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**Intersectionality and Adolescent Domestic Violence and Abuse: addressing 'classed sexism' and improving service provision.**

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## Intersectionality and Adolescent Domestic Violence and Abuse: addressing 'classed sexism' and improving service provision.

### Introduction:

The complex interrelationships between age, class, ethnicity, poverty, sexual orientation and a number of other social divisions have a significant impact upon the experience of domestic violence and abuse (DVA) (Sokoloff & Dupont, 2006). In dialogue with other feminist approaches to marginalised identities (Crenshaw, 1993, Skeggs 1997, Brah & Phoenix, 2004, Yuval-Davis, 2006), this qualitative study explores the intersection of age, class and gender as experienced by adolescent service users living within an economically deprived neighbourhood in the North West of England. To better understand experiences of DVA, the ways in which multiple oppressions intersect warrants consideration, particularly in light of claims that socio-economic and ethnic marginalisation has the potential to increase the risk of exposure to interpersonal violence (Sokoloff & Pratt, 2006). Through privileging the experiences and knowledge of survivors and practitioners, this article highlights significant risks for adolescent survivors and suggests ways in which targeted support might be improved. The findings conclude that central government and local councils might confront the impact of intersecting oppressions by addressing 'classed sexism' in early intervention and educational strategies to effect lasting change (Essed, 1991).

### The Gendered Context of DVA

Gender based violence is a global public health concern and a human rights issue (Krug, 2002), one which the UK government embedded within the Crime Reduction Agenda in 2000. An international study of women's health identified an association between recent ill-

1  
2  
3 health and lifetime experiences of violence, highlighting the cumulative effects which may  
4  
5 continue to impact long after the abuse has ceased (WHO, 2008).  
6

7 Findings from a UK based large-scale study of adolescent relationships provides an  
8  
9 overview of the gendered dynamics of violence, highlighting the importance of preventative  
10  
11 and educational interventions (Barter et al, 2009). Although the prevalence of same-sex  
12  
13 relationships and other intersecting characteristics may obscure the complexity of  
14  
15 adolescent DVA, the findings parallel adult populations (Walby, 2013). In England  
16  
17 (2009/10) over one million adult females were subjected to DVA and in the UK, one in four  
18  
19 females experience abuse perpetrated by males at some point during their lifetime (Flatley,  
20  
21 2010).  
22  
23

24 A similar pattern defines other Western, Asian, East Asian and commonwealth contexts. As  
25  
26 Alhabib, Nur and Jones (2010) suggest, violence against women has 'reached epidemic  
27  
28 proportions in many societies' (Alhabib et al, 2010:370). In the United States, an estimated  
29  
30 forty-two million women experience DVA, including sexual violence and stalking during their  
31  
32 lifetime (Black et al, 2011). Young women face a greater risk of intimate partner violence,  
33  
34 rape and sexual assault between the ages of eleven and seventeen (Black et al., 2011).  
35  
36

37 The UK government re-defined DVA in 2012 to include young people (aged 16-17). Despite  
38  
39 national campaigns to address DVA within this demographic, significant gaps remain. For  
40  
41 example, in the district where this study was based, the local DVA strategy and guidance  
42  
43 documents noted the legal re-definition of DVA, yet a focus on how to target this  
44  
45 demographic was omitted. Without appropriate referral pathways, young survivors face a  
46  
47 greater risk of serious assault/ homicide and young perpetrators risk criminalisation  
48  
49 (Condry & Miles, 2012, Hunter & Piper, 2012).  
50  
51

52 Although some participants disclosed their own engagement in aggressive or controlling  
53  
54 behaviour, empirical evidence regarding female perpetrators who pose a significant risk to  
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2  
3 male partners is limited (Bates, 2014). Whilst some women are violent to men and same-  
4  
5 sex relationships can also be abusive, 'historically, statistically and globally, the  
6  
7 predominant pattern is one of men's violence towards women' (Wilcox, 2012:279).  
8  
9

### 10 11 12 **The Economic Context**

13  
14 Poverty is widespread across the **anonymised** district identified for this study. In 2011-12,  
15  
16 public spending was cut by over twenty-five million pounds, with a further cut of 20 million  
17  
18 during 2012-2015. As public sector agencies are major employers, on-going cuts may fuel  
19  
20 rising levels of deprivation. Evidence suggests that 'inequality within the district has grown  
21  
22 and that the gap between the most deprived and privileged regions has widened' (Indices  
23  
24 of Deprivation, 2010). Those who experience deprivation are more likely to suffer poorer  
25  
26 health, have limited access to services and have shorter life expectancies (Health Profiles,  
27  
28 2012). These findings have a particular resonance in relation to DVA services within the  
29  
30 district. Two areas within the district are identified within the top fifty most deprived regions  
31  
32 in England.  
33  
34

35  
36 The contraction of public funding pathways for DVA services nationally has been noted by  
37  
38 a number of organisations such as Refuge and Women's Aid. A report measuring the  
39  
40 impact of austerity argues that national reductions produce dramatic local cuts to  
41  
42 preventative and statutory services, suggesting cuts have been unevenly imposed across  
43  
44 Local Authorities (Towers & Walby, 2012). Walby (2008) notes a decrease in DVA  
45  
46 between 2001-08, which had been achieved 'in part, by the development of and increased  
47  
48 utilisation of public services' (Walby, 2008:9).  
49  
50

51  
52 Social and economic inequalities are further compounded by gendered austerity measures.  
53  
54 Within the context of Liverpool, a Northern city in which high levels of deprivation have  
55  
56 placed all services under significant pressure, one study suggests that 'despite an increase  
57  
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1  
2  
3 in the number and severity of attacks on women, cuts have been made' (James &  
4 Patiniotis, 2013:6). One DVA service disclosed that its preventative and awareness raising  
5 work with young people had ceased as a consequence of cuts. Without work aimed at  
6 dispelling myths around victim blaming and promoting healthy relationships, provision  
7 becomes patchy and inconsistent.  
8

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11  
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14 As Ferguson (2004) suggests, neoliberalism has enabled conceptual shifts regarding  
15 individual versus state responsibility. The critical scrutiny and contraction of public sector  
16 spending has narrowed public consciousness, with professionals and service-users  
17 accommodating austerity measures rather than collectively resisting them. Walby  
18 concludes that the effects of the economic downturn have been heavily gendered (Walby,  
19 2009).  
20

