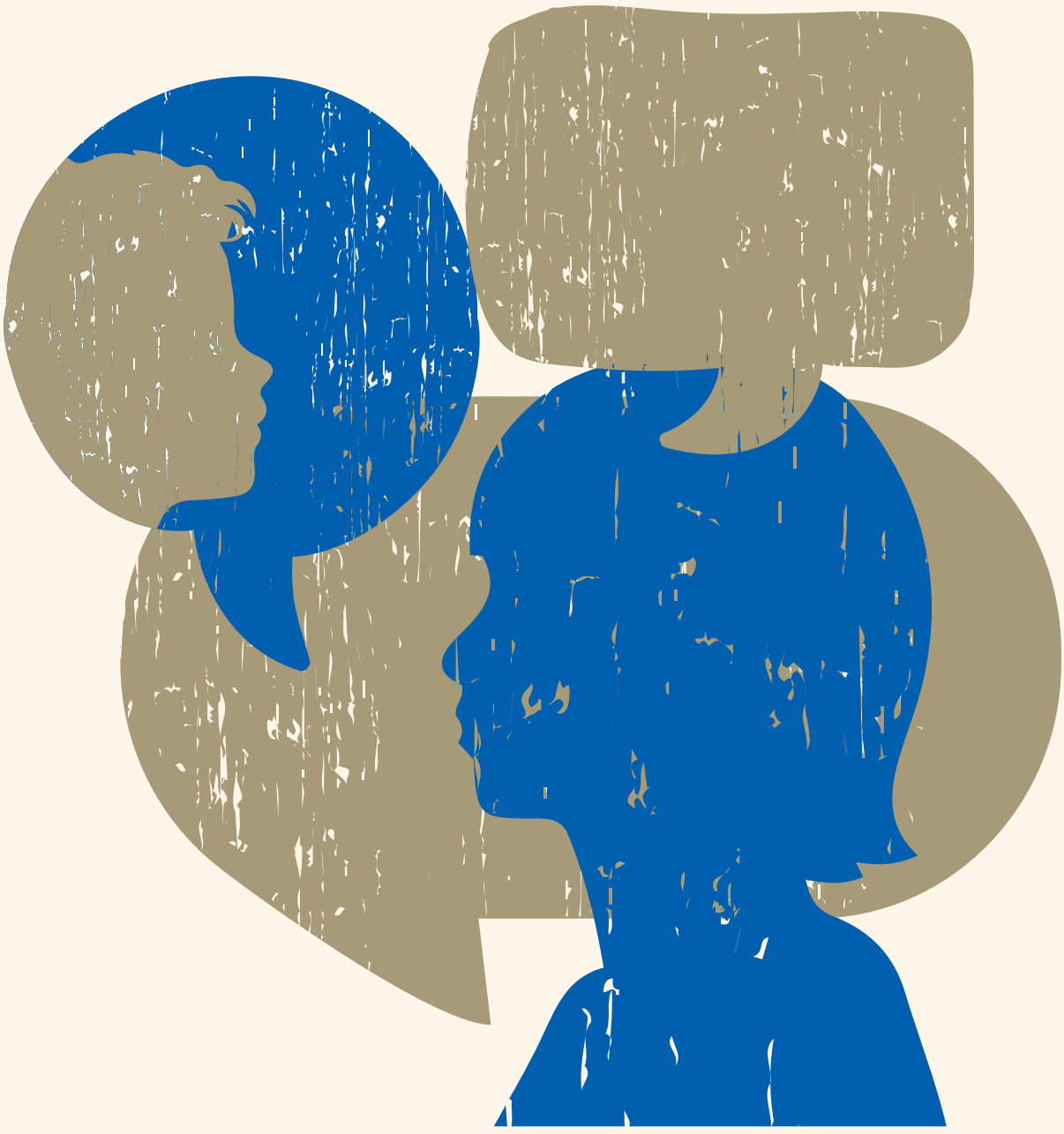
SILENCE & INACTION:

Children and young people's experiences of violence and systemic failure in South Australia



A SEQURE CONSULTING REPORT

Acknowledgements

Acknowledgement of Country

We acknowledge the true and ongoing custodians of the unceded lands on which we meet and conduct our research. This study was conducted across Boon Wurrung and Wurundjeri Country as well as Kaurna Country in South Australia. We pay our deepest respects to Elders past and present, and to all Aboriginal and Torres Strait Islander peoples. Sovereignty was never ceded – these always were and always will be Aboriginal lands. We recognise the enduring strength, leadership and contributions of Aboriginal and Torres Strait Islander peoples, including children and young people, in responding to and preventing violence.

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I extend my heartfelt thanks to the children and young people who courageously shared their experiences as part of this study. Your voices, insights, and experiences have driven every stage of preparing this report. Thank you for your trust and for speaking so powerfully about the change that is needed. I hope this report does justice to the experiences you shared and the courage you demonstrated in doing so.

I am also sincerely grateful to the practitioners and service providers across South Australia who supported the recruitment of participants for this study. Your commitment to amplifying the voices of children and young people and ensuring they are recognised as victim-survivors in their own right was instrumental in the success of this project.

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This project was led by Dr Kate Fitz-Gibbon in her capacity as Principal Consultant with Sequre Consulting. The views and findings presented in this report are wholly independent of her roles as Chair of Respect Victoria and a member of the Victorian Children's Council.

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Trigger Warning

This report shares young people's experiences of domestic, family, and sexual violence, alongside their help-seeking and recovery journeys. It also presents their views on the changes needed to strengthen whole-of-system responses and prevent violence against children and young people in South Australia.

The report contains direct quotes from young people interviewed. Some content may be distressing or triggering.

Please take care while reading this report and reach out to support services if you need assistance.

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QLife
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P: 1800 184 527
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Acronyms

ACMS
Australian Child Maltreatment Study

AIFS
Australian Institute of Family Studies

ANROWS
Australia's National Research Organisations for Women's Safety

DCP
Department of Child Protection

DFV
Domestic and Family Violence

DSS
Department of Social Services

DV
Domestic Violence

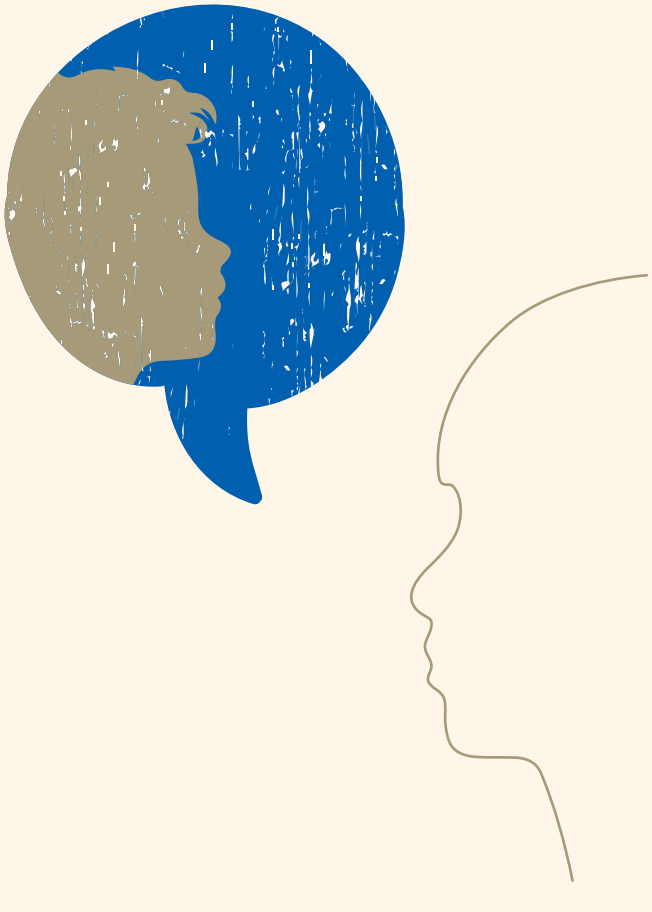
GP
General Practitioner

NADOIC
National Aboriginal and Islanders Day Observance Committee

NDIS
National Disability Insurance Scheme

PTSD
Post-Traumatic Stress Disorder

RCFV
Royal Commission into Family Violence



Executive Summary

There is growing recognition in Australia of the need to better respond to children and young people as victim-survivors of domestic, family, and sexual violence in their own right. The National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services, 2022) acknowledges that children are not merely witnesses to violence but experience its impacts directly, with profound consequences for their safety, wellbeing, and development. More recently, the Australian Government's 2024 Rapid Review, *Unlocking the Prevention Potential*, emphasised the critical gaps existing in early intervention, response, and recovery services tailored specifically for children and young people. The Review also called for the development of age-appropriate, trauma-informed, and culturally safe supports.

The need for system reform is underscored by the findings of the Australian Child Maltreatment Study (Mathews et al., 2023), which revealed that nearly two-thirds (62.2%) of Australians report experiencing at least one form of maltreatment during childhood. Experiences of domestic and family violence were particularly common, alongside high rates of physical, emotional, and sexual abuse. The impacts of childhood maltreatment are far-reaching, with strong associations found between early experiences of violence and adverse mental health, substance use, and socioeconomic outcomes across the life course. First Nations children, children with disabilities, and children from culturally diverse backgrounds were found to be disproportionately affected, highlighting the need for intersectional and inclusive policy responses.

Despite increasing awareness, research that centres the voices and lived experiences of children and young people remains limited. Studies such as the Victorian *I Believe You* study (Fitz-Gibbon, McGowan & Stewart, 2022), the *Unseen and Unheard* report in South Australia (Connolly, 2024), and others have consistently highlighted systemic failures – including the tendency to treat children as secondary to adult victim-survivors and the lack of child-centred supports. As this study further demonstrates, listening directly to children and young people is essential to understanding system shortcomings, informing better practice, and driving the reforms needed to ensure all children and young people are recognised, supported, and safe.

THIS STUDY

This study was commissioned as part of the South Australian Royal Commission into Domestic, Family and Sexual Violence to examine the experiences of children and young people who have lived through violence and navigated support systems in South Australia. Drawing on interviews with 53 children and young people aged 13–18 years old, this report captures the voices of those whose perspectives are too often absent from policy, service design, and systems reform efforts.

BARRIERS TO DISCLOSURE REMAIN HIGH

Despite growing recognition of the need to better support child victim-survivors nationally, the interviews conducted for this study highlight that the barriers to disclosure remain profound. Young victim-survivors recounted fear of not being believed, loyalty pressures within families, and shame as being major reasons for not disclosing their experiences of violence earlier. Many young people described fearing retaliation, distrusting authorities, or worrying that disclosure would worsen their situation. Even after disclosures had been made, many young people experienced being dismissed, minimised, or ignored. A striking theme across the interviews was the emotional cost of not being believed. Their experiences of institutional disbelief compounded young people's trauma, diminished their trust in support systems, and, for some, delayed their ability to seek further help.

FRAGMENTED AND INCONSISTENT SYSTEMS OF SUPPORT

Young people described encountering a support system that was often inaccessible, disjointed, and difficult to navigate without adult intervention. Key systemic failures identified across the interviews included:

- A lack of clear entry points for young people seeking support within schools, health services, and community organisations;
- Inconsistent or non-existent follow-up after disclosures were made;
- Fragmented coordination between services, resulting in young people falling through gaps;
- Age-based exclusions that left children under 16 unable to access critical services without a parent or guardian; and
- Long waitlists and geographic barriers, particularly for those in rural and regional areas.

In the absence of a coordinated, youth-focused system, young people's ability to access timely, appropriate support often relied on luck, persistent advocacy from a trusted adult, or informal networks of friends, teachers, and neighbours.

SCHOOLS AS SITES OF RISK AND OPPORTUNITY

For some young people, school was a place of stability and critical support. For others, it was another unsafe or unresponsive environment. Throughout the interviews, young victim-survivors shared experiences of:

- Missed opportunities for intervention, where visible signs of harm (e.g., bruises, crying, withdrawal) went unacknowledged;
- Trauma being misread as behavioural problems rather than signs of abuse; and
- Schools lacking the flexibility or capability to offer timely, trauma-informed support.

There were also inconsistencies reported in the quality and frequency of school-based education on domestic, family, and sexual violence. Some young people recalled receiving only generic, one-off sessions; others could not recall any education at all. Participants emphasised the urgent need for developmentally appropriate education about healthy relationships and recognising signs of abuse – starting as early as primary school.

CRITICAL GAPS IN YOUTH-SPECIFIC SERVICES

A major finding from this study is the profound absence of dedicated, youth-specific domestic, family, and sexual violence services in South Australia. Young people interviewed described feeling invisible within adult-centric systems that treated children as extensions of their caregivers rather than as individuals with rights and experiences of harm in their own right.

Current service systems often fail to accommodate the unique needs of children and adolescents, with young people encountering:

- Adult-focused intake processes, language, and eligibility criteria;
- Service exclusions based on age, particularly for those under 16; and
- A lack of culturally safe, trauma-informed, and youth-specific mental health and housing options.

Without tailored, accessible support pathways, many young people – particularly unaccompanied minors – experience extended periods of homelessness, housing instability, or mental health crisis without effective intervention.

THE IMPORTANCE OF CULTURALLY SAFE PRACTICES

Young people from Aboriginal and Torres Strait Islander backgrounds, and those from culturally and linguistically diverse communities, spoke about the compounded barriers they faced. Participants stressed the importance of culturally safe services, accessible information in multiple languages, and support workers who understood the intersection of culture, trauma, and systemic racism.
Racism and cultural control were identified as specific barriers to disclosure and help-seeking by many of the young people interviewed. Specifically, young victim-survivors described experiencing discrimination when interacting with police, child protection, or school staff, reinforcing their distrust and further isolating them from pathways to safety and support.

ACCESS TO TECHNOLOGY AND ONLINE SUPPORT

Technology was identified by some young people as a critical tool for accessing information and support – particularly when physical services were inaccessible. However, digital divides, device restrictions (particularly among young people in care), and online safety concerns limited the effectiveness of these pathways for many participants. Designing digital services that are youth-led, accessible, and safe remains a critical area for improvement.

HEALING, RECOVERY, AND THE LONG-TERM IMPACTS

Young people interviewed highlighted that escaping violence was not the end of their journey – recovery was long, non-linear, and required sustained support. Young people spoke about the cumulative impacts of violence across mental health, housing, education, and relationships. Many described carrying the effects of trauma well into adolescence and early adulthood.

Healing was aided when young people had access to stable housing; youth-appropriate mental health support; safe, trusted relationships with adults and peers; and opportunities to rebuild trust, autonomy, and a sense of safety. However, the lack of youth-centred, trauma-informed recovery pathways meant that many of the young people interviewed for this study were left to rebuild their life outside the family home with limited or inconsistent support.

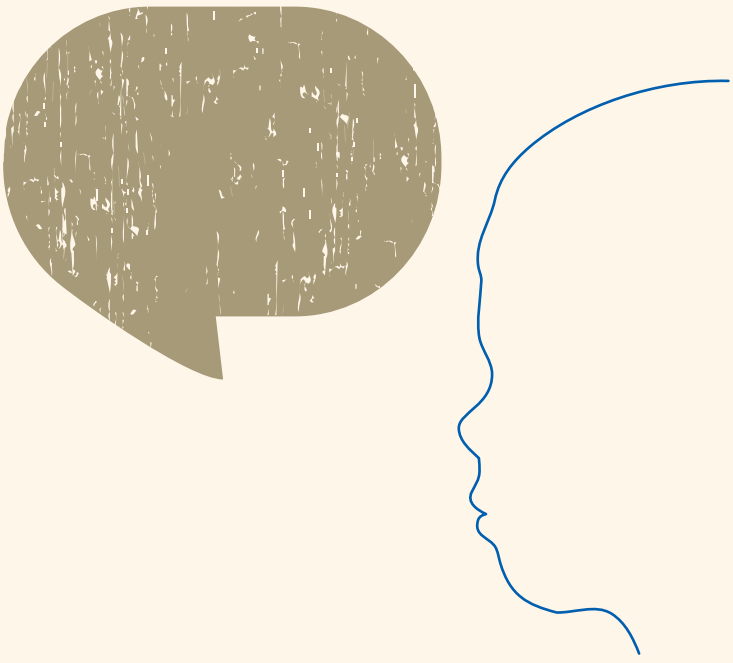
A GENEROUS CALL TO ACTION

The findings of this study are clear: while young victim-survivors often demonstrate extraordinary resilience, our current systems do not consistently support them in ways that recognise their rights, safety, and unique experiences as victim-survivors.

Whole-of-system reform is urgently needed to:

- Embed trauma-informed, developmentally appropriate responses across all service settings;
- Ensure youth-specific, culturally safe pathways to safety, recovery, and healing;
- Build proactive, consistent early intervention systems that identify and respond to violence long before crisis occurs; and
- Centre the voices of children and young people not only in service delivery but in all levels of system design, policy-making, and reform efforts.

This report is driven by the insights and experiences of the young people interviewed. The findings offer an opportunity for South Australia to lead the way in building a system that genuinely protects, supports, and empowers children and young people who experience domestic, family, and sexual violence in their own right.



Introduction

In Australia, at the national and state level, there is increasing acknowledgement of the need to better respond to children and young people as victim-survivors of family violence and domestic and sexual violence in their own right. The recently released National Plan to end Violence against Women and Children 2022–2032 (Department of Social Services, DSS, 2022) embeds this acknowledgement, and it recognises that children are not just passive witnesses to violence; rather, they experience violence and its impacts directly – with lifelong implications for their safety, wellbeing, and development. Since the release of the National Plan, there have been growing calls at the state and national level to ensure that early intervention and system responses are reformed to embody age-appropriate and child-centred practices.

In 2024, the Australian Government's Rapid Review, *Unlocking the Prevention Potential* (Department of Prime Minister and Cabinet, 2024), further emphasised the critical need to recognise children and young people as victim-survivors of domestic, family, and sexual violence in their own right. The Review acknowledged that, historically, services have been predominantly designed for adults, while often viewing children merely as extensions of their primary caregivers. The Review's final report highlighted significant gaps in early intervention, response, and recovery services tailored specifically for children and young people. The recommendations call for the development of age-appropriate, trauma-informed, and culturally safe services that address the unique needs of this demographic. This includes specialised support for child sexual abuse survivors, children exposed to family violence, young people using violence at home, and those experiencing violence in intimate relationships.

THE PREVALENCE OF VIOLENCE AGAINST CHILDREN IN AUSTRALIA

The Australian Child Maltreatment Study (ACMS) reveals that child abuse and experiences of family violence are widespread in Australia (Mathews et al., 2023; see also Fitz-Gibbon & Meyer, 2023). Nearly two-thirds (62.2%) of Australians surveyed reported experiencing at least one form of maltreatment during childhood. This prevalence was slightly higher among females (approximately 65%) than males (58%). Experiences of child maltreatment often involved more than one form of abuse; about two in five respondents (39%) had endured multiple types of maltreatment rather than a single type (Higgins et al., 2023). These findings underscore the pervasive nature of domestic, family, and sexual violence affecting children in Australia.

Domestic and family violence in childhood was found to be particularly common (Mathews et al., 2023). Experience of interparental domestic violence was the most frequently reported form of child maltreatment. One in three Australians (32%) reported experiencing childhood physical abuse by a parent or guardian. Similarly, nearly one-third (30.9%) reported being subjected to emotional or psychological abuse by a caregiver in childhood.

Child sexual violence emerged as another highly prevalent form of maltreatment through the ACMS findings (Mathews et al., 2023). Just over one-quarter of Australians (28.5%) experienced some form of child sexual abuse before the age of 18 years old. Females were about twice as likely as males to have been sexually abused in childhood, with an estimated one in three girls (approximately 37%) reporting experiencing sexual abuse, compared to roughly one in five boys (19%). These findings indicate that while both genders are affected by sexual violence victimisation, girls are at higher risk of such abuse during childhood (Mathews & Pacella, 2023).

Other research studies have consistently evidenced that First Nations children are disproportionately represented in child protection systems, often due to factors such as intergenerational trauma and systemic disadvantage. Similarly, children with disabilities and those from culturally and linguistically diverse communities may encounter challenges that heighten their risk of maltreatment, including communication barriers and limited access to culturally appropriate services. Addressing these disparities requires a concerted effort to develop inclusive policies and programs that are informed by comprehensive and representative data.

The findings from the ACMS also revealed the significant and enduring impact of child maltreatment on mental and physical health, substance use, and socioeconomic outcomes across the life course. Experiences of child maltreatment were strongly associated with increased risk of depression, anxiety, self-harm, suicide attempts, and problematic alcohol and drug use in adulthood. Individuals exposed to multiple forms of abuse and neglect were found to be at even greater risk of these adverse outcomes. These findings underscore the importance of comprehensive, trauma-informed, and early intervention responses to better prevent and respond to childhood maltreatment.

