



Editorial Introduction

Young people experiencing homelessness and domestic and family violence have complex needs and encounter extensive barriers when seeking support and assistance. They may not recognise or may normalise abuse, thereby compounding the issue. Unfortunately, non-government and government sectors and agencies can be siloed, further complicating responses and hindering service provision. To overcome this problem, an innovative approach has been employed by some agencies; an embedded worker model. We have conducted in-depth qualitative interviews with agencies in Brisbane, Australia, who employ this model. As we discuss, the embedded worker aims to connect youth and domestic and family violence organisations, potentially addressing abuse better and bolstering youth safety and the capability and capacity of workers.

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Young homeless people and domestic and family violence: Experiences, challenges and innovative responses

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Domestic violence experienced by homeless youth: A complex issue of intersectionality

Domestic and family violence (DFV) is one of Australia's most pressing social issues. Approximately one-quarter of sexual assaults against young people aged between 15 and 24 years were classified as DFV, perpetrated by a partner or another family member in 2020 (ABS, 2021). This violence is gendered, with women overwhelmingly represented as victims and men as offenders. There are limited data on the victimisation of gender and sexually diverse young people, but data suggest high victimisation rates within this cohort (Chew et al., 2020). Most workers we consulted identified female victim/survivors and emphasised the high victimisation rate of gender and sexually diverse youth. They also stressed that many young people—victim/survivors and perpetrators (overwhelmingly young men)—had been subjected to violence as children in their homes.

Little is known about young people's experiences and perpetration of DFV, but younger women under 25 years of age experience higher rates of intimate partner violence than any other age group (ABS, 2017; Department of Communities, Child Safety and Disability Services, 2017). Relative to other age groups, young women aged 18–24 years had the highest prevalence among all types of domestic violence reported since the commencement of the COVID-19 pandemic (AIHW, 2021). The World Health Organization (2021) estimated that, globally, almost one-quarter of young women (24% of those aged 15–19 years) had been subjected to physical and/or sexual violence from an intimate partner since the age of 15.

Worryingly, young people remain largely invisible from national and state domestic violence policies and strategies (see Department of Social Services, 2010, *National plan to reduce violence against women and children 2010–2022*; Queensland Government, 2021, *Domestic and family violence prevention strategy 2016–2026*). The focus of these policies is on women and children, with young people being the target of behaviour change interventions or perpetrators of violence, as opposed to victim/survivors of DFV (there are exceptions to this focus, such as by the Our Watch initiative). Little DFV-related funding is available to non-DFV-specific organisations that assist young people (such as homelessness organisations).

Young people experiencing homelessness face the following challenges: housing vulnerability or inability to access housing, lack of interpersonal relationships with friends and family, financial insecurity and low educational attainment (Aratani, 2009; Mitchell, 2011). These challenges are magnified when young people also experience DFV. DFV has been recognised as a pathway to homelessness for young people (Gaetz, 2004; Martijn & Sharpe, 2006; Mitchell, 2011; Pain & Francis, 2004). However, research examining young people's experiences of DFV while also experiencing homelessness or at risk of homelessness is scant (AIHW, 2019; Jordan, 2012; Vichta & Husband, 2017).

This knowledge deficit hinders the development of effective policy and practice. Young people experiencing homelessness and DFV may be referred to multiple agencies or turned away from services that focus on one aspect—homelessness or DFV—which can lead to young people falling through the cracks, resulting in clear unmet needs. Siloing of the agencies can obscure effective and essential service provision for vulnerable youth.

Despite the fragmentation of current service provision and lack of resources, youth homelessness services continue to assist young people who have experienced or are experiencing DFV. Many have post-traumatic stress disorder and complex trauma or present with other mental health issues (Hall et al., 2020). They may be using alcohol or other drugs to self-medicate and may have engaged or be engaging in crime or have been criminalised (Jordan, 2012). These complex needs mean clients may be excluded from or fall outside the remit of services focused on one issue.

The underserved cohort and their needs and vulnerabilities have been considered an issue to address urgently.