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26  
27 The ways in which age, class, gender, race and sexuality predispose individuals or groups  
28 to heightened levels of structural and interpersonal violence has been well documented  
29 within a range of Marxist, postcolonial, queer and feminist theories. As Crenshaw (1991)  
30 suggests, 'the violence that many women experience is often shaped by other dimensions  
31 of their identities, such as race and class' (1985:1242). Intersectionality theory enables  
32 significant conceptual shifts to widen and deepen the parameters of the field of study. By  
33 mapping specific forms of violence, intersectionality theory enables the development of a  
34 complex cartography through which more nuanced landscapes of 'classed sexism' may be  
35 perceived.  
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#### 49 **Method:**

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52 **Design:** A phenomenological approach was taken to explore participants lived experience  
53 of DVA (Marshall, 1996). The study sought to unite phenomenology and hermeneutics to  
54 help develop an understanding of adolescent DVA and participant's experiences of  
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2  
3 available services. Knowledge of these experiences was garnered through shared  
4  
5 narratives. To capture these narratives, semi-structured interviews were conducted. The  
6  
7 interview schedules asked open questions regarding gendered violence, the contexts in  
8  
9 which violence occurs, the levels of risk experienced and the appropriateness of current  
10  
11 service provision. Interviews were conducted at two sites within an **anonymised** Local  
12  
13 Authority in the North West of England: the Teenage Pregnancy Team and a Mother and  
14  
15 baby Unit.

16  
17  
18  
19 **Participants:** Eight females were recruited using a purposive sampling strategy. Four  
20  
21 young mothers (18-20) who have survived DVA and one older mother **(42)** who had  
22  
23 experienced Parent Abuse participated. Three experienced practitioners **(40-58)** who are  
24  
25 currently managing services also participated. Six of the eight participants are resident  
26  
27 within one of the districts poverty 'hotspots' and **all participants identified as heterosexual**  
28  
29 **and White British.**

30  
31  
32  
33 **Ethical Procedures:** Liverpool John Moores University Research and Ethics Committee  
34  
35 granted ethical approval for this study. **Given the limited number of DVA services within the**  
36  
37 **Local Authority, the district and host agencies have been anonymised.**

38  
39  
40  
41 Participants were also anonymised and pseudonyms adopted. Interviews were digitally  
42  
43 recorded (with permission), transcribed and coded to identify emerging themes. **To ensure**  
44  
45 **the language used was age-appropriate, accessible and pertinent, questions were piloted**  
46  
47 **to prospective participants. As a result, broader questions pertaining to service provision,**  
48  
49 **the historicity of DVA, gendered dynamics and economic disadvantage were used to frame**  
50  
51 **interviews.**

52  
53  
54  
55 Interviews were designed to promote 'dialogical research' between myself and each  
56  
57 participant (Ledwith, 1997:104). The central underpinning tenet of the design was to  
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1  
2  
3 prioritise respondent's 'concrete experiences and to unite theoretical analysis and action for  
4  
5 change' (ibid.p.104). Although clearly situated within structural relations of power, I sought  
6  
7 to convey empathy, to develop a holistic understanding of the field, whilst critically  
8  
9 analysing the data.  
10

11  
12 To **minimise** objectification and exploitation, informal interviews were conducted in familiar  
13  
14 settings, with an awareness regarding the historicity of gendered violence to help create the  
15  
16 conditions 'under which people come to know each other and to admit others into their  
17  
18 lives' (Oakley, 1986:58). However, notwithstanding a commitment to praxis, the challenges  
19  
20 of garnering data as both a practitioner and academic working in deprived communities  
21  
22 raises a series of complex ethical questions regarding the negotiation of power (Mee,  
23  
24 2012). Attempting to minimise abuses of power within marginalised communities raises a  
25  
26 series of questions regarding the relationship between structural, symbolic and 'invisible'  
27  
28 violence and intersectionality, specifically in relation to the question of whether ethical  
29  
30 research in these contexts is possible (Bourgois, 2010).  
31  
32  
33

### 34 35 **Analysis:**

36  
37  
38 An approach defined as 'textual analysis,' was utilised to help identify dominant discourses  
39  
40 and to facilitate commentary upon the 'texture' of the interviews (Fairclough,1995:185).  
41  
42 Textual analysis is also concerned with dominant social structures, institutions, discourses  
43  
44 and the interface between structure and agency (ibid.,p.73). **Congruent with textual**  
45  
46 **analysis, intersectional analysis pays specific attention to and enables an exploration of**  
47  
48 **social divisions in terms of how individuals experience 'inclusion and exclusion,**  
49  
50 **discrimination and disadvantage'** (Yuval-Davis, 2006:198). **Moreover and as Yuval-Davis**  
51  
52 **(2006) suggests, the ways in which individuals are excluded and disadvantaged produce,**  
53  
54 **'in specific historical situations, hierarchies of differential access to a variety of resources –**  
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1  
2  
3 economic, political and cultural' (ibid.,199). Therefore, narrative segments where  
4  
5 participant's views on the relationships between gender, economic disadvantage, the  
6  
7 historical context of the locale and DVA were identified through data coding. Segments  
8  
9 which explicitly addressed the intersections of lived experiences were organised into five  
10  
11 key areas, with some segments clearly addressing more than one area: gender, class,  
12  
13 violence, risk and service provision.  
14  
15

16  
17 Whilst participants were asked to define key terms such as DVA at the beginning of each  
18  
19 interview, one possible limitation of this analytic approach is that terms such as class,  
20  
21 gender and heterosexuality were not defined by participants. As Yuval-Davis (2006)  
22  
23 suggests, whilst a focus on multiple oppressions is crucial for comprehending different  
24  
25 levels of vulnerability, applying terms such as gender, class and race uncritically may well  
26  
27 produce 'hegemonic discourses of identity politics' which 'essentialize 'Blackness' or  
28  
29 'womanhood' or 'working classness' (Yuval-Davis, 2006:195). Yet the risks of  
30  
31 homogenising marginalised groups is to some degree also minimised by rigorous  
32  
33 intersectional analyses which challenge hegemonic traditions (ibid.,201).  
34  
35  
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37

38 **Table 1:** Age, Gender, Ethnicity and Sexuality of participants.  
39

#### 40 **Classed Sexism and Violence**

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42

43  
44 Compared with neighbouring districts, each practitioner identified high incidences of DVA.  
45  
46 As the co-ordinator of a DVA service, Barbara stated that 4200 calls had been received  
47  
48 during 2012, but added '*there can be up to thirty-five incidents before somebody calls the*  
49  
50 *police.*' On the question of a relationship between the historical context and current  
51  
52 incidences of DVA, Barbara identified the legacy of a mining culture, underpinned by  
53  
54 traditional gendered divisions of paid and unpaid labour:  
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3 The men went out to work, the woman was left at home to bring the children up, make  
4 sure the house was kept, make sure the food was on the table when he came home  
5  
6 from a very physical level of work. (Barbara)  
7  
8