Australian research has also recently documented the high co-occurrence of experiences of domestic and family violence among children and young people who go on to use violence in the home, highlighting the significant intergenerational impacts of growing up in abusive family settings (Fitz-Gibbon, Meyer, Boxall, Maher & Roberts, 2022a, 2022b).

CHILDREN AND YOUNG PEOPLE AS VICTIM-SURVIVORS IN THEIR OWN RIGHT

The findings from the ACMS strongly support the case for targeted investment in prevention and early intervention strategies, alongside specialist therapeutic responses for young victim-survivors. This includes strengthening family support services, improving the capability of professionals working with children and young people experiencing violence, and prioritising systems reform to ensure children's safety and wellbeing is consistently upheld.

In 2022 the Victorian *I Believe You* study documented the help-seeking journeys and experiences of 17 Victorian children and young people with lived experience of family violence (Fitz-Gibbon, McGowan & Stewart, 2022). This research gave voice to the experiences and expertise of the children and young people interviewed, each of whom had navigated a range of different services and supports across the whole of Victoria's family violence response system. Throughout the interviews undertaken for that study (see further, Fitz-Gibbon, McGowan & Stewart, 2022), young victim-survivors described the system response as inadequate and failing to meet their needs. Numerous opportunities for system enhancement were identified, including to:

- Improve system navigation and accessibility for children and young people;
- Ensure the availability of child-centred spaces, including child-appropriate housing options; and
- Develop age-appropriate supports and individualised responses for children and young people. (Fitz-Gibbon, McGowan & Stewart, 2022)

Beyond the *I Believe You* study, there have been some other studies in Australia (see, among others, Connolly, 2024; Corrie & Moore, 2021), conducted directly with children and young people who have lived experience of domestic, family, and sexual violence. Of note, the Unseen and Unheard report, published in December 2024 by South Australia's Commissioner for Children and Young People drew on interviews with eight young South Australians to examine the systemic shortcomings in policies and services that often fail to acknowledge or address the unique needs of young people affected by violence (Connolly, 2024). Other studies have highlighted the ways in which children are often treated as secondary to their non-offending parent or caregiver in system design, service delivery, and legal responses (see, among others, Campo, 2015; Corrie & Moore, 2021; Royal Commission into Family Violence, 2016).

Indeed, despite growing awareness, research that centres the voices of children and young people with lived experience of domestic, family, and sexual violence remains limited. Recent research conducted by the Australian Institute of Family Studies (AIFS) contends that the participation of children and young people in research 'is vital to informing policies and practices that impact their lives' (AIFS, 2020; see also Smith, Taylor & Gallop, 2000). Despite this acknowledgement and the recognition in the National Plan, there remains a substantial evidence gap when it comes to understanding how systems operate from the perspective of children and young people – particularly those from diverse backgrounds and communities.

CHILDREN AND YOUNG PEOPLE AS RIGHTS HOLDERS

Related to the acknowledgement of children and young people as victim-survivors in their own right is the imperative of recognising children and young people as rights holders entitled to safety, dignity, and participation in the decisions that affect their lives. Under international human rights frameworks to which Australia is a signatory, including the United Nations Convention on the Rights of the Child (UNCRC, United Nations General Assembly, 1989), every child has the right to live free from violence, to access safe and stable housing, to receive an education, to enjoy the highest attainable standard of health, and to be heard in matters that concern them.

These rights are indivisible and interdependent. When a child or young person experiences domestic, family or sexual violence, the impact reverberates across every aspect of their life. Violence impacts the attainment of immediate safety and wellbeing as well as a child's long-term ability to thrive, learn, and to heal. This project recognises children and young people as experts in their own lives and seeks to uphold their right to be heard by placing their lived experiences at the centre of its focus. Through in-depth interviews and careful listening, this study seeks to amplify their voices in the systems and decisions that shape their safety and recovery from domestic, family, and sexual violence.

CONNECTION TO CLOSING THE GAP

The key findings and opportunities for policy and practice reform identified throughout this report align with several of the outcomes included in the National Agreement on Closing the Gap (hereinafter, the National Agreement, Australian Government, 2020). The National Agreement includes 19 socio-economic targets that seeks to positively impact Aboriginal and Torres Strait Islander people in Australia across all facets and settings of their lives (Australian Government, 2020). Experiences of domestic, family, and sexual violence have significant and often long-term impacts on the health, wellbeing and safety of children and young people in Australia – these impacts are disproportionately experienced by Aboriginal and Torres Strait Islander children and young people. Improving responses to, and the prevention of, harms against Aboriginal and Torres Strait Islander children and young people will support Australia's efforts to achieve numerous outcomes included in the National Agreement, including:

- Outcome 1: Everyone enjoys long and healthy lives;
- Outcome 4: Children thrive in their early years;
- Outcome 5: Students achieve their full learning potential;
- Outcome 7: Youth are engaged in employment and education;
- Outcome 9: People can secure appropriate, affordable housing that is aligned with their priorities and needs;
- Outcome 11: Young people are not overrepresented in the criminal justice system;
- Outcome 12: Children are not overrepresented in the child protection system;
- Outcome 13: Families and households are safe;
- Outcome 14: People enjoy high levels of social and emotional wellbeing;
- Outcome 17: People have access to information and services enabling participation in informed decision-making regarding their own lives.

Realising these outcomes requires sustained, culturally responsive reform that is led by Aboriginal and Torres Strait Islander communities across Australia. Through this work, it is recognised that embedding the voices, leadership and self-determination of Aboriginal and Torres Strait Islander child and young people must be central to all efforts to better prevent violence and to promote recovery and healing.

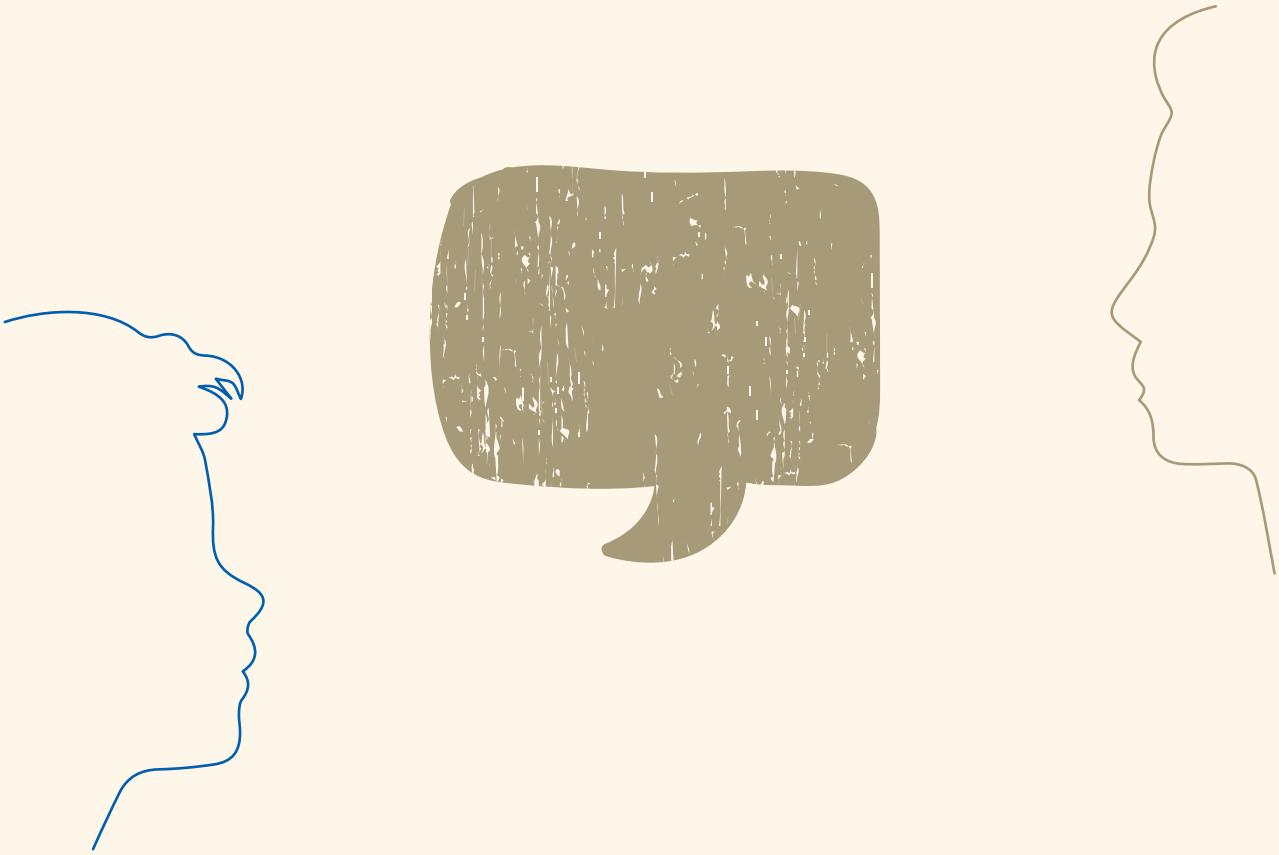
ABOUT THIS STUDY

Drawing on in-depth interviews with children and young people across South Australia who have experienced domestic, family, and sexual violence, this study presents their insights into what helped, what harmed, and what must change in the systems designed to support them. Participants shared their views on how to improve early intervention; service access; responses from police, courts, schools and housing systems; and the long-term supports required for recovery and healing.

This project represents an essential commitment to centring the voices of children and young people who have experienced domestic, family, and sexual violence and connecting their experiences and expertise to the current reform agenda in South Australia. The insights presented in this report are intended to inform the Commission's recommendations, ensuring that the voices of children and young people are not only heard but acted upon. By centring the lived experience of young victim-survivors, this project represents a critical step toward building a domestic, family, and sexual violence response system in South Australia that is safe, inclusive, and fit for purpose for children and young people who have experienced domestic, family, and sexual violence.

REPORT OUTLINE

The findings from this study are presented thematically across twelve core sections. These sections reflect the key themes that emerged from interviews with children and young people who have experienced domestic, family, and sexual violence in South Australia, as illustrated in the figure below. The report concludes with a call for whole-of-system reform to ensure children and young people are recognised and supported in all the settings and systems in which they seek support for domestic, family, and sexual violence.



YOUNG PEOPLE'S EXPERIENCES OF VIOLENCE

including physical, emotional, sexual abuse, coercive control, and violence in out-of-home care settings.

IMPACTS OF VIOLENCE

exploring how experiences of violence affected young people's mental health, education, housing stability, and overall wellbeing.

BARRIERS TO DISCLOSURE

highlighting the roles of fear, shame, cultural stigma, isolation, and system-level barriers.

SYSTEMIC FAILURES

detailing young people's experiences with police, child protection, and the Family Court system.

RESPONSES BEYOND THE JUSTICE SYSTEM

detailing young people's experiences with mental health and social services systems, with a focus on gaps in support and accessibility

SAFE HOUSING AND ACCOMMODATION

examining challenges faced by young people in accessing emergency housing and longer-term accommodation supports.

SCHOOLS AS A SITE OF SUPPORT AND RISK

examining both the positive and harmful school-based responses to young people's disclosure and trauma.

EXPERIENCES WITH THE HEALTH SYSTEM

including young people's interactions with hospitals, general practitioners, and mental health services.

ACCESS TO TECHNOLOGY AND ONLINE SUPPORT

discussing the role of technology in accessing support and safety, as well as technology related barriers experienced by children and young people impacted by violence.

PEER AND SIBLING SUPPORT

exploring the protective role of peer relationships and informal networks at the point of crisis, and in supporting young people's recovery and healing.

EDUCATION AND COMMUNITY AWARENESS

examining the need for consistent, youth-relevant education on healthy relationships and violence prevention campaigns that are relevant for children and young people.

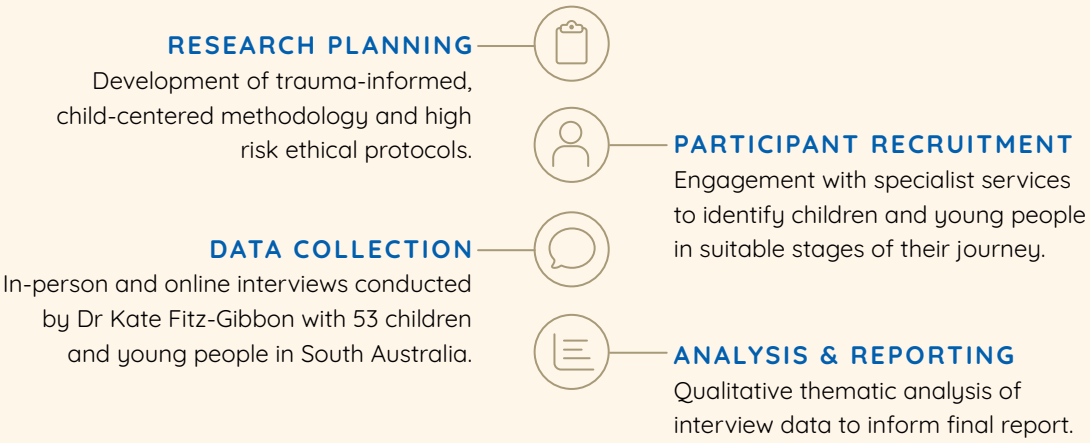
RECOVERY AND HEALING

capturing what children and young people identified as necessary for long-term safety, recovery, and healing.

Project Design

The aim of this study was to capture the views of children and young people in South Australia who have experienced domestic, family and/or sexual violence. It also aimed to explore young people's perspectives on early intervention, responses, recovery, and healing, with a view to informing whole-of-system reform in South Australia. From the outset, this project was grounded in a commitment to trauma-informed, child-centred research practice. It was designed to ensure meaningful engagement with young people while prioritising safety, agency, and support throughout the research process. The key stages of the project are visualised in Figure 1 (below).

Figure 1: Project design key phases



INTERVIEWS WITH CHILDREN AND YOUNG PEOPLE

This study involved in-depth interviews with children and young people aged 13–18 years who had lived experience of domestic, family, and sexual violence. Participants were recruited through specialist family violence, youth and family services, as well as through South Australian Commissioners and Guardians. All participants had pre-existing relationships with support organisations. Recruitment was facilitated by trusted professionals who exercised their judgment to identify young people who were in a safe and stable enough stage of their journey to take part in the research.

Interviews were conducted either in-person or online (via Zoom or phone), depending on the preference of each participant. Interviews lasted approximately 30–40 minutes and were conducted by Dr Kate Fitz-Gibbon. All interviews were voluntary, and participants were empowered to skip questions, pause, or end the interview at any time.

The study also included a short demographic survey, completed by participants at the outset of each interview to provide information about their age, gender identity, cultural background, and other relevant characteristics. This allowed for a contextual understanding of diverse participant experiences.

PARTICIPANT DEMOGRAPHICS

A total of 53 children and young people participated in an in-depth interview for this study, conducted throughout February and March 2025. All participants had lived experience of domestic, family and/or sexual violence, and were residing in South Australia at the time of participation. Interviews were conducted online, via phone and in person in different South Australian locations, including in Adelaide and Port Augusta. The majority of young people participated in an individual interview (n=49), however, there were two interviews conducted with two participants in each (n=4).

Participants ranged in age from 13 to 18 years old, with the majority aged 16 to 18 years old. The majority of interview participants identified as male (n=32) and female (n=18). There were three interview participants who identified as non-binary.

Eight of the young people who participated in this study identified as Aboriginal and Torres Strait Islander. There were a number of young people interviewed who were unsure of their indigeneity. This was often due to loss of connection with one or both of their birth parents, or having been provided conflicting information.

There were also some participants from culturally and linguistically diverse backgrounds, including four young people who were born outside of Australia – in Cuba, Cameroon, and England – as well as young people from migrant families. The majority of participants spoke English as their main language at home. A small number of young people identified speaking additional languages at home or described experiences of being raised in bilingual households.

Nine participants identified as living with a disability or mental health condition, including diagnoses such as autism, ADHD, dyslexia, intellectual disability, bipolar disorder, and complex PTSD. Several of these young people explained that their diagnoses were relatively recent and had only come about after they escaped family violence. For several of these young people, prior to their diagnosis, their behaviours had been positioned by the perpetrating adult(s) in their lives as troublesome, anti-social, disruptive or naughty.

A number of other participants described mental health challenges throughout their interview, including long-term experiences of anxiety and depression; however, they had either not been formally diagnosed with any mental health condition or did not identify in this way.

Most participants were enrolled in secondary school at the time of the interview; several young people interviewed were engaged in first-year university studies; and a small number were not currently attending school.

The current living situations of the young people interviewed varied significantly. At the time of interview, many participants were not living with their primary caregiver, and several had experienced recent transitions out of unsafe homes or foster care arrangements. Participants described:

- Living independently in youth housing or foyers;
- Living with parents, extended family, or guardians; and
- Living in state care or informal care arrangements.

As is explored throughout this report, many of the young people interviewed had experienced periods of homelessness after escaping domestic, family or sexual violence.

ETHICAL CONSIDERATIONS

Ethical approval for the project was obtained through the Bellberry Human Research Ethics Committee. Informed consent processes were tailored to ensure age-appropriate comprehension:

- For participants aged 15–18 years old, individual consent was obtained, either in writing or through verbal consent recorded at the start of the interview.
- For participants aged 13–14 years old, both the child and their parent or guardian provided consent. Practitioners supported families through the consent process and ensured that participation was free from coercion.

The study was designed in accordance with the National Statement on Ethical Conduct in Human Research, with safeguards in place to minimise distress for the young people during and following their participation in an interview. A wellbeing protocol was implemented, including 'check-ins' before and after interviews, and the provision of tailored support resources. Participants remained connected to their existing support networks, and debriefing services were available if needed.

Each participant received a $100 gift card as recognition for their time and contribution.

DATA ANALYSIS

All interviews were audio-recorded with consent and transcribed by a professional, secure transcription service based in Australia. Through this process each individual transcript was de-identified and each participant was assigned a pseudonym. Victim-survivors are referred to by this pseudonym throughout this report. Thematic analysis was then conducted using NVivo qualitative data analysis software by the lead researcher. Themes were developed inductively, guided by recurring patterns across the dataset and informed by policy-relevant frameworks of prevention, early intervention, response, recovery and healing.

Study Findings

This section presents the findings from the in-depth interviews conducted with 53 children and young people across South Australia who have experienced domestic, family, and/or sexual violence. Their insights offer a powerful account of the abuse they endured, their help-seeking journeys, the responses they received, and the ways in which current systems have addressed or failed to meet their needs. Young people shared their experiences of violence and help-seeking, as well as their reflections on what helped, what harmed, and what changes are needed across the eco-system – from prevention to early intervention, response, recovery and healing.

While each young victim-survivor's experience was unique, the interviews reveal shared themes of silencing, system neglect, and deep resilience. Throughout the findings section, a detailed examination of these insights is provided, structured around key thematic areas that emerged from the interview data.

1. Young People's Experiences Of Domestic, Family, And Sexual Violence

This chapter presents the diverse and complex experiences of violence described by the children and young people interviewed for this study. It is important to note that participants were not directly asked to recount the details of their experiences of violence. Instead, the interviews were designed to explore how violence had shaped their lives, their help-seeking journeys, and the effectiveness of the systems designed to support them. Despite this, many participants shared deeply personal accounts of abuse, neglect, coercion, and systemic failure.

The South Australian Royal Commission into Domestic, Family and Sexual Violence defines domestic and family violence as encompassing all forms of violence that can occur within relationships. This includes:

- Intimate partner violence;
- Violence perpetrated between family members and in family-like settings, including Aboriginal and Torres Strait Islander kinship relationships and carer relationships;
- Coercive and controlling behaviour; and
- Sexual violence, which encompasses any sexual activity where a person is forced, coerced, or manipulated into undertaking that activity, including sexual assault, rape, sexual harassment and intimidation, or making a person watch or engage in pornography. Sexual violence does not have to be physical and can include unwanted sexualised comments and intrusive sexualised questions.

This definition acknowledges the diverse and complex nature of domestic, family, and sexual violence, ensuring that various forms of abuse are recognised and addressed within the remit of the Royal Commission's work.

