



**Young
Women's
Report**

A report of the Young
Women and Non-Binary
People's Forum 7 July 2021
and AWAVA's Young Women
Survey 2021



Acknowledgements

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About AWAVA

Australian Women Against Violence Alliance (AWAVA) brings together women's organisations and individuals across Australia to share information, identify issues and contribute to solutions. AWAVA's focus is on responding to and preventing violence against women and their children. AWAVA's role is to ensure that women's voices, and particularly marginalised women's voices, are heard by Government, and to amplify the work of its member organisations and Friends and Supporters. AWAVA's members include organisations from every state and territory in Australia, representing domestic and family violence services, sexual assault services, women's health services, services for women in the sex industry and women's legal services, as well as organisations representing Aboriginal and Torres Strait Islander women, young women, women educators, and other groups.

About NATSIWA

The National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) is the peak body for Aboriginal and Torres Strait Islander women in Australia, established in 2009 to empower Aboriginal and Torres Strait Islander women to have a strong and effective voice in the domestic and international policy advocacy process. The leadership team of Directors are Indigenous women each representing States and Territory across Australia, with the vision to protect the health, human rights and fundamental freedoms that are significant to Aboriginal and Torres Strait Islander Women through cultural preservation, health education and coalition building. NATSIWA comprises individual members who are Aboriginal and Torres Strait Islander women and organisational members that represent the interests of Aboriginal and Torres Strait Islander women at a regional, state or territory, or national level.

About WWDA

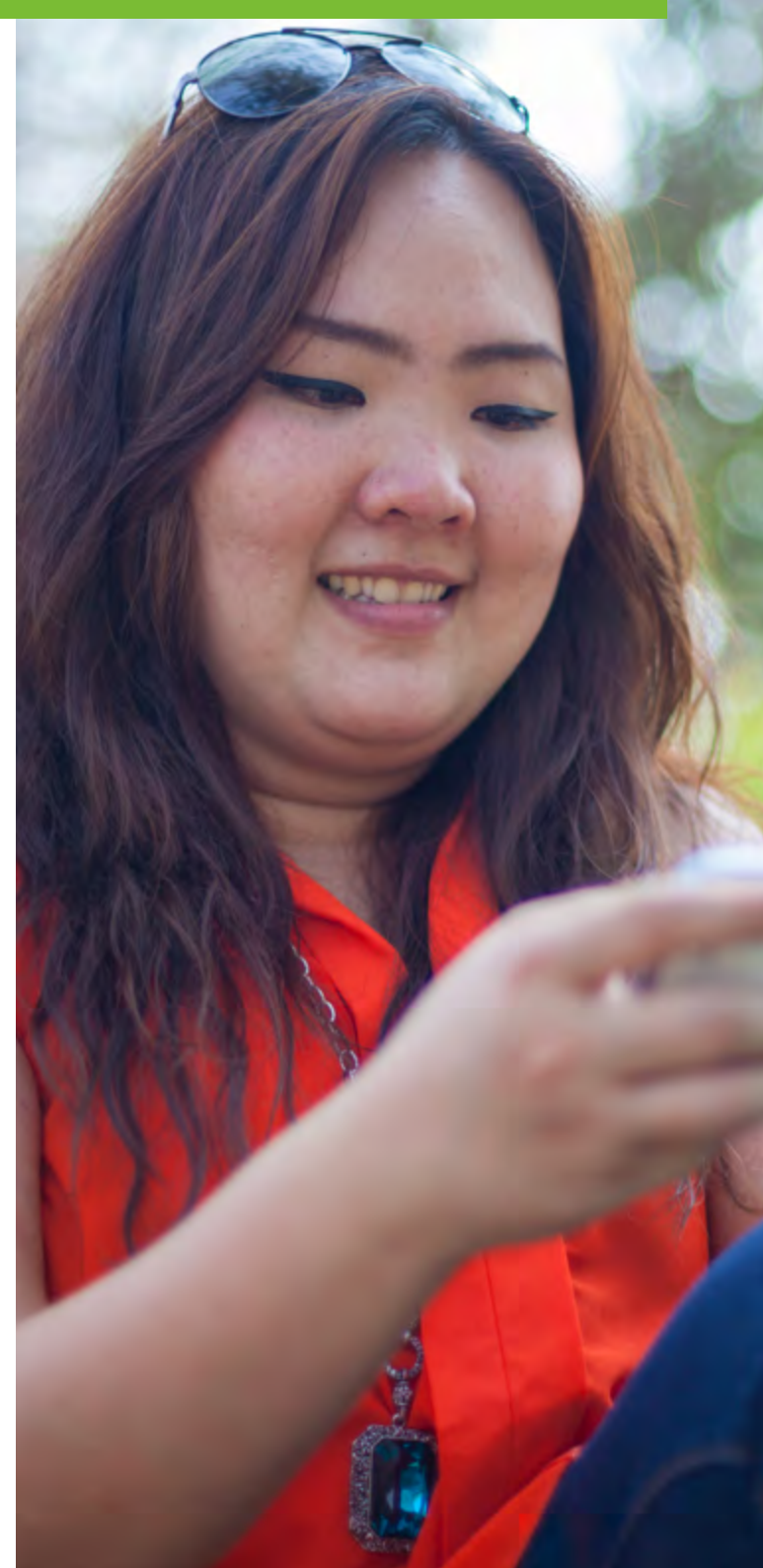
Women With Disabilities Australia (WWDA) is the award winning, national Disabled People's Organisation (DPO) and National Women's Alliance (NWA) for women, girls, feminine identifying, and non-binary people with disabilities in Australia. WWDA represents more than two million individuals in Australia, with affiliate organisations and networks in most states and territories. To promote the rights of women and girls with disability, WWDA takes part in a range of system advocacy activities. WWDA's work seeks to support and empower individuals, while also creating greater awareness among governments and other relevant institutions about their obligations to do so.

Abbreviations

AWAVA	Australian Women Against Violence Alliance
CALD	Culturally and Linguistically Diverse
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
NAIDOC	National Aborigines and Islanders Day Observance Committee
NATSIWA	National Aboriginal and Torres Strait Islander Women's Alliance
RRR	Rural, Regional, and Remote
WWDA	Women With Disabilities Australia
VAW	Violence Against Women

Glossary

CIS-gendered	Relating to a person or people whose sense of personal identity and gender corresponds with their birth sex.
First Nations	Aboriginal and Torres Strait Islander peoples are the first peoples of Australia, meaning they were here for thousands of years prior to colonisation.
Gender-Based Violence (GBV)	Violence directed at a person because of that person's gender or violence that affects persons of a particular gender disproportionately.
Heteronormative	A world view or perspective that promotes or assumes heterosexuality as the usual or default sexual orientation.



Acknowledgement of Country

AWAVA acknowledges the Ancestors and Elders of the land on which this publication was produced, Ngunnawal and Ngambri Country, and extends our respects to all other community members and Elders, past and present.

In the context of settler-colonial Australia and ongoing genocide, AWAVA acknowledges the specific forms of gender-based violence First Nations women and non-binary people continue to experience, fuelled by colonial concepts of race and gender.

We stand in solidarity with our colleagues at NATSIWA and all other Aboriginal and Torres Strait Islander women and non-binary advocates leading primary prevention and transformative justice efforts. There is no gender justice without First Nations justice.

Acknowledgement of victim-survivors

We wish to acknowledge the experiences of all young victim-survivors of gender-based violence who trusted AWAVA by sharing their story as part of this project.

We acknowledge the primary ethical imperative to hear and respond to voices of people interpreting their own situations and making sense of the violence inflicted upon them, which may be in ways that challenge or complicate understandings of gender inequality as they have been conceived within existing power structures.

Acknowledgement of funding

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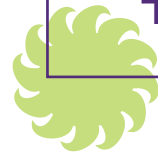


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Introduction

This ground breaking report explores a range of issues associated with gender-based violence and its impact on young women and non-binary people.

Drawing on both the 2021 survey conducted by the Australian Women Against Violence Alliance (AWAVA) and translated into Easy English by Women With Disabilities Australia (WWDA), as well as a subsequent community forum hosted by AWAVA and the National Aboriginal Torres Strait Islander Women's Alliance (NATSIWA), this ground-breaking report explores a range of issues associated with gender-based violence and its impacts on young women and non-binary people.

These two key elements—the survey and the forum—combined to provide rich new insights. The survey yielded unique aggregate information, while the forum served to add depth to our understandings, particularly around people's experiences. The project was intentionally designed to amplify the voices of those young women and non-binary people who tend to be under-represented in traditional policy settings. Full details regarding methodology are in [the Appendix A](#).

The report introduces new ways to understand both interpersonal and structural experiences of diverse forms of violence, relying on first-hand accounts from young people living in a range of circumstances across Australia. Importantly, the report captures what justice means to young victim-survivors—a question that is rarely asked.



Globally, 1 in 4 young women between 15 & 19 years old, have already experienced physical and/or sexual violence from an intimate partner.

Key Findings

High levels and diverse forms of violence

- 86.4% of the survey respondents indicated that they have experienced at least one form of violence or abuse. The most common forms were emotional abuse and sexual violence, but experiences included a wide range of other forms of abuse and violence.
- 78.8% of those who experienced abuse or violence told someone, usually face-to-face, and most often family or friends, or a psychologist or counsellor.

Fear of not being believed

- 67.9% of those that told someone, said nothing happened and nothing changed. Only 8% said the perpetrator was held to account by their social network and community. 40.4% said they weren't believed or validated or supported to achieve safety or heal.
- The main reasons for delaying or never reporting were embarrassment or shame (74.4%), not trusting they would be believed or thinking their experiences would be trivialised (69.2%) or not trusting that reporting would result in justice (61.5%).
- Of those that did report, respondents indicated they were: not believed (40%), discriminated against (28.9%); or discouraged from making an official report as no justice could be obtained (43.7%).
- Nearly half (48.1%) of those who reported had to tell their stories multiple times, with many describing this as re-traumatising or humiliating.

- Nearly half (47.4%) did not know how or to whom to report.

Barriers to support

- Only 54 per cent of victim-survivors were offered or accessed support after experiencing violence. The most common form of support access was from a psychologist or counsellor (80.2%) or family and friends (77.9%), and programs to help with healing including counselling and trauma recovery (66.7%).
- Ableism, classism, sexism, queer/transphobia, and racism were experienced by a large number of people who attempted to access support.
- Many respondents indicated that they felt most supported when they reported to a specialist women's service.
- Financial strain as a barrier was experienced by 30% of respondents when attempting to access support through institutions (such as police, hospitals etc.), rising to 37% of respondents who attempted to access support through community services/organisations.

Primary prevention

- Most participants considered their sexual and respectful relationships education to be inadequate and not preparing them well for sexual relationships.
- There was agreement that primary prevention efforts must be more intersectional to better target diverse forms of violence and account for the complex relationship between family, culture, and gender in different communities.