9  
10 Similar observations were articulated by Berni, the manager of a Teenage Sexual Health  
11 Service. Berni makes a series of connections between the loss of the mining industry, the  
12 impact on inter-personal relationships and the 'fixed' intransience of the residents:  
13  
14

15  
16  
17 When you look historically at the changes that have happened in this Borough to the  
18 workforce, to the industries that were in the area, there's been a big shift I would say, for  
19 men and women, within the Borough. People don't move out much, people don't move  
20 into the area, so you do see those generational, those cyclical issues, because they're  
21 not a very transient community are they, they are quite fixed communities. (Berni)  
22  
23  
24  
25  
26

27  
28 Christine is the manager of a supported housing project, with over twenty years' experience  
29 working with vulnerable young people. Christine identifies traditional patriarchal attitudes,  
30 the gendered division of labour and the loss of industry as factors which contribute to DVA:  
31  
32  
33

34  
35  
36 The man went down the pit and the woman was at home with the kids. And there was  
37 just this sort of like, this routine ... you know, tea on the table when he comes in.  
38  
39 (Christine)  
40  
41

42 In addition to the persistence of patriarchal and heteronormative values, Christine identifies  
43 a relationship between DVA and the lack of diversity within the District:  
44  
45

46  
47 [It] is a very insular, backward thinking town, I think, personally. You know, we didn't  
48 have a very multi-cultural population, it is more so now than it was years back ... and  
49 certainly homophobic (Christine).  
50  
51  
52

53  
54 In addition to the perceived tensions reproduced by prevailing heteronormative and  
55 economic ideologies through which violence against women and children is naturalised  
56  
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3 (Walby, 1990, Bourdieu, 2001, Bourgois, 2002, Yuval-Davis, 2006), Barbara identifies high  
4  
5 levels of unemployment for males, a loss of identity and alcohol/ substance misuse within  
6  
7 the region as significant contributory factors:  
8  
9

10 I question whether there is some level of generational belief around the power and  
11  
12 control of male to female, coupled with a lack of job opportunities, which results with a lot  
13  
14 of people then ending up drinking to forget or to numb and [DV] becomes habit.  
15

16 (Barbara)  
17  
18

19 The service-user responses offer a different perspective. Grace is an older service-user  
20  
21 who has survived intergenerational cycles of DVA. Grace felt strongly that DVA is not  
22  
23 restricted to a specific region, interpreting a subtext, or deeper meaning in the question.  
24  
25 Grace addresses issues of social class in her response, critiquing the presumption that  
26  
27 DVA only occurs in economically deprived areas:  
28  
29

30  
31 No. It's anywhere. You don't just get it in one area. You know, some people reckon that  
32  
33 living in a posh area, it's done more, but hidden more. It can happen anywhere. It's not  
34  
35 just because it's [here] its worse. (Grace)  
36  
37

38 Berni and Christine noted that economically privileged young people and women were less  
39  
40 likely to attract attention from statutory services, experience homelessness or young  
41  
42 parenthood and were better able to camouflage DVA with money, education and social  
43  
44 status:  
45  
46

47 [Those] families have been able to cover and hide and make sure nobody's aware. It  
48  
49 takes a lot to get underneath that, to realise that it is DV. And they won't come to the  
50  
51 attention of services at all. (Berni)  
52  
53

54 Although DVA is perceived as transcending the clearly delineated social strata, the region  
55  
56 is described by two practitioners as lacking in ethnic and racial diversity. The district has  
57  
58  
59  
60

1  
2  
3 small Polish and Traveller communities and even fewer numbers of Black and Asian  
4 residents. However, Theresa identifies how DVA is not confined to one racial, ethnic or  
5 national identity (Barter, 2009). Theresa is a service-user living in supported  
6 accommodation with her son, Dylan, due to the DVA perpetrated by his father. Theresa  
7 shares a similar view to Grace, noting the global prevalence of DVA, which is '*everywhere,*  
8 *even in many different countries*'.

9  
10  
11 Judith echoes views consistent with both Theresa and Grace. Judith lives in supported  
12 accommodation with her daughter, Emily, due to the DVA perpetrated by Emily's father.  
13 Judith perceived DVA as being '*everywhere, not just in one place. It's everywhere you go*'.  
14 Rachel, also in supported accommodation due to the DVA perpetrated by her child's father,  
15 rejected the existence of a relationship between the district and DVA, arguing that '*not all*  
16 *people are the same*'.

17  
18  
19 Conversely, Pamela, a service-user whose daughter, Sophia, had been subject to two  
20 Child Protection (CP) plans due to DVA, offers a different view. Pamela feels that there is a  
21 relationship between her social context and incidences of DVA. Disenchanted with the area  
22 and with the young males in her age group, Pamela identifies boredom, unemployment,  
23 drug misuse and criminality as contributing to the prevalence of DVA within the district:  
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43 There's nothing round here. All's [sic] they do is go and smoke weed and rob houses.  
44 They're just scum. By the time that little girl is starting Primary School, we won't be living  
45 round here, definitely not. One hundred per cent we won't be. Definitely. There's nothing  
46 round here for anybody. (Pamela)  
47  
48  
49  
50

51  
52 A number of the participants' accounts reject the view that personal agency is shaped by  
53 historical and contemporary contexts and dominant social structures (Friere, 1970,  
54 Gramsci, 1971, Althusser, 1971, Hall, 1997). Participants argue that DVA does not 'exist in  
55  
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3 a vacuum', rather seeing it as an endemic or 'common feature of male dominated societies'  
4  
5 (Harne and Radford, 2008:147). DVA is conceived as a choice made within contexts in  
6  
7 which other offending behaviours are prevalent. These perspectives highlight tensions  
8  
9 between dominant ideologies, oppressive structures and personal responsibility. Although  
10  
11 defined as a choice, as an abuse of individual agency which is neither natural nor  
12  
13 inevitable, it is also situated within intersecting, historical, 'hierarchical and gendered social  
14  
15 relations of power' (ibid,p147). In this respect, the work of contextualising interpersonal  
16  
17 violence is limited without better understanding how structural, symbolic and hidden forms  
18  
19 of violence intersect (Bourgois, 2002, 2010), producing heightened vulnerabilities or  
20  
21 'classed sexism' within highly gendered neoliberal democracies.  
22  
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25

