

There was no physical violence, so I don’t really think any experiences had an impact. Just a few words here and there about gender or my grades that’s all. (Survey participant, female, 18 years, asexual)

A number of participants cited the ongoing use of physical violence as a disciplinary tool as particularly problematic. Decisions about violence were linked to outdated attitudes that didn’t or couldn’t work. One respondent noted: “Educating the older generation that physical violence is not the answer to discipline.” (Survey participant, female, 17, heterosexual)

This quote provides an important focus on prevention. This is consistent with the focus on parents in the qualitative

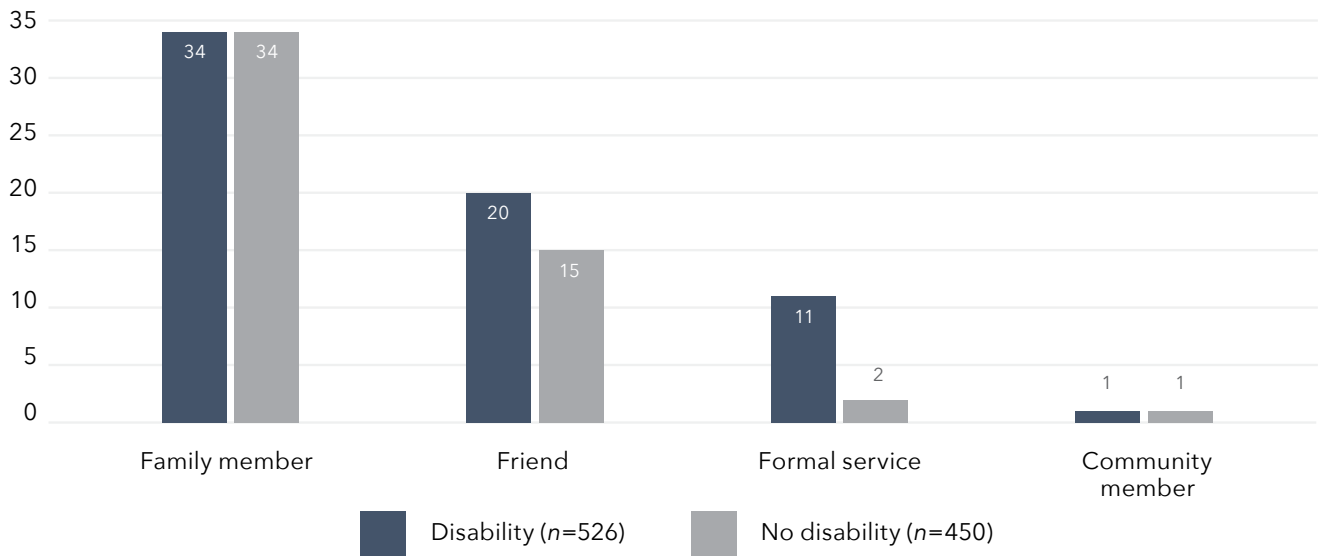
findings presented in earlier sections, both in terms of the importance of disclosing to parents, and the need to educate and prevent violence among parents.

3.3 Service and support needs for young people with disability

The survey invited young people to identify whether they had disability and provided a series of descriptors. These were not mutually exclusive and young people could select as many as were relevant for them. The following table offers an outline of the descriptors selected. Most participants selected more than one descriptor. In the category “other”, descriptions provided echoed, or correlated to other options (for example, a number of participants selected “other” and entered “autism spectrum disorder”; a number entered stress and anxiety which could equally be captured under “poor mental health”). In the following analysis, responses are not delineated in relation to descriptor unless there are specific indications that this is warranted.

Overall, 30 per cent ($n=526$) of respondents who self-identified that they had disability also reported that they had used violence in the home (vs. 14.8%, $n=450$ of respondents who did not have disability). Rates of reporting their use of violence in the home were generally comparable for young people who were living with disability and those who were not (see Figure 4). For example, 34 per cent of both young people living with disability and those who were not said they had disclosed their use of violence to a family member ($n=179$ vs. $n=153$; $\chi^2(1)=0.001$, $p=0.992$, Cramer’s $V=0.0003$). Similarly, one per cent of each cohort of respondents said they had told a community member about their use of violence in the home ($n=5$ vs. $n=4$; $\chi^2(1)=0.01$, Fisher’s Exact $p=1.000$). A

Figure 4: Disclosure of use of violence in the home, by health status and relationship between the respondent and the person they disclosed to (%)



Note: Excludes 30 respondents who did not want to disclose their health status. Sample limited to respondents who said they had used violence in the home.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

larger proportion of respondents living with disability said they had disclosed their use of violence in the home to a friend compared to young people who were not living with disability ($n=103$, 20% vs. 15%, $n=69$). This difference was not statistically significant ($\chi^2(1)=3.02$, $p=0.082$, Cramer's $V=0.06$).

However, young people living with disability were statistically more likely to say they had disclosed their use of violence in the home to a formal service provider ($\chi^2(1)=30.91$, $p < 0.001$, Cramer's $V=0.18$) compared to respondents who were not. While one in 10 young people living with disability had disclosed to a formal service provider (11%, $n=58$; e.g. a youth worker, teacher, counsellor or psychologist), only two per cent of respondents ($n=9$) who did not have a disability said the same. It is important to note that this finding could be attributable to young people living with disability being more likely to be in contact with formal services generally, as part of their disability/health management plans. As such, young people living with disability are likely to have more opportunities to disclose their use of violence to a formal service provider and may have developed more trusting relationships with formal service providers to facilitate disclosure, compared to young people who were not living with disability.

In common with responses from young people who lived in homes where English was not the only or primary language spoken, there was considerable emphasis on supporting parents to change or work with young people in a different way. Young people were seeking environments free from

violence, but recognised parents often need help rather than blame. As one participant commented: "Someone to talk to without feeling like I'm slandering my family. They weren't bad just struggling." (Survey participant, female, 20, queer)

For some, these gaps in parental understanding were linked to parental cultural backgrounds: these participants did not indicate that a language other than English was spoken at home but reflected on differing ideas and expectations, particularly in relation to mental health issues and learning disorders. This is captured in the comments of two participants:

My parents are not well educated on mental health disorders, and this in turn made it very hard for them to understand that what they were doing was actually hurting me. As adults, it was assumed that they already knew, but my parents are immigrants who were treated the same way by their family. Adults need to be more educated. (Survey participant, female, 16, pansexual)

Normalising the stigma of the Pacific Islander youth and their mental issues and health. I was struggling to show my vulnerable side and was disciplined into showing no emotion. (Survey participant, female, 19, heterosexual)

As in the other cohort of young people where English was not the only or primary language spoken at home, a significant number of young people expressed anger at their parents and felt they had no real hope or expectation of change or security at home:

For my parents to get arrested or die because they deserve it. (Survey participant, male, 18, heterosexual)

Do caring parents count[?]. Otherwise nothing. (Survey participant, female, 17, asexual)

In this cohort too, the use of physical violence as a disciplinary tool was raised by a small number of young people. As two participants commented:

The cultural idea of hitting is just wrong – it doesn't work, even my parent[s] don't enjoy hitting – they believe it for "our sake" – this shouldn't continue to happen. (Survey participant, female, 18, bisexual)

People telling my parents that smacking children is not okay and should not be a normal punishment. (Survey participant, female, 16, heterosexual)