Access to justice

- A large majority of study participants said that their perpetrator was not held to account. Even when the victim-survivors' stories were believed, police and institutions were unwilling to hold perpetrators accountable.
- The lack of diversity within the courts, including entrenched forms of discrimination such as racism, works to disadvantage women from diverse backgrounds who enter the legal system.
- Young victim-survivors from diverse backgrounds view police as a potential source of danger rather than support, and young mothers described family court orders that put them and their children at greater risk of more violence by forcing contact with the abuser.
- A particularly well-supported form of justice was transformative justice, focussing not only on repairing harm, but also on changing bigger structures like sexism, poverty, and racism that make violence possible.
- Many participants called for less police involvement and emphasised the need to boost the involvement of specialist services, social workers, psychologists and other multi-disciplinary health professionals in reporting, support services and justice approaches.



Who participated
in our survey?

Respondents

The AWAVA survey of young women and non-binary people's experience of violence and abuse was open between 27 April and 13 June 2021. A total of 301 people took the time to answer the survey. 260 (90.3%) of the respondents identifying as women, 31 (10.8%) non-binary people, and a further 10 (3.5%) people who specified 'other' as their gender identity.

Respondents ranged in age from 15 to 32 years old, residing in all states and territories, including from rural, regional and remote areas. A wide range of individuals and communities were represented including: First Nations people, LGBTIQ+ people, students, sex workers, migrants, refugees, people with disabilities, and people from culturally and linguistically diverse backgrounds.

It is crucial that data on violence against young women and non-binary people captures the experiences of diverse groups.

Sixty per cent of survey respondents self-identified as lesbian, gay, transgender, intersex, or queer/questioning (LGBTQI+), 28.4% noted they were living with financial stress or poverty, and 26.4% self-identified as having a disability. A small number of respondents were international students (0.8%), living on a temporary visa (1.2%), or refugees (2%).

'Other—Write in' responses included experiencing/experienced homelessness, neurodivergence, multi-generational trauma, and history of drug addiction.

Table 1.1: Personal characteristics of respondents

Option	#	%
Aboriginal and/or Torres Strait Islander	18	7.2%
From a Culturally and Linguistically Diverse Background	44	17.6%
From a migrant background	37	14.8%
On a temporary visa	3	1.2%
From a refugee background	5	2.0%
Lesbian, Gay, Transgender, Intersex or Queer/Questioning (LGBTIQ+)	155	62.0%
Have a disability	66	26.4%
Living with psychosocial disability or mental illness	140	56.0%
Domestic student	101	40.4%
International student	2	0.8%
Live in a rural, regional, or remote area	51	20.4%
Work in the sex industry	13	5.2%
Live with financial stress or poverty	71	28.4%
Have an experience of foster, kinship, or residential care	11	4.4%
Exclusive / None of the above	3	1.2%
Other—Write in	14	5.6%



Figure 1.1: State or territory of respondents

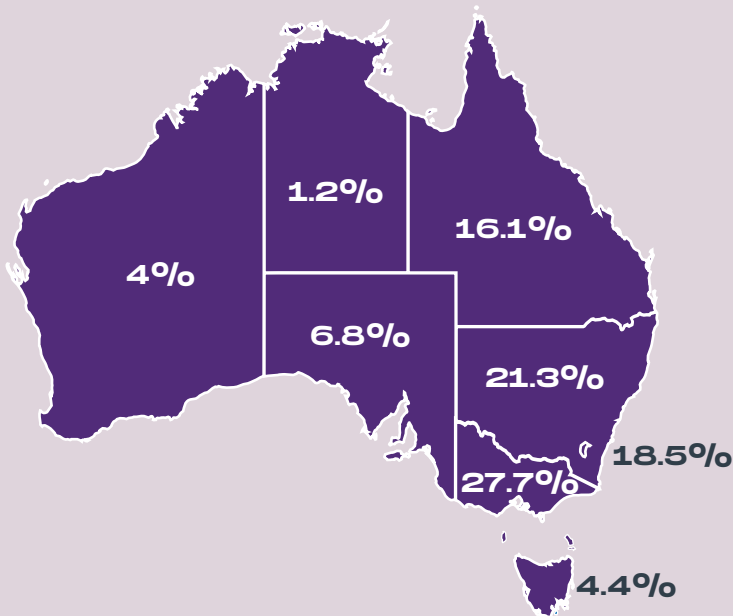


Table 1.2: Survey respondents by state or territory

State/territory	#	%
Australian Capital Territory	46	18.5%
New South Wales	53	21.3%
Northern Territory	3	1.2%
Queensland	40	16.1%
South Australia	17	6.8%
Tasmania	11	4.4%
Victoria	69	27.7%
Western Australia	10	4.0%

Location

State or territory

There were respondents from every Australian state and territory, with the largest proportion from Victoria (28%), followed by New South Wales (21%) and the Australian Capital Territory (19%). (See Figure 1.1 and Table 1.2.)

Remoteness

Based on postcodes provided, almost three-quarters (73%) of respondents reside in major cities, with an additional 26% residing in regional areas. Only four respondents (1.6%) live in remote areas of Australia. (See Table 1.3.)

Table 1.3: Remoteness of survey respondents

Remoteness	#	%
Major cities of Australia	182	73.1%
Inner regional Australia	44	17.7%
Outer regional Australia	19	7.6%
Remote Australia	3	1.2%
Very remote Australia	1	0.4%

Living arrangements

Most respondents live with parents and/or in the family home (26.4%), with partners in rental houses, apartments, or mobile homes (23.2%), or in a rental share house (21.6%).

Written-in responses included single parents living with children in owned or rental homes, living with a partner in a home owned by the partner, and living in a home owned by parents with a partner. In total, 35 of the 250 respondents (14%) own the place they reside in. (See Table 1.4.)

Table 1.4: Living arrangements

Remoteness	#	%
A Living alone in a house, apartment, or mobile home that I am renting	23	9.2%
B Living alone in a house, apartment, or mobile home that I own	17	6.8%
C Living with a partner in a house, apartment, or mobile home that I am renting	58	23.2%
D Living with a partner in a house, apartment, or mobile home that I own	16	6.4%
E Living with parents and/or in the family home	66	26.4%
F Living in a share house that I am renting	54	21.6%
G Living in university accommodation	1	0.4%
H Living in an institution (e.g. hospital, prison, disability group home, shelter)	1	0.4%
I Don't have a permanent home (e.g. couch surfing with friends, living in crisis accommodation)	3	1.2%
J Prefer not to say	3	1.2%
K Other—Write in	8	3.2%

Average annual income

Over a quarter of respondents indicated an annual average income of \$18,200 and below, over a third of respondents earning between \$45,001 - \$120,000 annually, and 8% of respondents declaring they did not receive an income. (See Table 1.5.)

Table 1.5: Average annual income

Average annual Income	#	%
\$0 - \$18,200	71	28.4%
\$18,201 - \$45,000	67	26.8%
\$45,001 - \$120,000	84	33.6%
\$120,001 - \$180,000	1	0.4%
\$180,001 and above	1	0.4%
I do not receive an income	21	8.4%
Prefer not to say	5	2%

Children

The large majority (91.2%) of respondents do not have children that they are caring for.

Table 1.6: Number of children

Number of children	#	%
No children	228	91.2%
1 child	9	3.6%
2 children	6	2.4%
3 children	3	1.2%
4 children	2	0.8%
5 children	1	0.4%
Yes, number not indicated	1	0.4%

Employment status

Respondents indicated all options that described their current employment status, with the option to select multiple. Fifteen per cent of respondents are unemployed, 21% actively seeking employment, 28% employed full-time, 25.6% in casual employment, with 18% indicating they are not eligible to Centrelink payments.

Table 1.7: Employment status


Employment status	#	%
A Unemployed	38	15.2%
B Underemployed	31	12.4%
C Casual	64	25.6%
D Part-time	49	19.6%
E Full-time	70	28%
F Receiving a Centrelink payment	70	28%
G Not eligible to receive Centrelink payment	18	18%
H Actively looking for employment	21	21%

Student status

Respondents current studying status showed that 42% are not studying, 25.6% are undergraduate students, 13.6% are undertaking postgraduate studies, and 6.4% are still in high school (years 7-12).

Table 1.8: Student status

Student status	#	%
A Not studying	105	42%
B High school (e.g. years 7-12)	16	6.4%
C Engaged in non-accredited education (e.g. open online course)	9	3.6%
D Apprentice, trainee or VET student (part-time or full-time)	24	9.6%
E Undertaking a bridging course for university	4	1.6%
F Undergraduate student (part-time or full-time)	64	25.6%
G Postgraduate student (part-time or full-time)	34	13.6%
H Higher degree research (e.g. PhD)	7	2.8%



What types of violence are young women & non-binary people experiencing?

Forms of violence

Gender-based violence comes in many diverse forms. The United Nations defines violence against women broadly to include acts or threats that may lead to physical, sexual, or psychological harm or suffering to women (UN Declaration on the Elimination of Violence against Women, 1993).¹

Two hundred and sixteen (216) of the 250 survey respondents (86.4%) indicated that they have experienced a form of violence or abuse. Respondents were asked to indicate all forms of violence or abuse they have experienced, so each respondent may have indicated multiple forms of violence. The most common forms were emotional abuse and sexual violence. These findings show that the respondents experience diverse forms of violence.

Table 2.1: Forms of violence experienced

Form of violence	#
A Emotional abuse	211
B Sexual violence	201
C Verbal abuse	192
D Physical violence	143
E Control tactics	138
F Institutional betrayal	131
G Online and tech abuse	107
H Social abuse	106
I Financial abuse	65
J Abuse of children	43
K Abuse of pets	39
L Reproductive coercion	28
M Violence while residing in an institution	20
N Cultural and spiritual abuse	19
O College or university hazing	17
P Dowry abuse	7
Q Visa and migration abuse	3



Reporting Violence

Reporting violence

Young women and non-binary people face multiple and compounding issues when reporting instances of gender-based violence.² Reasons for not reporting violence often stem from a mixture of both individual factors (e.g., shame, fear of retaliation and/or economic dependency) and societal factors (e.g., victim-blaming attitudes, gender inequality in the workforce, issues surrounding family privacy).

Due to their age, young women and non-binary people often experience specific barriers to reporting violence as a result of restricted financial and social autonomy; a lack of understanding of what violence is; and fewer avenues available to report violence.

To better promote safe and inclusive spaces for victim-survivors, where they feel able to disclose violence and achieve safety and justice, it is vital to understand people's experiences with reporting.

While 78.8% of respondents told someone about their experiences of violence and/or abuse, 21.2 % of respondents did not tell anyone at all. Reporting violence to 'family and/or friends' was the most common form of disclosure, followed by reporting violence to a 'psychologist or counsellor'. Interestingly, these two responses outweighed formal reporting avenues including phone counsellors and/or youth services. (See Table 3.1.)

Most young people told someone about their experiences of violence face-to-face (94.2%), while a third told someone over the phone. (See Table 3.2.)

Table 3.1: Who did you tell about your experiences of violence or abuse?