Throughout the interviews, young people described a broad spectrum of domestic, family, and sexual violence perpetrated by parents, caregivers, extended family members, and in some cases, siblings. Many young people interviewed described experiences of physical abuse that included being hit, slapped, pushed, or beaten – often under the guise of discipline or control. Other young people interviewed described verbal and emotional abuse, including constant belittling, threats, name-calling, gaslighting, and psychological manipulation that undermined their self-worth and sense of safety. While it is not possible in this report to detail all the different forms of violence experienced by young people who participated in this study, the following accounts provide some insight into the severity and range of abuse perpetrated against them:

> I was bashed and then kicked out. (Julia)

> [T]here was one time I got beat so bad that I couldn't walk and I started bleeding from, yeah, you know, so early period, but not really. And I had to stay home from school for a week because my parents didn't want to ruin their image. (Fern)

> Both physical abuse, I was beaten, and I was also verbally abused … I felt it was violence because my step brothers were not treated the same way. (Tim)

Much of the domestic and family violence recounted by children and young people interviewed occurred within the confines of the family unit. However, numerous young people interviewed identified other family members who were aware of the abuse, and in some cases, the injuries sustained. Fern commented:

> So, when I got my nose broken, I had my aunts and my cousins over at that time, and they came in afterwards, and they were like, my cousins were almost in tears, and like, are you okay? … They were a bit younger than me … I just feel for them so much because they were probably gobsmacked themselves. (Fern)

A number of young people also described experiences of violence where they were not the direct target of the violence. Rather, they had witnessed ongoing abuse within the home, typically involving violence perpetrated against their mother or another primary caregiver. These experiences were portrayed as having a lasting impact upon the young person. Several participants described trauma symptoms, emotional withdrawal, and difficulties forming trusting relationships as a result of the violence they had experienced among other adults in the home during their childhood. Australian policy and research now rightly recognise a child's exposure to violence as an experience of abuse in and of itself. The horrors of such experiences were ever-present in the accounts provided by young people. For example, Levi remembered:

> So my dad's brother, we were living with him, and then he was raping mum in front of us, and we had to leave in the middle of the night with none of our shit and live in a motel room … They lit mum's car on fire, and we still got no services, and we lost all of our shit in mum's car because we were obviously living in a motel. Half of our clothes were in there with car on fire. (Levi)

Some young people interviewed shared experiences of chronic neglect, particularly in households affected by substance misuse, intergenerational trauma, or severe poverty. In these environments, young people described being left to care for themselves and, in some cases, their younger siblings, without access to basic needs such as food, safe housing, or medical attention.

Other young people described experiences of financial control and dependence, where violent caregivers controlled money, identity documents, and access to education or healthcare. The impact of this was to further trap the young person in an unsafe familial environment and to heighten their risk of homelessness should they decide to leave it.

SEXUAL VIOLENCE, INCLUDING CHILD SEXUAL ABUSE

Experiences of sexual violence were shared by a number of participants; this included child sexual abuse perpetrated by adult and younger family members, caregivers, or known adults. In many cases, this abuse was ongoing over months or years before the young person was able to disclose – if they disclosed at all. In a small number of cases, young people recounted being sexually abused by numerous members of their family throughout their childhood. One young victim-survivor described:

> My older brother's severely intellectually disabled … He's got brain disorders, and they affect everything … He started raping my mum first … my dad told me that he touched my youngest brother first when my brother was nine months old … and then I was touched next when I was about two, and then it became like a consistent thing … my cousin moved in with us, and then he started touching me too … getting molested at home. (Alex)

One of the shared experiences among young people who had been victims of sexual violence was the consequential loss of trust and fear of adults. Callum recounted:

> Experiencing touch at the very tender age … it makes you become scared of people. It makes you lack trust around people. (Callum)

A number of young people interviewed had experienced sexual violence in the context of teenage relationships, often following patterns of emotional manipulation and control. A small number of participants also described online grooming, where they were targeted by older individuals who gradually built trust before coercing them into sharing images or meeting in person. These incidents left participants with long-term feelings of shame, mistrust, and confusion – especially in the absence of immediate adult support.

In particular, a number of young girls interviewed had experienced abusive intimate partner relationships after escaping family violence. For example, Fern recounted:

> I've always had a history of very bad relationships. I've been cheated on three times. Never had a good relationship … when I was 13, I had, like, the shitty, like, high school boyfriend … But with that boyfriend, it was a lot different. It was very serious … but I always thought that, because we were best friends when we were younger, it's meant to be. And I just wanted to hold them to that hope that someone would love me, because clearly, I didn't get that. But it just got worse and worse and worse. But as he got worse and worse and worse, he convinced me that I was at the same level as him. So, it just made me feel like, oh well, he's bad, but I'm bad too. So, it just means we're good for each other … he cheated on me because he had issues with pornography … and then a week later, he got really mad at me and hit me on the arm … And then a month later, I went to the beach in a one-piece bather and like, a little mesh dress, and he saw my location, and then asked me to send a photo of my outfit … And he saw it, broke up with me, cussed me out, called me a slut … he'd always be like, if you leave me, I'll kill myself. (Fern)

As is detailed in a later section of this report, abuse – including sexual violence – in intimate partner relationships was experienced by several young women in this study during periods of housing instability and homelessness.

COERCIVE CONTROL

While there is no universally accepted definition of coercive control, Stark's (2007, 2013) work has been highly influential around the world, including in Australia. Stark defined coercive control as 'a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims' (Stark, 2013: 18). While acts of physical violence may be present, they are not required in all cases to instil entrapment (Stark, 2007, 2013). Focusing largely on adult victim-survivors, Stark (2007) found that experiences of coercive and controlling behaviour have cumulative and long-lasting negative effects (see also Douglas, 2021). Stark (2007) also highlights the individualised nature of coercive control, noting that the patterns and behaviours associated with it vary with each relationship and often change over time within that relationship.

In Australia, the National Plan to end Violence against Women and Children 2022-2032 (DSS, 2022) defines coercive control as:

> Abusive behaviours that perpetrators can use as part of their pattern of abuse include physical abuse (including sexual abuse), monitoring a victim-survivor's actions, restricting a victim-survivor's freedom or independence, social abuse, using threats and intimidation, emotional or psychological abuse (including spiritual and religious abuse), financial abuse, sexual coercion, reproductive coercion, lateral violence, systems abuse, technology-facilitated abuse and animal abuse. (DSS, 2022: 127, see also Boxall & Morgan, 2020; Douglas, 2021; Douglas et al, 2019; Dragiewicz et al, 2018; Harris & Woodlock, 2019)

While the concept of coercive control has been predominantly explored in the context of adult intimate partner relationships (with the exception of recent international research by Stark, 2023; and Katz, 2016; 2017; 2022), the findings from this study underscore its relevance to children and young people. For young people, coercive control may be perpetrated by parents, step-parents, caregivers, and siblings. The tactics used may mirror those seen in adult contexts, including surveillance, threats, degradation, and isolation, but they are experienced within a context of developmental vulnerability, dependence, and often limited access to external supports. Young people in this study spoke of rules imposed by abusive adults in their family to control their friendships, communication, bodily autonomy, and emotional expression, often enforced through fear, guilt, or manipulation.

Several young people interviewed described experiences that reflect the dynamics of coercive control, even if they did not use that language themselves. They spoke of environments where control, surveillance, and isolation were constant, and where resistance or independence was met with punishment. This included being banned from seeing friends, having their movements tracked, or being monitored at school. Dylan recounted how his parents restricted his movement around the family home to his bedroom and removed items from his room as punishment:

> I kicked the wall when I was eight, and my parents came in and they stripped my entire room bare, just got rid of everything and put it in another room. And I had my bed and my clothes and a couple books that I snuck in and I was just in my room, like I was either in my room or was at school … I got water brought to me, food brought to me three times a day … they said, 'You have abused this home. It was a loving place, and you've abused it so when people do things wrong, they go to prison. So, this is now more like a camp.' … I'm thinking about it now, and I'm just shocked that how I managed to put up with that shit … I started, like, eating late at night so I didn't have to deal with them … my dad instilled a camera into the kitchen to stop me from eating late at night, and it had a microphone and everything else. They didn't have to come down from the three flights of stairs to the bottom level to tell off his child. He could tell off his child from his bedroom on the top floor. And so, I got told off a lot of times of making toast and yelled at me through the camera … I was very fearful of my parents, but then as I grew older, my knowledge of my situation got broader, and then it got to a point where I realised, well, the shit you do is wrong …. (Dylan)

A number of young people described experiences of gaslighting – being told that their memories or feelings were wrong or exaggerated. This was particularly apparent among young people who had tried to speak up about the violence they were experiencing. One young victim-survivor explained:

> I was very much gaslighting myself, and then also was being gaslit for years prior by my father and not made to feel that I could ever tell anyone. (Sarah)

As a result of the gaslighting experienced, some young victim-survivors described beginning to question their own perceptions or feeling responsible for the harm they experienced. As one young person described:

I always have a fear in my head that everything I've said and done it's just a massive lie, which is why I documented a lot of things. Yeah, because I have photos and videos of things that have happened, but if I didn't, I probably wouldn't even remember the situation, but it kind of keeps me a little bit sane. (Fern)

For the children and young people interviewed, the dynamics of coercive control were further compounded by their legal and financial dependence on the person using violence. Young people described having limited avenues for escape or resistance from the abuse, and having limited access to alternative sources of care. Several young victim-survivors interviewed described being made to feel 'crazy' or 'overdramatic' when they challenged the coercive and controlling behaviour they were experiencing, while others were punished for asserting boundaries or seeking help.

These insights highlight the need to develop a deeper understanding of coercive control as it is experienced by children and young people. Without such awareness, there is a risk that controlling behaviour will be minimised as 'strict parenting' or that young people's disclosures will be dismissed as adolescent defiance. A trauma-informed, developmentally aware, and age-appropriate lens is essential to recognising the signs of coercive control and responding in ways that validate and protect young victim-survivors.

SIBLING VIOLENCE

While less frequently discussed than other forms of family violence, sibling violence emerged in the interviews as a deeply impactful and often overlooked aspect of children and young people's experiences of domestic and family violence (on sibling violence more generally, see Boxall, Meyer & Fitz-Gibbon, 2024; Fitz-Gibbon et al., 2022a). Some young people described serious and sustained physical or sexual abuse perpetrated by siblings, while others reflected on emotional violence or scapegoating that was enabled, or ignored, by parents or carers.

A number of young people interviewed described violence from siblings that co-occurred with parental violence or neglect, further amplifying the lack of safety and stability in the home environment. One young victim-survivor recounted that their older sibling mimicked the abusive behaviours of their father and frequently used physical violence on them, reinforcing their feelings of isolation and powerlessness within an already abusive home. In other interviews, young people described siblings who had themselves been traumatised or had disabilities that contributed to their use of harmful behaviours, including sexual abuse. These young people often displayed incredible compassion towards their siblings, including an understanding of the underlying reasons for their use of violence – while also detailing the immediate and long-term impacts it had on them.

Several young victim-survivors who experienced sibling violence recounted that when they did seek help, professionals often failed to recognise sibling violence as abuse. These young people were unanimous in believing that present risk assessments and service responses are often narrowly focused on parent-perpetrated violence in the home, leading to gaps in early identification and support. For some, disclosures of sibling-perpetrated abuse were minimised or reframed as 'normal sibling rivalry'. Others were discouraged from speaking up due to complex family dynamics or fear of not being believed, particularly when the perpetrating sibling was younger, or living with disability. These experiences point to a potential service system blind spot. Practitioners across numerous systems and sectors that interact with children and young people may not be adequately trained to identify and respond to sibling violence.

VIOLENCE AS A FORM OF PARENTAL DISCIPLINE

> They [parents] misinterpret maltreatment as discipline.
> *(Liam)*

A recurring theme across the interviews was the way some forms of abuse were minimised or justified by adults using violence as 'parental discipline'. Young people described being physically punished – through beatings, slaps, or threats – as a way of 'correcting behaviour' or 'teaching respect'. These behaviours were often presented as acceptable parenting behaviour. For many young people interviewed, they described how such experiences led to confusion and self-doubt about whether what they experienced 'counted' as abuse.

This mislabelling of abuse as discipline was particularly difficult for young people to challenge, especially when it was reinforced by religious, cultural, or generational norms. In some cases, violence was deeply embedded in family tradition and viewed as an expected method of parenting. One young person recounted the challenge of views from earlier generations:

> From how, like, my parents were brought up and how other family members were brought up around me, hitting your kids wasn't really, like, a bad thing … it just happened so many times, and I sort of saw the patterns in the cycle. (Fern)

Participants expressed a strong desire for this cycle to be broken – not only through legal consequences but also through education for caregivers. Three young victim-survivors commented:

> It's not just kids who need to learn – adults need to unlearn the stuff they were taught too. (David)

> They might be thinking that it's disciplining the child for what he did that was bad, but then what they're actually doing [is] beyond, they're going beyond discipline. (Chris)

> They [parents] will say, it's a form of discipline. They didn't really see it as something that could be traumatising. So I feel that listening and believing would have been a way to actually try as much as possible to investigate, to get to know and to meet the person involved and see how it could be stopped. But that really didn't happen. And it's so sad. (Mike)

Several young people believed that some parents may be unaware of the psychological and emotional damage caused by these forms of punishment; they called for targeted awareness campaigns and community education. One young victim-survivor, for example, suggested:

> they feel that is still part of discipline, whereas they are actually going extra miles … I think parents too need to be education on how they treat their children … I think general campaigns about that would have been a preventive measure. (Robert)

Several young victim-survivors also shared that when they disclosed the abuse they were experiencing, their experiences were often minimised or dismissed by extended family, caregivers or other adults within their community who 'explained it away' as necessary or appropriate acts of discipline. One young victim-survivor described how family members dismissed her calls for help, saying: 'It's just a form of discipline. It's nothing too much to worry about' (Samantha). These findings highlight the importance of engaging families and communities in reframing understandings of discipline, particularly through culturally responsive, trauma-informed education.

These experiences reflect broader findings across the dataset about the normalisation of violence in some households and the need for early intervention that engages not only children and young people but also their caregivers. Where cultural or intergenerational norms perpetuate harmful behaviours, targeted education and whole-of-community engagement will be critical to shifting attitudes and protecting children's safety.

2. The Impacts Of Violence For Children And Young People

> My whole childhood was taken from me.
> I didn't have a childhood.
> That's why I hope my voice can change it one day.
> *(Ivy, 16-year-old female, First Nations, experienced violence from age three)*

> I lost my self-identity.
> *(Katie, 18-year-old female, experienced violence from age 15)*

The children and young people who participated in this study described the lasting impacts of domestic, family, and sexual violence on their lives. Although each participant had a unique journey, many common threads emerged. Young people described how violence affected their mental health, schooling, housing stability, relationships, and sense of safety – often in ways that continued long after the violence had ended. The interviews revealed not only the scale of this harm but also the many points at which systems failed to provide timely, effective, or youth-appropriate support.

The impacts of violence in young people's lives were often cumulative and interlinked. Mental health struggles were compounded by housing instability; education was disrupted by emotional distress; trust in institutions was eroded when help was not available or responsive. Despite these challenges, young people also spoke about their capacity to survive, adapt, and support one another; but they emphasised that long-term healing was not possible without safety, stability, and care. This section examines the impacts of violence, with a focus on: mental health impacts, education and school performance-based impacts, and experiences of housing instability and homelessness.

MENTAL HEALTH IMPACTS

> Sometimes I feel kind of depressed, kind of withdrawn from people, family members, because sometimes I feel like they do not really value me, or perhaps they do not love me, that deep love doesn't exist.
> *(Oliver, 18-year-old male, experienced violence from age 14)*

> I'm not very loved.
> *(Fergus, 16-year-old male, First Nations, experienced violence from age nine)*

Almost every young person interviewed reported significant mental health impacts as a result of the violence they experienced. This is consistent with findings from the ACMS, which found that mental health disorders are significantly more likely to occur among Australians who have experienced a form of child maltreatment, including domestic, family, and sexual violence (Scott et al., 2023).

Many young people interviewed described persistent symptoms of anxiety, depression, and post-traumatic stress. For example, two young victim-survivors shared:

> [M]y mental health got really bad in that time because he was pretty abusive, and I started getting, like, early signs of BPD. (Fern)

> I become so fearful and very anxious … So, it's had a really negative impact on me as a person, negative mental health experience … I feel more isolated, I feel more reserved, because I just feel very fearful that it's just going to repeat. (Scott)

Numerous young victim-survivors identified social withdrawal as a key impact of their victimisation, including becoming isolated from extended family and friends during and following their experience of violence. As four young victim-survivors described:

> I became less and less sociable … I became withdrawn. (Leo)

> I started to feel withdrawn from people. I started to feel like every other persons are the same. I started to feel like, that people are not genuinely kind and loving. So, I kind of redrew myself from social gatherings and all of that, and that actually even affected me, my school, my academic progress, and the way I interact with people, and at some point, I felt depressed. (Ben)

> It really made me scared of people, you know, I couldn't trust. I've not been able to trust anyone, really. So, I would say it has had a very negative impact on me … at the time I had withdrawn socially … I just need someone to talk me out of social isolation because I've been doing that a whole lot since it happened, and I would really love to get past that stage … I kind of redrew from my friends when it happened, and most of them didn't know. A lot of them didn't know what happened … So, I would love to make more friends, make new people, talk to people. (Daisy)

> I hardly go out to play with my friends, to hang out with my friends, and even I hardly concentrate in school so I think that really had so much impact on me … at some point I didn't even have anyone to talk to when I need[ed] one. (Robert)

Experiences of suicidal ideation, self-harm, and suicide attempts were also disclosed by a significant number of participants. One young victim-survivor recounted an experience from when she was 16 years old:

> He [dad] asked my mum if she would even care if I was dead, and she just blatantly said, 'No, honestly wouldn't care. I just wouldn't. I'm sick of her.' And so, I said I was going on a walk … I was still trying to be like, 'Okay, you need to go see someone, because a lot of my family members have mental health and have, like, committed suicide'. So, I never really got to know my uncle and my cousin, he passed away … and I've had a lot of friends commit suicide too … my mental health was always pretty shit … I got admitted to hospital that day, yeah, and my parents didn't show up. My sister had to come, but she started crying because she found out I was getting admitted …. (Fern)

Her admission to the mental health ward at a nearby hospital was a turning point in Fern's help-seeking journey. While she was in the hospital she saw an advertisement for a youth temporary accommodation program. She contacted the program and was able to enter accommodation three months later. Although in crisis at the time of contact with the service, Fern was required to go on a waiting list and couch surf at her cousins' until a room became available for her.

Fern's experience of self-harm and suicide ideation was not unique among the young people interviewed, however, for others the provision of supports afterwards was not as forthcoming. For example, while living in out-of-home care, Ella reported experiencing suicide ideation on numerous occasions to the Department of Child Protection without receiving a response. These individual experiences are consistent with broader findings in Australia and internationally that highlight the significant and often hidden role of domestic and family violence in youth suicide risk (for an overview, see Meyer, Atienzar-Prieto, Fitz-Gibbon, & Moore, 2023). Experiences of domestic, family, and sexual violence during childhood and adolescence can dramatically increase young people's risk of suicide ideation and related behaviours. Building a deeper understanding of these intersections is critical to informing more effective, child-centred prevention and intervention strategies (Meyer, Atienzar-Prieto, Fitz-Gibbon, & Moore, 2023).

For numerous young people interviewed, experiences of self-harm and suicide attempts were directly linked to the trauma of ongoing or past violence, compounded by a lack of support, persistent feelings of powerlessness, and the absence of a safe or stable environment. Some young people described having made multiple suicide attempts, often without any sustained follow-up care or support. Others spoke of using self-harm as a coping mechanism when the psychological pain became overwhelming.
Several participants described reaching a point of crisis only after their attempts to seek help had been dismissed, delayed, or mismanaged by professionals. One young victim-survivor, for example, recounted her sister's experience of disclosing suicide ideation while in care and receiving no meaningful responses. She described:

> There were times where she was ringing us and she's like, if they make me stay here anymore, I'm gonna kill myself. I'm gonna hurt myself. And we were recording that … There was no response … we were told, 'Oh, it's just because she's had her phone taken away.' … at that point she had access to her medication, so her sleeping tablet, her Ritalin … she had access to all that. So she's ringing us going, 'I'm going to do something stupid'. She has the means to do it. And no one would listen. (Ella)

The experiences of the young victim-survivors interviewed underscore the urgent need for trauma-informed, youth-specific mental health responses that can intervene early, remain engaged over time, and respond without judgment to the signs of suicidality and self-harm in young people affected by violence. Looking more broadly, for some young people interviewed the mental health impacts of violence emerged during childhood; for others, the effects surfaced in adolescence or following later attempts to seek help. Young people also spoke about the internalised effects of violence – including self-blame, low self-worth, and difficulty regulating emotions. Within this, it was apparent that for those young victim-survivors whose disclosures had been ignored or minimised, the emotional toll was particularly profound.