### 26 **Representations of Risk**

27  
28  
29 Participant responses reveal a high level of violence and risk. Theresa, Judith, Pamela and  
30  
31 Rachel's children were placed on CP plans and were all residing in supported  
32  
33 accommodation to help minimize risks and improve parenting skills (Broadhurst et al,  
34  
35 2010). For Theresa, there is an on-going risk that her son will be permanently removed  
36  
37 from her care, as she struggles to prioritise his needs over the needs of his father. Another  
38  
39 concerning risk for service-users like Theresa is fatality. During the interview, Theresa  
40  
41 recalled one near-death experience:  
42  
43  
44

45  
46 And it was like one time where Tony had really battered me and I was screaming in the  
47  
48 entry and then it all went quiet because I passed out ... so I was like, that close, from  
49  
50 Tony punching me in the head or something and me passing out and dying. (Theresa)  
51

52  
53 In this incident, Theresa lost consciousness and was later hospitalised with a broken arm.  
54  
55 However, Theresa's recollections normalised interpersonal violence as unexceptional  
56  
57 phenomena, forming part of the fabric of her daily life. Similarly to Theresa, Rachel  
58  
59  
60

1  
2  
3 disclosed how she had been '*battered*' by her ex-partner on a number of occasions before  
4  
5 he received a custodial sentence. Also pertinent is the level of risk that Theresa's ex-  
6  
7 partner Tony may have exposed himself to in terms of his involvement with the criminal  
8  
9 justice system. Theresa presented a snapshot of Tony's early experiences of violence and  
10  
11 psychological abuse at the hands of his mother's partners:  
12

13  
14  
15 And that person who his mum was with would hit Tony and there was one time where he  
16  
17 whacked him with a big stick ... So he's been shown violence and control and I think  
18  
19 that's where it stems from. (Theresa)  
20

21  
22 Although Tony has not contributed to the research directly, Theresa identifies an  
23  
24 intergenerational link between child abuse and DVA. A deterministic cycle of violence  
25  
26 narrative is problematic but there are clear risks for young people exposed to violence  
27  
28 (Walby, 1990). Without receiving appropriate support, adolescents may be at higher risk of  
29  
30 self-harm, homelessness and youth offending (Yexley et al, 2002). Indubitably, a custodial  
31  
32 sentence will impact on education, housing, training and employability opportunities, mental  
33  
34 health and wellbeing (Biehal, 2012).  
35  
36

37  
38 Grace articulates a similar concern when discussing the advice she received during a  
39  
40 parenting class. Grace was advised to ignore Tommy's aggressive behaviour and reward  
41  
42 positive behaviours instead. Grace recalled occasions where she locked Tommy outside of  
43  
44 their home in order to protect her younger children. As Grace suggests, Tommy is also at  
45  
46 risk of receiving a custodial sentence:  
47  
48

49  
50 You can't ignore them every time. You know, when knives, bats, golf clubs, all them kind  
51  
52 of things are coming into it ... he takes it as though I'm protecting everybody else, but it's  
53  
54 protecting him as well, because if he hits somebody with that and does damage, where  
55  
56 is he going to end up? (Grace)  
57  
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1  
2  
3 DVA risks are assessed using an assessment toolkit. The assessment converts a  
4 numerical score into categories of risk: Gold (high), Silver (medium) and Bronze (low) and  
5 is used by Police Officers, Social Workers and IDVAs (Independent Domestic Violence  
6 Advocates). Barbara discussed the limitations of the toolkit, arguing that it was '*too police-*  
7 *ified*', with a focus on crime '*which does not fit in with family violence,*' or with psychological  
8 and emotional forms of abuse. Moreover, Barbara notes how risks are perceived differently  
9 by different agencies, resulting with a lack of consistency:  
10  
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12  
13  
14  
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18  
19 What I would class as a risk and what another agency would class as a risk varies  
20 significantly. We had that woman who had her throat cut and she scored a low silver.  
21  
22

23  
24 (Barbara)  
25

26 Barbara is '*totally reliant*' on information sharing within multi-agency teams, advising that  
27 practitioners should discard the toolkit wherever necessary and draw upon their own  
28 knowledge. Again, Barbara returns to the problems she encountered with the toolkit,  
29 identifying limited awareness and lack of insight as key issues:  
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31  
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37 Some of our higher risk cases have been silver and below, because when you think  
38 about it, to me it makes sense, that the highest risk [cases] are those that don't really  
39 truly understand what they've just gone through. (Barbara)  
40  
41  
42  
43

44 In a similar vein, Christine expressed concern regarding Police Officers' knowledge of DVA,  
45 evidenced by a perceived lack of empathy during MARAC (Multi-agency Risk Assessment  
46 Conference) hearings and dubious competencies conducting risk assessments. Christine  
47 recalls her experience of surviving DVA after ending a relationship and describes being  
48 '*laughed at*' by officers who were unaware of her role as service manager. Christine  
49 identified this combination of hostility and ignorance as prohibiting young disadvantaged  
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2  
3 women from reporting DVA incidents '*because they have been dealt with in such a*  
4  
5 *judgemental manner*':  
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9  
10 I went to see an IDVA myself following the incident a few days later, who scored me very  
11  
12 high as a gold ... when making a complaint about the police sometime after, they told  
13  
14 me that my scoring had been bronze. They had never completed that [assessment] with  
15  
16 me, they did it themselves, so had not asked me most of the questions on it. (Christine)  
17

18  
19 Christine's experience represents role conflation that challenges the belief that professional  
20  
21 and service user identities are necessarily distinct. Christine's account underscores the  
22  
23 importance of DVA training for statutory professionals to minimise risk and the urgent need  
24  
25 for DVA and anti-oppressive training **to address classed sexism**. As both a practitioner and  
26  
27 service-user, Christine's experience provides a lens to view survivor stigmatization and re-  
28  
29 victimization as a consequence of **classed sexism**.  
30  
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### 32 33 34 **Agency Responses, Service Provision and Educational Approaches**