Value	#	%
Family and/or friends	133	92.4%
Psychologist or counsellor	100	69.4%
A support service (e.g. a domestic and family violence service)	48	33.3%
GP or other health professional (e.g. nurse or community health worker)	45	31.3%
Police	40	27.8%
Phone counsellor (e.g., Kids Helpline, Lifeline, 1800RESPECT, Qlife)	28	19.4%
Workplace manager or HR department	24	16.7%
Other work colleague	24	16.7%
University/TAFE/school administration	20	13.9%
University/TAFE/school teacher or lecturer	16	11.1%
A disability or mental health support or advocacy service	12	8.3%
University/TAFE/school student union or student representative (e.g., women's officer)	9	6.3%
A youth service	8	5.6%
Community legal centre/women's legal centre/Aboriginal legal centre	7	4.9%
Faith-based service (such as a family relationship centre)	6	4.2%
College Residential Advisor or Pastoral Care	4	2.8%
Union delegate or young worker's centre	2	1.40%
Other—Write in	6	4.20%

Table 3.2: How did you report violence?

Value	#	%
Face-to-face	131	94.2%
Over the phone	41	29.5%
A friend or support person reported for me	22	15.8%
Via email	18	12.9%
Via text message	16	11.5%
Via a website or online portal	15	10.8%
Other—Write in	4	2.9%

Table 3.3: What were the outcomes of you reporting violence?

Barrier	Yes		No		Unsure		N/A		Total
	#	%	#	%	#	%	#	%	#
Nothing happened and nothing changed	95	67.9%	18	12.9%	14	10%	13	9.3%	140
I was believed and validated, and supported to achieve safety and to heal	50	32.1%	63	40.4%	33	21.2%	10	6.4%	156
I was given access to supports I hadn't previously had	29	20%	98	67.6%	6	4.1%	12	8.3%	145
The perpetrator was held to account in my social network and community	12	8%	108	72%	12	8%	18	12%	150
The perpetrator was removed from my place of education/work/housing	11	7.6%	91	63.2%	3	2.1%	39	27.1%	144
I received financial compensation (e.g., I was eligible for a payment from Victims Services)	9	6.2%	111	76.6%	3	2.1%	22	15.2%	145
The perpetrator formally apologised	8	5.5%	121	83.4%	4	2.8%	12	8.3%	145
The perpetrator was held to account by the criminal justice system	5	3.4%	107	71.8%	7	4.7%	30	20.1%	149
Institutional change (e.g., my university or workplace implemented new policies and procedures to prevent violence and support victim-survivors)	4	2.8%	99	69.2%	5	3.5%	35	24.5%	143



Barriers that delayed/prevented people from reporting violence

Respondents were asked to indicate any barriers that delayed or prevented them from reporting violence and abuse. 'Shame', 'embarrassment', and 'fear of being blamed or not believed' were the leading barriers identified. (See Table 3.4.)

These findings align closely with respondents' written responses, many of whom described being shamed, blamed, and disbelieved when reporting violence to both informal supports, such as family and friends, and formal supports, such as police and community services.

Table 3.4: Barriers that delayed or prevented people from reporting violence

Barrier	%
I was embarrassed or ashamed	74.4%
I did not trust that I would be believed and was fearful of my experiences being trivialised	69.2%
I did not trust that reporting violence would result in justice	61.5%
Fear of being judged	51.3%
I was scared of retaliation from the perpetrator/from those associated with the perpetrator	46.2%
I was scared that I may be blamed and lose my social network including friends and/or family	43.6%
I was not personally ready to report violence	38.5%
I did not want to get the perpetrator in trouble	38.5%
Not knowing enough information about where or how I could report violence	30.8%
I was being controlled by the perpetrator	23.1%
My community does not have a good relationship with authorities such as the police or courts	12.8%
I was scared my education, income or work would be put at risk	7.7%
I was scared my housing would be put at risk	5.1%
Nowhere to report violence in my location	5.1%
Difficulty travelling to or contacting someone to report violence	5.1%
No culturally safe or accessible way to report violence (e.g., no interpreter made available, no Aboriginal worker, no understanding of the experience of being disabled and what this means)	5.1%
Not having the financial means to engage with a service (e.g., money for transport, phone credit, fees, and charges)	5.1%
Other—Write in	25.6%



Barriers that young victim-survivors experienced when reporting violence

While many young victim-survivors experienced barriers that delayed/prevented them from reporting violence, those who did report struggled significantly with inaccessible and insensitive reporting mechanisms and processes. (See Table 3.5.)

When I tried [to report the assault to police], the constable on the phone told me he didn't believe me as I didn't report it immediately.

A) Not being believed when reporting violence

Forty per cent of respondents indicated that when they reported violence, they were not believed. Numerous respondents indicated that not being believed when reporting violence made it harder to speak up again in the future. While a number of respondents had their experiences validated by both their friends and family and psychologists, many reported negative experiences of not being believed by services designed to support victim-survivors.

Similarly, one victim-survivor outlined their experience receiving victim-blaming comments, including being asked about 'what they were wearing' when the assault occurred. Another respondent described being repeatedly pushed by police to provide 'proof' that she did not consent to forced sexual acts, before they were willing to take any action.

Table 3.5: Barriers that young victim-survivors experienced when reporting violence

Barrier	%
I was required to repeat my story multiple times	48.1%
I didn't know how to report or who to report to	47.4%
I was discouraged by a family member or friend from making an official report as no justice can be obtained	43.7%
I was not believed	40.0%
I felt discriminated against because of my race, ethnicity, religion, nationality, sexual orientation, gender identity, class, age, disability, and/or migration status	28.9%
Person I reported to had a lack of knowledge about what counts as violence (e.g., financial or economic abuse)	27.4%
I was not believed by police and was discouraged from proceeding	20.0%
My workplace did not know how to deal with my disclosure	18.5%
I did not trust that my GP would be able to do something about it	16.3%
I felt pressured to protect the perception of my community (e.g. I did not want to increase the perception of Aboriginal men as violent or Muslim men as controlling)	11.9%
I wanted to report to a service, but there was a waiting list	5.9%
I wanted to report to a service but the process was not accessible (e.g. not in Easy English, Auslan, my first language)	3.7%
Other—Write in	31.9%

Reporting to friends, family and my psychologist were good. It helped me deal with the trauma I had been through. However, reporting to the University and the police was entirely negative and traumatic. I was not believed; I was told it was my fault and given no support whatsoever.

B) Being required to repeat your story

Of those who reported violence, 48.1% highlighted that they were required to repeat their stories multiple times, with many respondents describing this experience as 're-traumatising', 'humiliating', and/or 'worse than the assault itself'.

C) Discrimination

Encountering discrimination (on the basis of race, ethnicity, religion, nationality, gender identity, sexual orientation, class, age, disability and/or migration status) was reported as a common barrier when reporting violence for young victim-survivors. (See Figure 3.1.)

Importantly, respondents indicated that often their experiences of sexism intersected with other forms of discrimination, including racism, classism, and ableism. One respondent outlined her experience of being disbelieved and discriminated against on the basis of both her sex and her cultural background.

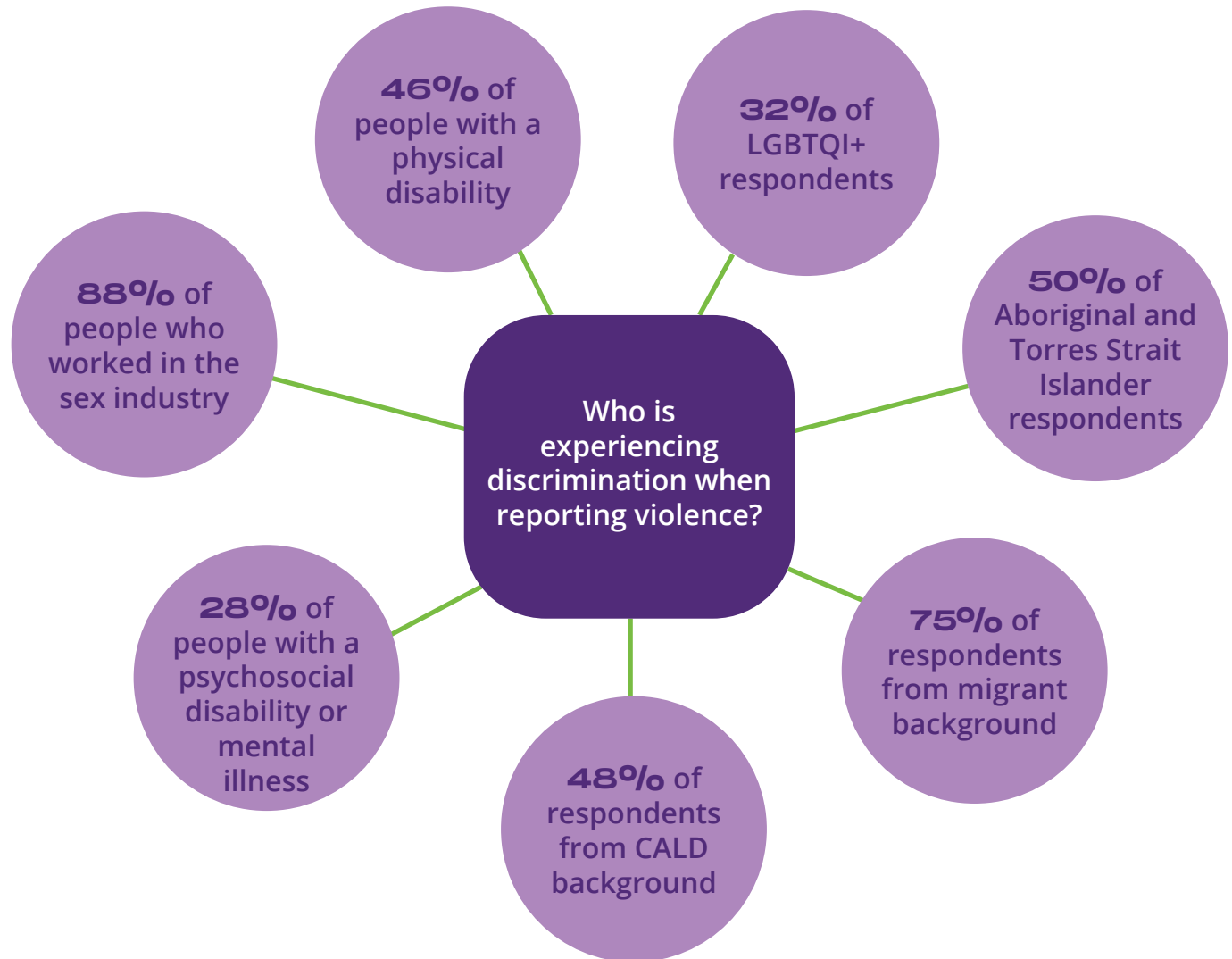


Figure 3.1: Discrimination experienced when reporting violence

The police laughed and said, 'who would rape a woman in a burqa'.

D) Lack of information

Further, 47.4% of respondents highlighted that when they went to report violence, they did not know how to report or who to report to, whilst 27.4% of respondents highlighted that the support workers had a lack of understanding of what counts as violence.