There were a number of participants who expressed a wish for self-development as part of creating change. These comments often articulated a shared responsibility for the issues of violence in the home. It is significant that these comments were more frequent in the cohort of young people self-identifying with disability. Recent research indicates that experiences and feelings of shame are common for young people with disability (Lilley et al., 2020; Logeswaran et al., 2019): broader patterns of marginalisation and discrimination may lead young people with disability to feel that they are, in some way, at fault:

If I [had] taken out my anger in a responsible way. (Survey participant, male, 20, heterosexual)

Working on myself. A lot of the arguments, etc. in home could have been minimised if I had also done my part. (Survey participant, female, 18, heterosexual)

Understanding why I was being yelled at. I knew I had anger issues of sorts but my parents never helped me work through it. More communication and open-mindedness instead of taking everything so personally. (Survey participant, female, 17, sexual identity unknown)

One participant said simply: "Their acceptance." (Survey participant, female, 18, bisexual)

A number of young people in this cohort talked about sibling violence as a significant issue; they identified as both experiencing and using violence. One young person with autism said:

I don't even know at this point. It all started as innocent play fighting and then one day when I was in high school, I hurt my brother so much that he cried and my mum threatened to inform the police. (Survey participant, male, 18, heterosexual)

Others reflected on the complexity and impacts of sibling violence:

I could have been more patient? My sister could have been disciplined more by my parents? (Survey participant, male, 20, heterosexual)

Sibling violence being a thing to look out for, I brush off everything since most of it was from my younger brothers, except I was scared to go home and wanted to run away. If that isn't traumatic, then I do not understand trauma at all (I don't claim to be an expert, this probably comes off selfish/know-it-all). (Survey participant, male, 18, bisexual)

A better understanding that sibling abuse is not normal, or kids being kids. It's a problem if one child is scared to death of another they live with. (Survey participant, nonbinary, 18, aromantic)

One participant talked about the complex stresses that arose in families dealing with mental ill health:

People teaching my parents healthy parenting tips so they wouldn't think parenting by fear is a solution and someone institutionalising my second sister because her behaviours and undiagnosed mental conditions have put a significant stress on this family. (Survey participant, female, 20, heterosexual)

Again, there was significant and sustained emphasis in responses by young people with disability on the need for enhanced school responses, opportunities to see counsellors, better access to therapeutic referrals and better programs about different forms of violence. The most frequent response for this group of young people about what could be done to better support them was access to "someone to talk to"; at

times, this was expressed as “someone to listen to me”. These findings echo the support needs of the wider sample of young people presented in Section 2.3. There were a number of reflections on the importance of adults who could intervene to assist young people in establishing their own boundaries and expectations for a safe and secure life: “Someone to talk to. Someone who knew it was wrong and told me that it was wrong. Someone who actually loved me and cared about me.” (Survey participant, male, 20, bisexual)

Similar to the wider sample, a number of young people with disability emphasised the vital role that schools play in supporting young people to develop knowledge, understanding and language to discuss issues of poor mental health and its consequences and outcomes, such as violence. As one participant commented: “Having schools discuss from an earlier age that things like this are normal, teaching ways to deal with issues, especially if you’re uncomfortable talking about things.” (Survey participant, female, 18, sexual identity unknown)

Similarly, young people with disability emphasised earlier interventions, supportive structures and spaces in school as critical options for help; often they felt these supports were not available to them (or to their parents) or were not what they needed at the time:

More school support with less red tape (mandatory reporting) and less intense reaction by school. (Survey participant, male, 18, bisexual)

Having access to a workers [*sic*] who aren’t obligated to report everything they hear so clients don’t have to worry about hurting someone or being displaced. (Survey participant, male, 18, bisexual)

On the other hand, some young people felt that their experiences were minimised:

Less stigma, felt if I had both my parents and I wasn’t being beaten then I had no right to report and that nothing would be done anyway only that I would feel even more alone. (Survey participant, female, 19, bisexual)

Sometimes this need for help was expressed as a need for validation of their experiences, as captured in the following

comments from two participants:

Having an adult to detest my parents’ behaviour and support me and my siblings, knowing that it wasn’t normal and that we did not deserve it. (Survey participant, female, 19, sexual identity unknown)

People who I can reach out to, who are disconnected from my school and family so they get a clean slate to listen to me. (Survey participant, female, 19, bisexual)

For this group of young people, the most dominant finding was that isolation and fear were critical and intense issues. As one participant commented:

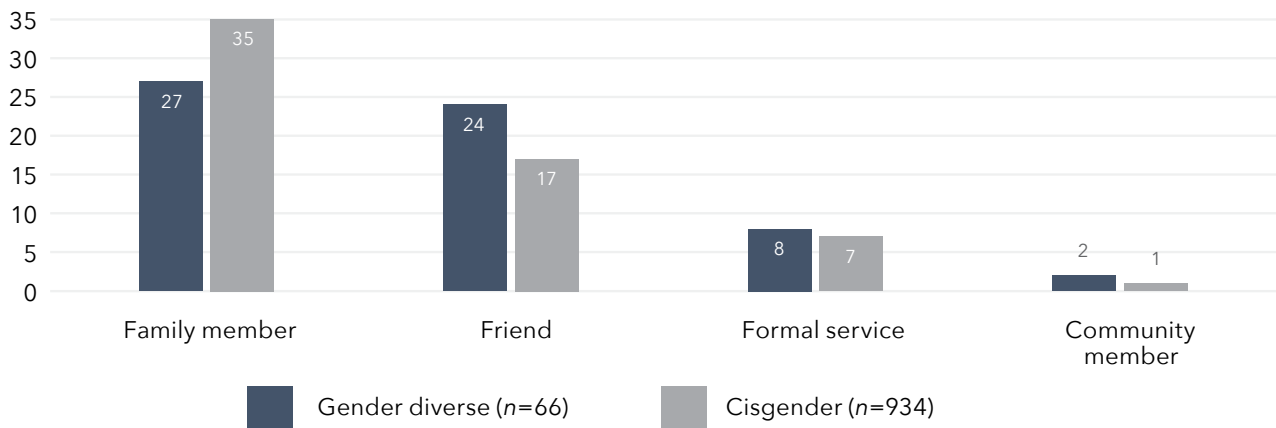
If it stopped. If someone sat me down and explained it to me. Hugged me maybe. I was so confused and alone. (Survey participant, female, 17, sexual identity unknown)

3.4 Service and support needs for gender-diverse young people and young people with diverse sexual identities

In this section, we draw on the perspectives of gender-diverse and sexually diverse participants who have used violence in the home. While there is a large overlap in identities (i.e. most gender-diverse participants also identified as sexually diverse), we nonetheless began by disaggregating the sample, keeping the gender-diverse and sexually diverse participant data separate for analytical purposes to explore any possibility of divergent trends. However, as expected, the analysis revealed no clear differences in perception of service and support needs between these two cohorts. As such, the finding in this section pertain to the perceived service and support needs of gender-diverse and sexually diverse participants combined.