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36  
37 Within UK legislation and policy, a zero tolerance approach to DVA is now explicit. Within  
38  
39 the consultation papers 'Together We Can End Violence Against Women and Girls' (Home  
40  
41 Office, 2009) and 'Ending Violence Against Women and Girls' (Home Office, 2013) DVA is  
42  
43 framed as an unacceptable violation of Human Rights within domestic and international  
44  
45 arenas. Notwithstanding these protective frameworks, DVA constitutes a central feature in  
46  
47 referrals to children's services, yet a marked gap exists regarding referral routes for young  
48  
49 perpetrators (Hunter & Nixon, 2010). The legislative underpinnings of the 'Rights of the  
50  
51 Child' (Article 3.1), may present professional tensions for practitioners working to avoid  
52  
53 criminalising young perpetrators, given that the 'best interests' of all children are paramount  
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3 (Hunter & Piper, 2012). However, early intervention in all forms of interpersonal violence  
4  
5 remains a clear priority.  
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8  
9 In responding to questions regarding DVA prevention and intervention, each participant felt  
10 that an educational approach focusing on healthy relationships should be integrated within  
11 the curriculum at Key Stages 1&2. Christine, Berni, Barbara and Grace each expressed a  
12 view that education related to DVA should be statutory within the current provision for  
13 PSHE (Personal, Social, Health and Economic) education, feeling that a focus on healthy  
14 relationships should be implemented as early as possible:  
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22  
23 We're talking about starting it from the very beginning, as soon as they start school, to  
24 say that when you feel scared, when this is happening, you need to tell me. (Christine)  
25  
26

27  
28 The only way we are going to be a truly preventative service is through education. And  
29 education can only be in schools because we can't rely on people doing it within the  
30 home. (Barbara)  
31  
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35  
36 Practitioners argued that labelling young perpetrators as 'abusers' is unhelpful, whereas  
37 supporting a young couple or individual to learn about healthy relationships can effect  
38 lasting change. However, younger service-users expressed views drawn from their own  
39 experience of living with DVA. Judith and Pamela acknowledged that early educational  
40 interventions might benefit other young people, but were sceptical about their ex-partners  
41 willingness to engage:  
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49  
50 He's just very selfish, he doesn't seek support. He's just set in his ways and doesn't  
51 change. I think he'll never change (Judith)  
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54  
55 No, he was just a bad apple completely (Pamela)  
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3 Theresa took issue with the notion of supporting perpetrators, holding a view that male  
4 perpetrators make a choice to victimize women. Instead of offering support, Theresa  
5 expresses a desire to retaliate, arguing that perpetrators '*don't treat males like that, it's only*  
6  
7  
8  
9  
10 *weak women they pick on*':

11  
12 I don't like all the help people are giving them, because they've done so much to us ...  
13  
14 and made us feel so small and I think someone should do the same to them and see  
15  
16  
17 how they feel. (Theresa)

18  
19 Theresa, Pamela, Rachel and Judith identified The Freedom Program and workers at the  
20 Supported Accommodation Projects as helpful and informative. Practitioners helped  
21 participants identify DVA, controlling behaviours and positive relationship models for both  
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Theresa, Pamela, Rachel and Judith identified The Freedom Program and workers at the Supported Accommodation Projects as helpful and informative. Practitioners helped participants identify DVA, controlling behaviours and positive relationship models for both genders. Additionally, therapeutic services were also suggested as a possible referral route for some perpetrators, as Theresa and Rachel both felt that their ex-partners needed to confront their own violent and traumatic histories.

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However, Grace offered an alternative view regarding counselling and group therapy. Grace recalled her own difficult experiences with person-centred counselling, feeling that her counsellor needed to '*know what it's like to suffer with it*'. Christine also expressed reservations about perpetrator engagement with therapeutic approaches, feeling that the repressive constraints of masculinity may inhibit the exploration of complex emotions:

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Young men struggle with that, struggle to be that open about stuff that's gone on, that's made them feel scared and upset, because, you know, of just being a young male and not being allowed to have those feelings, of being scared and upset. (Christine)

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Grace also expressed concerns regarding group therapy and perpetrator programs for young males, suggesting a 'buddy system' for perpetrators might be more beneficial (Woodhead, 2009). This suggestion of a Buddy System accords with findings from an

1  
2  
3 NSPCC study of intimate partner violence within adolescent relationships which found that  
4  
5 rather than approaching a professional, young people are more likely to share their  
6  
7 experiences within their own peer group (Barter et al, 2009).  
8  
9

10 Barbara, Berni, Christine and Pamela each expressed concerns regarding the absence of  
11  
12 services for young male perpetrators. As Pamela notes, services focus on female parents  
13  
14 rather than male perpetrators:  
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16

17  
18 Where does a young man go if he needs help? Where can he [go]? Like, we can walk  
19  
20 into Social Services and say 'I need help'. Where can they go? (Pamela)  
21  
22

23 Christine recalls that prior to the first round of public sector cuts, a perpetrator program for  
24  
25 adults was offered, but argues that finding skilled facilitators to manage effective programs  
26  
27 plays a crucial role in reducing recidivism (Baim & Guthrie, 2014). Berni raises different  
28  
29 concerns, arguing that programs are counter-intuitive given that perpetrators have already  
30  
31 received a criminal conviction when a referral is made:  
32  
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35  
36 I don't think there's enough funding, research, emphasis on the perpetrators, apart from  
37  
38 you know, giving them a criminal conviction. And rightly so, it is a crime, but you want to  
39  
40 try to break that cycle of behaviour and it needs addressing. (Berni).  
41  
42

43  
44 Christine, Barbara and Berni each address the impact of austerity upon their own service.  
45  
46 Berni recalls that during the first round of cuts, she lost two full-time members of staff.  
47  
48 Critiquing staffing levels within her own service, Barbara states: '*how you can have one co-*  
49  
50 *ordinator and one admin and call it a service is a mystery to me.*'  
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3 Moreover, as Barbara notes, the district now employs only one IDVA. Barbara argues that  
4  
5 the role of the IDVA *'is a much needed element of support'*, helping women to make safe  
6  
7 choices, supporting women through the court process and reducing risk:  
8  
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10  
11 The IDVA couldn't cope with the level of work that's required, so then I took on the IDVA  
12  
13 role with my Admin support ... so I was doing a practitioner role, an operational role and  
14  
15 a strategic role, in one. (Barbara)  
16  
17

18 Christine feels that whilst all Social Care practitioners need a basic understanding of DVA,  
19  
20 *'there should be specialised and specialist agencies,'* to help minimise risk (Steel et al,  
21  
22 2011). Christine notes that Social Workers are managing high volumes of complex cases  
23  
24 and may not have the opportunity to become skilled specialists in DVA:  
25  
26

27  
28 Still now, Social Workers will be drawing up a child protection plan and the directions  
29  
30 from that and they'll say he needs to go on a perpetrator's course. Well there are none  
31  
32 and we can't access any... So that doesn't really work, but it ticks a box. Ticking boxes  
33  
34 just isn't good enough when it's such a serious subject (Christine).  
35  
36