Reporting violence outcomes

A) Perpetrator accountability

Holding perpetrators to account for their behaviour is key to delivering justice to victim-survivors and reducing gender-based violence more broadly. Recent research by ANROWS indicates that often traditional mechanisms of accountability (e.g., legal prosecution) only work to hold perpetrators accountable to the state, rather than to the victim-survivor as an individual. As is outlined in the ANROW's report 'this kind of accountability might not acknowledge the impact of violence on the victim or align with their wishes'.³

Keeping this in mind, the survey provided respondents with a range of options that covered different forms of perpetrator accountability. The large majority of respondents who reported violence indicated that their perpetrator was not held accountable for their actions in their communities, social networks, criminal justice systems, workplaces, education systems, and/or to the victim-survivor themselves.

The police responded to my complaint of sexual assault at a festival and found the offender. They were very supportive of me through the process, but the offender's story contradicted my own in some details so it could not be taken to court.



This low level of perpetrator accountability was additionally confirmed in the survey's written responses. Here, many respondents outlined that while their stories were believed, police and institutions were unwilling to hold perpetrators to account, often due to a lack of evidence. Other respondents indicated that the perpetrator's status in society was another determining factor.

The Islamic community told me to be quiet because my abuser was a high religious authority and revealing his sins is not what a good Muslim should do.

Such low levels of perpetrator accountability indicate that current reporting mechanisms are not doing enough to intervene and push perpetrators to change their behaviour. Better reporting mechanisms, that work effectively to hold perpetrators to account, in a manner that suits the wishes of victim-survivors, is essential to ensure individual safety, reinforce sustainable societal responses and challenge violence condoning attitudes.⁴

The University admin staff contacted me and arranged a meeting. The meeting was with two men, so I did not feel comfortable disclosing everything that had happened. They said they had talked to the perpetrator and he had denied he did anything wrong so there was nothing more they could do unless I reported to police.

B) Safety, wellbeing, and mental health

Young victim-survivors who answered the survey indicated a mixture of both positive and negative experiences in terms of being believed, validated, and supported to achieve safety and heal after reporting violence. (See Table 3.3.)

Respondents were more trusting of women's and community organisations helping them, than they were of institutions, including police, hospitals, or universities. This aligns with previous findings from AWAVA's 2019 *Survey Report on Victim-survivors Experiences of Seeking Help*.⁵ Other respondents reported positive experiences with health professionals, universities, and call services.

While these positive experiences are encouraging, the small number of young victim-survivors who received financial compensation indicates broader issues with financial assistance, victim compensation and victim support schemes.

Advocacy groups have long been calling for improvements to victim-compensation schemes, with Community Legal Centres NSW describing the payments under these schemes as 'so low they are practically insulting to victims of violence, assault and abuse'.⁶ More research is needed to explore the specific experiences of young victim-survivors navigating victim-compensation schemes to better understand how to improve these services.

I reported my history with family violence to health professionals, phone help services and psychologists. They were all very receptive and supportive in my attempts to access care and they were happy to assist if I wanted to pursue it in a legal capacity.

C) Institutional change

According to respondents, only 2.8% of victim-survivor reports resulted in institutional change. Respondents' written responses confirmed that institutional change, as an outcome of reporting violence, was very rare. Instead, respondents outlined how gender inequality and violence condoning attitudes can be perpetuated throughout institutions designed to protect young women and non-binary people.

I had a horrid experience with Centrelink while I was homeless, who insisted, due to their regulations, on calling my abusers because I was under 21, to confirm I was a dependent living out of home so I could get some money.

Other respondents highlighted that while the institutions they reported to did take action to remove the perpetrator from their direct vicinity, they did little to promote institutional change, instead simply moving the perpetrators to other institutions.

A school was on alert for a grooming teacher that I alerted them to. He was fired eventually for inappropriate conduct with another student, but he still works in the education system at another school.

Just after it happened, I panicked and posted on social media. After, when I reported the assault to work, I was told that I had violated their social media policy and that they had grounds for termination. They used that to shut me up.

Respondents also indicated that rather than assisting, workplaces engaged in victim-blaming, while a number of respondents risked losing their jobs and leadership roles as a consequence of reporting violence.

Overall, the low levels of perpetrator accountability, victim-survivor safety, and institutional change that came as a result of reporting violence, indicate a drastic need to increase both reporting and response mechanisms within institutions and systems that are supposedly designed for survivors.

It was an open secret that perpetrators at my college, if found out, would often be quietly removed from the college and often would be palmed off to one of the uni lodges. (A former uni lodge resident once joked to me while I was still living at college —'yeah, we get all your rapists').

How to improve reporting mechanisms

1. Design reporting avenues separated from police

In both the forum and the survey, young women and non-binary people called for more reporting avenues that do not require the involvement of the police.

Throughout the written survey responses, respondents described feeling unsafe reporting to law enforcement agencies because 'police are often perpetrators of violence themselves'. These experiences were especially acute for victim-survivors from diverse communities, including Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities, who experience high rates of racism, discrimination, and police brutality. In relation to this, several respondents from diverse communities indicated that they had been isolated and 'called out' by their communities for involving the police in instances of gendered and sexual violence.

Respondents in the forum highlighted that young people often do not want to come forward, especially to police, when experiences of violence are linked to drugs and alcohol. Participants highlighted the need to make support workers more readily available to young people throughout reporting processes to mitigate some of these fears.

Ultimately many young women and non-binary people called for less police involvement, outlining the need to boost the participation of social workers, psychologists, and other multi-disciplinary health professionals in violence reporting processes.

We need unconditional support from those who are educated on the effects of violence and trauma on individuals; people whose practice is built upon empathy, advocacy, and agency for survivors of violence.

Some indicated the need for an organisation, completely autonomous from police, made up of staff who are highly trained in sexual assault and domestic violence. This organisation should be designed as a safe space for reporting violence and empowering victim-survivors to decide what reporting outcomes best suit their unique needs. Others theorised a secure online forum or an app that can deliver similar outcomes and that can be safely accessed via public computers.

2. Improve police responses

At the same time, participants highlighted the urgent need to improve current police reporting mechanisms. A number of respondents highlighted that they would feel more comfortable reporting violence if they could do so to a female officer. Many highlighted an urgent need for officers to be comprehensively trained in dealing with gender-based violence in a way that is trauma-informed, and victim-survivor centred.

These findings align with research conducted by UN Women that has found that when professionally trained and equipped female officers are more visible, 'women and girls in the community are more likely to believe that their concerns are being heard and seriously addressed'.⁷

Overall participants highlighted the need to place an obligation on reporting avenues, including police, to get back in contact with the victim-survivor who reports. This was flagged as key to increase victim-survivors' willingness to come forward and challenge perceptions that reporting violence is a 'waste of time'.

Challenging blame culture within institutions and communities was additionally highlighted by participants as crucial to improving police responses to reports of violence.

Society needs to prove that it is trustworthy enough for women to come forward so the moment they do, they will not be left in serious, often life-threatening danger, because society didn't want to believe them.

3. Changing blame culture

Throughout the forum and survey, victim-blaming attitudes were highlighted as a significant barrier that prevented young people from reporting violence and receiving safety and support.

Respondents highlighted that a culture that places blame on victim-survivors not only discourages people from reporting but additionally puts victim-survivors at greater risk of continued violence.

Improving reporting mechanisms therefore relies on challenging the broader culture that continues to protect perpetrators at the expense of victim-survivors. To address this, respondents emphasised that perpetrators must be treated as suspects, rather than witnesses and that all men must play a more active role in challenging the social norms of shame, silence and pain that prevent victim-survivors from reporting.

We need society, and specifically men, to start actively listening and to take initiative—it shouldn't be up to victims to have to shoulder the burden of creating a safe society.

In addition, respondents indicated that changing victim-blaming attitudes requires changing the way we educate, talk about and present violence in the media and popular culture. Others added that this requires destigmatising conversations surrounding consent, sex and violence and changing attitudes that view the home and intimate relationships as 'private' and therefore a 'place of immunity'.

4. Education

Many respondents in the survey indicated that they did not report violence because, at the time, they were unaware that their experience was classified as abuse. In response to this, young victim-survivors highlighted the need for better education regarding diverse forms of violence, including coercive control, financial abuse, technology-facilitated abuse, and cultural abuse. Ultimately, participants highlighted that education must teach all genders about respectful behaviour and the available support services, as early as primary school, to ensure young people can identify signs of abuse, report and access help before their situation escalates.

I've been given contradictory advice from people from victim services, some saying I need to report my history of family violence to police, some say I don't, in order to access mental health care. We need clear, easy to access information for people wanting to report violence.

5. Sector collaboration

Respondents highlighted that their experiences of reporting violence were worsened by the lack of clear information provided by services and difficulties navigating multiple and complex reporting processes.

In response to this issue, forum participants in the forum highlighted the need for more sector collaboration in reporting violence, to reduce confusion and ensure victim-survivors only have to tell their story once.

Participants theorised a 'one-stop shop' online resource that is simple to use and provides information regarding different reporting options. This resource should provide step by step guides to help victim-survivors navigate reporting processes and be tailored to the needs of diverse groups. For instance, participants highlighted the importance of Easy English options for people with intellectual disability and translated resources for people from culturally and linguistically diverse backgrounds.

Staff who are working to register reports need to be well versed in understanding neurodivergent communication and trained to recognise and appreciate the intersecting forms of discrimination, including race, class, ability, sexual orientation and more, that may impact a victim-survivor's willingness to report violence. Ultimately, any resource should empower young people to make informed choices about reporting violence based on their specific needs.



Seeking and
receiving support



Where are young victim-survivors accessing support?

Of all the survey respondents who experienced violence 54% sought, were offered, or accessed support after experiencing violence, while 46% did not.

The most common forms of support accessed by young victim-survivors were 'psychologists and counsellors' (80.2%) and 'family and friends' (77.9%). Only around one in four respondents reported seeking assistance from sexual assault services, a GP or other medical professionals, a women's service, or a phone counselling service.

Figure 4.1: Are young victim-survivors accessing support?