THE IMPACTS OF NOT BEING BELIEVED

> I had fear of not being believed … embarrassment. (Samantha)

> Who is going to believe what I said? Because I'm young, they might not really believe what I'm telling them and all of that. So, I was kind of scared of reporting …(Oliver)

The impact of not being believed by professionals, family, or police was a strong theme throughout the interviews. Disclosure takes immense courage. For many young victim-survivors, a disclosure occurred only after years of silence, self-doubt, or fear of punishment. When these disclosures were met with scepticism, minimisation, or inaction, the emotional impact upon the young victim-survivor was devastating. For example, one young person shared:

> I contacted my social worker, she contacted the police, and then I did my police interview the next day … it was like a five-hour long interview … and then 24 hours later … they closed it … No one told me that they closed it, but I found out later … I had to go to the police station for something else and ask … and they said they closed it. (Sarah)

Sarah went on to describe being left feeling discredited and completely alone. When asked what response she would have liked to receive, Sarah commented:

> I think the biggest thing for me is just to feel like they believe me, like that's the thing that still affects me, like, even if they couldn't do anything because they didn't have enough evidence or whatever, just believing me would have helped with it so much … But ultimately, it comes down to just like feeling validated, I think, which it kind of felt like they were purposely not doing in a way. (Sarah)

Other participants described being met with disbelief from teachers, social workers, or support staff. They were told they needed 'proof' or that their experiences did not meet the threshold for intervention. Rebecca, for example, recounted:

> I feel like people, even professionals, they will talk to me, and they will ask me questions about, you know, what's happened, and things like that. But then I guess they kind of just make assumptions then … and then they're like, 'Oh, so this happened' … I've just found a lot of people make assumptions … I've had some people who just don't believe me … I can't make you believe me. But kind of hurts, like, it sucks, super invalidating. (Rebecca)

In some cases, young people recalled being punished for speaking up, and were subsequently labelled as difficult, dramatic, or attention-seeking.

For other victim-survivors – despite their young age – relationships with other family members were impacted in circumstances where the perpetrator had a continued role in the family. For example, one young person commented:

> I definitely am not as involved with family like specific family members because of him, and he's definitely making an impact on other relationships with other family members … that's all going to come back on me, and I'm going to lose everyone in my family. (Rebecca)

As explored here, this pattern of disbelief had profound consequences. It eroded trust, reinforced shame, and confirmed what many young people had already been told by the person using violence: that no one would believe them, that they would be blamed, or that their voices didn't matter.

Some young people internalised this disbelief, beginning to question their own memories and reactions. Years of gaslighting had already blurred the line between abuse and 'normal' behaviour. Being disbelieved by professionals, those tasked with protecting children, only deepened that uncertainty. For victim-survivors of any age, being believed is the first act of validation. For children and young people, it is foundational (see also, Fitz-Gibbon, McGowan & Stewart, 2023).

EDUCATION AND SCHOOL PERFORMANCE

> It can be very distracting … both emotionally and sometimes it can affect your work … either at work or school.
>
> Being abused has a way of messing up one's life. It makes you less productive in general.
>
> *(Jane, 18-year-old female, First Nations, experienced violence from age 15)*

The impacts of violence were clearly visible in the school lives of the young people interviewed. For some young people school was a source of stability, while for others it became another environment marked by fear, silence, or exclusion. Many young people interviewed described difficulty concentrating, frequent absences, and declining grades. For example, four young victim-survivors explained:

> Thinking about my experience makes me distracted during lessons and sometimes I don't feel good in exams. (Jason)

> I stopped going to school because I don't even want to get closer to people. (Oliver)

> Whenever I go to school, I find it very hard to concentrate, so I have concentration problems, and even at some point in time, I feel like I shouldn't be going to school again. So, I was even going to school haphazardly. (Ben)

> I wasn't able to perform excellently in school, I sometimes couldn't go to school any longer because I didn't have the support I needed at the time. So, it affected my academic performance in school. (Tyler)

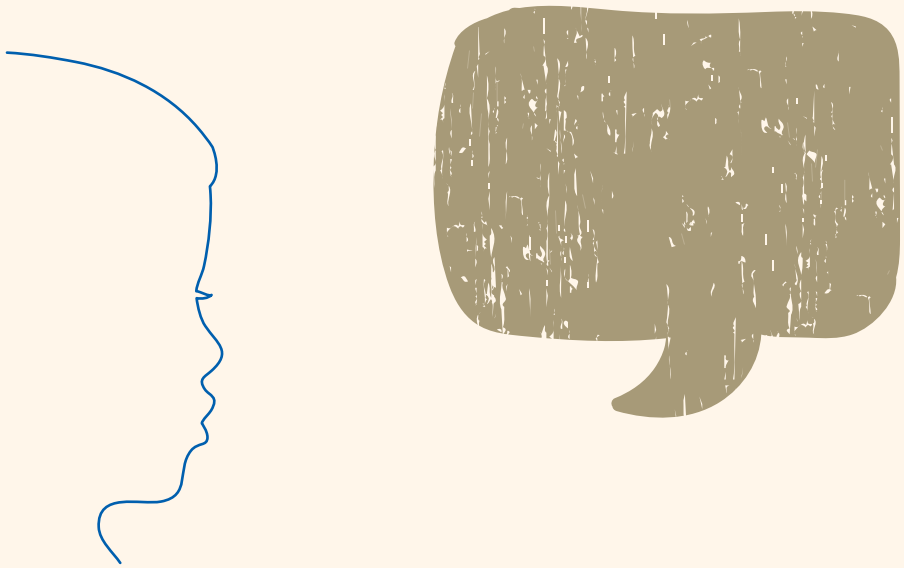
Other young people reflected on the difficulties maintaining friendships, given the number of schools they were enrolled in while being moved within the out-of-home care system. Harper, for example, recounted:

> Because I moved … I had a couple of best friends at my first school that I went to, and only really had those two friends, but then I never got to see them again. And then moving … I was kind of struggling with making friends. I was always getting bullied. (Harper)

These accounts for young people interviewed reflect broader national research findings on the educational impacts of experiencing domestic and family violence during childhood. A recent study of over 5,000 Australian young people found that experiences of violence can significantly disrupt young people's school engagement, attendance, academic performance, and help-seeking behaviours within education settings (Stewart, Roberts & Fitz-Gibbon, 2025). In that study of young Australians aged 16 - 18 years old who had experienced domestic and family violence, over half reported struggling to concentrate at school, and one in five disclosed that they had dropped out of school altogether. Understanding and addressing these impacts is critical to ensuring schools can function as protective, supportive environments for young victim-survivors (Stewart, Roberts & Fitz-Gibbon, 2025). The role of schools is explored in greater detail in Key Findings, Section 7.

Several young people had been forced to change schools repeatedly due to relocation, housing instability, or the need to escape unsafe people or places. This instability made it difficult to form friendships, stay connected to learning, or feel safe in the classroom.

As is explored in more detail in latter sections of this report, despite the significant impacts that domestic, family, and sexual violence had on young people, school staff responses were often described by interviewees as inconsistent and inadequate. While some teachers and wellbeing coordinators played a pivotal role in supporting young people, offering a listening ear or connecting them to services, others were described as dismissing or ignoring signs of abuse, or focused on managing behaviour without recognising the underlying trauma. For many participants, this inconsistency created confusion and eroded trust in school as a place of safety. This is explored in more detail below in Key Findings, Section 7.



3. Barriers To Disclosing Violence And Seeking Help

> if I didn't speak out and say anything, I would have still been [there] and I wouldn't know where I'd be right now. Probably would have been dead, or I would have been locked up.
>
> *(Ivy, 16-year-old female, First Nations, experienced violence from age three)*

> when I first experienced domestic violence,
> I was not able to tell anyone,
> I was small.
>
> *(James, 18 years old male, experienced violence from age 10)*

Despite growing public and policy recognition of the need to support children and young people experiencing domestic, family, and sexual violence, the interviews conducted for this study confirm that significant barriers to disclosure and help-seeking remain. Participants spoke of their fear, confusion, and hesitation when deciding whether to speak up – and of the personal cost they weighed in doing so. For many, the risks of being disbelieved, punished, stigmatised, or further harmed were seen as too high. Others simply had no one safe to turn to, or didn't know where to begin.

The experiences recounted by young victim-survivors interviewed reflect the structural, cultural, emotional and relational barriers that continue to prevent young people from accessing crisis and safety supports.

FEAR, SHAME, AND DISTRUST

> I just felt embarrassed about the whole situation … and there was this feeling of non-one would believe what I say … they will just wave it off and not believe anything. (Omar)

A recurring theme across the interviews was the profound fear of not being believed, particularly when the violence involved a parent or another trusted adult. Many young participants described staying silent for months or even years, afraid of what would happen if they disclosed their victimisation. As two young victim-survivors remarked:

> I was too scared to talk to anyone … I was too scared … I didn't say anything. (Tim)

> I couldn't speak to anyone. I was scared of being labelled bad … (Melanie)

For some, this fear was compounded by a deep-seated distrust of adults – both within their family and in wider institutional systems – which prevented them from seeking help. As two young victim-survivors reflected:

> I didn't trust anybody or anything. So, when people said that they could help me and stuff like that, I couldn't believe anything. (Ivy)

> I didn't find the confidence in discussing this with my aunty, with my mum or my dad, I didn't find that confidence, because I never discuss with them. It's either they will judge me or they might not believe me. (Zac)

For others, feelings of shame played a significant role in their decision to remain silent. Several young victim-survivors shared that they internalised responsibility for the abuse they experienced, believing it to be their fault. Max described:

> When I started initially experiencing it, I was somehow unable to speak it out, because I was like ashamed of myself. (Max)

Similarly, Ivy commented on the lasting self-blame she carried:

> I always, like my whole life, blamed myself and thought it was me. (Ivy)

This combination of fear, shame, and distrust created a powerful barrier to disclosure. Many young people interviewed experienced fears that they would be judged, blamed, or seen as disloyal to their families if they spoke up. Others feared that reporting the violence could escalate the abuse, placing them at greater risk of harm.

Even when young people did attempt to disclose their experiences – whether to teachers, school counsellors, police, or child protection workers – several recounted being dismissed, minimised, or ignored. These responses had a profound impact, further eroding trust in adults and formal systems. For many, a negative response to a disclosure not only reinforced their initial fears but also discouraged any future attempts to seek help.

Another significant barrier identified by participants was a lack of understanding about their rights, available supports, and what the process of disclosure would involve. Several young people noted that they did not know how to report violence or what would happen afterward. Some, who were unfamiliar with the legal system or had previous experiences of institutional harm, recounted that this lack of clarity created additional hesitation and anxiety about seeking help.

THE ROLE OF ISOLATION IN PREVENTING HELP-SEEKING

> I couldn't seek help because I was completely isolated. (Tom)

> It made me just want to stay by myself, you know, and avoid a lot of interaction with a lot of people. (Edward)

Many young people described being physically and emotionally isolated as part of their experience of violence, and that this isolation further limited their ability to seek help. For some, this involved living in environments where their movements were closely monitored and controlled by abusive caregivers, leaving them with few opportunities to disclose harm or seek support. Others reported having no trusted adults in their immediate environment, which made it difficult to find someone safe to confide in or to access help without fear of repercussions. Tyler, for example, commented:

> I was a bit scared to actually share my family issues to outsiders, because I don't know how they are going to take it … I was a little bit scared about sharing it. (Tyler)

Geographic isolation was also a significant theme among young people from regional and rural areas. Participants spoke about the limited availability of services in their communities, long travel distances, and the absence of reliable public transport – all of which created major barriers to disclosing violence and escaping unsafe environments. Even when services did exist, young people noted that anonymity in small towns was nearly impossible, compounding fears that seeking help would quickly become known to others, including perpetrators.

For a number of participants, immigration status or visa insecurity added an additional layer of isolation and complexity. Young people described feeling unsure whether they were eligible for support services, fearful that seeking help might put their family at risk of deportation, or concerned that services would discriminate against or exclude them. In these cases, uncertainty about rights and eligibility acted as a powerful deterrent to disclosure, leaving young people feeling even more trapped.

Finally, isolation was not only physical or logistical – for many it became internalised. Some young people had lived for so long in environments where abuse was normalised, minimised, or ignored that they stopped believing their experiences were worthy of attention or help. As Fern described:

> I've always had like this inner thought in my head that I always said that it was fine, and I made this whole thing like this really dramatic thing that it didn't need to be. (Fern)

These experiences illustrate how isolation operates on multiple levels – geographic, relational, systemic, and internal – to reinforce young people's silence and prevent them from seeking safety and support. Addressing these layered forms of isolation is critical to ensuring that all children and young people, regardless of where they live or their background, have accessible and trustworthy pathways to disclose violence and access the help they need.

THREATS AND FEAR AS A TOOL TO SILENCE VICTIMS

> I was threatened … I was being threatened that if I should make any verbal comments or try to let anyone know about it, I'm going to be killed.
> *(Tom, 18-year-old male, experienced violence from age 14)*

Many young people interviewed described not disclosing their experiences of violence due to profound fears of judgment, blame, or retaliation – particularly when the perpetrator was a family member or someone in a position of trust. As two young victim-survivors explained:

> I was afraid to speak out, I didn't trust anyone. (Hunter)

> I was still afraid that I will face some kind of abuse when I come back. (James)

For other young victim-survivors, fear was not only a natural response to their circumstances but something actively instilled by perpetrators as a strategy of control. Several young people spoke about how threats, manipulation, and emotional coercion shaped their decision to remain silent. Samantha, for example, reflected on her fear of family retaliation:

> I was scared because I thought that eventually it would get back to my parents. (Samantha)

For other young victim-survivors, the fear of relationship or disbelief had been instilled in them by the perpetrator. Omar, for example, reflected:

> She [a carer] started touching me in ways I wasn't comfortable with at first, and I was embarrassed sharing that story with my mum … she kept telling me that even if I should tell someone or my mum, they wouldn't believe [me]. (Omar)

Others interviewed described how perpetrators created an environment of guilt and denial, undermining their ability to recognise the abuse or feel safe disclosing it. Sarah shared:

> I never really told anyone … I put myself into a lot of denial, and I think also my father made me feel kind of like bad if I ever said anything, or like, would just guilt trip me … I was really young … I just didn't feel like I could ever tell anyone. (Sarah)

The threats young people experienced varied. In some cases, they involved direct threats of physical harm or death if the young person disclosed the abuse. In others, perpetrators threatened to remove financial support, withdraw housing, or turn other family members against them. For example, one participant recalled being warned that disclosing the abuse would 'ruin the family', while another was explicitly told they would be killed if they spoke out. For many young people, these threats were not abstract or theoretical; they were backed by real histories of violence, intimidation, and retaliation, making the risks of disclosure feel immediate and devastating. These threats were particularly powerful when the perpetrator held authority within the family, school, or broader community – reinforcing the young person's isolation and fear of consequences.

ADDITIONAL BARRIERS TO HELP-SEEKING

> Well, you know, a little boy of 13 here, something like that happened … you will be scared …
> You don't even know who to turn to.
> You don't even know who you to report to.
> *(Ben, 17-year-old male, experienced violence from age 10)*

As shown in the table below, throughout the interviews, young people cited a plethora of other barriers to seeking help upon their journey to access services and disclose their experience of domestic, family, and sexual violence.

Figure: Additional barriers to help-seeking experienced by children and young people

THE IMPACTS OF RACISM AND CULTURAL CONTROL

► For some children and young people in this study, experiences of domestic, family, and sexual violence were shaped and compounded by racism, and cultural stigma. Participants from culturally and linguistically diverse backgrounds described additional barriers to seeking help, including fear of bringing shame to their family, experiences of racial discrimination when accessing services, and a deep mistrust of institutions that were perceived as culturally unsafe or unresponsive.

► A small number of participants described home environments where family honour, religious values, or cultural norms took precedence over individual safety. In these settings, violence was often dismissed as discipline or a private family matter, and young people who spoke out risked being labelled as disrespectful or disloyal.

► Within this context, young people worried that disclosure would lead to family breakdown, community ostracism, or shame: consequences that were often viewed by the young person and their family as worse than the abuse itself.

► Such accounts underscore the importance of culturally safe and responsive systems. Without this, young people from culturally diverse backgrounds are left navigating not only the trauma of violence but the added weight of cultural expectations, racial prejudice, and institutional mistrust.

GENDERED EXPECTATIONS AS A BARRIER TO HELP-SEEKING

► For some male participants, social expectations around masculinity prevented them from disclosing abuse or seeking help. One young male victim-survivor shared that he believed he was supposed to 'handle it himself' and feared that showing vulnerability would be seen as weakness. Throughout the interview he reflected that this gendered expectation led him to suppress his emotions, delay seeking support, and internalise blame for the violence he experienced.

► Such reflections underscore the need to challenge rigid gender norms and ensure that boys and young men are supported to recognise and disclose violence.

FINANCIAL DEPENDENCE AS A BARRIER TO LEAVING

► A number of young people in this study described being financially dependent on their abuser, which significantly constrained their ability to seek help or leave. For participants under 18 years old, housing, food, education, and access to health services were often entirely controlled by the person causing them harm.

► Even when young people wanted to leave, several recounted that they lacked the financial independence to do so. Some young victim-survivors were told that they would end up homeless or in foster care. Other young people were threatened with losing access to school or medical care if they disclosed their victimisation.

► These experiences highlight the need for early intervention supports that provide young people with access to material aid, income support, and legal advocacy. It also reinforces the need for responses that recognise young people's dependence on adult systems and that centre their safety and agency when making decisions about care, housing, and family engagement.

4. Systemic Failures Across Institutions

> DCP failed me that many times, the systems failed me. They've said that they would be there for me, and they've never have been.
>
> So that's why I don't trust anything or what anybody says. That's why I stick to myself when I do everything.
> *(Ivy, 16-year-old female, First Nations, experienced violence from age three)*
>
> I believe we have a whole lot of young people out there, like me, who are facing challenges, but they don't really know where to seek help.
>
> So, I feel a whole lot could be done.
> *(Scott, 18-year-old male, experienced violence from age 14)*

Throughout the interviews, young people consistently described deep dissatisfaction with the institutions that were supposed to protect and support them. Police, child protection, courts, and other formal systems were not only seen as ineffective – they were often experienced as retraumatising, disempowering, or actively harmful. While a small number of participants shared positive or neutral encounters, the overwhelming majority reflected on systems that failed to respond with urgency, care, or understanding.

This section examines those systemic failures, focusing on the police and justice system, child protection and out-of-home-care system, and the legal barriers that young people identified as preventing them from escaping family violence. The lived experiences of the young people interviewed highlight individual practice issues but also broader structural problems, including poor inter-agency communication and a lack of trauma-informed responses.

