

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

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**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-

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3 health and lifetime experiences of violence, highlighting the cumulative effects which may  
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5 continue to impact long after the abuse has ceased (WHO, 2008).  
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7 Findings from a UK based large-scale study of adolescent relationships provides an  
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9 overview of the gendered dynamics of violence, highlighting the importance of preventative  
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11 and educational interventions (Barter et al, 2009). Although the prevalence of same-sex  
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13 relationships and other intersecting characteristics may obscure the complexity of  
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15 adolescent DVA, the findings parallel adult populations (Walby, 2013). In England  
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17 (2009/10) over one million adult females were subjected to DVA and in the UK, one in four  
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19 females experience abuse perpetrated by males at some point during their lifetime (Flatley,  
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21 2010).  
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24 A similar pattern defines other Western, Asian, East Asian and commonwealth contexts. As  
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26 Alhabib, Nur and Jones (2010) suggest, violence against women has 'reached epidemic  
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28 proportions in many societies' (Alhabib et al, 2010:370). In the United States, an estimated  
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30 forty-two million women experience DVA, including sexual violence and stalking during their  
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32 lifetime (Black et al, 2011). Young women face a greater risk of intimate partner violence,  
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34 rape and sexual assault between the ages of eleven and seventeen (Black et al., 2011).  
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37 The UK government re-defined DVA in 2012 to include young people (aged 16-17). Despite  
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39 national campaigns to address DVA within this demographic, significant gaps remain. For  
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41 example, in the district where this study was based, the local DVA strategy and guidance  
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43 documents noted the legal re-definition of DVA, yet a focus on how to target this  
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45 demographic was omitted. Without appropriate referral pathways, young survivors face a  
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47 greater risk of serious assault/ homicide and young perpetrators risk criminalisation  
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49 (Condry & Miles, 2012, Hunter & Piper, 2012).  
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52 Although some participants disclosed their own engagement in aggressive or controlling  
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54 behaviour, empirical evidence regarding female perpetrators who pose a significant risk to  
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male partners is limited (Bates, 2014). Whilst some women are violent to men and same-sex relationships can also be abusive, ‘historically, statistically and globally, the predominant pattern is one of men’s violence towards women’ (Wilcox, 2012:279).

**The Economic Context**

Poverty is widespread across the anonymised district identified for this study. In 2011-12, public spending was cut by over twenty-five million pounds, with a further cut of 20 million during 2012-2015. As public sector agencies are major employers, on-going cuts may fuel rising levels of deprivation. Evidence suggests that ‘inequality within the district has grown and that the gap between the most deprived and privileged regions has widened’ (Indices of Deprivation, 2010). Those who experience deprivation are more likely to suffer poorer health, have limited access to services and have shorter life expectancies (Health Profiles, 2012). These findings have a particular resonance in relation to DVA services within the district. Two areas within the district are identified within the top fifty most deprived regions in England.

The contraction of public funding pathways for DVA services nationally has been noted by a number of organisations such as Refuge and Women’s Aid. A report measuring the impact of austerity argues that national reductions produce dramatic local cuts to preventative and statutory services, suggesting cuts have been unevenly imposed across Local Authorities (Towers & Walby, 2012). Walby (2008) notes a decrease in DVA between 2001-08, which had been achieved ‘in part, by the development of and increased utilisation of public services’ (Walby, 2008:9).

Social and economic inequalities are further compounded by gendered austerity measures. Within the context of Liverpool, a Northern city in which high levels of deprivation have placed all services under significant pressure, one study suggests that ‘despite an increase

in the number and severity of attacks on women, cuts have been made' (James & Patiniotis, 2013:6). One DVA service disclosed that its preventative and awareness raising work with young people had ceased as a consequence of cuts. Without work aimed at dispelling myths around victim blaming and promoting healthy relationships, provision becomes patchy and inconsistent.

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

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

## **Method:**

**Design:** A phenomenological approach was taken to explore participants lived experience of DVA (Marshall, 1996). The study sought to unite phenomenology and hermeneutics to help develop an understanding of adolescent DVA and participant's experiences of

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3 available services. Knowledge of these experiences was garnered through shared  
4 narratives. To capture these narratives, semi-structured interviews were conducted. The  
5 interview schedules asked open questions regarding gendered violence, the contexts in  
6 which violence occurs, the levels of risk experienced and the appropriateness of current  
7 service provision. Interviews were conducted at two sites within an anonymised Local  
8 Authority in the North West of England: the Teenage Pregnancy Team and a Mother and  
9 baby Unit.

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

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20 **Ethical Procedures:** Liverpool John Moores University Research and Ethics Committee  
21 granted ethical approval for this study. Given the limited number of DVA services within the  
22 Local Authority, the district and host agencies have been anonymised.