37 Overwhelmingly, participants highlight significant limitations with current service  
38  
39 provision for adolescent survivors and perpetrators of DVA. Funding pathways are not  
40  
41 currently prioritising DVA services and skilled professionals who understand the  
42  
43 complexity of the issues are in short supply. In addition to embedding targeted  
44  
45 educational approaches for young people, the gendering of service provision needs  
46  
47 further exploration and analysis.  
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49

## 50 Discussion

51

52  
53 Participant responses draw upon dominant and at times antithetical discourses about DVA.  
54  
55 DVA is perceived as a gendered, inter-generational, patriarchal inheritance, inexorably  
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3 reproduced through intersecting forms of violence within a specific locale. DVA is presented  
4  
5 as connected to changing market forces and restricted flows of capital, to the loss of  
6  
7 industry and the renegotiation of personal identities. Working class masculinity is perceived  
8  
9 as threatened as a result of these socio-economic shifts, yet hegemonic masculinity  
10  
11 persists despite the shifting economic landscape (Connell, 1995).  
12  
13

14  
15 Conversely, DVA is constructed as a national and global epidemic of violence against  
16  
17 women and children, an entrenched crisis with a historicity that transcends impoverishment  
18  
19 and other forms of economic violence (Walby, 2013). Rather than reject or justify these  
20  
21 oppositional tensions, acknowledging the co-existence of service-user and practitioner  
22  
23 experiences produces nuanced layers of meaning which enrich our understanding of  
24  
25 gendered violence. As Kelly and Lovett (2005) suggest, although 'women in particular  
26  
27 groups may be additionally targeted for violence and abuse', the greatest risk is living in a  
28  
29 context in which gender based violence is 'minimised, justified, denied and legitimised.'  
30  
31 (Kelly & Lovett, 2005:9)  
32  
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35  
36 Participant's experiences of and explanations for DVA differ significantly. However,  
37  
38 intersectional analyses of survivor's positioning within social strata and cultural contexts  
39  
40 renders visible their heightened vulnerability to classed sexism and gender based violence  
41  
42 (Russo & Pirlott, 2006). Whilst The Human Rights Act (1998) and other legislative and  
43  
44 policy frameworks within the UK and EU contexts afford some protection against gender  
45  
46 based violence, the hyper-vulnerability produced through classed sexism and the  
47  
48 intersections of age, ethnicity, (hetero)sexuality and race requires a strategic and  
49  
50 preventative approach.  
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## Conclusion:

Participant responses favour preventative measures that seek to disrupt behaviours normalised through intergenerational patterns of family violence and abuse (Hunter et al 2010, Wilcox 2012). Whilst an overly deterministic view of cycles of violence may be unhelpful, as Walby (1990) and Wilcox (2012) note, it is also deeply problematic to perpetuate a taboo regarding adolescent DVA. As Wilcox (2012) suggests, the issue is already stigmatised and reproducing a taboo is unhelpful for those requiring agency support.

Treatment programmes for perpetrators were questioned, because their success was seen as reliant upon highly skilled facilitation and perpetrator motivation. DVA training for statutory services is currently optional and this issue was highlighted as problematic, potentially reproducing intersectional violence and classed sexism. Participants also raised a series of important questions regarding unprecedented cuts to services and the effectiveness of group therapy and generic counselling services.

The ways in which adolescent DVA has been largely omitted from strategy documents within the district, is also a key issue (Condry and Miles, 2012). This omission signals part of a wider culture in which the legacy of neoliberal policies conspire with and compound gendered forms of interpersonal violence. Local policy, national strategies and international human rights legislation provide excellent platforms from which to 'talk-the-talk' in terms of tackling DVA. However, the findings of this study suggest that central government and local councils might implement targeted early intervention and educational strategies to counter **the intersectional violence of classed sexism** and effect lasting change.

**A statutory commitment to embedding healthy relationship programmes, targeting classed sexism within early intervention agendas and ensuring that DVA training for all statutory**

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2  
3 professionals is mandatory is crucial for minimising risk. Two interrelated outcomes are  
4  
5 predicted. First and foremost, a reduction in the levels of risk which young economically  
6  
7 disadvantaged people are currently experiencing and secondly, a decrease in service  
8  
9 provision and public spending. A more considered investment in training, education and  
10  
11 targeted service provision today may well reduce the human and economic costs for the  
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14 future.  
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For Peer Review

### References:

- 1  
2  
3  
4  
5  
6 Alhabib, S., Nur, U., & Jones, R. (2010) 'Domestic Violence Against Women: Systematic  
7  
8 Review of Prevalence Studies', *Journal of Family Violence*, 25:369–382.  
9  
10 Althusser, L. (1971), 'Ideology and Ideological State Apparatuses' in *Lenin and Philosophy*  
11  
12 *and other Essays*, India, Aakar Books Ltd.  
13  
14 Baim, C., & Guthrie, L. (2014) *Changing Offending Behaviour*, London: Jessica Kingsley  
15  
16 Publishers.  
17  
18 Barter, C. (2009) In the name of love: exploitation and violence in teenage dating  
19  
20 relationships, *British Journal of Social Work*, 39, 211-233.  
21  
22 Barter, C., McCarry, M., Berridge, D & Evans, K. (2009) 'Partner exploitation and violence in  
23  
24 teenage intimate relationships' <http://www.nspcc.org.uk/inform> [accessed on 12/08/13]  
25  
26 Bates, E. A., Graham-Kevan, N., & Archer, J. (2014) Testing predictions from the male control  
27  
28 theory of men's partner violence. *Aggressive Behaviour*, 40 (1) 42-55  
29  
30 Biehal, N. (2012) 'Parent Abuse by Young People on the Edge of Care: A Child Welfare  
31  
32 Perspective' *Social Policy & Society*, 11(2) 251–263.  
33  
34 Black, M., Basile, K., Breiding, M., Smith, S., Walters, M., Merrick, M., & Chen, J. (2011)  
35  
36 National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary  
37  
38 Report. Atlanta, GA: National Centre for Injury Prevention and Control, Centres for  
39  
40 Disease Control and Prevention. Retrieved from  
41  
42 [http://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)  
43  
44  
45 Bourdieu, P. (2001) 'Gender and Symbolic Violence' in *Violence in War and Peace: An*  
46  
47 *Anthology*, ed by., Nancy Scherper Hughes and Philippe Bourgois, USA, Blackwell.  
48  
49 Bourgois, P. (2002) 'The Everyday Violence of Gang Rape' in *Violence in War and Peace: An*  
50  
51 *Anthology*, ed by., Nancy Scherper Hughes and Philippe Bourgois, USA. Blackwell.  
52  
53 Bourgois, P. (2010) "Recognizing Invisible Violence: A Thirty-Year Ethnographic  
54  
55 Retrospective." In *Global Health in Times of Violence*. Barbara Rylko-Bauer, Linda  
56  
57  
58  
59  
60