POLICE RESPONSES

> You can trust some police, but not all police are good. (Ivy)
>
> I don't at all imagine police, courts and everything are easy processes, but I do get surprised that we don't seem to ask young people kind of, what do you want? (Harper)

For most young people interviewed, the police were not perceived as a trusted avenue for disclosure or for protection. Many young victim-survivors had never reported their experiences of violence to the police, often due to their fear of not being believed, concern about retaliation, or uncertainty about what would happen next. For example, three young victim-survivors described their hesitance to report to the police:

> it was hard for me to take myself [to the police] … even when it was serious, I just felt I still need these people [my parents] around. If I get to the police, lots and lots of things could go wrong. (Luke)

> I didn't feel it was that important to call the police. Besides, I was young. (Hugo)

> I'm always scared of police. (Robert)

For some young people there was an openness to report to the police but a lack of understanding as to how they would do that. Two young victim-survivors recounted:

> I try to report to the police, but I was unable to do it. (Seb)

> To be honest, at the time, we didn't know how to handle all of that [reporting to the police]. It can be a lot when you involve the authorities with this kind of things … we knew it was pretty complicated and hard … I just wanted to get past this whole situation … to be honest, I think we were just so scared of what was going to happen if we did report to the authorities. (Daisy)

A smaller number of young people recounted not reporting to police by fear of the impact on other family members. Specifically, young people who were aware that their mother was also experiencing abuse spoke about not wanting to report their own victimisation to the police due to a fear that it would make the situation even harder to manage for their mum. One young victim-survivor explained:

> I was scared to say anything to anybody, because … I never wanted my mum - I never wanted something that would be more complex for her to handle because she was going through a period of divorce. It was a terrible period for her, so that was my reason not talking to the police … I just felt like talking to people will make my mum feel more pressure … I didn't speak out because I felt what my mum was going through was already too much for her to handle. (Tim)

For those young people who did report their experience to the police, there was a wide range of responses described – from supportive and respectful to hostile, dismissive, or retraumatising. Specifically, several participants recounted being met with disbelief, judgment or minimisation when they first disclosed their experience of abuse to the police. For example, one young person, Sarah, described her interaction bluntly, 'The police were just rude.' She recounted:

> Honestly, the interviewer was quite nice … I just kind of felt immediately like, as soon as I walked out of there … they don't believe me, that's kind of how it felt, I can't really explain it, but it's just like, I don't know whether it was just the way that they phrased the questioning … I feel like they weren't very aware of, kind of, firstly, I was young when a lot of it happened. (Sarah)

Miles recalled a similar experience with the police, he described:

> [The] cops came to the house because my father was abusive to his partners. And I said to the cops a couple of times, my father does abuse us, and they looked at us like, "Ah, no, he doesn't." In the meanwhile, his ex is like battered and bruised up, and then just never believed my father hit kids. They knew he hit his partners, but the cops never really believed us when we were young … now it's like, if I'm looking for help, it won't be the cops. (Miles)

Another young person, Ivy, recounted experiences where police did not attend or investigate allegations of violence because they occurred in Department of Child Protection (DCP) housing – a trend she believed indicated a general disinterest and lack of care towards the safety and welfare of children and young people in care settings. She explained:

> I've called the cops … was calling saying – 'Come, you need to go check on this house, you need to go check on the house. It's a welfare check.' They don't because [it's] the DCP house, and I know that's happened because I've called the cops. (Ivy)

Levi recalled a similar perception of a lack of care and inaction on the part of police. They described:

> [T]he whole police force just don't give a fuck about DV [domestic violence]. And it's so clear, like, how can they not let me in the interview room? And I have, I had pictures of bruises. I had a folder bruises and videos … and they were just like, 'We just can't help you. There's just, like, not enough evidence.' (Levi)

Other young people reflected on long delays, inadequate follow-up, and poor communication. Lucy recalled her experience commenting, 'They wasted a lot of time' (Lucy). Dylan explained:

> I never spoke to a cop ever, and she [mum] told me that she told the cops on several occasions, but I never spoke to a cop … when you get multiple reports of the same thing happening over and over again, because it's a cycle, break the cycle. (Dylan)

Young people interviewed also described not receiving updates on the outcomes of their investigations or legal processes, and there generally being little explanation provided throughout the entire process. After her interview with the police, Ella received no follow-up information on the progression of her case. She recounted:

> So you give that statement. You tell them part of what's happened to you … they said they would interview him about it and that and then get back to me, but nothing's happened … we've had nothing … I was more just wanting to make sure it didn't happen to anyone else. (Ella)

Logan described a similar experience, he shared:

> I reported the matter to the police; you have to have this level of trust that they are going to do something like they are going to at least come to your rescue. Come to your help … That was my hope. But that was, in fact, my only hope, thinking that everything is going to be fine after reporting to the police … then after some time, I didn't hear their feedback

> ... I didn't know. Maybe it was just my case was just exceptional. I don't know. Maybe they handle other cases right … [it] should be taken very seriously, because, you know, it can be quite traumatic. (Logan)

Another example which came up in numerous interviews centred on the details of intervention orders. A number of young people interviewed mentioned that there was an intervention order in place to protect them (often until they were 18 years old). In several interviews the young person was asked whether they knew the conditions of that order – in all instances they replied that they did not and, in several cases, they assumed that they could not get that information themselves and would need to go through their mum (who was also listed on the order).

Even when related perpetrators were arrested, the young people interviewed often still received little clarity from police on next steps, and they were often given limited or no access to any victim support services. In some experiences, the process of seeking police investigation and an arrest was also particularly traumatising for the young person. For example, Jenny – who experienced sexual violence while in out-of-home care[1] – was interviewed by police without the option of having a support person with her. At the time of our interview, she had been waiting six months for any update from the police.

Based on their interactions with officers, several young victim-survivors perceived that police officers lack the training needed to engage effectively with children and young people; this includes failing to recognise trauma responses, and failing to provide age-appropriate information.

A number of young people interviewed raised concerns about bias – particularly toward young people from marginalised backgrounds – and several explicitly stated they would never call police again due to fear of negative repercussions for themselves. In some cases, this viewpoint had been instilled in them from other family members from a young age. For example, Rebecca explained:

> I grew up with my family was very anti police. It was like, don't get police involved … I don't really know how to take it with the police sometimes, I just prefer to not talk to them, to just sort of stay away, because of, you know, how I grew up and what I got told about the police and that, which I guess, as I'm getting older, I'm starting to see it's, you know, it's probably not like the police are doing what my family like to make it out. (Rebecca)

There was also a shared view among young people interviewed who had spent time in rural towns that police were particularly under-resourced and unreliable in such communities. As has been well documented among adult intimate partner violence victim-survivors, several children and young people from rural towns commented that they did not report their experience of abuse to the local police as they assumed the police officer would be friends with their abuser. Levi, for example, commented, 'so many cops are buddy-buddy with abusers in a small town'. Mirroring this viewpoint, there were other young people who feared that any police involvement would make things worse, most often by escalating the violence they were experiencing at home and placing them at higher risk of further victimisation.

1 At the time of finalising this report there are calls for greater national action following further national media reports of child sexual abuse perpetrated in the out-of-home care system (see Uibu, 2025).

This lack of knowledge about their rights, and uncertainty about what police could or should do, left many young people feeling isolated and unsupported. For some, the idea of police as a source of help had never been modelled or explained to them in any meaningful way. Together, these experiences highlight the critical importance of improving community education, trauma-informed policing, and proactive engagement strategies to ensure that all children and young people can access protection and support when they need it.

THE CHILD PROTECTION SYSTEM

Experiences with the child protection and out-of-home care system were similarly fraught for many of the young people interviewed. While some participants described positive relationships with individual social workers or carers, the system as a whole was often described by young victim-survivors as fragmented, impersonal, and disempowering. The impact of this on young people's mental wellbeing is captured in a memory shared by Ivy:

> I remember when I was six years old, I was in my care house, and I was crying, and I got to a point where I was so mad, and I just wanted to smash the whole house. I was smashing my head into the wall, and I just kept going and going and going … smashing my head two hours of bleeding, and I got that scar on my forehead stitches for that. (Ivy)

A concerning theme across several interviews was the experience of violence within the very systems meant to protect young people. Some participants reported being placed in out-of-home care settings that were emotionally or physically unsafe, including homes where other residents or caregivers were emotionally and physically violent and neglectful towards them. To ensure the anonymity of those who participated in this study, those incidents are not detailed in full here. Broadly speaking, the comments made by one young victim-survivor give a sense of the range of experiences for some children and young people in out-of-home care:

> There's so many fucked up stories in DCP that I don't even know where to start, like there's so many stories … I'll tell you, from my experience, I've sold dates to my carers. They've taken me to go to my dealers. They've taken me to go do so many things … they say that they're good with kids and the criminal history, they don't got one – that means shit. That doesn't hide the person that they truly fucking are. (Ivy)

In another example, Sarah – who had experienced abuse from her father from when she was eight years old, reflected on the decision by the department to return her to living with her father. She experienced it as a significant betrayal of trust. Sarah explained:

> DCP knew I had not lived with my father for five years. I moved. When I was 10, which is so young for someone to decide to not want to live with one of their parents, and they just did not care, to ask why? To investigate it. (Sarah)

There was also a young person interviewed who had not lived in foster care but had been fed rumours by her abuser throughout her childhood that made her fear it. She explained:

> I was told a lot as a kid that foster and DCP, it was like these evil demons. And so, I was always scared … if you go report us for what we're doing, you're going to go to the foster system. You're going to get raped by old, smelly, scary men. Do you really want that? So that kind of scared me out of it a lot of the times. (Fern)

Other young people shared experiences of being disbelieved or ignored when they raised concerns with social workers or support staff. A number of participants described feeling that state agencies were more focused on reuniting them with family – even when that family was a source of harm – than ensuring their safety and best interests were met. Ella, for example, commented:

> I was worried that if I said anything … I don't know, she'd [the carer] like – get shitty with me, and then that caused a whole another problem … when I did say I didn't want to live with her anymore – my dad cracked the shits. He wasn't happy with me. That's another problem that I was worried about. (Ella)

These experiences reflect the systemic gaps that continue to expose young people to risk even after they engage with the formal support system. They point to an urgent need for greater oversight, accountability, and genuine inclusion of children and young people in decisions about their care.

Beyond experiences of abuse, other young victim-survivors described the impacts of repeated placements and its ensuing instability. Young people commented that they had little say in where they lived or who they lived with. In one case, a young person recounted sleeping on the floor of the DPC office at 13 years old because they had been told there was no housing available that night.

Prior to entering the out-of-home care system, a number of young victim-survivors described periods of time when, from their understanding and lived experience, reports to child protection were ignored or not followed up. This left them feeling invisible or silenced when trying to access help. Rebecca, for example, recounted:

> I would go to school when I was in like, [year] four or five, and this lady from DCP came to the school to talk to me, and she was going to come to a home visit. But it never happened, because my mum went into the school, and went off and, yeah, that never happened … Mum seems to have this magical power of speaking to the authorities … I talked to that lady that one time she said she was going to come and just check out the house, and I literally never saw or spoke to her again after Mum went into the school … And then that was, like my first attempt to really talk to the school about it. And then I just guess I never really did again. (Rebecca)

Other victim-survivors interviewed described gatekeepers to the child protection system as being dismissive or minimising their disclosures. One participant described this bluntly: 'I told them what was going on and nothing happened. They just kept sending me back [home]' (Joey). These experiences left many young people feeling let down by those adults working in the system, even after engaging with formal systems designed to intervene and enhance safety following experiences of violence.

THE FAMILY COURT SYSTEM

Only a small number of young people who participated in this study had direct experience with the Family Court system. For those who did, the experiences were overwhelmingly negative, with young people describing long delays, repeated hearings, and often harmful outcomes. Several young victim-survivors recounted the negative impacts of being forced to maintain contact with abusive parents due to court orders or parenting agreements, despite their objections.

The legal processes involved in Family Court matters were frequently described as confusing, disempowering, and adult-centred, offering little opportunity for children's voices to be meaningfully heard. Some young people reflected on spending years trapped in legal proceedings, with their concerns about violence going unrecognised and delaying their ability to leave harmful home environments.

Accounts such as these highlight the need for the Family Court system to improve its capacity to identify and respond to family and domestic violence risk, and to ensure that children's safety and wellbeing are prioritised throughout legal decision-making and court processes.

ALTERNATIVE PATHWAYS AND YOUTH-CENTRED REFORMS

> Every single person that works with children…they all need to have some kind of training in being trauma informed. I have noticed that a lot of them – especially police… they just don't see, they are disconnected a lot of the time with what they are saying and how it might impact a person who has an experience of trauma.
>
> *(Sarah, 17-year-old female, experienced violence from age three)*

As captured in the comments made by Sarah (quoted above), young people participating in this study shared a clear vision for a more responsive, compassionate, and accessible justice system. For many, the formal pathways – police, courts, and statutory systems – were experienced as inaccessible, intimidating, or ineffective. In response, participants proposed a range of alternative approaches that could better meet the needs of children and young people who have experienced domestic, family, and sexual violence. Suggestions for reform shared by young victim-survivors included:

- The establishment of restorative justice programs, where young people could speak about their lived experiences without the pressures of adversarial legal processes;
- The creation of independent child advocacy centres, which could provide integrated legal and social support outside of the justice system and prior to any formal reporting; and
- The development of youth-led peer support networks as accessible, non-threatening entry points for young people needing information or help.

Participants consistently called for greater flexibility, choice, and youth-centred design in all aspects of justice and support systems. Many young people interviewed emphasised the need for frontline professionals, including police, social workers, and court staff, to be trained in trauma-informed and developmentally aware practice. As one participant shared:

> I was scared to go to the police, but I would've talked to someone if it wasn't, like, official straight away. (Rebecca)

Building on this, young people stressed the importance of understanding how trauma manifests specifically in young people and ensuring responses do not compound their distress.

Additionally, participants advocated for integrated service models, where legal interventions are connected to supports across mental health, housing, education, and recovery services. They emphasised the importance of clear, age-appropriate information outlining what happens after a disclosure is made, including timelines, rights, and available protections.

These suggestions for reform reflect more than a critique of what is not working within the current system response; rather they articulate a vision held by young victim-survivors for a system in which young people's voices are respected, their safety is the organising principle, and every interaction is grounded in trauma-informed care.

5. Responses Beyond The Justice System

> so many kids are in abuse and they have in their entire life, and no one is helping …they never listen. I know so many people that have been through DV [domestic violence], and then they've just been put out on their asses …
>
> I'm like, do you want to go get molested for me? …
> I hate it, like it's just the whole town is just abuse, and …
> there's nothing. There's no help.
> *(Levi, 16-year-old male, experienced violence from birth)*

While much of the public discourse around responses to domestic, family, and sexual violence focuses on justice system responses, the young people interviewed in this study often reflected that protection, healing, and recovery depend on support and service provision which occurs outside the justice system. Despite acknowledging their importance, for many young victim-survivors interviewed, mental health services, housing providers, youth services, and social workers were either unavailable, inappropriate, or difficult to navigate without adult support and intervention.

This section explores the non-justice responses that shaped young people's experiences of help-seeking, including their access (or lack thereof) to mental health support, crisis accommodation, school-based support, and other informal community care. Throughout the interviews, there was a common finding: young victim-survivors wanted to access support, but the systems they navigated were often not designed for them to do so safely or independently.

LACK OF IMMEDIATE AND ACCESSIBLE SUPPORT SERVICES

> I've told so many people throughout my entire life … everyone knew [but] no services, no homeless shelters, no DV shelters … no one gave a fuck.
> And they saw the bruises.
> *(Arlo, 16-year-old male, First Nations, experienced violence from birth)*

> I would love the system to be more prompt.
> *(James, 18 years old male, experience violence from age 10)*

Many participants described significant difficulties accessing mental health or crisis support at the time they needed it most. Young people spoke about the sense of urgency they felt during moments of crisis, and the frustration of encountering services that were unavailable, unresponsive, or ill-suited to their needs. In the absence of timely or youth-appropriate services, young people often turned to teachers, neighbours, or peers for immediate help, highlighting the critical role of informal supports during periods of heightened vulnerability.

While some young people found comfort and practical assistance from these informal networks, others reflected on feeling isolated and abandoned by formal service systems that were supposed to be there to protect and support them. Several young victim-survivors expressed that although formal mental health and crisis services technically existed, they were often too complex to navigate, too slow to respond, or required adult intervention – a major barrier for those trapped in unsafe or unsupportive family environments. In many cases, young people reported that they were only able to access support after persistent advocacy from a trusted adult, such as a teacher or extended family member.

Other young people interviewed described long waitlists, age-based exclusions, or being outside the geographic catchment area of key services. As two young people recalled:

> They delayed me. So, it was kind of a bad experience … I was wait listed … just left me waiting … I think that they should be easily accessible services for all young people that you can walk in. (Mia)

> I tried getting one of the services but it was a lengthy and stressful process … ended up giving up. (Melanie)

Delays in accessing services was particularly pronounced for young people living in rural and regional areas. One young victim-survivor who had grown up in a regional area shared their sense of urgency and frustration with the lack of accessible mental health support in the area. She described:

> I just wish that there was more access to things [mental health supports] there and people knew about what they could act … I wish that there would be more funding there. Yeah, something that could be done there … for those people, they're stuck in this spot ... they have to be stuck down there where there's no access to mental health stuff. (Fern)

Other young people similarly reflected on the additional barriers created by geographic isolation, under-resourced local services, and the absence of specialist supports in rural areas. Together, these experiences demonstrate the need to strengthen the accessibility, responsiveness, and regional reach of crisis support systems across South Australia.

INCONSISTENT EXPERIENCES WITH SOCIAL WORKERS

Social workers were a prominent feature in many young people's narratives – sometimes as lifesaving figures, and other times as sources of disappointment and mistrust. Where young people referred to a 'social worker' it was often not clear from the information provided whether the young person was referring to a tertiary qualified social worker or whether young victim-survivors were using the term 'social worker' to broadly capture practitioners working in a social work capacity with children and young people. There were a few young people who described social workers who listened, advocated for them, or connected them to essential services. For these young people social workers had played a critical role in supporting their safety and recovery, often being the first adults to believe them or to take decisive action to support their safety needs.

However, such positive experiences were not universally shared among the young victim-survivors interviewed. Several young people described social workers as overstretched, dismissive or ineffective, and they described feeling overlooked, dismissed, or treated as a lower priority within overburdened systems. For example, one young person reflected on their disappointment when referred to a social worker they did not think would be able to support them:

> Very superficial services … they won't help you … but that's the tick box we've got to go down … I just kind of got stuck with going and I didn't want to. (Ella)

Frequent changes to assigned case workers were also identified as a major source of disruption, undermining trust, and creating a sense of instability in already precarious circumstances.

Other young people interviewed shared the negative impacts experienced when disclosures made to social workers were not followed up or when they perceived that their safety concerns were minimised. In these cases, young people were left with the impression that their social worker – and by extension, the broader system – either did not believe them, simply did not care, or that there was nothing available within the system that could support them. These accounts underscore the critical importance of continuity and child-centred practice in social work responses to domestic, family, and sexual violence.

AGE-BASED EXCLUSION FROM SERVICES

One of the most consistent barriers to help-seeking raised throughout the interviews was the exclusion of young people under 16 or 18 years old from services, unless presenting with a protective parent or another adult to act on their behalf. This left many young people, particularly those who were estranged from their family or seeking to escape violence, unable to access the very supports they needed most, often during the point of crisis. As Max described:

> A lot of people, their services are to support people 16 and above. So, I wonder what will happen to the people below 16. So, I think we should get that … We should not be excluded because of that [age] … because all of us have the right to be treated with dignity and respect. So, I will say we should look to consider the age range, and services should not be limited. (Max)

Specifically, a number of young victim-survivors described:

- Being turned away from crisis housing because they were under 16 years old,
- Being denied mental health support unless a parent provided consent, and
- Being unable to receive income assistance or material aid without proof of guardianship.

These exclusions were especially harmful for those victim-survivors who were living in coercive or high-risk environments, where involving a parent or caregiver would increase their risk of further harm.

Many of the young victim-survivors interviewed described the lack of clear legal and financial autonomy they experienced as leaving them to feel trapped in their experiences of abuse. They felt aware of what they needed to support their safety and their recovery but were often powerless to access it. These findings echo other key findings from throughout this report, particularly around the need for systems to recognise and respond to the self-agency and safety concerns of young people, regardless of whether they are presenting to the service with a parent or as an unaccompanied minor.

LIMITED AVAILABILITY OF YOUTH-SPECIFIC SERVICES

Even when services were technically available, many young people found that existing domestic, family, and sexual violence services were not tailored to their age or developmental stage. Young people perceived that services were often designed with adult victim-survivors in mind – with adult language, adult processes, and adult-focused eligibility criteria. As one victim-survivor, Fern, remarked:

> [T]he mental health system has nothing for children. (Fern)

Building on this, a common experience recounted by young people interviewed was of often finding themselves invisible in systems that treat children as extensions of their caregivers rather than individuals with independent experiences of harm. Throughout the interviews, young people spoke of being confused by intake questions, excluded from group programs, or discouraged from engaging with a service or an intervention program unless accompanied by an adult – a major barrier for those whose caregivers were perpetrators of violence or were experiencing violence themselves.

Some participants described feeling 'too young' to be taken seriously, while others were told they would not be eligible for certain services until they turned 18 years old. This lack of youth-specific support was especially acute for those under the age of 16 seeking help. For many young victim-survivors, the rigid age cut-offs and adult-centric frameworks left them with nowhere appropriate to turn during moments of significant need.

Importantly, a number of young people commented on the face that South Australia currently does not have a dedicated, statewide youth-specific domestic, family, and sexual violence service. As a result, young people who experience violence are often forced to navigate fragmented, adult-oriented systems that are ill-equipped to meet their developmental, emotional, and safety needs.