Overall, 31 per cent ($n=215$) of respondents who self-identified as gender diverse also reported that they had used violence in the home (vs. 19%, $n=934$ of respondents who self-identified as cisgender). As shown in Figure 5, a smaller proportion of gender-diverse young people said they had disclosed their use of violence in the home to a family member, compared to cisgender respondents (27%, $n=18$ vs. 35%, $n=326$). However,

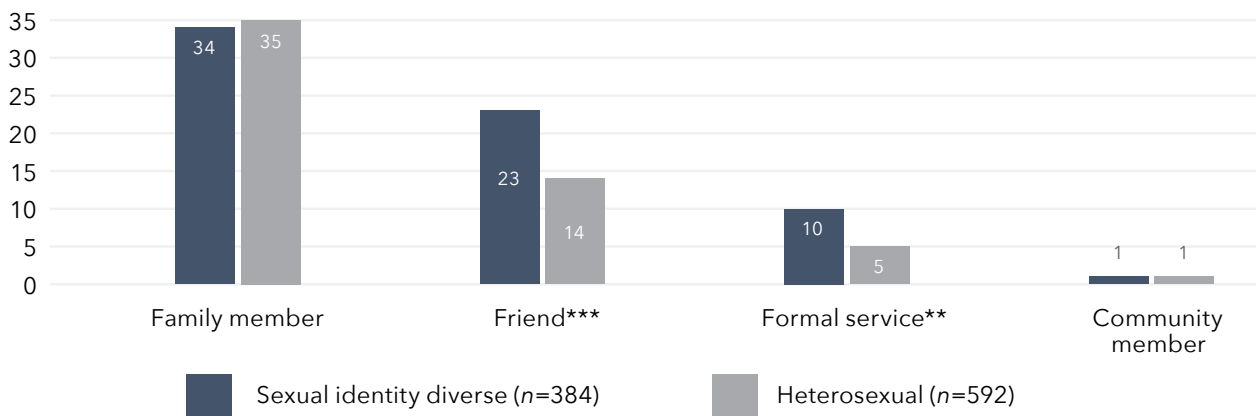
Figure 5: Disclosure of use of violence in the home, by gender identity and relationship between the respondent and the person they disclosed to (%)



Note: Excludes respondents who did not provide their gender identity. Sample limited to respondents who said they had used violence in the home.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

Figure 6: Disclosure of use of violence in the home, by sexual identity and relationship between the respondent and the person they disclosed to (%)



Note: Excludes 30 respondents who did not provide their sexual identity. Sample limited to respondents who said they had used violence in the home.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

this difference was not statistically significant ($\chi^2(1)=1.59$, $p=0.207$, Cramer’s $V=-0.04$). Further, a larger proportion of gender-diverse young people than cisgender respondents said they had disclosed their use of violence in the home to their friends (24%, $n=16$ vs. 17%, $n=158$; $\chi^2(1)=2.30$, $p=0.129$, Cramer’s $V=0.05$), formal service providers (8% vs. 7%; $\chi^2(1)=0.07$, $p=0.796$, Cramer’s $V=0.01$) and community members (2%, $n=1$ vs. 1%, $n=8$; Fisher’s Exact $p=0.460$), but again these differences were not statistically significant.

One in four respondents (26%, $n=384$) who self-identified as sexual identity diverse also reported that they had used violence in the home (vs. 18%, $n=592$ of respondents who self-identified as heterosexual). Overall, there were a number of

key differences in the reporting behaviours of sexual identity diverse young people compared to cisgender respondents. In particular, sexual identity diverse young people were statistically more likely to say they had disclosed their use of violence in the home to their friends (23%, $n=88$ vs. 14%, $n=84$; $\chi^2(1)=12.22$, $p < 0.001$, Cramer’s $V=0.11$) and to formal service providers (10%, $n=37$ vs. 5%, $n=29$; $\chi^2(1)=8.29$, $p < 0.01$, Cramer’s $V=0.10$) compared to heterosexual respondents (see Figure 6). However, there were no differences in the prevalence of disclosure to family members (34%, $n=130$ vs. 35%, $n=205$; $\chi^2(1)=0.06$, $p=0.803$, Cramer’s $V=-0.01$) and community members (1%, $n=5$ vs. 1%, $n=4$; $\chi^2(1)=1.00$, Fisher’s Exact $p=0.327$) for sexual identity diverse respondents and heterosexual young people.

It is important to note that violence perpetration among our sample is highly correlated with experience of violence and/or child abuse. As such, data is strongly focused towards support needs with regards to the violent environment in total, rather than violence perpetration per se. When asked to give a reason for their use of violence, the primary themes for participants who identified as having a diverse gender or sexual identity, as well as for participants in the wider sample, pertained to reproducing an established norm and/or connecting their use of violence to the trauma of experiencing violence. The second major theme, which shows some overlap with the first, related to reciprocal use of violence or “self-defence”.

Gender- and sexual identity do not appear to overtly impact the data. For example, only one young person in this category specifically noted support needs related to gender and/or sexual identity, with the pansexual young trans man noting that “being in an LGBTQIAP+ accepting family” would have helped with their experience of violence. Given the large number of gender- and sexually diverse young people who indicated in the survey that they had experienced gender ($n=79$) or sexuality identity-based abuse ($n=79$), including family exile and exclusion, the need and desire for LGBTQIA+-friendly supports, both formal and informal, can still be implied.

Gender and sexually diverse young people who had previously used violence in the home pointed to a range of desired supports. Furthermore, a considerably large number of young people reported being unsure or having a lack of certainty about what they or anyone could do to have eased or ended their experience of violence. This points to the need to ensure there are a suite of tailored interventions available for young people who may not be immediately sure of their support needs.

The qualitative comments tended to coalesce around three major themes for both those who had used physical violence and for those who had only used verbal violence. The three themes were interventions and education for their parent(s); formal and informal support, guidance and education for themselves; and the need for a safe physical space. We elaborate on each of these in turn.

Interventions and education for parents

Gender- and sexually diverse young people often felt that their parents or their family more broadly represented an important site for intervention. This was very often stated in terms of the need for formal therapy or counselling:

A more supportive environment. Therapy for my dad. (Survey participant, female, 18 years, bisexual)

My parents going to therapy. (Survey participant, female, 16, bisexual)

If my parents went to therapy/had a way to find help from their own experiences of violence in the home. (Survey participant, female, 19, bisexual)

Visible here are a variety of options that gender- and sexually diverse young people consider as being useful, which are also observed in the wider sample of young people. These range from individual therapeutic interventions for a perpetrator to couples and family therapy. However, the literature on couple- or family-based therapeutic interventions offers mixed views on the viability of such approaches. While counselling for victim-survivors can be challenging, it is broadly accepted as beneficial (e.g. Roddy, 2016). However, questions remain about whether family therapy might obscure or acutely diminish perpetrator responsibility (Brown & James, 2014).

Similar to young people in the wider sample, some gender- and sexually diverse young people commented more broadly about a desire for their parents to be better educated or to be more aware of the impact of violence without identifying the need for therapy:

Better resources available to my parents so that they could seek help, reduced stigma around the topic. (Survey participant, female, 18, bisexual)

Wanting her [the mother] to understand my trauma, wanting emotional awareness. (Survey participant, female, 18, bisexual)

These comments appear to put the emphasis on mothers for helping young people who are experiencing violence in the home, or an expectation that their mothers should at least be able to recognise that abuse is occurring. This observation

is in line with the expectations articulated for mothers by the wider sample.