Seeking to do so, a Queensland organisation created an embedded-worker model: a DFV worker positioned within a youth service, which, it was hoped, would offer key benefits to clients and the potential to upskill workers and build capacity.

A practitioner partnership

We partnered with a not-for-profit organisation, Brisbane Youth Service (BYS), to examine practitioner and service manager perspectives on young people's experiences of homelessness and DFV. The interviews focused on practitioners' and service managers' accounts of the:

- cohort's demographics
- scope and dynamics of DFV victimisation and offending
- barriers young people encounter when seeking assistance and in navigating housing, education, employment, legal and justice sectors
- complex needs of young people
- systemic, sector and organisational challenges workers and advocates navigate
- recommendations and opportunities to enhance support for young people and prevent youth homelessness and DFV.

Upon obtaining ethics approval from QUT (2021000151), focus groups ($n = 8$, in two groups) and interviews ($n = 8$) were conducted with BYS frontline workers and managers. Additional interviews ($n = 6$) were conducted with external service managers and chief executive officers, including current and former staff members of the Brisbane Domestic Violence Service (BDVS) who have a partnership with the BYS. Interviews were also conducted with the Queensland Youth Housing Coalition, Brisbane Youth Housing Project, Windana and Sisters Inside.

Thematic coding of the data was completed by the team using the NVivo platform. Although this project explored sector and practitioner insights, we recognise and advocate

for the need to engage young people in research. The project team, therefore, plans to foreground young people's voices and agency in the next stages of this project.

Young people: DFV violence is their norm

The majority of BYS participants commented that their clients normalised DFV violence. There was concern that non-physical and 'non-traditional' forms of coercive and controlling behaviours were not recognised as abusive. Indeed, workers noted that sometimes young people disengaged when the words 'domestic violence' were mentioned as they did not view their experiences as such, especially if they were not subjected to physical violence. Abusive behaviours enacted through technology, such as monitoring a person's location via Snapchat, were said to be commonly accepted or overlooked by clients. Some participants attributed this acceptance to behaviours observed among youth cohorts more generally, where regulation, intrusion and surveillance of and through digital media and devices were commonplace. Depictions of relationships in popular culture reflected and reinforced 'unhealthy' relationships. Similar to the 2017 National Community Attitudes towards Violence against Women Survey findings (Webster et al., 2018), our participants pointed to troubling findings about violence against women and gender equality.

The findings in the national survey also included victim-blaming views held by young men aged 16–24 years about those who had been raped (one-third of respondents) and subjected to image-based sexual abuse (over one-quarter of respondents). Over 43% of respondents supported the statement 'I think it's natural for a man to want to appear in control of his partner in front of his male friends', 22% responded that men

should take control of relationships and be the head of the household and controlling behaviours enacted through technology were not recognised by 20% of the respondents (Webster et al., 2018).

However, participants in our study emphasised that they felt the normalisation of DFV was more entrenched in the mindset of young people experiencing homelessness than the general population, being part of the everyday past and present for those experiencing homelessness. This attitude was said to be especially true for young people with disabilities and First Nations youth who experience violence at proportionally higher rates (see Mitchell, 2011). Participants attributed the normalisation of DFV to the fact that most of their clients experienced violence in their homes when they were children or when they were in care. Workers emphasised that the way young people were treated in these spaces (as well as by institutions such as child protection services) resulted in perceptions that young people were not entitled to and had no templates for 'healthy' relationships. Being subjected to abuse and trauma in multiple spaces in their lives meant that some could enter into relationships where there was 'manageable violence'. 'Manageable' referred to perpetrators whose abuse was deemed easier to navigate than violence or exploitation in other settings or perpetrators who hurt young people but offered protection or the guise of it.

Workers lamented that when young people do not identify their experience as DFV, they are unlikely to seek help or refer to relevant services. Instead, they may talk to workers about incidents that make them feel uncomfortable or unsafe. Recognising this behaviour, workers told us about having strategic, gentle conversations about 'safe relationships', reflecting on coercive and controlling behaviours.

Unsurprisingly, workers emphasised the importance of having a quality working alliance with their clients for these conversations to be effective and identified the need for resources and initiatives that raise awareness about youth DFV.