INFORMAL AND COMMUNITY-BASED SUPPORTS

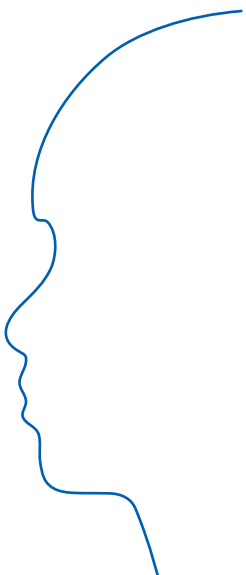
While most young participants expressed frustration following their experience of trying to engage with and seek help via formal systems, a few young victim-survivors spoke about the importance of community-based or faith-based supports, particularly when family or professional networks were absent in the young person's life. Religious leaders, cultural mentors, and extended family sometimes played a key role in helping young people understand what they were experiencing and offering guidance or refuge. However, these supports were not always available, and when they were, they varied significantly in quality and safety. Some young people described community figures who discouraged them from speaking out, while others found comfort in being listened to without judgment. The importance of feeling heard and genuinely listened to was apparent from the experiences shared by several young victim-survivors. One young person interviewed explained:

> I feel like even the tiniest things people do, it's really, really significant when you are going through an abuse. What do I mean? Like just having somebody listen to you. (Jane)

Among the First Nations young people interviewed, a small number commented that once they were removed from their home no efforts were made by the system and the people within it to preserve their connection to culture and country. Other First Nations young people provided examples of not being able to attend 'Sorry business' following the deaths of family members they had been estranged from, and also not knowing that NAIDOC week activities were on until after the fact. In hindsight, they reflected on the missed opportunity by those whose care they were in to foster a continued connection to family, country and culture.

6. Safe Housing And Accommodation

> I think maybe perhaps there should be some temporary accommodations for kids or children that are facing violence, sexual violence, family issues, temporarily … because most of times when something like that happen, most kids do not have a place to stay. I don't have a house …
>
> So, making accommodation where that is going to be safe for them will be very, very important.
> *(Ben, 17-year-old male, experienced violence from age 10)*



As noted earlier in this report, for many young people involved in this study, safe and stable housing was not only a critical need, but one of the most precarious and least accessible forms of support available following experiences of domestic, family, or sexual violence. For many participants, the need for safe accommodation was immediate – but their ability to access it was shaped by age, service eligibility, financial insecurity, and systems not built for children and young people escaping violence unaccompanied by an adult.

Young people described a complex mix of housing instability, over-reliance on unsafe caregivers, and systemic failures to provide age-appropriate, trauma-informed accommodation options. Several participants had been forced to rely on friends and family, teachers, or temporary homeless shelters after fleeing violent homes. While these informal supports were often the only option available, they were often cited as unsustainable by young people, placing them at continued risk of harm.

EXPERIENCES OF HOUSING INSTABILITY AND HOMELESSNESS

> We didn't have any access to the shelters or anything. They [police] gave us absolutely nothing. I was sleeping on my sister's best friend's couch for, like, two months. (Arlo)

For young people escaping violence without a protective parent, housing was often one of the most immediate and critical needs, and yet throughout the interviews it was consistently described as one of the hardest forms of support to access. Young victim-survivors who left home due to domestic, family or sexual violence often recounted doing so without the support of a protective parent, child protection services, or a guardian, placing them in the category of 'unaccompanied minors'. Recent national research indicates that unaccompanied minors in Australia who experience domestic, family, and sexual violence are often overlooked by the very support services and systems that purport to protect them and support their safety needs (Gillfeather-Spetere & Watson, 2024).

Several young people interviewed recounted periods of homelessness, including couch-surfing, sleeping rough, or cycling through temporary placements that were unsafe or unsustainable. When asked where they stayed after escaping family violence, three young victim-survivors recounted:

> I went homeless and then got a ride up here [to Adelaide] … Couch surfing all through town … Floors, meth house … because we have nowhere else to go …. (Levi)

> Because it [housing] was not easily available, I have to resort to staying with my friend of mine. (Ben)

> I do go to my friend's house to stay, just to avoid all this drama. (Charlie)

Illustrating the gap between accessibility of housing and demand, one young person described sleeping at a train station after being placed on a youth housing waitlist and receiving no follow-up support for 18 months:

> Even just to get into places … I waited a year and a half. And it only – it took me getting jumped for them to do anything ... I needed to stay at the train station. (Julia)

Another young person explained how between the ages of 14 and 15 she had slept in a paddock, at a train station and occasionally at friends' houses while she waited for temporary housing to become available to her. During this time, she experienced intimate partner violence in a dating relationship with an older man who had offered for her to stay at his home. This experience was sadly not unique among the sample of young people interviewed – with several other young women recounting experiences of intimate partner violence, including sexual assault, perpetrated by men who provided access to housing during periods of homelessness and housing instability.

Other young people explained how, after escaping violent homes they were unable to access emergency accommodation for some time and were forced to rely on friends or extended family. The independence required by young people in these circumstances was often unfathomable. Two young victim-survivors recounted:

> I enrolled at my new school by myself. I got all my details. I packed up all my things for all my food, got all my medications, and my prescriptions and everything … and went to my cousins, and then I got a call couple days later … after like, two months not hearing from them … And then they had to do something on their end. So, I had to stay with my cousin for about a month or so. (Fern)

> They could have done more with regards to housing. Like, I don't know whether they could have housed me, but they could have helped with that, rather than literally, kind of being like, well, you're 16, figure it out kind of thing. (Sarah)

For several participants, these experiences of housing instability and homelessness had cascading impacts on their access to education and participation in school, on their safety, and on their mental health and wellbeing. Critically, several young people described that without access to stable housing, healing from the violence they had experienced was not possible. For these young people, survival took precedence over healing.

There was also a number of young people interviewed who had spent time in the out-of-home care system. These young people had often experienced homelessness prior to or immediately following their experience in out-of-home care, and throughout the interviews they described how unstable housing can be for young people who have escaped family violence. For example, Ivy moved between homelessness and out-of-home care, rarely spending more than a few months in any one location. She described:

> We lived in a hotel for two weeks, and got transferred to another motel, and then I was staying at that motel for only a week. Then we went to a house where there were babies, and I ended up moving from that baby's house to another house, and they separated my siblings from there. So, they took my siblings and we went into separate houses, all by ourselves. They moved me to another house. … they constantly just move you around and just keep moving. (Ivy)

These experiences highlight the profound instability faced by young people in out-of-home care, and the need for more consistent, trauma-informed housing options that prioritise safety, continuity, and connection for children and young people escaping violence.

DIFFICULTY ACCESSING HOUSING SERVICES

As already mentioned, difficulty accessing formal housing services was a consistent theme. Young people under 16 were often ineligible for youth housing, while others were turned away due to lack of ID, a Medicare card, or income support. Young people also described being caught in administrative loops that required further reengagement with other points of the system. For example, one young person recounted:

> I had to go to the police just to get statements on my mum printed out, just to show them that you cannot contact my mum, she's not a safe person. (Julia)

The lack of child-specific housing supports – particularly for those aged under 16 years of age – was repeatedly raised as a critical gap in the system. Participants stressed that existing youth housing models are not fit-for-purpose for children who are escaping family violence without adult accompaniment or case-managed support. Another young person described being told they were 'not in immediate danger' and therefore ineligible for emergency accommodation, despite actively fleeing violence and having nowhere safe to go.

A number of participants were under the age of 16 when they needed to leave home, and they found themselves excluded from youth housing due to age restrictions. Even services designed to support at-risk youth often set minimum age requirements or required formal involvement from child protection, which many young people had either aged out of or actively avoided due to previous negative experiences.

The emotional toll of navigating these fragmented systems was clear. Young people described feeling hopeless, abandoned, and overwhelmed by the bureaucracy. Other young people described not knowing how or where to find out about available housing for young people experiencing and escaping domestic, family or sexual violence in South Australia. To overcome this, numerous young people cited word of mouth as the easiest way to find out about available temporary housing, while others suggested that school counsellors should have this information on hand to be able to share with 'at risk' youth who are still school engaged. For some, the only available option was to return to unsafe living situations with abusive caregivers – not because they wanted to, but because the system offered no viable alternative. Other young victim-survivors resorted to sleeping rough, couch-surfing, or entering unsafe relationships in exchange for shelter.

These experiences highlight the systemic gaps in housing pathways for young victim-survivors, particularly those who seek to access housing supports without an accompanying adult. Despite their resourcefulness and resilience, many young people were left unsupported by a system that failed to adapt to their needs or timelines.

OPPORTUNITIES TO IMPROVE HOUSING SUPPORTS FOR YOUNG PEOPLE EXPERIENCING VIOLENCE

Despite these challenges, young people in this study offered clear and practical suggestions for reform. They called for the establishment of dedicated housing pathways for young victim-survivors, including those under 16, and emphasised the need for trauma-informed models of care that recognise the unique needs of children and adolescents escaping violence.

Young victim-survivors interviewed identified a need to:

- Improve coordination between police, child protection, housing, and family violence services, so that young people are not left to navigate systems on their own;
- Ensure housing services are equipped to support young people with complex needs, including those experiencing trauma, mental health issues, or disability;
- Increase the availability of long-term, safe placements that do not require ongoing contact with abusive caregivers; and
- Embed wraparound supports in youth housing, including access to mental health care, education, life skills, and cultural connection.

The findings from this study make clear that safe, appropriate, and accessible housing is not a secondary need – it is central to safety, recovery, and stability. Without urgent reform, too many young people will continue to fall through the gaps of a system not built for them, and be left to manage the consequences of violence alone.

SCHOOLS AS A SITE OF SUPPORT AND RISK

> Teachers didn't see me.
> I would have bruises all over me, and they wouldn't even acknowledge it. … I don't know what they assumed, but it was just so many teachers missed it. So many teachers didn't acknowledge the bruises …
>
> They were just more focused on everybody else. Yeah, because obviously you have, like, 25 other kids you have to deal with. You can't turn your focus on to all of them, but I always go to school.
>
> Sometimes when I was younger, I would put like makeup on the bruises to make them look more prominent, just so a teacher would to try and get attention … this was when I was about 10 or 11 and this is when I started to realise that what happened, like what was happening, wasn't okay.
> *(Fern, 16-year-old female, First Nations, experienced violence from age three)*

For many of the children and young people interviewed in this study, schools occupied a paradoxical role in their experience of violence and recovery. They were, at times, places of safety and refuge – spaces where a trusted adult might notice something was wrong, offer a listening ear, or connect them with support. But they were also places of risk – where signs of trauma were missed, disclosures were mishandled, and the rigid structures of the education system left young people feeling exposed, disbelieved, or further isolated.

This duality was expressed in different ways across the interviews. While some participants described teachers or wellbeing staff who played a vital role in their safety and recovery, others spoke of school environments that were inattentive or outright harmful. In many cases, the school's response – or lack thereof – shaped the young person's willingness to trust services, disclose abuse again, or continue their education.

SCHOOL AS A POTENTIAL SAFE SPACE

For several of the young people interviewed attending school provided a much-needed respite from the realities and abuse within their home environment. They looked forward to the time away from the family home and the opportunity to distract themselves with school-based learning and activities. Ivy, for example, recounted:

> [I] always loved to go to school, because it was the only place that made me feel, like to get out of all that … basically I was living in hell … going to school meant keeping my mind distracting, just learning and learning and learning. (Ivy)

Other young victim-survivors recounted similar feelings about wanting to keep what was happening at home separate from school. For example, three young people commented:

> The teacher I had at that time was always asking me if I was okay, if there was anything that he would do to make things better for me. But at that time, I didn't really see what he could do to help me … at school I just want everyone to, like, you know, just concentrate on what they were doing and not make me the centre of everything. (Mark)

> I feel like school was a place where I feel peaceful. Even when school is over, I feel like I don't want to return back home … I don't really want to bring my trouble to school, and I don't want to put on a face that will make people feel sorry for me. I just want to come to school feel happy. (Fergus)

> So being in school most times gave me a sense of relief. (Liam)

For a number of young people interviewed, school was the first place where they felt their experience of violence was noticed, be it by a teacher, school counsellor, or youth worker. For example, while she was homeless, Sarah was still attending school, and the teachers played an active role in advocating for her to receive access to stable safe housing. She explained:

> I ended up telling them [school], and they were really good, like they literally, they would always speak to my social worker and be like, 'You need to figure out something, because she can't be going to school one day and not knowing where she's living while she's at school, and then hopefully finding out by like, three o'clock' … The youth worker helped me with my application to like this house, helped me get my Centrelink and everything like that. So that's been really good. (Sarah)

Often first points of identification occurred, where a school-based worker recognised a change in the young person's behaviour and checked in with them. Thomas, for example, recounted:

> I was able to seek help from my teacher in school when and they noticed that my performance, academically and in other social activity … my level of social activity dropped, declined, and they came to me and ask me what's going on with my family, and then they noticed that I had several injuries … they assisted me with some form of helping. (Thomas)

These relationships were often described with gratitude. Several participants spoke about being asked gently by a teacher if they were okay, being given space to talk, or simply being believed – often for the first time. Two other young victim-survivors described the support they received from their teachers:

> I told my teacher about [the abuse] one day … this is what she said – 'I really care about you' … that was the only person that I felt like I actually felt like I had someone speak to. First time ever, this teacher, she would help me out a lot with things – when I didn't have food, if I didn't have school uniforms, I could even make an excursion trip. She'd always make sure that I will always make it with my sisters. (Ivy)

> I told my teacher about it … I was actually going through a lot of emotional or trauma. I just needed someone to talk to, and because she was always approachable, always giving a listening ear to students … I find it very comfortable approaching her, and it was quite helpful. (Chris)

Support provided within the school environment was often described as pivotal in a young person's help-seeking journey. For some young people interviewed, a conversation with a trusted teacher was what led them to access further supports and take action, including to engage in counselling, disclose abuse to police, or leave an unsafe home. In other cases, the teacher did not provide any violence-specific supports or referrals but was able to provide other assistance to ease the impacts of the abuse for the victim-survivor. This is clearly illustrated in the experience of Rebecca, who recounted:

I did have one teacher in year nine, and she literally, she did so much for me, and I'm so grateful for her … it was a really rough time. I didn't have any food; I didn't even have pads or tampons when I needed them. So, she literally went out and she bought me lots of pads.

> So, I had them … And she every morning, she would come and see me, and she would get me like a chocolate muffin from the bakery. She would make me a sandwich, snacks … she kept me in school, which, you know, having year nine is better than not having year nine. (Rebecca)

Similarly, Jane described:

> My teachers - they were so good at listening. They did lots of listening [and] empathise with me, but you know, they are external people, and there is really little they can do. They would just advise me to stay positive. (Jane)

These accounts demonstrate that where trust is built, and responses are compassionate and trauma-informed, schools have an immense power to intervene early and provide a critical sense of stability for young people experiencing domestic, family, and sexual violence.

LACK OF TRUST IN SCHOOLS

However, these positive accounts were not universal. For many of the young people interviewed, a lack of trust in the school system was experienced, particularly when school-based disclosures were met with disbelief, judgment, or detachment. For example, Callum reflected:

> Many times, I thought about confiding with my teacher but … I was quite scared of what would happen next. (Callum)

In many of these instances, the young person described feeling retraumatised – and often blamed themselves for having spoken up at all. For example, Fern recounted her story of disclosing victimisation at school:

> I remember going to school, and it was the first day of high school, and my mum had broken my nose a couple days prior, and so I had two massive black eyes, massive thing across my face … I kind of had to be like, oh, I just tripped over and hit my face, because I obviously don't want people to know stuff. And then I started getting closer with people, and started telling people about things that are happening and they said you should probably go talk to the counsellor. And so, I did, and the only real response back I got was, oh, she's probably just stressed from work, or she's probably just stressed with this, or he's probably just, you know, he's mad at someone else … and that was from the school counsellor … I knew from that point that I couldn't really tell them. (Fern)

Fern's experience was sadly not unique among the young people interviewed. For Miles, who had experienced violence since birth, his disclosures to teachers at school were met with denials and excuses. He explained:

> when I was a kid, I used to go to my teachers and ask for help … they really didn't really do much, I told them I was being abused. And they were like, "ah, nah, I don't think you are mate. Those bruises on your body, it looks like you just been playing outside and hurt yourself" … yeah, school didn't really much help. (Miles)

Similarly, when asked whether in hindsight there were missed opportunities for an adult to intervene in his case, Dylan recounted:

> I think the main issue [was] it took a while for it to get noticed … I didn't know how to cope with all the things going at home, so I made a joke of it … I always would protect how much it was hurting with a smile, and then nobody took a smile serious. And so, then it took a while for people to actually realise, oh, wait, it's quite bad … I think the thing that would have probably changed at the most is when in year 12, the teacher came up to me and asked me, because there was a rumour that I had slept in school the weekend before … if that teacher had been able to see through the lot … but nothing happened. (Dylan)

Fern and Dylan's experiences were not unique among the young people interviewed. Several described telling a teacher or school counsellor about their experience of violence, only to find that nothing was done or that the disclosure was passed on to a parent or guardian without a forewarning, or their consent. Harper, for example, recounted:

> There was a lady … I think it was a school counsellor I talked to, yeah, but I don't really, she never explained anything to me … I didn't understand kind of why decisions were being made. (Harper)

While it was not within the scope of this study to examine the operation and impacts of mandatory reporting practices in South Australia, the interviews did highlight that the process by which children and young people are advised of mandatory reporting requirements are important. They speak to the child or young person's trust in the adult to whom they have disclosed, their willingness to engage with the system, and their belief that such decisions are being made to support and protect them by those working within the system (on young people's views on, and experiences of mandatory reporting practices in Victoria, see Fitz-Gibbon et al., 2023).

For other young victim-survivors interviewed, school was not a place of safety but a site of ongoing distress. Some participants described being disciplined for behaviour linked to trauma, such as disengagement, aggression, or withdrawal, rather than being offered support. Other young people were discouraged from speaking out, warned not to cause trouble, or referred to external agencies without explanation or follow-up. These experiences reinforced the message that their experience of victimisation was invisible, inconvenient, or unworthy of response.

MISSED OPPORTUNITIES FOR INTERVENTION

> Schools should create an atmosphere whereby students feel really comfortable communicating to them and have this feeling of they are not going to be hated upon, or they are not going to be treated unfairly … there should be a good communication system between the students and the teachers. (Katie)

Throughout the interviews, young victim-survivors reflected on numerous missed opportunities for intervention in school settings – including instances where teachers noticed bruises but did not subsequently ask questions or offer support, where students crying in class were simply sent home without further inquiry, and where rapid behavioural changes went unaddressed by the school system. For many young people, these moments of inaction left them feeling increasingly invisible and alone.

Several young people shared experiences where the structures that should have enabled meaningful support – such as school wellbeing teams, pastoral care systems, or mandatory reporting protocols – failed to translate into real-world action. Despite the existence of policies designed to protect young people, implementation gaps, under-resourcing, and a lack of trauma-informed approaches meant that early warning signs were frequently missed or ignored. As one young person commented:

> If any kids have bruises and body harm … if the school knows the parents are not really suitable for the kid, they should put their foot down and report it, and not sit back behind the desk and pretend nothing's happening. (Miles)

In some cases, young people had managed to establish trusting relationships with individual staff members. However, even when disclosures were made in confidence, the broader school system often lacked the flexibility, training, or authority to respond effectively. Disclosures were mishandled, stalled, or lost within rigid processes, leaving young people feeling exposed and unsupported.

As a result, many young people began to disengage from school altogether – not because they did not want to learn, but because school became yet another environment where they felt unseen, unheard, and unsafe.

For Fern, the trauma she experienced at home contributed to severe anxiety and a growing fear of attending school. Her parents' response to her school avoidance further compounded the abuse and isolation she faced:

> I had pretty bad attendance ever since COVID happened … So, when I started trying to go back to school, it would be stressful and difficult, and sometimes would be my mum waking me up, and sometimes being my dad. And it would just depend on what the day was, but every single time I woke up, I would just not want to go, which caused more fighting. And so I got a lot of things taken from me – I got all my devices taken, my Wi Fi taken, got my mattress and all my blankets and stuff taken … so my dad would be like, 'Oh, if you're not going to school today, I'm going to take all this stuff to work', or 'I'm going to hide it around the house until you get back from school' … then there was just points where I would just sit there in complete silence and just shut down and completely shut off … that made him more annoyed because I wouldn't react to him. And so, he ended up pouring, like a bucket of water on me … but it was because I was petrified to wake up every day, because I just get bombarded with all the horrible things. (Fern)

Fern's experience – and those of many of the other young people interviewed – illustrates the devastating impact of missed opportunities for early intervention. It underscores the urgent need for schools to move beyond procedural compliance and to embed trauma-informed, proactive, and child-centred approaches that recognise signs of harm early and respond with child-centred compassion, consistency, and care.

IMPROVING SCHOOL-BASED RESPONSES

> I reckon schools should have a place they [students] can go to if they feel like unsafe or anything like a safe room or anything like that. And maybe more people to believe kids … somewhere kids can go. They can decide later whether they want to tell anyone, but at least it's somewhere to go. (Miles)

The interviews highlighted the need for schools across South Australia to adopt trauma-informed, child-centred approaches to student wellbeing that are domestic, family, and sexual violence informed. Several young people called for school-based counselling to be made more accessible, and for staff to be trained in domestic, family, and sexual violence. Young people expressed frustration that many school counsellors lacked the expertise to respond meaningfully to disclosures and requests for help, or were seemingly overburdened with competing demands on their time.