Formal and informal support, guidance and education for young people

The gender- and sexually diverse young people in the sample described the need for sympathetic and (ideally) knowledgeable others who might be able to guide or educate them. Such knowledge could for example produce key new understandings that illuminate that the behaviour they are experiencing is unacceptably abusive:

An understanding that parents using violence and putting me down as punishment isn't okay and also that physical fights between siblings shouldn't occur. (Survey participant, female, 17, bisexual)

If someone told me that kind of behaviour is not normal and is called abuse. (Survey participant, female, 16, omniseual [term nominated by respondent but not defined])

The participants suggested that both formal experts and informal sources of support were important. For instance, several simply commented that there was a need for access to personal therapy or psychological support. This needs to be tempered, though, because gender- and sexually diverse young people also frequently stated in open-text comments that therapists and school counsellors had been the person they found least helpful among those they had disclosed to. Others described the need for friends or simply someone to talk to. Comments about being able to rely on friends rested on changing broader societal discourses as a way of facilitating the option of friendships as a resource:

Talking to my friends about it more and normalising talking about it as well as society in general focusing breaking this cycle of toxic masculinity that often results in violence in the home to a much worse degree than i have experienced [un]fortunately. (Survey participant, female, 20, queer)

This theme also brought together the formal and the informal supports. For example, this young person described the link between having her friends be formally educated to be able to

offer informal peer support and herself being taught how to pursue formal help: "My friends being taught how to tell me that it's okay, and [me] being taught how to contact proper help." (Survey participant, female, 18, bisexual)

In addition to formal support being an individual in a formal role – such as a therapist, as above – formal support was most often described with reference to school, which was considered a location that should generally be a site of easily accessible, durable and regular support. Comments pointed to school staff, such as teachers and school counsellors, being desirable points of contact to reach out to for help, but pointed also to a desire for a school culture of staff checking in on students and even fully embedding family violence education into the school environment:

Effective support at school e.g. approachable school councillors [*sic*] or mentors, and stopping the stigma around seeking counselling. (Survey participant, female, 20, bisexual)

Help at school. Classes and talks run at school for young kids who don't understand what's going on. (Survey participant, female, 20, bisexual)

Some caution must be observed with regards to school counsellors, however. The qualitative data from our survey of young people who use family violence reports very mixed experiences, with some pointing to counsellors being an important resource, while others raised considerable concerns about the role of school counsellors, particularly when describing school counsellors' inaction after receiving young people's disclosures of experiencing violence:

School councillor [*sic*] – wasn't educated or trained at all to help. (Survey participant, female, 20, bisexual)

My school counsellor she basically did nothing and told me thats terrible in the most generic way. (Survey participant, female, 20, queer)

The school councillor [*sic*], they wrongfully acted against my will. (Survey participant, female, 16, bisexual)

My school councillor [*sic*], my parents. (Survey participant, female, 18, queer)

There were also several occasions where gender- and sexually diverse young people held up school counsellors as the most helpful source of support they had disclosed to. However, the negative trend in the above comments supports research that recognises that young LGBTQIA+ people are “under served” by school counsellors relative to their cis-heterosexual peers (Asplund & Orway, 2018; Simons et al., 2018).

A final related subtheme that emerges across comments about both informal and formal sources of support pertains to the issue of needing to be trusted. As articulated by young people in Section 2.3, this manifested particularly in terms of the young people not feeling heard or believed with regards to their experiences. These young people described what they most needed at the time of experiencing violence: “People believing me when I said it was happening.” (Survey participant, female, 16, pansexual)

This was the case also in schools, where students wanted to feel safe in the knowledge that they would be believed over the adults who may have been behaving inappropriately, as this young person described: “More trustworthy and helpful teachers, less trust in the adults that messed me up.” (Survey participant, female, 16, aroace)

This messaging around the need to be believed and heard was geared towards parents, too. Many open-text comments highlighted parents – both mothers and fathers – as the people who were least useful when disclosing that they experienced violence. While the participants here include trans, genderqueer and nonbinary people, comments about the absence of being trusted are in keeping with broader academic research. Studies continue to highlight how the criminal justice system, the media and other key social institutions continually discount women’s credibility when reporting experiences of violence (Campbell & Fehler-Cabral, 2020; Epstein & Goodman, 2018).

A safe physical space

The final major theme that was identified regarding gender- and sexually diverse young people’s service and support needs related to being able to physically distance themselves from the perpetrator. Similar to the wider sample of young people, gender- and sexually diverse young people highlighted the

need for an escape, which was described as temporary by some and more permanent by others:

A friend offering me somewhere to stay while I got an income. (Survey participant, gender questioning, 20, pansexual)

Not being at home ... (Survey participant, genderqueer, 18, lesbian)

Somewhere to stay in moments of violence. (Survey participant, female, 18, bisexual)

Having more and easier contact with other family members. Having a place to go when things got bad. (Survey participant, female, 19, bisexual)

In contrast to the findings presented for First Nations young people earlier in this report, gender- and sexually diverse young people seemed to emphasise primarily the need for temporary respite rather than permanent alternative living arrangements.

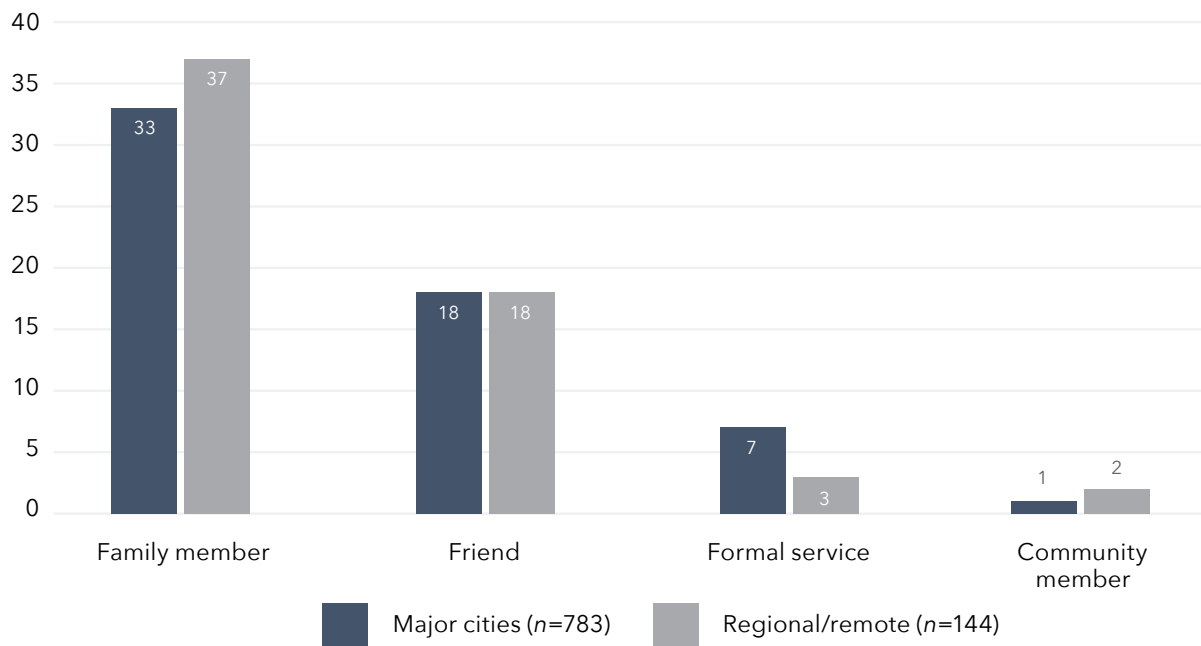
Some comments pointed to a need to not just know that options exist, but also understand fully what these options are and whether they would meet culturally specific needs: “People to talk to, an understanding of what our options were if we could leave, culturally appropriate support” (Survey participant, female, 18, bisexual). Meanwhile others point to the intersections between wealth, income, physical space and the associated constraints on physical agency. As this young man’s comment illustrated, a sanctuary might also be a safe and private space within the home: “Having my own room ...” (Survey participant, male, 18, bisexual).