Embedded-worker model

BYS practitioners and managers, and sector specialists acknowledge that young people do not commonly access DFV-specific services. This might be because, commonly, these services are targeted at adult women. Youth-specific organisations are more likely to be viewed as accessible and friendly and provide young people with the opportunity to develop trusting relationships with youth workers and the service. When this trust is established, young people may feel safe to share more about their intimate partner relationships with their worker/s. It is important to note that the relationship between young people and youth workers can take considerable time to develop due to the abuse, violation and disrespect experienced by young people in other relationships with adults. Consequently, youth-friendly services can occupy a key space in which education, support and targeted DFV responses can be delivered. However, youth workers may not have specialist DFV practice or training. BYS implemented an embedded-worker model in 2020 to address these factors and their clients' needs.

It was envisioned that this worker would ensure that the specialist sectors of youth work, homelessness and DFV were present and integrated better to meet the intersectional needs of disadvantaged young people. Since its inception in 2020, this model has not been evaluated, which inspired this pilot project. Participants defined this model as an embedded DFV specialist role within a youth homelessness service. The worker is equally positioned across two services, BDVS and BYS, but is primarily employed by BDVS.

The embedded worker manages cases at BDVS and advises or consults with BYS staff working with young people experiencing DFV, guiding risk assessments when necessary. The embedded worker also reviews BYS's DFV policies and procedures and seeks to enhance information sharing, upskilling and capacity building for staff to enhance responses to DFV.

Benefits of the role to workers

The embedded worker has been described as a 'resourcing role' whereby the expertise is offered to share information on DFV guidelines, which BYS workers then utilise in their case management. DFV requires an integrated approach to case coordination; thus, the embedded worker is critical for risk assessment and management and safety planning. When these practices are not managed well, they can lead to deadly consequences.

All participants stated that the embedded-worker model was highly beneficial, especially in the area of DFV. Participants noted that the embedded worker's knowledge of criminal justice systems and capacity to guide risk assessment and refer young people to the High Risk Team (HRT) enhanced service understanding of justice issues, identification and management of risk, and linked workers with other services. The HRT is a multi-agency unit that identifies and intervenes in cases where victim/survivors are deemed to be at high risk of serious harm or fatal violence.

Participants also described how the embedded worker helped BYS staff to navigate complex systems and engage police, a previously challenging area of practice. This work served to bridge the gaps in the systems as the embedded worker could streamline certain processes.

Benefits of the role to young people

Participants felt that the presence of an embedded DFV worker led to more positive outcomes for young people as BYS staff were able to consult on cases, conduct appropriate risk assessments and formulate targeted responses to improve client safety. Safety initiatives included presenting cases (consenting and non-consenting) to the HRT for a coordinated safety response. The ability to escalate cases to the HRT means that additional resources can be engaged in efforts to keep young people safe. Although the homelessness and DFV sectors can be disparate and challenging to navigate, the embedded worker ensured an integrated service model; thus, help-seeking and responding to DFV was easier for clients. In bridging the BYS and BDVS, the embedded worker was considered a broker between them and many other government and non-government organisations. The embedded worker ensured young people had an advocate to assist in relation to child safety and the justice system because of her knowledge of and relationships with state agencies. Referrals to specialist DFV services and education and raising awareness about DFV were thought to positively affect young people's lives, reduce re-victimisation and combat the normalisation of DFV.

Practice and policy recommendations

The findings in this pilot study provide key insights into the important role an embedded DFV worker can play in a youth service. This model is essentially a form of integrated service delivery that is youth focused. Although it is beyond the scope of this paper to explore further, the important work of youth homelessness services in supporting young people's experiences of homelessness and DFV requires further attention in policy and funding responses.

Challenges and future steps

An embedded-worker model to address young people's experiences of DFV should not be treated as a panacea. Instead, its merits must be considered and highlighted as one element of a broader suite of initiatives to reduce and prevent this worrying intersectional issue. This pilot project focused on the views and perspectives of practitioners and service experts, not young people. Future research intends to centre youth voices, recognising that young people's experiences of homeless and DFV can only truly be known if their voices are captured in research.

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