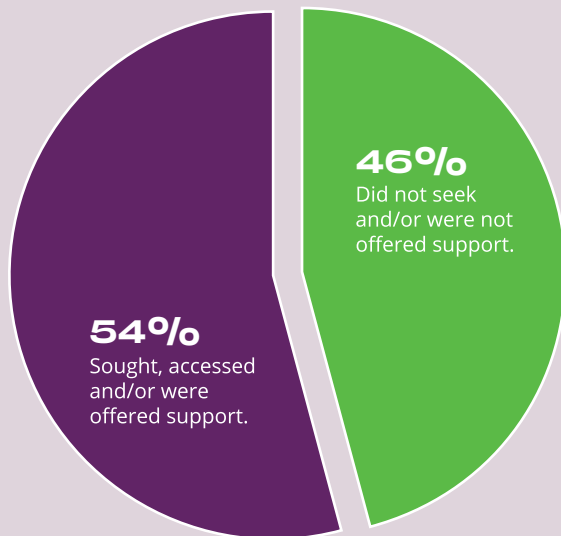


Table 4.1: Where young victim-survivors access support

Forms of support	%
Psychologist or counsellor	80.2%
Family and/or friends	77.9%
Sexual assault service	26.7%
GP or other medical professional (e.g., nursing staff)	24.4%
Women's service that specialises in domestic and family violence	23.3%
Phone counsellor (e.g., Kids Helpline, Lifeline, 1800RESPECT, QLife)	23.3%
Police	15.1%
University/TAFE/school administration	9.3%
Disability advocacy service or other organisation working with disabled people	8.1%
Family relationships centre	5.8%
University/TAFE/school teacher or lecturer	5.8%
Other colleague	5.8%
Workplace manager or HR department	4.7%
LGBTIQ organisation	3.5%
Other community organisation	3.5%
University/TAFE/school student union or student representative (e.g., women's officer)	3.5%
Other housing service provider	2.3%
Community legal centre	2.3%
Women's legal centre	2.3%
Court advocacy service	2.3%
Faith-based service	2.3%
Shelter or refuge	1.2%
Aboriginal and Torres Strait Islander organisation	1.2%
Organisation working with people who have been trafficked	1.2%
College residential advisor or pastoral care	1.2%
Other—Write in	5.8%

What type of supports are young victim-survivors accessing?

The most common type of support service accessed by young victim-survivors were programs to help with healing, including counselling and trauma recovery (Table 4.2.) This was followed by 'information and referrals', 'medical or other health-related support' and 'educational adjustments' including asking permission to take time off from study to heal.

Table 4.2: Types of support accessed by young victim-survivors

Type of support	%
Programs to help me heal including counselling and trauma recovery	66.7%
Information and referrals	38.1%
Medical or other health-related support	34.5%
Safety planning	26.2%
Educational adjustments (eg. take time off to heal)	21.4%
Legal advice, information or representation	19%
Help with understanding a protection order (AVO) and/or charges taken out by police	15.5%
Disability support adjustments	9.5%
Workplace adjustments, help to communicate with my work and/or help to protect my job	9.5%
Support to remain safely in my home/residence and to have the perpetrator removed or relocated to an alternative home/residence with the perpetrator excluded	8.3%
Help with collecting evidence for my police matter	8.3%
Advocacy and support at court	8.3%
Case management support (e.g. a worker helped me identify my needs, develop a plan and coordinate support)	7.1%
Long-term housing	7.1%
Emergency financial assistance	6.0%
Finding a community of other victim-survivors of violence	4.8%
Visa information, migration advice or representation	1.2%
Programs or practical support for my children	1.2%
Other—Write in	9.5%

Sometimes the process of getting help breaks you more than the violence itself.

Barriers to accessing support

Fear and mistrust of institutions

The most common barriers experienced when trying to access support from institutions included:

- Not trusting the institutions will believe and help young victim-survivors (62.7%)
- Fearing the institution may re-traumatise victim-survivors or put them in further danger (64.2%).

These sentiments were repeated throughout forum discussions and survey written responses. A significant number of young victim-survivors—especially those from diverse backgrounds—view the police as potential sources of danger rather than sources of support. One participant in the Young Women's and Non-Binary People's Forum shared their own experiences of this fear.

A couple of years ago when I was in a relationship with a trans woman, and there were grounds to get a DVO order, but I didn't think it was the right outcome given the worst-case outcome for her was police brutality. I wasn't confident that I could prioritise my own safety knowing the institutions might perpetrate violence against her.

When seeking support from university administration, I had to retell my story multiple times to different people, the perpetrator was involved and given the opportunity to 'share his side', he was brought into meetings I was in without my knowledge or consent and he was not removed from the accommodation for two months after the incident, in which time he stood outside my door every day and harassed me.

Another respondent in the survey highlighted her traumatic experience of seeking support from the university to remove her perpetrator from on-campus accommodation.

These examples were just some that demonstrate how seeking help from institutions can place young victim-survivors in more dangerous situations and expose them to continued violence and trauma.

Family law courts were another institution commonly flagged by young mothers as being untrustworthy and harmful to both themselves and their children. One respondent highlighted that her children could not receive counselling from certain domestic violence services without getting the legal permission of the father. This process forced her to contact her abuser and put her at greater risk of increased violence.

When negotiating legal processes involving her children, another young woman talked about being ordered by the court to give her address and contact details to her perpetrator, despite having multiple intervention orders against him.

Another respondent indicated that the court rejected a request to have her family members drop the children at their father's house in a shared custody arrangement, obliging the victim-survivor to see her abuser every week.

From these examples it is evident that court processes are failing to protect victim-survivors, instead putting young mothers and dependent children at a greater risk of increased violence and trauma.

When such negative experiences are so prevalent for young victim-survivors it is not surprising that 46.3% of respondents indicated that they were unable to access support through institutions due to 'previous bad experiences with the institution'.

Forum participants discussed the impact that one bad experience with support services can have on someone's overall healing journey and their willingness to access help again.

One participant described her experience of being dismissed by health professionals because she did not experience 'full penetrative abuse' and indicated that this comment prevented her from accessing further support.

Another participant highlighted bad experiences with doctors who were not queer literate and 'struggle to get their heads around pronouns or people's names changing' and counsellors who treated patients as 'case studies' rather than centring their needs as victim-survivors.

Even the receptionist being rude or not very helpful can be something that puts people's journey of healing off by a year or two.

Throughout the forum, participants made clear that even small negative experiences can have large, often damaging impacts on young victim-survivor's willingness to pursue support and access justice.

Financial strain

Young people experience high levels of unemployment compared to other age demographics.⁸ It is not surprising that many young victim-survivors do not have the financial means to access support. Financial strain as a barrier was experienced by 29.9% of respondents when attempting to access support through institutions, (such as police, hospitals etc.), rising to 37.1% of respondents who attempted to access support through community services/organisations.

Respondents outlined their experiences of forgoing meals and 'giving up on a lot of things' to access support services, or not having the financial means to engage (e.g., money for transport, phone credit).

I'm still struggling to get support from the very services created to do that and I've only gotten as far as I have by skipping meals, giving up a lot of things and basically not being able to have youth.

Several forum participants agreed that there is an urgent need to improve Medicare support for victim-survivors undergoing counselling. Participants described the 10-20 sessions of counselling that are subsidised by Medicare each year as "grossly insufficient" for people with complex trauma.

One participant used the example of Medicare benefits for people with eating disorders as an option for improvement. Here victim-survivors, like patients with eating disorders, should be able to access an increased number of subsidised Medicare counselling sessions when they disclose experiences of violence to their GP.

Similarly, respondents highlighted that often they must forgo employment and income to prioritise healing. As a result, participants called for more after-hour services that allow young people to heal without having to miss work, while others indicated the need for services that have onsite childcare, so that young mothers don't have to pay for both individual healing and child support.

A number of respondents also discussed the impact of financial strain on reducing their eligibility for a number of services, including emergency assistance and safe housing.

I was only able to stay at a women's shelter for seven days because I had to prove I was actively looking for housing, despite having no money to apply to any properties and no car to access housing services.

Another victim-survivor described her experience of being fully employed and therefore not eligible for emergency assistance, despite her partner forcing her to put all the bills in her name and pressuring her to take cash advances on multiple credit cards. This victim-survivors' experience of financial abuse ultimately left her with 'no savings, no furniture, no personal belongings and \$3,500 worth of debt'.

From these experiences it is clear that current support services and systems are not accounting for young victim-survivor's precarious financial situations or, for those individuals who are experiencing financial abuse.

Not knowing what services are available

Of all respondents who tried to access support from institutions, 44.8% reported not knowing enough about what support the institution may be able to offer. For respondents who attempted to access support via community services and organisations this number rose to 48.6%.

Similarly, throughout the forum, participants confirmed that they encountered many barriers in trying to find information on what services are available, what assistance they offer and their eligibility criteria. Respondents said that this often required extensive research and 'hours of scrolling through different websites'. Respondents also indicated that not knowing what services best suited their needs and experiences meant that they had to under-go a 'trial and error' process, where they often wasted their money and were required to constantly repeat their stories, and relive their trauma, to different sources.

I've thought of having a database listed on a government website, that itemises all of these services and shows eligibility criteria straight up, so we don't waste time researching and reaching out to services that we won't be able to access.

Along with improving reporting mechanisms, participants discussed the importance of collating service information, for both institutions and community organisations, so that young victim-survivors can easily access clear yet comprehensive information.

Other suggestions for improving young victim-survivor's access to information regarding services included ensuring information on specialist and tailored services was made readily available. For instance, one participant recommended ensuring all GPs produce a list of psychologists who specialise in trauma-based care, rather than generalist support, in the victim-survivor's local area.

Additionally, participants during the forum highlighted good practice models for mitigating barriers to services. These included the *No Wrong Door Approach* and the *Orange Door Network* that have recently been implemented by various state governments.⁹ These models focus on service and sector collaboration to efficiently connect victim-survivors to services in their local area. Having developed a network of over 300 specialist practitioners, the Victorian *Orange Door Network* in particular aims to protect victim-survivors from having to repeat their stories and strengthens the sector by increasing integrated knowledge regarding support and risk management.¹⁰

Poorly trained staff and discriminatory responses

Forum participants and survey respondents indicated an urgent need for more intersectional responses within both institutions and community services. Ableism, classism, sexism, queer/transphobia, and racism were experienced by large numbers of respondents when attempting to access support from institutions.

Many respondents experienced multiple forms of discrimination (e.g., both sexism and racism) when accessing support via institutions such as the police,

hospitals and/or universities. Similar experiences, based on prejudice, accessibility needs and cultural safety, were recorded by participants who accessed community support services. (See Figure 4.2.)

Many participants in the forum highlighted the need for support staff in both institutions and community services to be better trained. This included calls for more female staff and staff who undergo proper and comprehensive trauma-informed training, cultural competency training and training on diverse and complex forms of gender-based violence. One respondent, for instance, highlighted that she was unable to gain adequate support because the service provider lacked a culturally sensitive understanding of her experiences of child marriage and religious abuse.