These responses all point to the significance of strong social networks and illustrate that in the absence of such networks, formal sanctuaries are desperately needed.

3.5 Service and support needs for young people living in regional and rural areas

One in five respondents who lived in regional (18%, $n=129$) and remote areas (19%, $n=15$) also reported that they had

Figure 7: Disclosure of use of violence in the home, by place of usual residence and relationship between the respondent and the person they disclosed to (%)



Note: Excludes 79 respondents who did not provide their usual place of residence. Regional classification calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (ABS, 2018). Sample limited to respondents who said they had used violence in the home.

Source: *Survey of adolescent family violence in Australia: Perspectives from young people, 2021* [Computer file]

used violence in the home (vs. 20%, $n=783$ of respondents who lived in major cities). As shown in Figure 7, there were very few differences in the disclosure behaviours of young people who lived in major cities at time of completing the survey, and respondents who lived in regional and remote areas. Approximately a third of respondents from each cohort said they had disclosed their use of violence in the home to a family member (33%, $n=259$ vs. 37%, $n=53$; $\chi^2(1)=0.76$, $p=0.384$, Cramer's $V=0.03$); almost one in five said they had disclosed to a friend (18%, $n=138$ vs. $n=26$; $\chi^2(1)=0.16$, $p=0.901$, Cramer's $V=0.004$); and only a very small number said they had disclosed to a community member (1%, $n=3$ vs. 2%, $n=6$; $\chi^2(1)=2.19$, Fisher's Exact $p=0.152$). More young people who lived in major cities said that they had disclosed their use of violence in the home to a formal service provider than respondents living in regional/remote areas (7%, $n=56$ vs. 3%, $n=5$). However, this difference was not statistically significant ($\chi^2(1)=2.68$, $p=0.102$, Cramer's $V=-0.05$).

Discussion

The findings presented throughout this report demonstrate the importance of ensuring that there are specialised and tailored responses available for young people who use family violence in the home, but also – and perhaps more importantly – the need to ensure that family members and friends are upskilled on how to receive and respond to a disclosure of the use of violence. This study provides invaluable detail on what young people find helpful when disclosing their use of violence, what their support and service needs are, and how these may differ by priority cohorts.

This study has been undertaken at a significant time for young people in Australia and elsewhere in the world. The data was collected in late 2022 – more than 18 months into the COVID-19 global health pandemic, which has seen an increase in the frequency and severity of family violence in Australia (see, *inter alia*, Boxall & Morgan, 2021; Campbell, 2020; Pfitzner et al., 2022). While very few young people mentioned the COVID-19 pandemic specifically in their open-text survey responses, the ongoing nature of the pandemic and the legacy of two years of significant restrictions in some Australian states and territories has important implications for our analysis and findings.

The COVID-19 pandemic requires the findings in this study relating to education settings, in particular, to be read with some caution. We note the importance of childcare, kindergarten and school-based settings as sites where young people who are experiencing and/or using violence in the home can disclose to an adult and receive a support response. The ability to deliver in-person supports to such children was often interrupted during COVID-19 periods of lockdown. However, as young people have returned more consistently to face-to-face schooling, there is a need to ensure co-occurring experiences of violence and complex needs are identified and addressed to the extent possible within the school setting.

Strengths and limitations

Drawing on data obtained as part of a national survey of 5,000 young Australians aged between 16 and 20, this study significantly builds on current understandings of the service and support needs of young people in Australia who use violence in the home. It does so by centring the voices of

young people; this commitment to privileging the experiences and expertise of young Australians is a key strength of the study. A quantitative and qualitative analysis of this data facilitates in-depth exploration of the ways in which young people who use violence in the home seek help, and the people to whom they disclose their experiences of violence. The report also improves our current understandings of young people's unmet support needs and their reflections on what supports would have assisted them during and following their experience of DFV. Given the significant prevalence of DFV among Australian children and young people, and the co-occurrence of direct victimisation and uses of violence during childhood (Fitz-Gibbon, Meyer et al., 2022), ensuring that the service system is designed to meet the needs of young people is essential.

While many of the findings are relevant to all young people, the data presented in this report also provides insights into the service and support needs of under-researched subpopulations of young people, including First Nations young people, young people from NESBs, young people living with disability, and gender- and sexually diverse young people.

This study also has limitations that need to be acknowledged. Young people included in the current study were recruited using non-probability protocols. Although the sample was large, not everyone had an equal likelihood of being selected to participate in the research. As such, the findings presented throughout this report may not necessarily be generalisable to the wider Australian population. For example, we recognise that female respondents are over-represented within the sample, particularly in the breadth of qualitative data received through open-text questions. Young people residing in major Australian cities are also over-represented within the sample, and this study does not examine in depth the support and service experiences and needs of young people living in rural areas. As such, while this study represents the most comprehensive national research on AFV conducted in Australia to date, future research could build upon this baseline by undertaking a nationally representative survey.

Another limitation of the study relates to the open-text responses received by young people who had used violence in the home and also had co-occurring experiences of DFV victimisation. While several of the survey questions specifically

asked young people who they disclosed their use of violence in the home to and whether their use of violence in the home was reported to the police, the question on what supports would have helped them invited participants to reflect broadly. This means we were unable to discern whether these support needs stemmed from targeted experiences of abuse, their use of family violence, or a combination of the two.

Directions for future research

This report is the second of two reports (see also Fitz-Gibbon, Meyer et al., 2022) presenting the findings from our national study which sought to address significant knowledge gaps on the prevalence, impacts and service needs of young people who use violence in the home in Australia. To date, research examining the adequacy of service responses to adolescent family violence in Australia has relied heavily on the analysis of administrative data (for example, police records) or through engagement with practitioners and relevant stakeholders. By drawing directly on the experiences of young people who use family violence, the report provides a more comprehensive picture of the service and support needs of these young people than what has been previously identified. Future research should extend this focus on young people and engage with them further. In particular, we note the value of longitudinal approaches to data collection with birth cohorts to establish prevalence and patterns of childhood abuse and subsequent use of violence over time, as well as the impacts, benefits and limits of different interventions, system engagements and responses. While this study is able to point to young people's support needs and opportunities to enhance and improve service system responses, it does not purport to undertake a stocktake of interventions already in place. Robust research on the effectiveness of tailored interventions for young people who use violence in the home is needed in Australia given the relative dearth of current service options for this form of DFV. This research should be cognisant of the need for policies and practices in this space to be developed and carried out with an understanding of the often complex trauma histories of young people who use violence in the home (see further Fitz-Gibbon, Meyer et al., 2022).

Future research should also consider the different disclosure experiences and support needs of First Nations young people, young people from NESBs, young people living with disability, and young people identifying with diverse sexual and gender identities.

Implications and recommendations for policy and practice

The findings from this study are directly relevant to DFV policy and practice in each Australian state and territory. Listening to the help-seeking and disclosure experiences of young people in Australia who have used violence in the home reveals the unmet support needs, the significant gaps in current responses to this form of DFV, and the need to develop a whole-of-system suite of tailored and trauma-informed interventions. Specifically, the research presents an in-depth understanding of young people's support needs which should be used to inform practitioners and policy stakeholders working across sectors that engage with children and young people. In particular, the data reveals young people's mixed experiences of seeking help at school and via counsellors, underlying the importance of trauma-informed and DFV specialist training among these sectors.

