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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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1
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 **The Economic Context**

12
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
37 The contraction of public funding pathways for DVA services nationally has been noted by
38
39 a number of organisations such as Refuge and Women's Aid. A report measuring the
40
41 impact of austerity argues that national reductions produce dramatic local cuts to
42
43 preventative and statutory services, suggesting cuts have been unevenly imposed across
44
45 Local Authorities (Towers & Walby, 2012). Walby (2008) notes a decrease in DVA
46
47 between 2001-08, which had been achieved 'in part, by the development of and increased
48
49 utilisation of public services' (Walby, 2008:9).
50
51

52
53 Social and economic inequalities are further compounded by gendered austerity measures.
54
55 Within the context of Liverpool, a Northern city in which high levels of deprivation have
56
57 placed all services under significant pressure, one study suggests that 'despite an increase
58
59
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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.
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13
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).
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27
28 The ways in which age, class, gender, race and sexuality predispose individuals or groups
29 to heightened levels of structural and interpersonal violence has been well documented
30 within a range of Marxist, postcolonial, queer and feminist theories. As Crenshaw (1991)
31 suggests, 'the violence that many women experience is often shaped by other dimensions
32 of their identities, such as race and class' (1985:1242). Intersectionality theory enables
33 significant conceptual shifts to widen and deepen the parameters of the field of study. By
34 mapping specific forms of violence, intersectionality theory enables the development of a
35 complex cartography through which more nuanced landscapes of 'classed sexism' may be
36 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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1
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 An approach defined as 'textual analysis,' was utilised to help identify dominant discourses
38
39 and to facilitate commentary upon the 'texture' of the interviews (Fairclough,1995:185).
40
41 Textual analysis is also concerned with dominant social structures, institutions, discourses
42
43 and the interface between structure and agency (ibid.,p.73). **Congruent with textual**
44
45 **analysis, intersectional analysis pays specific attention to and enables an exploration of**
46
47 **social divisions in terms of how individuals experience 'inclusion and exclusion,**
48
49 **discrimination and disadvantage'** (Yuval-Davis, 2006:198). **Moreover and as Yuval-Davis**
50
51 **(2006) suggests, the ways in which individuals are excluded and disadvantaged produce,**
52
53 **'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).
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38 **Table 1:** Age, Gender, Ethnicity and Sexuality of participants.
39

40 **Classed Sexism and Violence**

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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)
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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:
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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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1
2
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
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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
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1
2
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.
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26 **Representations of Risk**

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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
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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:
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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)
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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:
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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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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)
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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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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 high as a gold ... when making a complaint about the police sometime after, they told
12 me that my scoring had been bronze. They had never completed that [assessment] with
13 me, they did it themselves, so had not asked me most of the questions on it. (Christine)
14
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16

17
18 Christine's experience represents role conflation that challenges the belief that professional
19 and service user identities are necessarily distinct. Christine's account underscores the
20 importance of DVA training for statutory professionals to minimise risk and the urgent need
21 for DVA and anti-oppressive training to address classed sexism. As both a practitioner and
22 service-user, Christine's experience provides a lens to view survivor stigmatization and re-
23 victimization as a consequence of classed sexism.
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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 the consultation papers 'Together We Can End Violence Against Women and Girls' (Home
39 Office, 2009) and 'Ending Violence Against Women and Girls' (Home Office, 2013) DVA is
40 framed as an unacceptable violation of Human Rights within domestic and international
41 arenas. Notwithstanding these protective frameworks, DVA constitutes a central feature in
42 referrals to children's services, yet a marked gap exists regarding referral routes for young
43 perpetrators (Hunter & Nixon, 2010). The legislative underpinnings of the 'Rights of the
44 Child' (Article 3.1), may present professional tensions for practitioners working to avoid
45 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.
6
7

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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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)
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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)
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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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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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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*
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10 *weak women they pick on*':

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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)

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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).
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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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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)
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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:
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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
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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.
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48 Critiquing staffing levels within her own service, Barbara states: '*how you can have one co-*
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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
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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:
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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)
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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:
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26

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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).
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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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50 Discussion

51

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53 Participant responses draw upon dominant and at times antithetical discourses about DVA.
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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).
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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)
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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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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
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9 provision and public spending. A more considered investment in training, education and
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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

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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

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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.