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Participants were also anonymised and pseudonyms adopted. Interviews were digitally  
recorded (with permission), transcribed and coded to identify emerging themes. To ensure  
the language used was age-appropriate, accessible and pertinent, questions were piloted  
to prospective participants. As a result, broader questions pertaining to service provision,  
the historicity of DVA, gendered dynamics and economic disadvantage were used to frame  
interviews.

Interviews were designed to promote 'dialogical research' between myself and each  
participant (Ledwith, 1997:104). The central underpinning tenet of the design was to

prioritise respondent's 'concrete experiences and to unite theoretical analysis and action for change' (ibid.p.104). Although clearly situated within structural relations of power, I sought to convey empathy, to develop a holistic understanding of the field, whilst critically analysing the data.

To minimise objectification and exploitation, informal interviews were conducted in familiar settings, with an awareness regarding the historicity of gendered violence to help create the conditions 'under which people come to know each other and to admit others into their lives' (Oakley, 1986:58). However, notwithstanding a commitment to praxis, the challenges of garnering data as both a practitioner and academic working in deprived communities raises a series of complex ethical questions regarding the negotiation of power (Mee, 2012). Attempting to minimise abuses of power within marginalised communities raises a series of questions regarding the relationship between structural, symbolic and 'invisible' violence and intersectionality, specifically in relation to the question of whether ethical research in these contexts is possible (Bourgois, 2010).

### Analysis:

An approach defined as 'textual analysis,' was utilised to help identify dominant discourses and to facilitate commentary upon the 'texture' of the interviews (Fairclough,1995:185). Textual analysis is also concerned with dominant social structures, institutions, discourses and the interface between structure and agency (ibid.,p.73). Congruent with textual analysis, intersectional analysis pays specific attention to and enables an exploration of social divisions in terms of how individuals experience 'inclusion and exclusion, discrimination and disadvantage' (Yuval-Davis, 2006:198). Moreover and as Yuval-Davis (2006) suggests, the ways in which individuals are excluded and disadvantaged produce, 'in specific historical situations, hierarchies of differential access to a variety of resources –

economic, political and cultural' (ibid.,199). Therefore, narrative segments where participant's views on the relationships between gender, economic disadvantage, the historical context of the locale and DVA were identified through data coding. Segments which explicitly addressed the intersections of lived experiences were organised into five key areas, with some segments clearly addressing more than one area: gender, class, violence, risk and service provision.

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

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

**Classed Sexism and Violence**

Compared with neighbouring districts, each practitioner identified high incidences of DVA. As the co-ordinator of a DVA service, Barbara stated that 4200 calls had been received during 2012, but added '*there can be up to thirty-five incidents before somebody calls the police.*' On the question of a relationship between the historical context and current incidences of DVA, Barbara identified the legacy of a mining culture, underpinned by 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  
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6 from a very physical level of work. (Barbara)  
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10 Similar observations were articulated by Berni, the manager of a Teenage Sexual Health  
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12 Service. Berni makes a series of connections between the loss of the mining industry, the  
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14 impact on inter-personal relationships and the 'fixed' intransience of the residents:  
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17 When you look historically at the changes that have happened in this Borough to the  
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19 workforce, to the industries that were in the area, there's been a big shift I would say, for  
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21 men and women, within the Borough. People don't move out much, people don't move  
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23 into the area, so you do see those generational, those cyclical issues, because they're  
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25 not a very transient community are they, they are quite fixed communities. (Berni)  
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28 Christine is the manager of a supported housing project, with over twenty years' experience  
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30 working with vulnerable young people. Christine identifies traditional patriarchal attitudes,  
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32 the gendered division of labour and the loss of industry as factors which contribute to DVA:  
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35 The man went down the pit and the woman was at home with the kids. And there was  
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37 just this sort of like, this routine ... you know, tea on the table when he comes in.  
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39 (Christine)  
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43 In addition to the persistence of patriarchal and heteronormative values, Christine identifies  
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45 a relationship between DVA and the lack of diversity within the District:  
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48 [It] is a very insular, backward thinking town, I think, personally. You know, we didn't  
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50 have a very multi-cultural population, it is more so now than it was years back ... and  
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52 certainly homophobic (Christine).  
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55 In addition to the perceived tensions reproduced by prevailing heteronormative and  
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57 economic ideologies through which violence against women and children is naturalised  
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(Walby, 1990, Bourdieu, 2001, Bourgois, 2002, Yuval-Davis, 2006), Barbara identifies high levels of unemployment for males, a loss of identity and alcohol/ substance misuse within the region as significant contributory factors:

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

(Barbara)

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

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

Berni and Christine noted that economically privileged young people and women were less likely to attract attention from statutory services, experience homelessness or young parenthood and were better able to camouflage DVA with money, education and social status:

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

Although DVA is perceived as transcending the clearly delineated social strata, the region is described by two practitioners as lacking in ethnic and racial diversity. The district has