- 1  
2  
3 Whiteford, and Paul Farmer, eds. Santa Fe, NM: School for Advanced Research  
4  
5 Press. Pp. 17-40.  
6
- 7 Brah, A & A. Phoenix (2004) 'Ain't I A Woman? Revisiting Intersectionality,' *Journal of*  
8  
9 *International Women's Studies*, 5 (3) 75-86.  
10
- 11 Broadhurst, K., Hall, C., Wastell, D., White, S., a& Pithouse, A. (2010) 'Risk, instrumentalism  
12  
13 and the humane project in social work: Identifying the informal logics of risk  
14  
15 management in children's statutory services', *British Journal of Social Work*, 40(3)  
16  
17 1046–1064.  
18
- 19 Cabinet Office. (2011) *Call to end Violence against Women and Girls: Action Plan: 30*,  
20  
21 [http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-](http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary)  
22  
23 [action-plan?view=Binary](http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary) [accessed 14/7/2013].  
24
- 25 Cleaver, H., Unell, I., & Aldgate, J. (2011) *Children's Needs – Parenting Capacity: child*  
26  
27 *abuse- parental mental illness, learning disability, substance misuse and domestic*  
28  
29 *violence*. London, TSO.  
30
- 31 Condry, R., & Miles, C. (2012) 'Adolescent to Parent Violence and Youth Justice in England  
32  
33 and Wales, *Social Policy & Society* (2012) 11(2) 241–250.  
34
- 35 Connell, R. W. (1987) *Gender and Power: Society, the Person, and Sexual Politics*. Stanford,  
36  
37 Stanford University Press.  
38
- 39 Crenshaw, K. (1989) 'Demarginalizing the Intersection of Race and Sex: A Black Feminist  
40  
41 Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics,'  
42  
43 *University of Chicago Legal Forum*, 1989, 139–67.  
44
- 45 Crenshaw, K. (1991) 'Mapping the Margins: Intersectionality, Identity Politics, and Violence  
46  
47 against Women of Color.' *Stanford Law Review*, 43(6), 1241–1299.  
48  
49 <http://doi.org/10.2307/1229039>  
50
- 51 Dahle, T. O., & Archbold, C. A. (2014). "I Wish the Hitting Would Stop . . ." An Assessment of  
52  
53 a Domestic Violence Education Program for Elementary Students. *Journal of*  
54  
55 *Interpersonal Violence*, 29 (13), 2497-2508.  
56  
57  
58  
59  
60

- 1  
2  
3 Essed, P. (1991) *Understanding Everyday Racism: An Interdisciplinary Theory*. Newbury  
4 Park, CA: Sage.  
5  
6  
7 Fairclough, N. (1995) *Critical Discourse Analysis: The Critical Study of Language*, England,  
8 Longman Group Ltd.  
9  
10  
11 Ferguson, I. (2004) 'Neoliberalism, the Third Way and Social Work: the UK Experience',  
12 *Social Work and Society*, Vol 2 (1) 1-4.  
13  
14  
15 Flatley, J., Kershaw, C., Smith, K., Chaplin, R., & Moon, D. (2010) 'Crime in England and  
16 Wales 2009/10 Findings from the British Crime Survey.' London, Home office.  
17  
18  
19 Friere, P. (1970) *The Pedagogy of the Oppressed*. London, Penguin Books Ltd.  
20  
21  
22 Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., & Watts, C., (2005) WHO Multi-country  
23 Study on Women's Health and Domestic Violence against Women Initial results on  
24 prevalence, health outcomes and women's responses.  
25  
26  
27 [http://www.who.int/gender/violence/who\\_multicountry\\_study/Introduction-Chapter1-](http://www.who.int/gender/violence/who_multicountry_study/Introduction-Chapter1-Chapter2.pdf?ua=1)  
28 [Chapter2.pdf?ua=1](http://www.who.int/gender/violence/who_multicountry_study/Introduction-Chapter1-Chapter2.pdf?ua=1) [Accessed 02/09/14]  
29  
30  
31 Hall, S. (1997) *Representation: Cultural Representations and Signifying Practices*. London,  
32 SAGE Publications Ltd.  
33  
34  
35 Harne, L., & Radford, J. (2008), *Tackling Domestic Violence: Theories, Policies and Practice*.  
36 Open University Press, Berkshire.  
37  
38  
39 Hester, M., Pearson, C. & Harwin, N. (2007) *Making an Impact: Children and Domestic*  
40 *Violence, A Reader*, London, Jessica Kingsley Publishers.  
41  
42  
43 Home Office London. (2012) 'Cross Government Definition of Domestic Violence – A  
44 consultation', [http://www.homeoffice.gov.uk/publications/about-](http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/dv-definition-consultation?view=Binary)  
45 [us/consultations/definition-domestic-violence/dv-definition-consultation?view=Binary](http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/dv-definition-consultation?view=Binary)  
46  
47  
48 [Accessed 23.06.13]  
49  
50  
51 Indices of Deprivation. (2010) [https://www.gov.uk/government/publications/english-indices-of-](https://www.gov.uk/government/publications/english-indices-of-deprivation)  
52 [deprivation](https://www.gov.uk/government/publications/english-indices-of-deprivation) [Accessed 20.05.13].  
53  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3 James, L., & Patiniotis, J. (2013) 'Women at the Cutting Edge: Why Public Sector Spending  
4 Cuts in Liverpool are a Gender Equality Issue',  
5 [www.lcvs.org.uk/res/media/pdf/WomenattheCuttingEdge](http://www.lcvs.org.uk/res/media/pdf/WomenattheCuttingEdge) [Accessed 14.04.13].  
6  
7  
8  
9 Kelly, L., & Lovett, J. (2005) 'What a Waste - A case for an integrated Violence Against  
10 Women Strategy', Child and Woman Abuse Studies Unit (CWASU).  
11  
12  
13 Krug, E.G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B & Lozano, R, (2002) 'World report on  
14 violence and health'. Geneva: World Health Organization.  
15  
16  
17 Ledwith, M. (1997) *Participating in Transformation: Towards a Working Model of Community*  
18 *Empowerment*. Birmingham: Venture Press.  
19  
20  
21 Marshall, H. (1996) 'Our bodies ourselves: Why we should add old fashioned empirical  
22 phenomenology to the new theories of the body.' *Women's Studies International*  
23 *Forum*. Volume 19(3): 253-65.  
24  
25  
26  
27 Mullender, A., & Morley, R. (eds) (2004) *Children Living with Domestic Violence: putting men's*  
28 *abuse of women on the child care agenda*, London: Whiting and Birch Ltd.  
29  
30  
31 NSPCC (2011) Domestic Abuse Statistics,  
32 [http://www.nspcc.org.uk/Inform/resourcesforprofessionals/domesticabuse/domestic-](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/domesticabuse/domestic-abuse-statistics_wda87794.html)  
33 [abuse-statistics\\_wda87794.html](http://www.nspcc.org.uk/Inform/resourcesforprofessionals/domesticabuse/domestic-abuse-statistics_wda87794.html) [accessed 16/07/13]  
34  
35  
36  
37 Oakley, A. (1988) 'Interviewing Women: a contradiction in terms' in Helen Roberts (ed) *Doing*  
38 *Feminist Research*, London: Routledge.  
39  
40  
41 Radford, L., & Hester, M. (2007) *Mothering Through Domestic Violence*, London: Jessica  
42 Kingsley.  
43  
44  
45 Skeggs, B. (1997) *Formations of Class and Gender: Becoming Respectable*. London: Sage  
46 Publications Ltd.  
47  
48  
49 Smith, K. (ed)., Osbourne, S. Lau, I. & Britton, A. (2011) 'Homicides, Firearm Offences and  
50 Intimate Violence 2010/11: Supplementary Volume 2 to Crime in England and Wales  
51 2010/11, Home Office, <https://www.gov.uk/government>, [Accessed 10/07/13].  
52  
53  
54  
55 Sokoloff, N. J. & Pratt, C. eds., (2006) *Domestic Violence at the Margins: Readings on Race,*  
56 *Class, Gender, and Culture*. USA: Rutgers University Press.  
57  
58  
59  
60