Young victim-survivors interviewed identified a number of other changes within schools that they believed would make them safer and more responsive places for children and young people experiencing violence. These included:

- Establishing visible and confidential pathways to support disclosure, such as embedding dedicated youth workers or wellbeing staff with training in trauma and violence within schools. There was a small number of students who had attended schools where this was already in place;
- Ensuring all school staff receive training in recognising non-verbal signs of distress, and are trained in how to respond without judgment or minimisation;
- Displaying clear, accessible information about age-appropriate available support services for domestic, family, and sexual violence. Importantly, young people stressed that this should not only occur during health classes but that information on age-appropriate services should be available around the school – for example, in student bathrooms, school hallways, and on school digital platforms;

- Delivering comprehensive education on healthy relationships, how to identify abuse, consent, and help-seeking, in ways that do not stigmatise or alienate students; and
- Creating safe, calm spaces in schools where students experiencing abuse and trauma can go without being labelled as disruptive or sent home.

These recommendations from young people interviewed reflect the perceived need to shift school culture from one of passive observation to sites of active and trauma-informed responses to children experiencing domestic, family, and sexual violence. Children and young people spend a significant portion of their childhood at school – and for those living with violence, school may be their only consistent point of contact with adults outside the family environment. When teachers are trained, systems are trauma-informed, and young people are empowered to speak, schools can play a pivotal support role for young victim-survivors.

7. Experiences With The Health System

Several of the young people interviewed described interactions with the health system. For these victim-survivors, interactions with different points of the health system often occurred during periods of acute crisis, typically following suicide attempts, self-harm, overdose, or severe mental distress. These were the points when the need for support was urgent, and young people sought help or had help sought on their behalf, most commonly at hospital. While some participants were connected to other services through hospital-based social workers, including referrals to mental health services, the overwhelming narrative from young people interviewed was one of inadequate, unsafe, or impersonal responses.

Many participants described feeling that health systems – particularly in emergency departments and mental health services – were not created with their needs or realities in mind. They called for youth-led input into the design of support pathways, including the layout of hospital spaces, how intake and triage are conducted, and how follow-up is managed after a crisis presentation. Several young people emphasised that decisions made without their voices often led to environments that felt unsafe, invalidating, or alienating. They stressed the importance of peer-informed models and advisory roles for young people with lived experience, particularly in shaping outpatient services for victim-survivors of domestic, family, and sexual violence.

It is important to acknowledge that a smaller number of young people specifically commented that they had never been 'allowed' to seek help for their physical injuries. One victim-survivor commented:

> I never went to hospital for anything – I had gashes on my head. I've had, you know, skin or my skull bleeding and matting my hair. I've had bruises everywhere. I've had baby teeth knocked out … but you can't really go to the hospital for them to be like – what happened? 'Oh, baby, she fell.' (Fern)

For these young victim-survivors, restricting access to hospitals and other medical supports was a deliberate tactic employed by the abuser(s) to limit risk of detection and to heighten the barriers to help-seeking for the young victim.

EMERGENCY DEPARTMENT AND HOSPITAL RESPONSES

One of the most common points of interaction with health-based systems described by the young people interviewed was a visit to the emergency department. For several of the young people interviewed, their visit to emergency was significant because it represented a time when their physical or mental health was at its most compromised; for others it was a poignant memory, as it was one of the points where they felt there was a missed opportunity to be provided with much needed safety and recovery supports.

Repeatedly, young people described long wait times in emergency departments, a lack of continuity of care, and clinicians who appeared unequipped to respond to young people with experiences of trauma or abuse. One young victim-survivor recalled:

> [In crisis] you pretty much just get told to go to the hospital, but then you sit in a waiting room for, you know, 10 hours. That's more distressing, you know, there's not actually enough, there's not enough beds for the amount of people that are in hospitals … I just walked out the waiting room because I was going to be there that long. And that was paediatrics too … You're sitting in the hospital for, you know, 10 hours because you're getting overlooked, because it's just 'mental health'. (Rebecca)

Building on this, for numerous young people interviewed, the physical hospital environment felt sterile and emotionally unresponsive, compounding their distress.

Several participants shared that hospital staff failed to inquire whether they were experiencing domestic, family or sexual violence, even in circumstances when the young person was presenting with serious self-harm or mental health concerns. One young victim-survivor reflected:

> They didn't even ask me why. They just patched me up and said I should talk to someone. I already was trying to. (Max)

For those young people who did disclose their victimisation to a health practitioner, disclosures were often not followed up, or referrals were never actioned.

In some instances, young people were assigned to clinicians they did not feel safe with – including male practitioners following experiences of sexual violence. This was experienced by some participants as re-traumatising, and it reinforced their reluctance to seek care via the health system in the future. For example, one female victim-survivor commented:

> I was put with a male [psych], and I've had obviously domestic violence and sexual violence … I just couldn't open up … you just got allocated. When I said that it wasn't working, they didn't have anything else … so then you stop going to that and there's no follow up. (Julia)

Another young victim-survivor explained:

> It doesn't really help and I'd prefer to talk to a female … as simple as that, I'd like a female, seems like a basic ask. (Ella)

At the national level, the National Standards of Practice Manual for Services Against Sexual Violence (2021) emphasise the importance of delivering client-centred and trauma-informed support to victim-survivors of sexual violence. These standards highlight the necessity of respecting the preferences and needs of survivors, which can encompass the gender of the attending clinician/service provider.

HEALTH SYSTEM ACCESS FOR YOUNG PEOPLE IN CARE

Young people who had spent time in out-of-home care described additional barriers to accessing support via the health care system, particularly in circumstances where parental or guardian consent was required. In some cases, young people described interactions where health staff refused treatment or refused to share information because no adult was present, despite the young person being in crisis. As one young victim-survivor questioned:

They wouldn't tell me anything because I didn't have a parent there. Like, how is that even fair? (Cooper)
Unaccompanied young people denied healthcare viewed this policy interpretation as too rigid. They emphasised that it not only disrupted their access to care but also left them feeling invisible and disempowered within systems they felt were meant to protect them.

ACCESS TO DISABILITY SERVICES, ASSESSMENTS AND SUPPORTS

As noted in the project methodology, there were nine children interviewed who identified as having a disability. The majority of these young victim-survivors were neurodivergent and had experience of living in the out-of-home care system. Across these interviews, there was shared experience of facing extensive barriers to accessing timely and appropriate supports. Barriers to help-seeking often began with delays in obtaining assessments and extended into fragmented or absent service provision, including in cases where their experiences of abuse and neglect had already been disclosed to different points of the service system.

Throughout the interviews, young people with suspected or diagnosed disability recounted their repeated requests for help, which they described as often being met with inaction or dismissal. One young person with autism described years of trying to get formal assessments while in out-of-home care, only to be told it wasn't a priority. Other young victim-survivors reflected on being punished at school – and labelled 'naughty' – for behaviours later identified as disability-related.

For those young people who had received formal diagnoses and were now engaged with a range of services, including via the National Disability Insurance Scheme (NDIS), there were a sense of being overwhelmed by a disability service system that was rarely child-centred. Young victim-survivors described not understanding how to access different services, a lack of continuity in care, and minimal trust in these therapeutic relationships due to their experiences of abuse. For some of the Aboriginal young people interviewed, these barriers to support provision were further compounded by services that were experienced as culturally inappropriate.

For those young people who had escaped family violence, often referred to as 'unaccompanied minors', accessing disability supports without an adult was extremely challenging. These young people stressed the need for earlier, trauma-informed disability services for young people who do not present with a protective parent. In addition, young victim-survivors described a need for the NDIS to be child friendly, including age-appropriate navigation supports, and longer-term therapeutic options for children and young people with disability.

These experiences highlight the urgent need for a system shift in how disability is understood and supported in the context of young people who have experienced domestic, family, and sexual violence. This includes:

- Universal screening for disability (including cognitive, developmental, and psychosocial) for children known to child protection or therapeutic services;
- Integrated support planning across education, health, and justice systems;
- Trauma-informed training for professionals on the intersection of disability and young people's experiences of violence;
- Youth-designed pathways for accessing disability supports without relying on parental consent or presence; and
- Culturally responsive care embedded in disability assessments and service delivery.

Having a disability should not be a barrier to safety, stability, and healing for young people impacted by domestic, family, and sexual violence. However, the experiences of the young victim-survivors interviewed for this study clearly show that for many, it remains exactly that.

ACCESS TO ABORTION AND REPRODUCTIVE HEALTH CARE

While only a small number of young people interviewed explicitly discussed abortion and accessing reproductive healthcare, among those who did the accounts were particularly confronting. One female victim-survivor described being denied information about abortion options until they could provide written consent from a parent – despite disclosing that they had experienced abuse. She explained:

> I was pregnant and scared and they just said I had to bring in my mum. She was the reason I was in that situation. (Georgie)

Another young person interviewed recounted their own experience of becoming pregnant as a teenager and not wanting to continue the pregnancy, commenting 'when you're a system kid, you can't get access' to abortion services. When asked what they did in lieu of being able to access abortion care, the young person explained that she overdosed on medicines that were routinely available to her to terminate the pregnancy. This young person commented that this is a well-known method of terminating a pregnancy among young people in out-of-home care settings.

These accounts raise serious concerns about whether young people can safely and confidentially access sexual and reproductive healthcare – especially those who have experience domestic, family, and sexual violence, and who may be accessing such healthcare without an accompanying adult and while living in out-of-home care settings.

EXPERIENCES WITH GENERAL PRACTITIONERS

Beyond the hospital system, several young people interviewed recounted inconsistent or inappropriate responses from general practitioners (GPs). While a few young victim-survivors described GPs who were kind and supportive, others recounted rushed consultations, impersonal referrals, or dismissal of mental health symptoms as usual 'teenage behaviour'. As one young person commented:

> My GP just said I needed to get more sleep. I was having panic attacks. (Oscar)

When asked whether GPs had enquired about the underlying reasons for their mental health distress, panic attacks or other symptoms, young people commented that GPs rarely asked them about family, domestic or sexual violence, and that opportunities for early intervention were often missed. Similar to access barriers experienced at other points of the health system, several young people noted that they struggled to get a GP appointments without a Medicare card or parent support, especially in regional areas.

ACCESS TO MENTAL HEALTH SUPPORTS

Experiences of accessing mental health support varied widely across the group of young people interviewed. Some young people received timely counselling through school or community health services, while others faced waitlists of several months, were deemed ineligible due to age or diagnosis, or gave up after repeated refusals. This is captured in the following quotes:

> I was on a waitlist for over a year. I ended up in hospital before I got to the top of it … they tell me to pretty much, you know, write it down, think happy thoughts … I was just like, what's going on? … And the whole time there was always that, well, we just have to check to see whether you're eligible for our service. (Rebecca)

> I knew that there was something wrong with my mental health, because the way I would just react to things wasn't normal. When I see other people, how they'll react … I think when I would have been 13 or 14, I've asked them to do a mental health appointment for me, and I'm still waiting … (Ivy)

Reflecting on their experiences and expressing their views on the limits of the current mental health offerings and accessibility, young people interviewed repeatedly emphasised the need for long-term, flexible, and trauma-informed mental health support, as opposed to short-term programs where access is cut off after a few sessions.

Several young people also stressed the importance of culturally safe and youth-specific mental health care, particularly for First Nations young people and young people from culturally diverse backgrounds. Delivering culturally safe, accessible, and developmentally appropriate health supports was identified as essential to ensuring that all young victim-survivors feel respected, heard, and supported in their healing journey.

8. Access To Technology And Online Support

> You hear about it when people end up dead, otherwise, don't hear about it when they're sporting a black eye or a broken arm or something. But it's so much more than that, and happens, you know, starts so much earlier than you know … even the stories that you do hear about when people in up days because they've reported … you don't hear about how you get help if you don't want to report.
> *(Julia, 16-year-old, female, First Nations, experienced violence from age of one)*

Many young people interviewed for this study described turning to the internet and social media to help them understand, cope with, or seek support for their experiences of domestic, family, or sexual violence. In the absence of accessible or trustworthy adults and formal services, digital platforms often served as the first – and in some cases the only – source of information and connection. Four young victim-survivors explained:

> I think social media is actually the best place to share information, because everybody right now is actually on social media. And finally, there are different communities on social media whereby people could get information, try to share to various groups and see how supports can be provided. (Callum)

> For me, I think online is actually the best place … you just be at the comfort of your house, and then you can look for whatever support or information that you need. Nobody knows … I think that should be the best place for someone to go for help. (Tyler)

> Mostly, I get information on social media because my phone is very accessible to me … you don't really have a particular page I follow, sometimes it just pops up and I just try to navigate and know about more about it. (Tom)

> We did not have enough information, and just going out there to ask for this information could blow up a lot of things ... just making this information feel normal, you know, sort of a post on social media …. maybe Instagram or TikTok that people just subconsciously read every day … So social media is going to be a great place to get this information out there to young people. (Daisy)

Similarly, when asked how they found out about the services or supports they had accessed, two other victim-survivors replied:

> I went online, I checked for services that I could easily access. (Mia)

> It was a whole lot. I was confused. I didn't know who to talk to, and then one day, I just decided to search online … I wanted to see if there were others that were experiencing what I was going through. (Mark)

> Young participants reported using platforms such as Google, TikTok, and Reddit to better understand their situations. As one young person put it when asked where she goes to get the information about services that she needs, 'I don't know, maybe Google, yeah, Google's like, has the answer to everything I feel' (Rebecca). When asked how they found information on housing options for homeless youth another young person recounted putting up stories on their Instagram to find places to stay each night (Arlo).

Some young people also accessed peer discussion forums, youth-specific chat sites, or content created by survivor-advocates. These online spaces offered anonymity and flexibility, but young people also noted that the quality and relevance of information varied significantly. Several participants said that through these platforms they came to understand key concepts like coercive control, trauma bonding, and grooming – terms they had not encountered in formal education or professional settings, but which helped them make sense of their lived experience.

These reflections underscore the increasingly critical role of online resources as informal educators and support tools for young people navigating violence. They also highlight the need for more consistent, accessible, and evidence-informed content tailored specifically for youth audiences.

BARRIERS TO TECHNOLOGY ACCESS AND SAFETY

A number of young people interviewed recounted barriers to accessing technology and the implications this had not on only their socialisation but also their information gathering and help-seeking. Several young victim-survivors explained that they did not have a private phone or personal device at the time of experiencing violence. In some households, devices were shared among multiple family members, in others they were strictly monitored by the adults in the family, including often the abusive parents. Young people recounted that this surveillance – whether through screen checks, app restrictions, or physical control of devices – created significant safety risks and made it impossible for them to seek help online without detection.

Despite these challenges, even these young victim-survivors still emphasised the importance of building digital pathways for those who can access them. They argued that online tools are not a universal solution – but they are an essential component of a whole-of-system response. Their accounts reinforce the need for confidential, low-barrier service models – for example, platforms that do not require app downloads, do not track location data, and allow for anonymous engagement without requiring identifying information.

USING TECHNOLOGY TO ENHANCE SERVICE ACCESSIBILITY

While acknowledging that for some young people who participated in this study access to technology was limited, it is worth revisiting a point explored earlier in this report: that young people interviewed often spoke about the challenges of accessing support services in person, particularly at the first point of disclosing their experience of violence. To overcome this, a number of the young victim-survivors suggested that help-seeking would be more accessible for young people if there were greater options to seek advice and contact services online.

Specifically, young people described text-based or online chat services as safer, less intimidating avenues for help-seeking than traditional models involving phone calls or face-to-face disclosure. This was viewed as offering an alternative reporting pathway for those young people who experienced anxiety and shame when speaking aloud about their abuse. Even for those young people with restricted access to technology the benefits of access to online help were apparent. One young person explained:

> I really wish there were services where you could maybe go and it could be at your own time, maybe an online something where you could just, you know, chat, you don't have to, like, call and talk on phone, because I think that would have been better … I didn't even have a phone to myself, so I have no privacy to do all of that. (Luna)

These insights underscore the need for alternative entry points to supports that are built around the realities of how young people access information and feel comfortable to disclose.

IMPROVING DIGITAL SERVICE DESIGN FOR YOUNG PEOPLE

Several young people interviewed also called for improved digital service design. They recommended that services prioritise mobile-friendly interfaces, offer asynchronous chat options, and integrate youth-specific content into the digital environments where they already spend time. These insights highlight the importance of user-centred design and youth co-design in service development. Young people want support tools that are relevant to their lives, responsive to their realities, and respectful of their need for privacy, control, and choice. Digital support must be seen not as a supplement to existing service models, but as a core component of any contemporary system response to violence against children and young people.

9. Peer And Sibling Support As Vital Protective Factors

Throughout the interviews, peer and sibling support emerged as vital protective factors for children and young people impacted by domestic, family, and sexual violence. Indeed, while formal systems often failed or were inaccessible, informal supports – especially siblings and close friends – were often the first and most consistent line of help. In many cases, the first person a young person disclosed to was not a teacher, police officer, or parent, but a sibling or close friend. One young female recounted:

> I honestly did not tell really anyone what happened, other than my two closest friends … it was just like I spoke to them for support but I didn't really get any actual help from them in terms of anything more than just being supportive, because they're also, like teenagers. But there was no one really else that I spoke to. (Sarah)

Throughout the interviews, young people described these relationships as offering safety, stability, and emotional validation in the absence of the presence of a trusted adult and adult support. As one young person described:

> I've had a couple friends throughout the years, and they've kind of been there for support … They didn't actually know how to help, so they were kind of just there for support, which their support meant a lot, and it did help a lot. (Rebecca)

A number of young people described scenarios where they have disclosed their experience(s) of violence to friends during school breaks, or via messages with siblings in another room of the same family home. In particular, there were several victim-survivors who spoke of the deep solidarity that formed between siblings who had lived through violence together. As one young victim-survivor described:

> With me growing up, I never had that support. It was me looking after my siblings, feeding them, taking them to school. I was at the age of six, doing all of this, taking that, which was to school, making sure it got to a point where I would never have anything to eat, and I'll try my hardest to put butter on bread for my sisters. (Ivy)

Some siblings took on protective roles, shielding younger siblings from harm, offering distraction, or trying to intervene during violent episodes. Fern, for example, remained in the abusive family home for longer than she wanted, out of fear of losing her relationship with her siblings and worry that they would become targets of the abuse. She explained:

> I try to see the good in everybody. So, the reason that I stayed around for so long was because of my younger siblings … I don't want to ruin the relationships that I have, like, what if I want them back? And it just was like a constant loop in my head, if they're going to take it out on my younger siblings instead of me now, because I was always the one that they target, but then I'm not there anymore, so they're going to target someone else. (Fern)

Others drew strength from their older siblings' guidance or simply from the knowledge that they were not alone. For several of the young people interviewed, these sibling bonds had endured across unstable housing arrangements, through court processes and fractured family structures, offering a form of emotional scaffolding that no practitioner had been able to replicate for them.

A number of young people spoke about the ease of confiding in a peer who they knew had experienced similar harm(s). For example, one young victim-survivor recounted:

> They were one of my friends that [I] was always very close to in school … he was able to offer me some, some emotional support, but he himself was also a victim of domestic violence. So, we kind of have that mutual feeling … I feel like there's someone that is experiencing the same thing I'm going through. I actually feel like he understood … it was really helpful for me. (Oliver)

Young people often described these initial disclosures with a friend or sibling as turning points – distinctive moments in their help-seeking journey. Friends and siblings helped them recognise their experience as abuse, encouraged them to talk to a teacher or youth worker, or physically accompanied them to a school office or service. These acts, though informal, were often described by the young victim-survivor as critical to their accessing any kind of support at all.

Peer to peer and sibling relationships were cited as especially important for young people who were in out-of-home care, who had disengaged from school, and for those young people who were experiencing multiple forms of disadvantage.

There was, however, a smaller number of young people interviewed who recounted a different kind of situation. A friend (or friends) they had disclosed their experiences of abuse to who were initially supportive but came to feel frustration that they were not leaving the home to protect themselves. For example, one young victim-survivor described:

> I lost friends … they're like, 'You need to leave', I'm like, 'I can't I don't know how. I don't know why I'm supposed to or where I'm supposed to go', and then they start getting annoyed, like 'We can't be around you, like we tried to help, but we can't be around you because we don't know what else to do, which is making us feel horrible'. (Fern)

The majority of these reflections underscore the importance of recognising peer and sibling relationships as protective factors – not just in terms of emotional resilience, but also as key facilitators of safety and system access. They also point to the need for service models that acknowledge and support these informal care networks. A small number of young people interviewed recounted the negative impacts on their wellbeing and recovery from being separated from their siblings when they were moved into out-of-home care arrangements. One young person explained:

> My sister helped raise all of us so in a way, she was like a mother figure … it was really hard to figure out how to do things when she wasn't there. (Alba)

Embedding peer-led support initiatives, recognising sibling relationships in case planning, and providing resources that enable young people to support each other safely – these are critical steps in creating a system that better responds to the realities of help-seeking for young people experiencing domestic, family, and sexual violence.