The research shines a light on the importance of investment in services and early interventions with children and young people who have experienced DFV, including child abuse and AFV. Importantly, there are also implications from this study to inform prevention approaches. There is a clear need to engage parents as well as children and young people in prevention programs and to develop evidence-informed prevention techniques, including via education offerings, and work with parents on non-violent discipline strategies.

When considered in light of the findings presented in Fitz-Gibbon, Meyer et al. (2022), which revealed the significant co-occurrence of being subjected or exposed to DFV and using of violence in the home among young people in Australia, this study reiterates the call made over six years ago by the Victorian RCFV (2016) that children must be seen and responded to as victim-survivors of family violence in

their own right. Supporting the recovery needs of young people who have experienced and used DFV is an essential strategy to reduce the risk of intergenerational violence, to minimise the impacts of AFV on other family members, and to ensure the trauma experienced by young Australians as a result of DFV is addressed.

Conclusion

This is the first national study to examine the service and support needs of young people who use violence in the home from the perspectives of young people themselves. By doing so, the study offers significant insights into the ways in which young people understand and communicate their support needs, the service gaps identified from their own experiences, and their views on what constitutes helpful and unhelpful responses to disclosures. Importantly, the findings demonstrate the need to look beyond punitive response systems, such as police, criminal courts and child protection, when considering the response needs of young people who use violence in the home. These systems have minimal interaction with young people who use violence in the home.

The support needs identified by young people in this study highlight the critical nature of early intervention and support for children and young people experiencing parent/carer DFV along with other forms of childhood trauma. Further, findings presented in the support needs sections highlight the need for holistic support for young people using violence in the home and their families. Given the high level of overlap between young people's use and experiences of violence in the home (see Fitz-Gibbon, Meyer et al., 2022), families presenting with adolescent violence in the home require holistic responses. These responses should include a wider risk assessment around past and ongoing parental violence in the home, and ongoing recovery and support needs of parents/carers, siblings and/or the young person using violence. Here, access to individual and confidential professional support for young people is important. Finally, education for parents as well as children and young people is crucial. Education should focus on respectful relationships, what constitutes DFV, the normalisation of violence and its intergenerational transmission, and available support mechanisms. Education can facilitate help-seeking, minimise stigma around families' experiences of and support needs around DFV, and ensure access to trauma recovery services for adult and child victim-survivors.

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APPENDIX A:

Participant explanatory statement

EXPLANATORY STATEMENT

Survey

Project ID:	27629
Project title:	Survey of Adolescent Family Violence in Australia: Perspectives from young people
Chief Investigator's name:	Dr Kate Fitz-Gibbon Monash Gender and Family Violence Prevention Centre Phone: (03) 9905 2616 Email: Kate.FitzGibbon@monash.edu

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the Chief Investigator via the phone number or email address listed above.

What does the research involve?

The aim of this project is to investigate the prevalence of adolescent family violence (AFV) in Australia.

You will be asked to complete an online survey about your use of or exposure to domestic and family violence (DFV), and your experiences of services and support needs. The survey includes both closed and open ended questions that invite you to share your experiences. You will also be asked for some basic demographic information in the survey.

The survey will take approximately 15 minutes, although the length of responses is up to you.

Why were you chosen for this research?

You have been contacted as a panel member of the Online Research Unit (ORU), aged between 16-20 years old.

Source of funding

This research is funded by Australia's National Research Organisation for Women's Safety.

Consenting to participate in the project and withdrawing from the research

Once you have read this material, and if you are interested in participating in the research, you are invited to follow the web link provided to the online site to complete the survey. Before the commencement of the survey you will be asked to sign a consent form.

You can withdraw from the survey at any time prior to completing the survey or during your completion of the survey. Once you have completed the survey, your de-identified data will make withdrawal impossible. There are no consequences of your decision not to participate, or to withdraw at any time.

Possible benefits and risks to participants

Benefits

This project will address a national knowledge gap about the nature and prevalence of AFV, and support needs of young people in Australia. Findings will inform policy decisions on the number and type of support services needed and allocation of resources for responding to this form of DFV. The in-depth evidence to be gained on the nature of violence used by young people within the home as well as exposure to DFV during childhood will ensure, for the first time, that policy makers across Australia have the evidence required to design tailored, client-centred responses to different communities of young people using and exposed to DFV. This evidence will be contextualised with an understanding of young people's experiences accessing supports and their expressed service needs. Importantly, the survey sample will be representative of the diverse Australian community, ensuring the findings include insights into experiences and service needs of marginalised young people.

Risks

You may feel discomfort or distress while completing this survey. We have provided a list of support services you can contact if you experience any discomfort or distress from participating in the survey. You are able to skip any questions you do not wish to respond to, or withdraw from the survey at any time prior to completing the survey or during your completion of the survey.

Services on offer if adversely affected

1800 Respect

Confidential information, counselling and support service. 24 hours a day, seven days a week. Information & Referrals. 24/7 Counselling. 24/7 Web Chat.
P: 1800 737 732
<https://www.1800respect.org.au/>

Kids Helpline

Anonymous, confidential telephone counselling service for children and young people
P: 1800 551 800
Hours: 24 hours, 7 days a week
<http://www.kidshelp.com.au/>

Youth Support Service

P: 1800 458 685
24 hours
www.ysas.org.au

Kildonan Uniting Care

P: (03) 8401 0100 or 1800 002 992 (toll free)
<https://www.kildonan.org.au/programs-and-services/child-youth-and-family-support/family-violence/adolescent-violence/support-for-adolescents/>

Culturally relevant services for Aboriginal and Torres Strait Islander peoples

Djirra

Djirra provides services across Victoria with offices in metropolitan and regional areas. Djirra will provide both telephone and face to face legal and non-legal support to Aboriginal people who are experiencing or have experienced family violence.
P: 1800 105 303
Hours: Monday to Friday, 9am to 5pm
<https://djirra.org.au/contact-us>

Midgin-Gal

Mudgin-Gal's DV worker provides general advice, support and guidance for anyone experiencing domestic or family violence.
P: (02) 9689 1173
<https://www.mudgin-gal.org.au/core-services/domestic-violence-support>

Yorgum Healing Services

Yorgum offers all Aboriginal people and their families autonomous, community-based healing, counselling, support and referral services that are culturally secure, trauma-informed and works within an Aboriginal Family Worldview.

Freecall: 1800 469 371 or P: (08) 9218 9477
Hours: Monday to Friday, 9am to 5pm

Payment

ORU may offer you an incentive to participate in this survey, based on your membership on its online panel. For further details, please contact ORU directly.

Confidentiality

Your participation in the survey is confidential. We do not ask for any identifying information. You will not be individually identified in any published material arising from this study. The survey is being conducted using ORU's survey software and all responses are completely anonymous.

There is a quick exit button in the survey if you need to exit the survey quickly while completing it. The survey software will not collect your IP address. If you want to use the save and continue function you will need to return to the survey on the same computer and internet browser (i.e. Chrome, Safari) to finish it. The save and continue function works by using a cookie on your computer and does not compromise your anonymity.

Storage of data

Survey responses will be collected by ORU and stored on secure network drives with password protection and 2 factor authentication requirements. All project records are retained by ORU for a minimum of 12 months before being backed up. Secure document destruction companies are used for destruction of project records and sensitive material (both hard copy and soft). Access is limited to personnel staff of The ORU.

After collecting the survey responses, ORU will transfer the data to the Monash research team via a password protected system, Kiteworks.