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

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

Conversely, Pamela, a service-user whose daughter, Sophia, had been subject to two Child Protection (CP) plans due to DVA, offers a different view. Pamela feels that there is a relationship between her social context and incidences of DVA. Disenchanted with the area and with the young males in her age group, Pamela identifies boredom, unemployment, drug misuse and criminality as contributing to the prevalence of DVA within the district:

There's nothing round here. All's [sic] they do is go and smoke weed and rob houses. They're just scum. By the time that little girl is starting Primary School, we won't be living round here, definitely not. One hundred per cent we won't be. Definitely. There's nothing round here for anybody. (Pamela)

A number of the participants' accounts reject the view that personal agency is shaped by historical and contemporary contexts and dominant social structures (Friere, 1970, Gramsci, 1971, Althusser, 1971, Hall, 1997). Participants argue that DVA does not 'exist in

a vacuum', rather seeing it as an endemic or 'common feature of male dominated societies' (Harne and Radford, 2008:147). DVA is conceived as a choice made within contexts in which other offending behaviours are prevalent. These perspectives highlight tensions between dominant ideologies, oppressive structures and personal responsibility. Although defined as a choice, as an abuse of individual agency which is neither natural nor inevitable, it is also situated within intersecting, historical, 'hierarchical and gendered social relations of power' (ibid,p147). In this respect, the work of contextualising interpersonal violence is limited without better understanding how structural, symbolic and hidden forms of violence intersect (Bourgois, 2002, 2010), producing heightened vulnerabilities or 'classed sexism' within highly gendered neoliberal democracies.

**Representations of Risk**

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

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

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

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

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

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

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

You can't ignore them every time. You know, when knives, bats, golf clubs, all them kind of things are coming into it ... he takes it as though I'm protecting everybody else, but it's protecting him as well, because if he hits somebody with that and does damage, where is he going to end up? (Grace)

DVA risks are assessed using an assessment toolkit. The assessment converts a numerical score into categories of risk: Gold (high), Silver (medium) and Bronze (low) and is used by Police Officers, Social Workers and IDVAs (Independent Domestic Violence Advocates). Barbara discussed the limitations of the toolkit, arguing that it was *'too police-ified'*, with a focus on crime *'which does not fit in with family violence,'* or with psychological and emotional forms of abuse. Moreover, Barbara notes how risks are perceived differently by different agencies, resulting with a lack of consistency:

What I would class as a risk and what another agency would class as a risk varies significantly. We had that woman who had her throat cut and she scored a low silver.  
(Barbara)

Barbara is *'totally reliant'* on information sharing within multi-agency teams, advising that practitioners should discard the toolkit wherever necessary and draw upon their own knowledge. Again, Barbara returns to the problems she encountered with the toolkit, identifying limited awareness and lack of insight as key issues:

Some of our higher risk cases have been silver and below, because when you think about it, to me it makes sense, that the highest risk [cases] are those that don't really truly understand what they've just gone through. (Barbara)

In a similar vein, Christine expressed concern regarding Police Officers' knowledge of DVA, evidenced by a perceived lack of empathy during MARAC (Multi-agency Risk Assessment Conference) hearings and dubious competencies conducting risk assessments. Christine recalls her experience of surviving DVA after ending a relationship and describes being *'laughed at'* by officers who were unaware of her role as service manager. Christine identified this combination of hostility and ignorance as prohibiting young disadvantaged

women from reporting DVA incidents '*because they have been dealt with in such a judgemental manner*'.

I went to see an IDVA myself following the incident a few days later, who scored me very high as a gold ... when making a complaint about the police sometime after, they told me that my scoring had been bronze. They had never completed that [assessment] with me, they did it themselves, so had not asked me most of the questions on it. (Christine)

Christine's experience represents role conflation that challenges the belief that professional and service user identities are necessarily distinct. Christine's account underscores the importance of DVA training for statutory professionals to minimise risk and the urgent need for DVA and anti-oppressive training to address classed sexism. As both a practitioner and service-user, Christine's experience provides a lens to view survivor stigmatization and re-victimization as a consequence of classed sexism.

### **Agency Responses, Service Provision and Educational Approaches**

Within UK legislation and policy, a zero tolerance approach to DVA is now explicit. Within the consultation papers 'Together We Can End Violence Against Women and Girls' (Home Office, 2009) and 'Ending Violence Against Women and Girls' (Home Office, 2013) DVA is framed as an unacceptable violation of Human Rights within domestic and international arenas. Notwithstanding these protective frameworks, DVA constitutes a central feature in referrals to children's services, yet a marked gap exists regarding referral routes for young perpetrators (Hunter & Nixon, 2010). The legislative underpinnings of the 'Rights of the Child' (Article 3.1), may present professional tensions for practitioners working to avoid criminalising young perpetrators, given that the 'best interests' of all children are paramount

(Hunter & Piper, 2012). However, early intervention in all forms of interpersonal violence remains a clear priority.