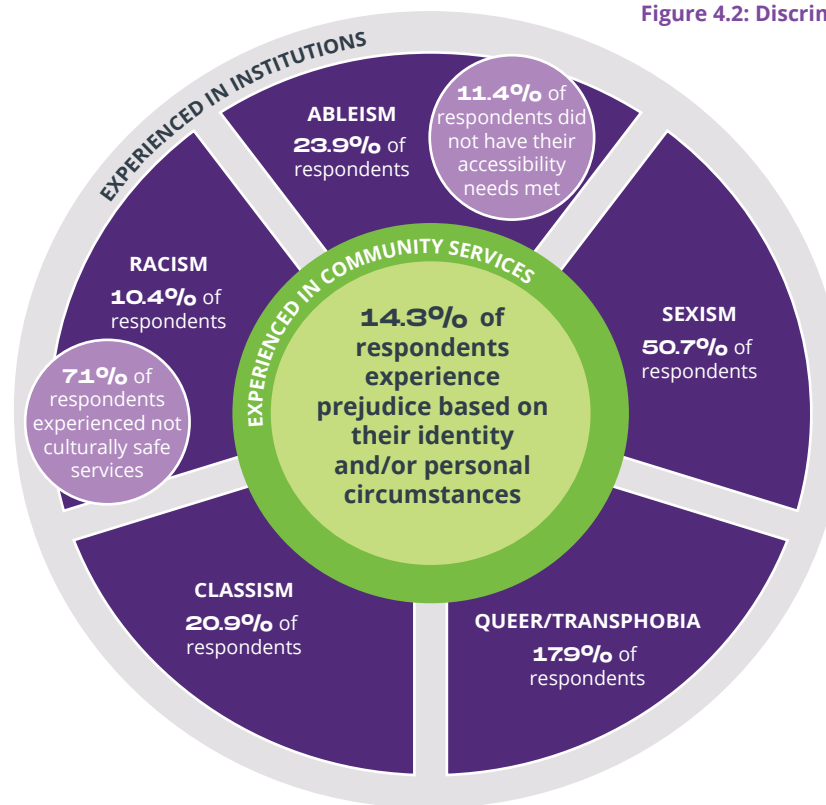
Similarly, many participants in the survey called for more 'non-white support staff' and support implemented through a cultural framework.

For migrant or refugee, and even Aboriginal communities, we need to fight the idea that our people are 'more violent.' We just feel this need to protect our people! We definitely need more culturally connected care.

Forum participants built on this idea, highlighting the need for service providers to have a better understanding of the role of CALD families in situations of gender-based violence and the need to build service understanding of different cultural interpretations of violence.

Discussion highlighted that young victim-survivors, particularly from CALD backgrounds, desire services that assist with individual healing by simultaneously

Figure 4.2: Discrimination experienced in institutions



engaging the victim-survivor's families and communities. Participants indicated that this engagement would help to develop better collective understandings of the drivers of gender-based violence and assist individuals and communities to collectively heal alongside cultural practices.

LGBTQIA+ partner violence resources are hard to find. All domestic violence information is almost exclusively heteronormative and irrelevant/impractical in regard to my experiences.

Many respondents also highlighted the need for more queer inclusive practice surrounding intimate partner violence. Another respondent described her experience with a faith-based domestic violence service as 'very uncomfortable' after disclosing to the case worker that she identified as queer.

Further, respondents with disability highlighted the importance of services that work through a *social*, rather than a *medical*, model of disability. In drawing on the social model of disability—one that recognises individuals as disabled by environments filled with physical, attitudinal, communication and social barriers—support services are likely to be much more accessible and accepting of victim-survivors with disability.

Lastly, survey respondents highlighted the importance of having young staff to lead the design, implementation and evaluation of young-people specific programs and services. They highlighted that young victim-survivors need decision making power in designing these services to be tailored to their unique needs, and that these individuals must be paid for their assistance and input.

At the same time, many respondents highlighted that—although it is important for young people with lived experience to lead programs, policies, and service design—the burden of improving services, women's and non-binary people's safety and gender equity more broadly, should not fall completely on the shoulders of young victim-survivors.

This tension indicates that while these programs should be led by young people with lived experience, these women and non-binary people must be financially compensated and supported by a whole of community approach to addressing barriers.

Trauma-informed practice

Respondents throughout the survey indicated that not enough services and support staff employ trauma informed and strengths-based practice. Poorly informed advice has significant potential to expose the victim-survivor to re-traumatisation and continued violence. It may also imply a lack of belief in the victim-survivor and convey victim-blaming attitudes that place young victim-survivors in more danger of violence, trauma, and abuse.

Discussion during the forum also highlighted that there is an urgent need to increase trauma informed training for all staff in services and institutions working with victim-survivors of gender-based violence.

More long-term funding for specialist women's services

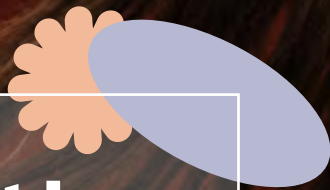
Forum participants highlighted the need for more long-term funding for specialist women's services. Many participants noted that support services are operating drastically under capacity, resulting in long wait times for housing, counselling, and justice. Confirming this, one young victim-survivor during the forum indicated that mental health services are so oversubscribed that they won't help individuals unless they are 'about to harm themselves'.

Young victim-survivors recommended more funding towards developing 'check-in' services – where, after attending a support service, staff check in to see how victim-survivors are doing a few months after their support officially ends.

Overall young victim-survivors highlighted the need for improved funding towards safe, affordable, and social housing, towards better staff training and to ensure support and reporting services are 'made super available and visible everywhere, no matter your background'.



One counsellor told me I needed to discuss my rape with my abuser and hear his side of the story.



Primary prevention

What is primary prevention?

Primary prevention includes any efforts to prevent violence before it happens. Primary prevention is integral for ending gender-based violence (GBV) and focusses on targeting the main gendered drivers of violence against women. (See figure 5.1.)

DRIVERS OF GBV

PREVENTING GBV

Condoning of violence against women

1

Challenging violence condoning attitudes

Men's control over decision-making & limits to women's independence in public and private life

2

Boosting women's economic, social, & political independence & leadership opportunities

Rigid gender roles and stereotypical constructions of masculinity & femininity

3

Challenging constructed gender roles & identities

Male peer relations that emphasise aggression & disrespect towards women

4

Holding men accountable & challenging aggressive male peer relations

Figure 5.1: Drivers of and preventing Gender-Based Violence

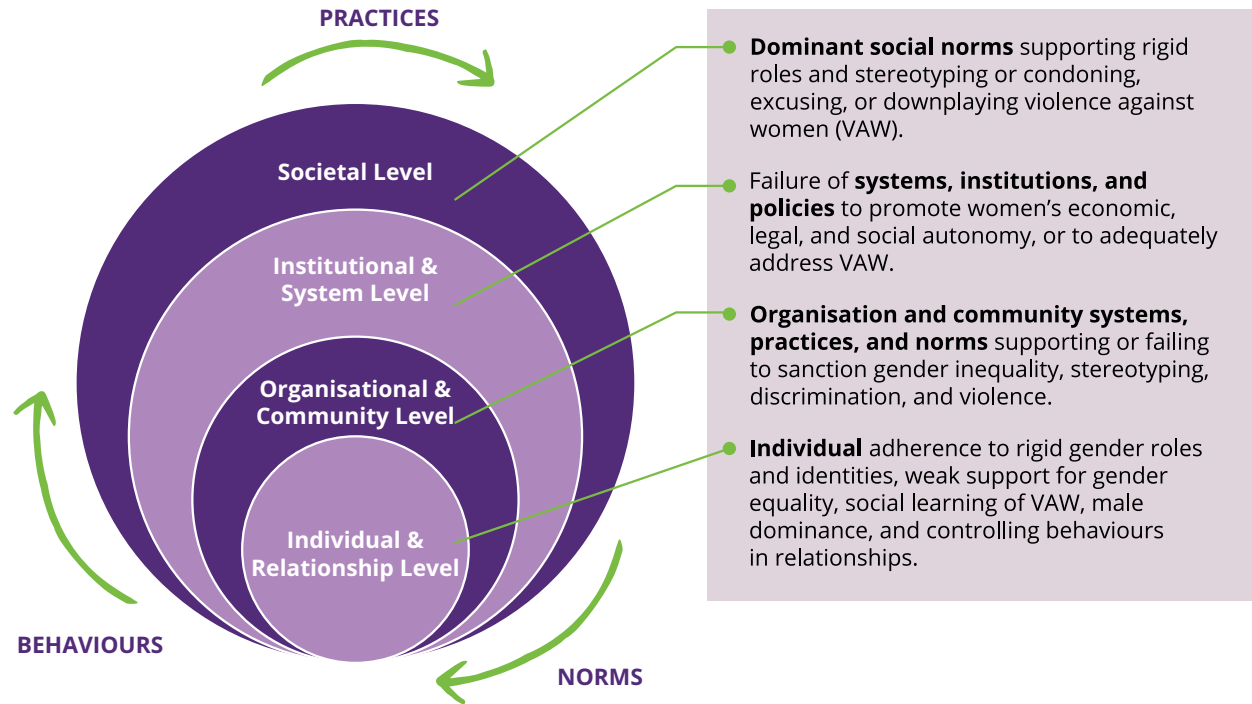


Figure 5.2: Social ecological model

Core gendered drivers of violence

In order to successfully prevent violence before it happens, efforts must be implemented at an individual, community, institutional and societal level. The above model (see figure 5.2) has been taken from Our Watch's *Change the Story* framework for preventing violence and highlights the presence of structures, norms and practices that contribute to violence at every level of society.

With this definition of primary prevention in mind, we asked participants in the forum to discuss their understanding and experiences with primary prevention efforts, such as respectful relationships education or anti-violence campaigns.

How do young women and non-binary people understand primary prevention?

Many participants during the forum understood that primary prevention involves changing social norms, structures and practices *before* violence occurs. In saying this however, a number of participants said that they viewed primary prevention as a 'buzzword' and indicated that they lacked a comprehensive understanding of its role in tackling gender-based violence.

What needs to change to improve primary prevention

Four main themes emerged from discussions during the forum in relation to improving primary prevention efforts. These were: (i) improving consent and respectful relationships education; (ii) better engaging men as role models for change; (iii) boosting intersectional primary prevention efforts; and (iv) recognising children as victim-survivors in their own right in primary prevention strategies.

1. Consent and respectful relationships education

Most participants outlined that their experiences with sexual and respectful relationships education were mostly inadequate and did not prepare them well for sexual relationships. For instance, some participants highlighted that their education focussed exclusively on heteronormative issues and relationships, excluding LGBTQI+ students. Others highlighted that their sex education relied solely on a model of abstinence rather than safety and respect.

My sex education was exclusively about putting condoms on bananas. As a bi woman I didn't receive any advice on how to have safe and respectful sex with girls.

My experiences come from attending religious school. Abstinence education was the only education I was taught. I had no clue what was and wasn't okay in sex and relationships.

Older participants agreed that their high-school sex education curriculum was designed exclusively to prevent girls and those with uteruses from getting pregnant and to mitigate the spread of sexually transmitted infections. Very few participants indicated that they had been taught about consent and/or respect in intimate partner relationships.

Participants identify a number of ways to improve consent and respectful relationships education.

- Respectful relationships education needs to be based on a 'gender transformative framework'—one that works under a model of gender equality and seeks to tackle ingrained and problematic understandings of masculinity and femininity.
- Respectful relationships education must teach students about diverse and complex forms of gender-based violence (e.g., technology-facilitated abuse, coercive control, dowry abuse, reproductive coercion, spiritual/religious abuse etc.) and provide resources on where young people can safely report violence and access tailored support for these types of abuse.
- To prevent all forms of violence throughout the community, respectful relationships education must extend past intimate partner violence and teach young people how to respect *everyone* in the community, regardless of sexual preference, gender, race, religion, etc.
- Teachers must be properly trained and supported by parents and the broader school culture to deliver consent and respectful relationships education.