Survey responses and resulting data will be stored by the Monash research team in password protected electronic storage folder that can only be accessed by members of the research team. All data will be destroyed five years after the completion of the study.

Use of data for other purposes

Survey responses and resulting data may be used by the Monash research team in future research projects related to AFV. Data may also be shared with the funder (ANROWS) at their request. Only aggregate de-identified data may be used for other projects where ethics approval has been granted.

Results

Any publications will be made available via: the Monash Gender and Family Violence Prevention Centre website: <https://www.monash.edu/arts/gender-and-family-violence/home>

Australia's National Research Organisation for Women's Safety website: <https://www.anrows.org.au/>

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Room 111, Chancellery Building D,
26 Sports Walk, Clayton Campus
Research Office
Monash University VIC 3800
Tel: +61 3 9905 2052
Email: muhrec@monash.edu
Fax: +61 3 9905 3831

APPENDIX B:

Survey instrument

Section A: About you

1. How old are you?

[insert numerical entry] - note: If younger than 16 and/or older than 20, they are ineligible to complete the survey.
Terminate survey and move straight to thank you note at end.

2. What sex were you assigned at birth?

- Male
- Female
- Prefer not to say

3. With which gender do you identify? (select all that apply)

- Male
- Female
- Trans Man
- Trans Woman
- Trans (unspecified)
- Gender Questioning
- Nonbinary
- Brotherboy
- Sistergirl
- Genderqueer
- Agender
- Self describe: (free text box appears is generated)
- Prefer not to say

4. What is your sexuality?

- Bisexual
- Gay
- Lesbian
- Heterosexual
- Pansexual
- Queer
- Asexual
- Aromantic
- Unknown
- Does not identify with any sexuality
- Self describe: (free text box is generated)
- Prefer not to say

5. Do you identify as Aboriginal or Torres Strait Islander?

- Yes - Aboriginal
- Yes - Torres Strait Islander
- Yes - Both Aboriginal and Torres Strait Islander
- No
- Prefer not to say

6. In what country were you born?

- Australia
- England
- China
- India
- New Zealand
- Philippines
- Vietnam
- South Africa
- Italy
- Malaysia
- Sri Lanka
- other (please specify) - (open text box)

7. Do you usually speak English at home?

- Yes
- No

8. Apart from English, what other language/s do you speak at home?

[open text box]

9. What is your highest educational achievement?

- Completed primary school
- Completed year 10
- Completed year 11
- Completed year 12
- A trade, certificate or diploma
- Other (please specify) - [open text box]

10. Are you currently enrolled in a tertiary/university degree?

- Yes
- No

11. Do you live with? (please select all that apply)

- a physical impairment
- a visual impairment
- intellectual disability
- a specific learning disability (such as dyslexia, dyscalculia, dysgraphia and other learning impairments)
- autism spectrum disorder
- attention-deficit/hyperactivity disorder
- an acquired brain injury
- poor mental health affecting day to day functioning,
- other (please specify)
- None of the above

12. In what state/territory do you live? (please select)

- Victoria
- Tasmania
- Australian Capital Territory
- Western Australia
- New South Wales
- Queensland
- South Australia
- Northern Territory

Section B: About your family**13. What are your current living arrangements? (select all that apply)**

- Living with family
- Living with chosen family
- Living with friends
- Living on my own
- Living in shared housing
- Living in out of home care
- Living in temporary accommodation
- Living in crisis accommodation
- Other (please specify)

14. Do you currently live with/ do any of the following currently live with you? (select all that apply)

- birth mother
- birth father
- birth parent
- step father/ parent's partner
- step mother/ parent's partner
- extended family/ kin
- adopted mother
- adopted father
- foster carer

- friend
- younger sibling(s)
- older sibling(s)
- grandparent(s)
- member of a chosen family (please specify): (open text box)
- other (please specify): (open text box)

15. Do you have any siblings?

- Yes
- No

If yes, how many siblings do you have? [numeric entry]

Please specify brother or sister and age for each sibling [open text box]

Section D: Your experience of violence between other family members

16. During your childhood (up until and including 17 years of age), did you ever experience any of the following behaviours between other family members? This may include seeing things happen, overhearing things that may have happened in a different room and/or seeing the aftermath of things having happened while you were out. Please select all that apply.

- a. Physical violence (e.g. hitting, slapping, pushing, punching, kicking)
- b. Property damage (e.g. someone's property, belongings being destroyed as an intimidation or punishment tactic)
- c. Verbal abuse (including yelling, swearing)
- d. Emotional/psychological abuse (e.g. someone being put down, being told they're useless/stupid/ugly)
- e. Threats to harm/hurt the other person
- f. Threats to kill the other person
- g. Threats to harm/hurt someone close to the other person, including a pet, family member or friend
- h. Forcing another family member to have sex or doing something sexually to them against their will
- i. Strangulation (e.g. someone being choked, suffocated or grabbed by their throat, being pinned down or against the wall by their throat)
- j. LGBTQ/identity-/sexuality-based abuse, including family exile and exclusion
- k. gender identity-based abuse, discrimination and prejudice
- l. Other behaviours, please describe: (open text box)

Follow up questions under each form of violence in which the respondent reports an experience:

17 .How often did this happen?

- once or twice
- less than monthly
- monthly
- weekly
- daily or almost daily.

18. How old were you when the behaviour started?

[Numeric entry]

Unsure - If the participant is unsure, the follow up question is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) unsure

19. Is this behaviour still occurring between those family members?

- Yes
- No

If no - How old were you when this behaviour last happened?

Numeric entry

Unsure - *If the participant is unsure, the follow up is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) unsure*

20. Which members of your family were/ are involved in this type of family violence? (please select as many as relevant)

- birth mother
- birth father
- birth parent
- step father/ parent's partner
- step mother/ parent's partner
- adopted mother
- adopted father
- foster carer
- younger sibling(s)
- older sibling(s)
- grandparent(s)
- member of a chosen family (specify): (open text box)
- other family member, please describe: (open text box)

21. Was the behaviour between other family members ever reported to the police?

Yes - please describe by who and the outcome of that reporting [open text box]

No

22. Did you tell any of the following about your experience of observing this behaviour between other family members? (please select as many as relevant)

- My brother
- My sister
- My mother
- My father
- My parent (including adopted and foster parent)
- Friend
- Grandparent
- Other family member
- School teacher
- School counsellor
- Other community member

- Youth support worker/counsellor
- Member of a LGBTQ+ organisation
- Specialist family violence support service or program
- Child and youth mental health worker
- Child protection
- cultural mentor (unrelated aunty/uncle)
- community elder
- sports coach
- Other person, please specify (open text box)
- I didn't tell anyone

If you did not tell anyone, what were your reasons for not telling anyone about your experience of this behaviour between other family members?

- I was afraid people would not believe me.
- I didn't think anyone could help me.
- I was afraid things might get worse if I told someone about the use of family violence between other family members.
- I didn't want to get the person(s) using family violence into trouble.
- Other - please specify:

If yes to Q29, of the people you told about your experience, who did you find most helpful and why?

[open text box]

If yes to Q29, of the people you told about your experience, who did you find least helpful and why?

[open text box]

Section E: Your experience of violence in the home

23. During your childhood (up until and including 17 years of age), did you ever experience any of the following from someone in your family/kin or in your home? Please select all that apply.