- 1  
2  
3 Stacey, J. (1988) 'Can there be a feminist ethnography?' *Women's Studies International*  
4  
5 *Forum*. Vol 11(1), 21–27.  
6  
7 Strid, S., Walby, S. & Armstrong, J. (2013) Intersectionality and Multiple Inequalities: Visibility  
8  
9 in British Policy on Violence Against Women. *Social Politics*, 20 (4), 558-581.  
10  
11 Towers, J. & S. Walby. (2012) Measuring the impact of cuts in public expenditure on the  
12  
13 provision of services to prevent violence against women. Trust for London/Northern  
14  
15 Rock Foundation. <http://www.trustforlondon.org.uk/VAWG%20Full%20report.pdf>  
16  
17  
18 Walby, S. (1990) *Theorising Patriarchy*, England: Wiley-Blackwell.  
19  
20 Walby, S. (2004/ 09) 'The Cost of Domestic Violence', DTI Women and Equality Unit.  
21  
22 Walsh, J. A. & Krienert, J. L. (2009) 'A decade of child-initiated family violence: comparative  
23  
24 analysis of child–parent violence and parricide examining offender, victim and incident  
25  
26 characteristics in a national sample of reported incidents, 1995–2005', *Journal of*  
27  
28 *Interpersonal Violence*, 24 (9) 1450–77.  
29  
30 Wilcox, P. (2012) *Surviving Domestic Violence: Gender, Poverty and Agency*, London:  
31  
32 Palgrave/Macmillan.  
33  
34 U.S. Department of Justice, Office on Violence Against Women (2012) Biennial Effect Report  
35  
36 to Congress on the Effectiveness of Grant Programs Under the Violence Against  
37  
38 Women Act. <http://www.justice.gov/sites/default/files/ovw/legacy/2014/03/13/2012->  
39  
40 [biennial-report-to-congress.pdf](http://www.justice.gov/sites/default/files/ovw/legacy/2014/03/13/2012-biennial-report-to-congress.pdf) [Accessed 04/10/14]  
41  
42 Woodhead, M. (2009) 'Incubated in Terror, Growing up to Terrorise: Implications for Domestic  
43  
44 Violence Group Work Interventions' in *Domestic Violence, Working With Men:*  
45  
46 *Research, Practice Experiences and Integrated Responses*, ed by., Andrew Day,  
47  
48 Patrick O'Leary, Donna Chung and Don <http://jiv.sagepub.com/>  
49  
50 Yexley, M., Borowsky, I, & Ireland, M. (2002) 'Correlation between Different Experiences of  
51  
52 Intrafamilial Physical Violence and Violent Adolescents,' *Journal of Interpersonal*  
53  
54 *Violence* 17 (7) 707-720.  
55  
56 Yuval-Davis, Nira. (2006) 'Intersectionality and Feminist Politics,' *European Journal of*  
57  
58 *Women's Studies*, 13 (3) 193-209.  
59  
60

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For Peer Review

**Table 1:** Age, Gender, Ethnicity and Sexuality of participants.

All of the participants identified as female, White British and heterosexual:

Participants	Age	Service Manager	Service User
Barbara	58	√	
Berni	42	√	
Christine	42	√	√
Grace	42		√
Pamela	20		√
Rachel	20		√
Theresa	19		√
Judith	18		√

Review

## **Abstract**

This study explores agency pathways and the management of risk for economically disadvantaged adolescent victims and perpetrators of domestic violence and abuse (DVA). In spite of recent national and international initiatives to raise the profile of this issue, significant gaps within DVA services exist within an urban district situated in the North West of England, UK. The study presents qualitative data gathered from service-users and service managers who have knowledge of referral pathways within the district. The article examines the discursive relationships between the context, the intersectional significance of age, gender and class and the high levels of risk for survivors and perpetrators. The limitations of current service provision for survivors and for perpetrators is addressed, limitations which are clearly at odds with national and international efforts to prevent violence against women and girls. The article considers the macroeconomic legacy of neoliberalism, suggesting that investing in targeted early educational approaches, young person focused programmes and appropriate training for statutory services is crucial for minimizing risk. Although the study is limited by a lack of participation from perpetrators, the data reveals concerning levels of risk, a reduction in funding pathways and a need for early intervention to address the intersectional violence of classed sexism.

## **Keywords:**

Domestic Violence (DV), Gender, Class, Risk, Adolescence.