- Respectful relationships education must begin earlier than high school, with many participants specifying that it should be introduced in the early primary school curriculum.

Some of us are receiving respectful relationship education but many of us have already experienced violence by this point. Often it's just too late.

Respondents in the survey indicated similar experiences with many recommending framing respectful relationships education in a way that assumes violence has already happened. This means teaching under an 'empowerment model' and ensuring students have access to clear information regarding support services.

Further, forum participants highlighted the need for respectful relationships education and campaigning to directly address the issue of consent in a clear and comprehensive way.

In doing so, participants discussed the example of the *Milkshake Video*—where the government delivered a 'bizarre' video under the *Respect Matters Campaign* that sought to teach young people consent through milkshakes. In line with much public criticism, respondents outlined how, in using milkshakes¹¹ as an analogy for sex and relationships, the campaign was unnecessarily 'tip-toeing' around the issue of consent. Participants agreed that the campaign worked to reinforce stigma and taboo regarding the topics of sex and violence and failed to deliver much needed 'basic and open conversation' regarding consent. Instead, young-victim survivors highlighted that this education needs to clearly equip young people with plain language that they can use to navigate consent throughout their lives.

2. Engaging and supporting young men as role models for change

Forum participants highlighted the need for respectful relationships education to target and support young men to be role models for change. This includes better resourcing men to challenge social norms and behaviours that endorse violence against women and sexism.

Forum participants highlighted that 'cancelling' perpetrators is not enough to produce worthwhile change for women and non-binary people.

Ultimately, men must be assisted to realise their collective potential to produce positive change for women, girls, and non-binary people. For young victim-survivors, this means providing men with the resources and language to be able to have difficult, yet constructive conversations with their friends and ultimately hold one another accountable.

As a victim I had access to lots of support networks, but my perpetrator did not know who he could talk to. He was not encouraged to understand the severity of his actions. He had no one there to tell him what he did was wrong and how to fix his behaviour. It was his first offence, and it could have been an opportunity for growth, but as a perpetrator he was just seen as a violent person instead of someone that needed to understand why his actions were wrong.

So many of my male friends have come up to me asking what to do when they find out their friend is a predator. Some boys just cancel their friends, because it's easier than having a conversation with them.

3. Improving intersectionality in primary prevention

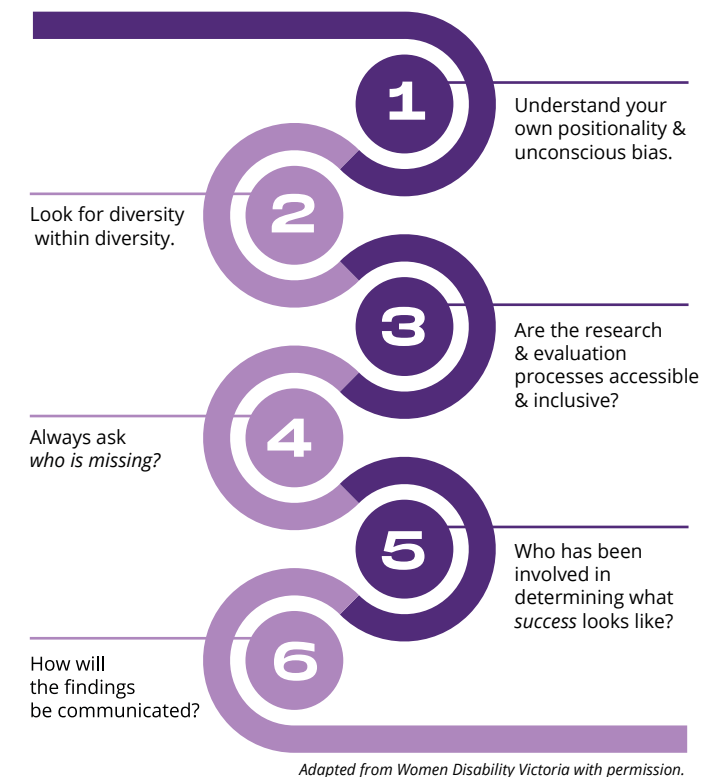
Participants agreed that primary prevention efforts must be more intersectional to better target diverse forms of violence and account for the complex relationship between family, culture, and gender in different communities. For instance, one survey respondent highlighted the omission of women with disability from anti-violence campaigns—despite women with disability experiencing disproportionately higher rates of violence than women without disability.

Similarly, forum participants highlighted that evaluation processes used to monitor primary prevention programs can be highly exclusionary towards victim-survivors from non-English speaking backgrounds, and/or for those with disabilities and/or those who live in remote locations.

Participants put forward some recommendations on how to improve intersectionality within primary prevention:

- Primary prevention efforts must place people who are part of diverse cultures and communities and/or who have lived experience of violence at the forefront of primary prevention program design, implementation, and evaluation. These lived experience experts must be financially compensated for their work.

Figure 5.3: Ensuring primary prevention efforts are intersectional



- Primary prevention efforts must not adopt a 'blanket approach' and instead need to be tailored to the specific needs and experiences of diverse cultures and communities.
- Primary prevention resources and evaluation materials/approaches must be available in multiple languages and interpreters must be provided for programs and evaluation methods (such as interviews and/or focus groups).
- Primary prevention efforts must include Easy English versions, Auslan and captioning.
- Organisations and institutions should establish and follow a framework for ensuring prevention programs and policies are intersectional. One respondent in the survey recommended Women with Disabilities Victoria's *Intersectionality Resource*. (See figure 5.3.)

4. Recognising children as victim-survivors in their own right

In the survey, 43 respondents indicated that they had experienced abuse as a child—including physical, sexual, and emotional violence—(see Table 2.1.) and 77 respondents indicated that they had a family member who had experienced abuse as a child.

In the written responses it became clear that many respondents who experienced abuse as children also experienced violence later in life. This aligns with global research indicating that people who were abused as children are more likely to be abused as adults.¹²

Participants in both the survey and at the forum indicated that too often policies to prevent and respond to violence in Australia include children exclusively as 'dependents' of mothers who are escaping violence. This often results in inadequate support frameworks that fail to cater to the specific needs of children who have experienced violence.

This puts children victim-survivors at a higher risk of mental health complications, negative neurological consequences, and physical health difficulties. In terms of primary prevention, a number of participants highlighted the connection between child abuse and violence against women more broadly.

Participants and respondents emphasised that in order for children and young people to receive adequate and positive support (and to end violence against young people) this cohort must be recognised as victim-survivors in their own right.

If Australia wishes to end violence against women, it needs to first abolish any acceptable form of violence against children.



A portrait of a young woman with vibrant blue, wavy hair and yellow eye makeup. She is wearing a yellow turtleneck sweater under a dark blue jacket. The background is a blurred outdoor setting with a blueish tint.

**Justice for young
victim-survivors**

Indigenous women and the law

Insight from the Young Women's and Non-Binary People's Forum

With the forum taking place in NAIDOC week 2021, Break Out Room Four was hosted by the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA). Facilitated by Sandra Creamer, CEO of NATSIWA and Mikaela French, a young Torres Strait Islander Native Title lawyer, this discussion focused specifically on the NAIDOC theme 'Heal Country' and its relationship to Aboriginal and Torres Strait Islander women in the justice system and the law.

Throughout NAIDOC week 2021, the theme of 'Heal Country' spotlighted the personhood and centrality of Country for Aboriginal and Torres Strait Islander communities. At the beginning of the breakout room Mikaela outlined what 'Heal Country' meant to her personally as a Torres Strait Islander woman and professionally as a Native Title lawyer.

Healing country in the space that I'm working means our clients have self-determination and power of their lands and waters. Healing country for myself personally, is not just the land—it's our family, language, lore. Healing Country means healing ourselves and healing from past trauma.

Following this, Mikaela discussed the difficulties of being an Indigenous woman working in the justice system.

I'm usually the youngest lawyer [in the court room], and sometimes, I'm the only woman. I'm nearly always the only Indigenous woman there.

Mikaela outlined her experiences of racism as a lawyer working in a predominantly white system. In doing so, she explained how people in the legal system used the colour of her skin, and in particular its 'lightness', to invalidate and eliminate her identity as a Torres Strait Islander woman. Mikaela also discussed the difficulty of navigating westernised legal systems that do not account for Indigenous Lore.

Mikaela and Sandra discussed the many barriers that Aboriginal and Torres Strait Islander women experience when being admitted to the Supreme Court—and how these barriers contribute to low numbers of Indigenous women holding positions of power in the legal system. One specific example included the process of 'disclosing and justifying', in which Judges look into an applicant's personal history and have them justify certain past events or actions.

The court, in turn, often assesses an individual's past against whether they have been 'professional' enough. Mikaela and Sandra discussed how this can be a major disincentive for Indigenous women looking to become barristers, with Sandra outlining one specific example.

I encountered a young woman who was a single mother and had a Centrelink debt, and she was quite worried this history would prevent her from getting admitted. We have so many young women coming from Aboriginal communities worried these things will be deterrent.

With only three practicing Indigenous Barristers in Queensland, Mikaela and Sandra highlighted how the lack of diversity within the courts works to disadvantage women from diverse backgrounds who enter the legal system.

What does 'justice' look like for young victim-survivors?

Safety and perpetrator accountability

A recurring theme throughout the survey and forum is that there is a significant lack of perpetrator accountability in instances of violence against young women and non-binary people. It is therefore unsurprising that many respondents were in favour of improving perpetrator accountability as a form of justice.

Overwhelmingly, the most desirable form of justice identified by young victim-survivors in the survey was a combination of 'safety, recognition and perpetrator accountability'. With almost half of victim-survivors not wanting to report violence due to fear of retaliation from the perpetrator or the perpetrator's social networks, it makes sense that victim-survivors want perpetrators to be held accountable in a way that doesn't compromise their own safety. (See Table 6.1.)

Other forum participants touched on the importance of perpetrator accountability including a 'formal apology' from perpetrators and 'mandatory therapy sessions for perpetrators'.

Table 6.1: What does justice look like to young victim-survivors?

	Yes	No	Unsure
Perpetrator accountability through the criminal justice system	76.8%	5%	18.2%
Perpetrator accountability within social networks and the broader community	86.0%	2.2%	11.8%
Removal of perpetrators from spaces (e.g., from the home, universities, workplaces)	88.1%	1.1%	10.7%
Safety, recognition and perpetrator accountability	97.2%	0%	2.8%
Whatever the victim-survivor wants in terms of safety, recognition and perpetrator accountability	79.0%	2.7%	18.3%

These ideas highlight that justice not only includes raising perpetrators' awareness but importantly involves positive behaviour change to prevent future violence.

Restorative and transformative justice responses

Restorative justice focuses on repairing the harm caused by the perpetrator. Often this involves the survivor and perpetrator being supported to meet safely and discuss what might repair that harm. Alternatively, transformative justice approaches exist outside of courts, police, and other current systems of power. Transformative justice focusses on not only repairing harm, but changing bigger structures like sexism, poverty and racism that make violence possible. Both these definitions were made available to survey respondents.