In responding to questions regarding DVA prevention and intervention, each participant felt that an educational approach focusing on healthy relationships should be integrated within the curriculum at Key Stages 1&2. Christine, Berni, Barbara and Grace each expressed a view that education related to DVA should be statutory within the current provision for PSHE (Personal, Social, Health and Economic) education, feeling that a focus on healthy relationships should be implemented as early as possible:

We're talking about starting it from the very beginning, as soon as they start school, to say that when you feel scared, when this is happening, you need to tell me. (Christine)

The only way we are going to be a truly preventative service is through education. And education can only be in schools because we can't rely on people doing it within the home. (Barbara)

Practitioners argued that labelling young perpetrators as 'abusers' is unhelpful, whereas supporting a young couple or individual to learn about healthy relationships can effect lasting change. However, younger service-users expressed views drawn from their own experience of living with DVA. Judith and Pamela acknowledged that early educational interventions might benefit other young people, but were sceptical about their ex-partners willingness to engage:

He's just very selfish, he doesn't seek support. He's just set in his ways and doesn't change. I think he'll never change (Judith)

No, he was just a bad apple completely (Pamela)



Theresa took issue with the notion of supporting perpetrators, holding a view that male perpetrators make a choice to victimize women. Instead of offering support, Theresa expresses a desire to retaliate, arguing that perpetrators '*don't treat males like that, it's only weak women they pick on*'.

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

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.

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:

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)

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

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

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

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

Christine recalls that prior to the first round of public sector cuts, a perpetrator program for adults was offered, but argues that finding skilled facilitators to manage effective programs plays a crucial role in reducing recidivism (Baim & Guthrie, 2014). Berni raises different concerns, arguing that programs are counter-intuitive given that perpetrators have already received a criminal conviction when a referral is made:

I don't think there's enough funding, research, emphasis on the perpetrators, apart from you know, giving them a criminal conviction. And rightly so, it is a crime, but you want to try to break that cycle of behaviour and it needs addressing. (Berni).

Christine, Barbara and Berni each address the impact of austerity upon their own service. Berni recalls that during the first round of cuts, she lost two full-time members of staff. Critiquing staffing levels within her own service, Barbara states: *'how you can have one co-ordinator and one admin and call it a service is a mystery to me.'*

Moreover, as Barbara notes, the district now employs only one IDVA. Barbara argues that the role of the IDVA *'is a much needed element of support'*, helping women to make safe choices, supporting women through the court process and reducing risk:

The IDVA couldn't cope with the level of work that's required, so then I took on the IDVA role with my Admin support ... so I was doing a practitioner role, an operational role and a strategic role, in one. (Barbara)

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

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

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

## Discussion

Participant responses draw upon dominant and at times antithetical discourses about DVA. DVA is perceived as a gendered, inter-generational, patriarchal inheritance, inexorably

reproduced through intersecting forms of violence within a specific locale. DVA is presented as connected to changing market forces and restricted flows of capital, to the loss of industry and the renegotiation of personal identities. Working class masculinity is perceived as threatened as a result of these socio-economic shifts, yet hegemonic masculinity persists despite the shifting economic landscape (Connell, 1995).

Conversely, DVA is constructed as a national and global epidemic of violence against women and children, an entrenched crisis with a historicity that transcends impoverishment and other forms of economic violence (Walby, 2013). Rather than reject or justify these oppositional tensions, acknowledging the co-existence of service-user and practitioner experiences produces nuanced layers of meaning which enrich our understanding of gendered violence. As Kelly and Lovett (2005) suggest, although ‘women in particular groups may be additionally targeted for violence and abuse’, the greatest risk is living in a context in which gender based violence is ‘minimised, justified, denied and legitimised.’ (Kelly & Lovett, 2005:9)

Participant’s experiences of and explanations for DVA differ significantly. However, intersectional analyses of survivor’s positioning within social strata and cultural contexts renders visible their heightened vulnerability to classed sexism and gender based violence (Russo & Pirlott, 2006). Whilst The Human Rights Act (1998) and other legislative and policy frameworks within the UK and EU contexts afford some protection against gender based violence, the hyper-vulnerability produced through classed sexism and the intersections of age, ethnicity, (hetero)sexuality and race requires a strategic and preventative approach.

## 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

professionals is mandatory is crucial for minimising risk. Two interrelated outcomes are predicted. First and foremost, a reduction in the levels of risk which young economically disadvantaged people are currently experiencing and secondly, a decrease in service provision and public spending. A more considered investment in training, education and targeted service provision today may well reduce the human and economic costs for the future.

For Peer Review

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**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		√

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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.