- a. Physical violence (e.g. someone hitting, slapping, pushing, punching, kicking you)
- b. Property damage (e.g. someone destroying your property, belongings as an intimidation or punishment tactic)
- c. Verbal abuse (including someone yelling or swearing at you, or calling you names)
- d. Emotional/psychological abuse (e.g. being put down, being told you're useless/stupid/ugly)
- e. Threats to harm/hurt you
- f. Threats to kill you
- g. Threats to harm/hurt someone close to you, including a pet, family member or friend
- h. touched your private parts
- i) made you touch their private parts
- j) forced you to have sex
- k. Strangulation (e.g. being choked, suffocated or grabbed by your throat, being pinned down or against the wall by your throat)
- l. LGBTQ/identity-/sexuality-based abuse, including family exile and exclusion
- m. gender identity-based abuse, discrimination and prejudice
- n. other behaviours, please describe: (open text box)

Follow up questions under each form of violence in which the respondent reports an experience

24. How often did this happen?

- once or twice
- less than monthly
- monthly
- weekly
- daily or almost daily.

25. How old were you when the behaviour started?

[Numeric entry]

Unsure - *If the participant is unsure, the follow up question is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) finished school, e) unsure*

26. Is this behaviour still occurring towards you?

- Yes
- No

If no - How old were you when this behaviour last happened?

Numeric entry

Unsure - *If the participant is unsure, the follow up question is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) finished school, e) unsure*

27. Which members of your family did you experience this behaviour from? (please select as many as are relevant)

- birth mother
- birth father
- birth parent
- step father/ parent's partner
- step mother/ parent's partner
- adopted mother
- adopted father
- foster carer
- younger sibling(s)
- older sibling(s)
- grandparent(s)
- member of a chosen family (specify): (open text box)
- other family member, please describe: (open text box)

28. Was your experience of violence ever reported to the police?

- Yes - please describe by who and the outcome of that reporting [open text box]
- No

29. Did you tell any of the following people about your experience of violence? (select as many as relevant)

- My brother
- My sister
- My mother
- My father
- My parent (including adopted and foster parent)
- Friend
- Grandparent
- Other family member
- School teacher
- School counsellor
- Other community member
- Youth support worker/counsellor
- Member of a LGBTQ+ organisation
- specialist family violence support service or program
- Child and youth mental health worker
- Cultural mentor (unrelated aunty/uncle)
- Community elder
- Sports coach
- Other person, please specify (open text box)
- I didn't tell anyone

If you did not tell anyone, what were your reasons for not telling anyone?

- I was afraid people would not believe me.
- I didn't think anyone could help me.
- I didn't understand what was happening to me was wrong
- I didn't understand what was happening to me was not my fault
- I was afraid things might get worse if I told someone about my experiences
- I didn't want to get the person(s) using family violence into trouble.
- Other - please specify:

If yes to 38, of the people you told about your experience, which ones did you find most helpful and why?

[open text box]

If yes to 38, of the people you told about your experience, which ones did you find least helpful and why?

[open text box]

Section C: Experience of using family violence in the home**30. Have you ever used any of the following behaviours towards another family member (e.g. parents, carers, siblings)?**

- a) Physical violence (e.g. hitting, slapping, pushing, punching, kicking)
- b) Property damage (e.g. destroying someone's property, belongings as an intimidation or punishment tactic)
- c) Verbal abuse (including yelling, swearing)
- d) Emotional/psychological abuse (e.g. putting someone down, telling them they're useless/ stupid/ugly)
- e) Threatened to harm/hurt another family member

- f) Threatened to kill another family member
- g) Threatened to harm/hurt someone close to your family member, including a pet or friend
- h) touched family member's private parts
- i) forced a family member to have sex
- j) Strangulation (including choking or suffocating someone, grabbing someone by their throat, pinning someone down or against the wall by their throat)
- k) LGBTQ/identity-/sexuality-based abuse, including family exile and exclusion
- l) gender identity-based abuse, discrimination and prejudice
- m) other behaviours, please describe: (open text box)

Follow up questions under each experience in which the respondent reports a behaviour:

31. How often did this happen?

- Once or twice
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

32. How old were you when the behaviour started?

[numeric entry]

Unsure - If the participant is unsure, the follow up question is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) finished school, e) unsure

33. Is this behaviour still occurring?

- Yes
- No

If no - then follow up question - How old were you when this behaviour last happened?

[Numeric entry]

Unsure - If the participant is unsure, the follow up is ' would you say you were a) in high school, b) in primary school, c) not in school yet, d) unsure

34. Which members of your family have you used this behaviour towards? (please select as many as are relevant)

- birth mother
- birth father
- step father/ parent's partner
- step mother/ parent's partner
- adopted mother
- adopted father
- foster carer
- younger sibling(s)
- older sibling(s)
- grandparent(s)
- member of a chosen family (specify): (open text box)
- other family member, please describe: (open text box)

35. Were there particular factors or circumstances that occurred in the immediate lead up to those behaviours? (for example, an argument with a family member or between other family members, other current stress factors)

- Yes, please describe [open text box]
- No

36. Was your use of violence in the home ever reported to the police?

- Yes, please describe by who and the outcome of that reporting [open text box]
- No

If yes, did the report to the police result in you [please select all that apply]

- a. Being listed on an intervention order
- b. Being charged with a criminal offence
- c. Being prosecuted for a criminal offence
- d. Being convicted of a criminal offence

37. Did you tell anyone about your behaviour in the home? (please select as many as relevant)

- My brother
- My sister
- My mother
- My father
- Friend
- Grandparent
- Other family member
- School teacher
- School counsellor
- Youth support worker/counsellor
- Member of a LGBTQ+ organisation
- Specialist family violence support service, program or practitioner
- Child and youth mental health worker
- Child protection
- cultural mentor (unrelated aunty/uncle)
- community elder
- sports coach
- Other person, please specify (open text box)
- I didn't tell anyone

If any of the above options are selected at Q20, follow up with:

Of the people you told about your experience, which ones did you find most helpful and why?

[open ended text box]

If any of the options are selected at Q20, follow up with:

Of the people you told about your experience, which ones did you find least helpful and why?

Impact of the violence in the home [for participants who respond yes to Q15 and Q22 and/or Q29]

38. What impact did your experience(s) of violence in the home have on you?

Emotional impact/ consequences yes/ no (if yes, please describe - open text box)

Physical impact/ consequences yes/ no (if yes, please describe - open text box)

Social impact/ consequences yes/ no (if yes, please describe - open text box)

Educational impact/ consequences yes/ no (if yes, please describe - open text box)

Cultural impact/ consequences yes/ no (if yes, please describe - open text box)

Other impact yes/no (if yes, please describe - open text box)

39. Did your experience of violence at home impact on your participation in school/ school attendance and/or university?

Yes, please describe impact [open text box]

No

40. What do you think could have helped you during your experience of violence in the home? [open text response]

41. What do you believe are the factors, if any, that led to your use of violence? [open text response]

42. Do you believe there is a relationship between the violence you experienced during your childhood and your use of violence within the home?

Yes

No

If yes, please describe the relationship between your experiences of violence in the home and your own behaviours. [open text response]

43. What other factors do you think drove the violence you experienced/in your home? [open text response]

Closing demographic questions

44. In what postcode do you live? [numeric entry]

45. On a scale 1 - 7 how comfortable did you feel answering this questionnaire? 1 (very uncomfortable) - 7 (very comfortable)

46. On a scale 1 - 7 how difficult was this questionnaire to answer? 1 (very easy) - 7 (very difficult)

Thank you very much for participating in this survey. We are extremely grateful for your time and sharing your experiences.

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AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