10. The Importance Of Education And Raising Community Awareness

Throughout the interviews, young people often discussed the critical role of education and raising community awareness in preventing violence and improving responses to young victim-survivors of domestic, family, and sexual violence. During the interviews, young people were asked whether they had received education/information at school about domestic, family, and sexual violence – most could not recall learning anything in this space, nor having any content presented to them on this topic. Given this gap in education at school, most young people said that they had learnt about violence through other means: by experiencing it themselves and trying to make sense of what was happening to them, from conversations with friends and from information on social media. Almost unanimous among the young people interviewed was the recognition that earlier and more meaningful education on domestic, family, and sexual violence would help young victim-survivors, and that it may lead to earlier help-seeking and more informed risk identification and safety planning among young people.

This section explores young victim-survivors' views on the kind of education that is needed, where and how it should be delivered, and how broader community attitudes contribute to the silence and stigma surrounding young people's experiences of violence.

INCONSISTENT AND INADEQUATE SCHOOL-BASED EDUCATION

Throughout the interviews young people emphasised the need for better education about domestic and family violence, healthy relationships, and recognising red flags in young dating relationships. Some young people interviewed had received education at school on some aspects of these topics, but there was a shared consensus that it was insufficient in intensity, or too general. Specifically, while some young people could recall attending programs/lessons at school on respectful relationships or consent, the vast majority described these sessions as sporadic, under-resourced, or poorly delivered. Young people recounted:

> The school did a program once about healthy relationships, but it was just a one-time thing. It wasn't helpful because no one took it seriously. (Rebecca)

> We had one class about respectful relationships, but no one really paid attention. It felt like just another lesson, not something real. (Jason)

> They didn't talk enough about the deeper stuff. (Amy)

> They don't really give you a full talk about it, if that makes sense, they give you like, a little short rundown, saying it's not okay to do this and that and that, but I reckon they should have a proper class for it and go have a full sit down with all their students. (Miles)

> They [schools] talk about what's right and wrong in like relationships and like sex and all of that. But they don't actually talk about the actual deep stuff of it. They don't talk enough about the violence and just yeah, the deeper stuff … first red flags and stuff like that would be really helpful. (Anna)

As captured here, a number of young people said they had never received any meaningful education on domestic, family, or sexual violence – or, if they had, that the content was too vague, too late, or delivered in ways that didn't feel relevant to them. Building on this, Fern commented:

> We were taught about stranger danger, but no one ever talked about what to do if the danger was inside your own home. (Fern)

In particular, a number of young people identified wanting to learn more about emotional abuse and coercive and controlling behaviours, but they reflected that any content provided was largely confined to physical forms of violence. Two victim-survivors commented:

> I wish they had taught us more about emotional abuse in school, not just physical violence. (Ivy)

> When they were talking about healthy relationships, they never really considered the psychological abuse. Yeah, it was always abuses. If you get hit, abuses, if you get beat with bruises. (Fern)

Young people interviewed called for schools to provide comprehensive, age-appropriate, and ongoing education on domestic, family, and sexual violence. Importantly, they stressed that this education must go beyond simple definitions of violence. They emphasised the need to explore topics such as coercive control, emotional abuse, online grooming, healthy boundaries, respectful relationship behaviours, and how to seek help – not just for themselves, but also for their peers who may be experiencing or using violence.

Some young people also raised concerns that, in their experience, the teachers delivering this content were often undertrained or visibly uncomfortable when doing so. They expressed a strong preference for education programs on this topic to be co-designed with young people and people with lived experience, and delivered by trained educators with specialised knowledge in domestic, family, and sexual violence. A recurring suggestion was that education on safety, relationships, and abuse should begin at a much younger age – not in late secondary school, but in primary school. Several of the young victim-survivors interviewed reflected that by the time they were taught anything about domestic, family, and sexual violence at school, they had already been exposed to violence or had developed unhealthy understandings of what was 'normal' in relationships. Mark, for example, commented:

> Before it happened, I was quite clueless. I think if I had known about these things, maybe I would have known how to handle it properly … (Mark)

These reflections highlight the importance of early, developmentally appropriate, and age-appropriate programs that lay the groundwork for understanding violence, respect, and personal safety well before adolescence.

THE ROLE OF COMMUNITY EDUCATION AND GENERATIONAL CHANGE IN CHALLENGING THE NORMALISATION OF VIOLENCE

Many participants described growing up in environments where violence was normalised – either because it was widespread in their family or community, or because adults around them minimised, justified, or ignored it. This made it significantly harder to recognise abuse or seek help. Some young people interviewed reflected that violence was viewed as a private matter or cultural expectation, particularly in communities where gender roles or family hierarchies were strictly enforced. Participants stressed that education must not only reach young people but also challenge harmful norms within families and communities that enable violence to continue unspoken. Several young people expressed frustration that where they do occur education efforts are almost exclusively targeted at children and young people. There were a number of young people who commented that parents would also benefit from education on what constitutes violence against children, and the impacts of such abuse. Oliver, for example, commented:

> Let's say our parents, the older people I sometimes feel like they do not really have an idea of what domestic violence is all about. It doesn't only involve beating your child, slapping your child and all of that, because I feel like maybe to some extents, they feel like verbal, verbal abuse can not really be classified as domestic violence and all of that. So, I think maybe they can also have some [education] sessions. (Oliver)

In their lived experience, the attitudes and behaviours of adults – parents, carers, extended family, and community leaders – were often a key contributor, if not the source, of the problem.

A number of young victim-survivors spoke to the value of community-wide education campaigns that could reach parents, faith leaders, sporting coaches, and other influential adults, as well as children and young people. They emphasised their belief that improving attitudes across generations was essential to breaking cycles of violence, reducing shame, and creating environments where young people feel safe to speak out.

MAKING PREVENTION CAMPAIGNS MORE YOUTH-CENTRIC

In addition to seeing the value of community education targeted at adults, including parents and community leaders, a number of the young people interviewed also spoke to the need for prevention campaigns to include child-centred content. While some young people were aware of public awareness campaigns, most felt these were too infrequent, overly generalised, or designed for adults – and that they did not resonate with them or their experiences of violence. Young people interviewed recommended that future campaigns be made visible on platforms that young people actually use, such as Instagram, TikTok, and YouTube; include real stories or scenarios they can relate to; use accessible language and diverse representation; and provide direct links to youth-specific services or supports.

A number of victim-survivors interviewed believed that prevention campaigns – if targeted effectively to young people – could be critical education and attitude-shaping tools to help young people experiencing violence and seeking to break the cycle of intergenerational violence.

11. Recovery and healing

> I was at a point in my life where if I didn't leave, I don't even think I would have made it through … I was the only thing that kept me together during that month, because I just wanted to be out …
>
> But it really hurt at the same time, because my dad, at the same age as me, was in a youth home. He got kicked out when he was 13, and he went down a different path. He started getting into criminal stuff … I knew it would hurt him the most.
>
> So, I hated that part of leaving, but I was also so excited to just have my own place.
>
> *(Fern, 16-year-old female, First Nations, experienced violence from age three)*

One of the four pillars of Australia's Plan to End Violence against Women and Children 2022–2032 (DSS, 2022) is 'Recovery and Healing'. This pillar commits to ensuring that victim-survivors are supported to recover and heal from the trauma of violence across their lifetime, not just in the immediate aftermath of a crisis. The National Plan (DSS, 2022) recognises that recovery is not linear, and that long-term, flexible supports are essential to help victim-survivors regain safety, wellbeing, and independence. Despite this national commitment, young people who participated in this study described significant gaps in access to meaningful recovery supports in South Australia.

Towards the end of each of the interviews, the young victim-survivors were asked what supports they needed, and what supports were they receiving, to support their recovery and healing. Most young people struggled to answer this question. One young victim-survivor said, 'actually got no idea, like, I don't know' (Rebecca). Their difficulty in articulating long-term support needs was not due to a lack of insight, but rather a reflection of the absence of system-wide recovery pathways they had been offered. As one young person put it, after the immediate crisis response, they felt 'discarded'.

Recovery was not a linear process for the young people interviewed. Many young victim-survivors described carrying the effects of violence long after the abuse had stopped – including anxiety, depression, post-traumatic stress, suicide ideation, sleep disturbances, social withdrawal, and disrupted education or employment. For some, these impacts were compounded by poor or absent responses from the systems that, they thought, were intended to support them.

ENABLERS AND BARRIERS TO RECOVERY

> I feel like once you find the help, it's so much easier than just dealing with it on your own.
> *(Anna)*

Recovery was not described as a straight path by young victim-survivors. Young people described moving in and out of periods of progress and vulnerability. For some, healing was delayed or derailed altogether due to ongoing instability in their home environments, a lack of affordable or accessible services, and experiences of not being believed or validated. Young people interviewed identified a range of both critical **enablers of recovery** and persistent **barriers to recovery**. These elements, which either support or undermine healing efforts, are set out in the table below.

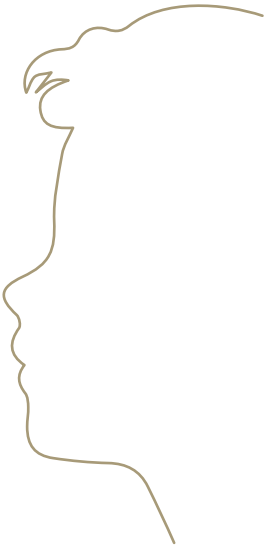
Table: Enablers and barriers to young victim-survivors recovery

Barriers to Recovery	Enablers of Recovery
Long waiting periods for mental health care	Affordable, trauma-informed therapy
Lack of consistent supportive relationships	Presence of trusted adults
Housing instability and insecure housing transitions	Long-term, flexible housing and education support
Disengagement from school due to trauma or instability	Flexible re-entry pathways into education
Isolation from peers	Access to peer-led programs and relational healing
Fear and distrust of police and other services	Access to youth-specific, culturally safe services

Importantly, beyond any specific enablers and barriers to recovery, numerous young people emphasised that being believed is a cornerstone of recovery. For many young people interviewed, the moment they were first listened to and taken seriously marked a turning point in their healing journey – whereas being dismissed, doubted, or told to 'endure' the abuse caused lasting harm and deepened their trauma.

YOUNG PEOPLE'S LONG-TERM RECOVERY NEEDS

> Ever since I moved out, it was hard for a bit …
> now I realise it's not easy …
> but I can do it. I can survive.
> *(Miles, 17-year-old male, experienced violence since birth)*



Young people consistently emphasised that recovery from domestic, family, and sexual violence takes time, safety, and sustained care. They identified several supports that were needed for genuine, long-term healing. These included:

- Access to affordable, trauma-informed mental health care, with long-term availability and youth-specialist practitioners.
- Stable relationships with trusted adults, such as school staff, youth workers, mentors, or family friends, who offered consistent emotional support.
- Flexible, trauma-informed educational opportunities, including support to re-engage in school or alternative learning environments.
- Peer-led support and healing models, including access to group-based programs and informal relational networks that reduce shame and isolation.
- Extended transitional supports, including youth housing that continues beyond 18 years of age, financial assistance, and navigation support to re-establish safety and stability.
- Culturally safe services, particularly for Aboriginal and Torres Strait Islander young people, and those from culturally and linguistically diverse communities.

Young people interviewed shared the view that healing from violence is not a short-term project. It is a process that requires stability, validation, practical support, and a vision for a different future.

TOWARDS A CHILD-CENTRED RECOVERY SYSTEM

The insights shared by young people highlight an urgent need to design a child- and youth-centred recovery system in South Australia. This system must:

- Prioritise early intervention and proactive follow-up;
- Offer trauma-informed, flexible supports that span beyond the crisis point;
- Be inclusive, culturally safe, and grounded in dignity and respect; and
- Provide clear, accessible pathways to healing – particularly for young people who may lack stable housing, digital access, or supportive adults.

The experiences of young people interviewed for this study provide a collective call for a future where young people who experience domestic, family, and sexual violence are heard, supported, and not required to carry the burden of healing alone.

Conclusion: The need for whole-of-system reform to meet the needs of children and young people

> You can get failed by your mum and dad, and you can get failed by systems … We need the government and people just to realise … they can do this … most kids don't get heard and listened to.
>
> *(Ivy, 16-year-old female, First Nations, experienced violence from age 3)*

> What I would like to share is that I appreciate you have listened to our experiences, because for some of us, we haven't really had the opportunity where we sit down to have a one-on-one discussion with someone about our lived experiences.
>
> These are dramatic events that happen. These are events that significantly impacted our life while growing up. So, the Royal Commission being thoughtful enough … it's really makes us feel loved.
>
> *(Omar, 17-year-old male, experienced violence from age 12)*

Young people who have experienced domestic, family, and sexual violence face extraordinary challenges in accessing support, safety, and justice. Their reflections, as explored throughout this report, paint a compelling and often confronting picture of systemic gaps – gaps that persist across every stage of the ecosystem: from prevention to intervention, through to crisis response and long-term recovery. Despite their resilience, the accounts of these young victim-survivors highlight the many ways they were let down by the very institutions and services meant to protect them.

Throughout the interviews, young people described feeling fearful, silenced, unsupported, and at times, invisible. Whether disclosing violence to police, seeking help from a school counsellor, trying to access mental health services, or simply looking for someone to believe them, too many young people interviewed for this study detailed encountering disbelief, dismissal, or delays. For numerous young people involved in this study, their decision to disclose their experience of violence resulted in the enactment of further harm against them.

Yet throughout the interviews, there was also an incredible clarity among young people about what needs to change. Young victim-survivors were not only able to identify the barriers they have faced – they were also able to offer sharp, grounded insights into the reforms required to better support children and young people impacted by all forms of domestic, family, and sexual violence. Their calls for action should be central to the future design of prevention, early intervention, response, recovery and healing systems in South Australia.

Throughout the interviews, young people described the ways in which individual supports – no matter how well-intended and designed – cannot substitute for the broader systemic change that is needed. There was a widely shared view that existing domestic, family, and sexual violence services are primarily designed for adults and rarely accommodate the distinct needs of children and young people. While the reform suggestions varied across participants, several common priorities emerged as essential to building a system that genuinely meets their needs. These include:

- **Youth-specific domestic and sexual violence services**, designed with and for young people, and equipped to respond to the unique age, developmental and social needs of children and young people impacted by abuse.

- **Mandatory trauma-informed training for educators, child protection, and response service practitioners,** to ensure all practices are equipped to recognise and respond to the risk, needs and disclosures of children and young people experiencing domestic, family, and sexual violence.

- **Confidential and youth-specific help-seeking options**, including online and text-based platforms, to increase accessibility and safety for children and young people experiencing domestic, family, and sexual violence.

- **Emergency housing and financial independence pathways for young people**, including options for under-18-year-olds experiencing domestic, family, and sexual violence to access housing and financial supports without guardian consent.

- **School-based, trauma-informed counselling and peer support,** such as youth or social workers, who are embedded in the school environment and accessible for all students.

- **Age-appropriate prevention education**, beginning in early school years and continuing across adolescence, covering different forms of abuse, safety, consent, healthy relationships, and how to recognise early signs of harm.

A GENEROUS CALL TO ACTION

Recognising children and young people as rights holders means acknowledging their agency, respecting their voices, and ensuring that systems are designed to uphold their rights. Achieving this requires a necessary shift from adult-centric models of care and response to approaches that prioritise children's experiences and needs. This report centres the voices of young people and their calls for a system-wide transformation that ensures the rights of all children and young people who have experienced violence are protected, upheld, and more consistently realised in practice.

The young people who shared their experiences for this study did so with extraordinary insight, courage and trust. During one of the interviews, I asked a young female victim-survivor – do you know what safe feels like? She paused and responded, 'not really'. This was a young woman who had bounced between numerous points of the service system in South Australia, and yet she had never experienced the feeling of safety. Therein lies the depth of the challenge and the need for change.

Throughout this report, the experiences and views of the children and young people interviewed point to a simple truth: young people experiencing domestic, family, and sexual violence know what they need despite largely never having received it themselves.

They want to feel safe.

They want to be believed.

They want age-appropriate supports that are accessible and designed with the needs of children and young people front of mind.

And they want systems to work for them – not against them.

Meeting those needs will require not just policy and systems change, but a fundamental cultural shift: one that centres the voices of children and young people, invests in creating an entire system that meets their needs, and treats every disclosure of violence as an opportunity for transformative support. The opportunity – and the responsibility – to build that future now lies with those in the positions of power to enact that change.

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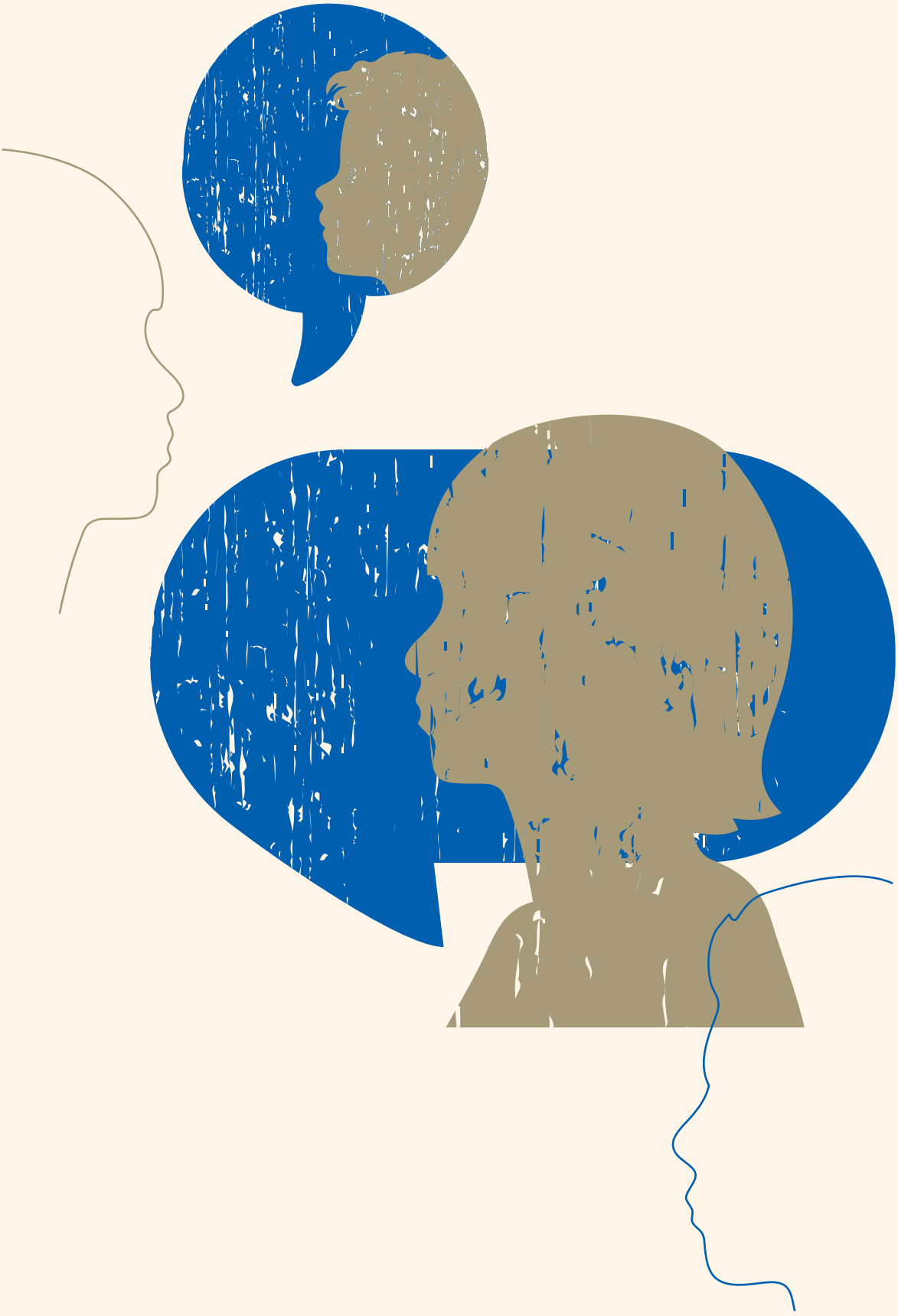


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