Responses in favour of transformative justice significantly outweighed responses in favour of restorative justice (See Table 6.2.). The response to restorative justice aligns with the relatively contentious literature regarding restorative justice and cases of sexual violence.

Some noted that heavily involving the perpetrator in justice responses to violence may trivialise violence against women and revictimize and further endanger victim-survivors.

At the same time, others noted that restorative justice may enable victim-survivors to better articulate their stories holistically, 'offering greater control and validation', and reduce victim-blaming. The fact that 33% of respondents were unsure as to whether restorative justice would be an appropriate form of justice for young victim-survivors indicates that restorative justice remains a contested response. It may not be appropriate to be applied to all cases of sexual and gender-based violence for young people.

On the other hand, transformative justice was overwhelmingly supported by young victim-survivors. This was consistent in both the survey and forum, highlighting the harm the police and courts often perpetrate and indicating the need for these systems of power to be detached from services and processes of supporting young women and non-binary people who have experienced violence.

Table 6.2: Restorative and transformative justice responses

A good approach?	Yes	No	Unsure
Restorative justice responses	45.1%	21.8%	33.0%
Transformative justice responses	92.2%	1.7%	6.1%

Financial compensation

Financial strain is a key barrier that prevents young women and non-binary people from accessing support services. It is therefore not surprising that 67.8% of respondents view financial compensation, where the perpetrator pays for harm caused, as a form of justice.

I would much rather my perpetrator pay for all of the support I needed to heal rather than be put in prison.

At the same time, a few respondents noted that while financial compensation is an important form of justice, the ideal outcome for young victim-survivors would be a combination of perpetrator accountability, safety, recognition, restorative justice, transformative justice, and financial compensation.

Overall, participants made clear that young victim-survivors must be empowered to seek justice in a way that best suits their own situation and unique needs. Many agreed that traditional forms of retributive justice, rooted in ideals of punishment, do not adequately empower young-victim survivors, nor lead to sustainable change.

I wouldn't want my perpetrator to go to prison. That environment fuels misogyny and contributes to larger cycles of poverty and disadvantage. I want my perpetrator to learn from what he did wrong so that he doesn't do it again.



Appendix A: Methodology

Data collection comprised two components: an online survey and a virtual forum.

The Online Survey

The online survey was open to the public between 27 April and 13 June 2021 and drafted in consultation with a number of experts, including the youth team from Our Watch, the NUS (National Union of Students) women's officer, and the chair of the ACT Government Sexual Assault Prevention Working Group.

The consultations included incorporating feedback on draft versions of the survey, as well as face-to-face meetings and verbal discussions. Feedback was also sought from members of the AWAVA Advisory Group. An accessible and Easy English version of the survey was also released in collaboration with Women With Disabilities Australia (WWDA) and Access Easy English.

The survey collected demographic information about the respondents and contained questions about three aspects of young women and non-binary people's experiences of violence: reporting, accessing support, and views on justice and advocacy to prevent and respond to violence.

Many questions were aimed at investigating how young women and non-binary people were interacting with institutions including police, courts, universities and hospitals, and different services such as rape crisis centres, women's specialist services, and community specific services such as LGBTIQ+, disability, and Aboriginal controlled organisations.

The Virtual Forum

The full-day virtual forum was held on 7 July 2021. Following an introduction and overview of the preliminary findings of the online survey, participants took part in facilitated discussions in a number of breakout rooms, led by young women with lived experience of gender-based violence including Dakshata Sharma, Sophia Cao, and Ajar Sana.

Each discussion was focused on a particular topic, and participants had the opportunity to attend a session on every topic. The sessions were as follows:

1. Support for young victim-survivors - topics covered included improving support services; improving reporting mechanisms and interactions with institutions such as the police, courts, hospitals, and universities.
2. Prevention of violence for young women and non-binary people —topics covered included improving young people's awareness of violence and abuse; relationships, sex and consent education and preventing violence.
3. NATSIWA Panel —hosted by Professor Sandra Creamer and Mikaela French, this breakout room focused specifically on the NAIDOC theme 'Heal Country' and its relationship to Aboriginal and Torres Strait Islander women in the justice system and the law.

4. Reform and political tasks for young women and non-binary people going forward - topics covered included young women and non-binary people's leadership and advocacy opportunities and justice for young victim-survivors.

Highlights from each of the breakout room discussions were presented, followed by a large group discussion on moving forward with a focus on primary prevention and advocacy. Minutes were taken throughout the forum and the event was also recorded by Emma Rowland, a graphic recording artist.

The findings from the online survey and virtual forum together provide an understanding of young women and non-binary people's experiences of violence, from reporting to seeking support, as well as the ways to effectively respond to and prevent violence.

Appendix B: Forum's Graphic Recordings

As a key informing element of this report, the AWAVA Young Women and Non-Binary People's Forum was held on July 7, 2021, to add depth to our understanding of young women and non-binary people's experiences. The forum comprised a number of break-out sessions on issues including primary prevention, the reform agenda, and with a special focus on First Nations women.

AWAVA was fortunate to have freelance artist and graphic recorder Emma Rowland join us at the forum and create a visual memory of the day, as well as enduring pieces of art.

Graphic recordings support the facilitator by making ideas visible, as well as validate participants who can see that their thoughts and ideas are being taken into account. Most importantly, graphic recordings are inclusive and help break down barriers including in relation to language, learning styles, culture and disability. They represent a visual summary that has room for everyone, and which amplifies all the voices in the room. We are very pleased to be able to include these graphic recordings in this report.

INTRODUCTIONS + RESEARCH OVERVIEW MEREDITH TURNBULL, MALI HERMANS, KIT MUIRHEAD



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G1 - Graphic recording of the introductory session from the Young Women and Non-Binary People's Forum 7 July 2021

HIGHLIGHTS FROM BREAKOUT ROOMS



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G2 - Graphic recording of the highlights from the breakout rooms from the Young Women and Non-Binary People's Forum 7 July 2021

PREVENTION OF VIOLENCE FOR YOUNG WOMEN AND NON-BINARY PEOPLE

FACILITATOR: AJAR SANA



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G3 - Graphic recording of the prevention session from the Young Women and Non-Binary People's Forum 7 July 2021

REFORM AND POLITICAL TASKS FOR YOUNG WOMEN / NON-BINARY PEOPLE GOING FORWARD

FACILITATORS: DAKSHATA SHARMA & AJAR SANA



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G4 - Graphic recording of the reform and political tasks identified from the Young Women and Non-Binary People's Forum 7 July 2021

NATSIWA PANEL INDIGENOUS WOMEN & THE LAW FACILITATORS: SANDRA CREAMER & MIKAELA FRENCH



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G5 - Graphic recording of the NATSIWA Panel session from the Young Women and Non-Binary People's Forum 7 July 2021

SUPPORT FOR YOUNG VICTIM-SURVIVORS FACILITATOR: SOPHIA CAO



YOUNG WOMEN AND NON-BINARY PEOPLE'S FORUM

7 JULY 2021

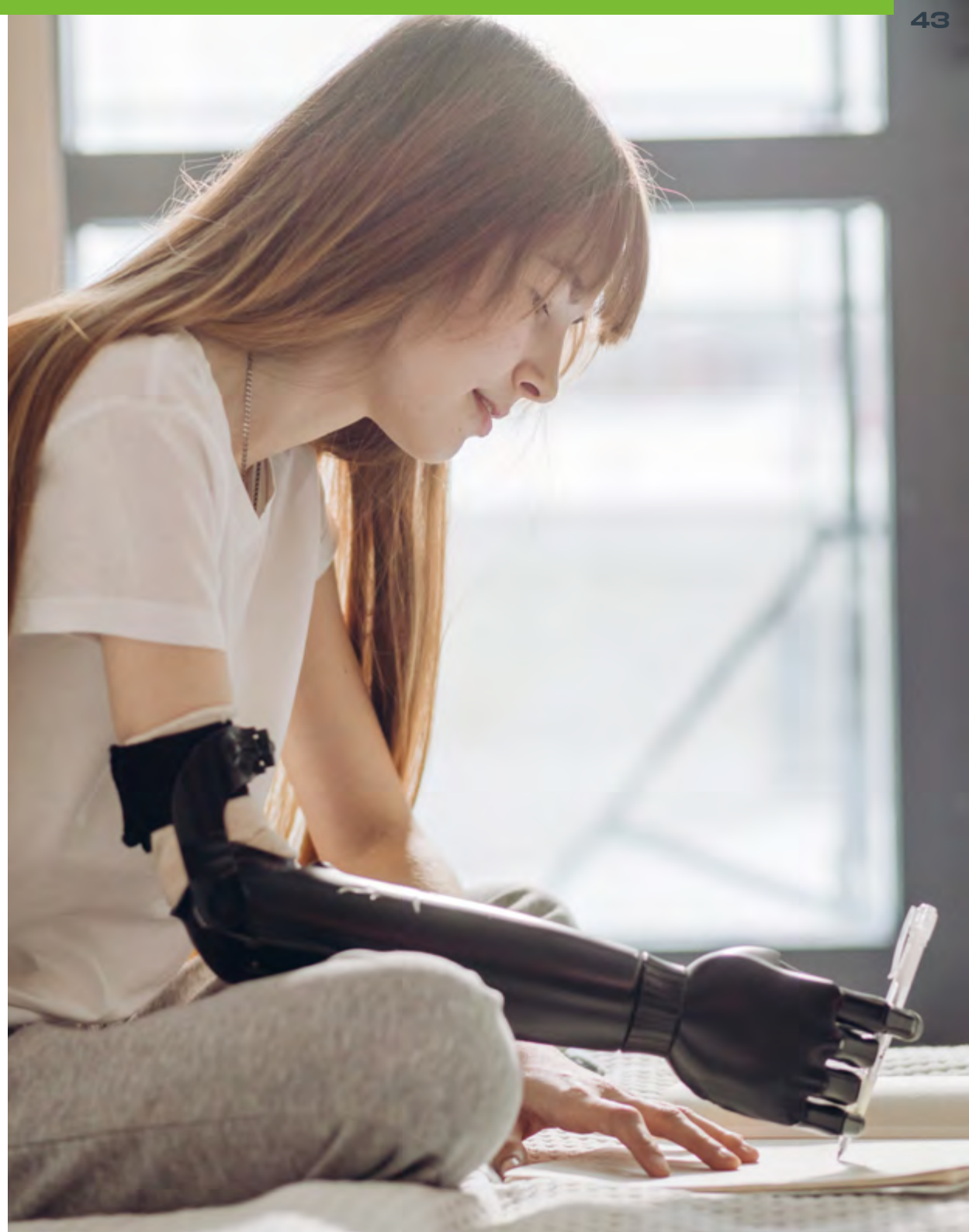
GRAPHIC RECORDING BY EMMA ROWLAND @ROWLAND_STUDIO



Figure G6 - Graphic recording of the NATSIWA Panel session from the Young Women and Non-Binary People's Forum 7 July 2021

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**Young Women's Report:
A report of the Young Women and
Non-Binary People's Forum 7 July 2021
and AWAVA's Young Women Survey 2021**



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