

An abstract painting featuring a large, dark, gnarled tree trunk that curves across the frame. The canopy is filled with a dense, textured mass of small, reddish-brown, rounded shapes, resembling a large, spiky seed head or a cluster of small flowers. Within the blue and white swirling patterns of the canopy, a human face is subtly visible, looking upwards. The background is a soft gradient of yellow and orange, suggesting a sunset or sunrise. The overall style is expressive and textured, with visible brushstrokes and a rich color palette of reds, oranges, yellows, blues, and purples.

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PREVENTION, INTERVENTION AND HEALING:
a transformative justice framework to address
adolescent relationship abuse in the UK.

CHURCHILL FELLOWSHIP REPORT
BY TALIA KENSIT

About the author



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Talia Kensit is the founder and current CEO of Youth Realities, having established the charity at 19 in response to her own direct experiences of relationship abuse when she was a young teenager. Since establishing Youth Realities, Talia has supported young survivors of intimate partner violence by designing and implementing programmes, training, workshops and frameworks that centre the needs and experiences of young people. Her work influences local communities, authorities and care systems across London, empowering young people to overcome adversity and build resilience.

Talia has qualified as a Domestic Violence Service Manager, Youth Worker and achieved an MA in Women and Child Abuse from the Child and Women Abuse Studies Unit at London Metropolitan University, recently awarded a PhD Studentship at Northumbria University. Talia also completed the New Chief Executives course at Bayes Business School.

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Glossary of terms

ARA - Adolescent Relationship Abuse

CDC - Centre for Disease Control and Prevention

CLS - Criminal Legal System

CSA - Child Sexual Abuse

CYP - Children and Young People

DAPP - Domestic Abuse Perpetrator Programme

DVA - Domestic Violence and Abuse

LGBTQ - Lesbian, Gay, Bisexual, Transgender, Queer or Questioning

MARAC - Multi Agency Risk Assessment Conference

NEET - Not in Education, Employment or Training

R/SE - Relationships Education and Relationships and Sex Education

RJ - Restorative Justice

RSE - Relationships and Sex Education

TDV - Teen Dating Violence

TJ - Transformative Justice

UK - United Kingdom

USA - United States of America

VAWG - Violent Against Women and Girls

WTSC - Working Together to Safeguard Children

Recommendations

It is my recommendation that in order to address the epidemic of harm experienced by young people in their intimate relationships, we must implement a framework of best practice that focuses on **prevention, intervention and healing**, upheld by the theory of **transformative justice**.

Prevention

- Accessible and inclusive Relationships and Sex Education should be compulsory throughout all stages of academic and community learning and development.
- Deliver whole-family centred learning provided by specialists to all parents and carers from the point of pregnancy.
- Address harmful social and systemic environments of oppression and inequity that foster and perpetuate violence in all forms.

Intervention

- Invest in longitudinal research to understand the nuanced contexts of harm young people experience and use in their relationships, why it happens and how to stop it.
- Non-punitive and holistic harm interventions that are rooted in behaviour change, accountability and safety for young people experiencing and using abusive behaviour.

Healing

- Invest in wrap-around support for young survivors that includes immediate safety and long-term, sustainable social-emotional development.

Research context

Adolescent relationship abuse (ARA) is the presence of harm within intimate relationships between young people, which I am defining as aged 11-25. However, the UK government definition of domestic abuse outlines the experiences of harm ‘between those aged 16 or over’ (Domestic Abuse Act, 2021). Research has highlighted that 25% of girls and 18% of boys aged 13-17 have experienced physical violence from an intimate partner, and 33% of girls and 16% of boys reported some form of sexual abuse in their relationships (Barter et al., 2009). It was further highlighted that of those engaging in relationships, the likelihood of abuse did not differentiate regardless of age; younger participants aged 13-15 displayed the same level of likelihood to experience some form of abuse as those aged 16 and over (Barter, p.196). We are also aware that young women ages 16-19 are the group most likely to experience domestic abuse (12.6%), followed by those aged 20-24 (SafeLives, 2017).

Despite a general awareness of the prevalence of harm young people are experiencing in their relationships, there is very little data and evidence supporting the prevention of and responses to such harm through the adoption of a **survivor centred transformative justice approach**. There is also no research outlining the current prevalence of ARA in the UK, reflecting the cultural, social, economic and political shifts that have occurred over the last decade. This has escalated the methods and mechanisms for abuse to exist and thrive, as well as some attitudinal and political changes to reduce ARA. For example, acknowledging advances in technology, the impacts of Covid-19, the implementation of mandatory Relationships and Sex Education, and the wider outcomes of social campaigns, such as *Enough*¹.

Further, there is an absence of research understanding how abuse in young people’s relationships is perpetrated and why. *From Boys To Men* found that 20% of 1,203 young people engaged in the study had perpetrated emotional abuse and controlling behaviours, 7% reported perpetration of physical abuse and 4% of sexual abuse (Gadd et al., 2013). It further highlighted that boys were more likely to perceive hitting a partner as justifiable, more so if the partner

using violence is female and the recipient of harm is male (Gadd, p.5).

Transformative justice (TJ) is an approach that encompasses the understanding that interpersonal harm reflects systemic and institutional dimensions of oppression, and that to achieve justice also requires the transformation of harmful systems. TJ is achieved by actively cultivating anti-violent and anti-oppressive methods of healing, accountability, resilience and safety (Mingus, 2019). There is currently a knowledge gap regarding the implementation of a transformative justice approach to domestic abuse and other violence against women and girls in the UK.

In the USA, there has been federal investment in research and implementation of work to address ARA, known more commonly in the USA as Teen Dating Violence (TDV). This includes a national, longitudinal social epidemiological study of ARA facilitated from 2012-2021, funded by the National Institute of Justice. The study produced extensive data and numerous publications on relationship abuse and the related outcomes and consequences, including the close association to the perpetration of abuse and individual, familial and social characteristics such as poor mental health and prior exposure to violence, most particularly domestic abuse within the home. There is also a clear statutory focus on reducing IPV that recognises ARA as a key experience of harm both parallel and distinct to that of adult victim-survivors, benefitting from a targeted, young person-centred approach.

For example, the Centre for Disease Control and Prevention (CDC) has funded and developed a range of research, programmes and resources including the *Dating Matters Toolkit*², *Intimate Partner Violence Prevention: Resource for Action*³ and the *Essentials for Parenting Teens*⁴ resource package. I do not believe this approach is replicated in the UK. For example, despite children now legally being recognised as direct victims of domestic abuse in their own right within the domestic abuse definition, this is only when the abuse is perpetrated by ‘a parent, those with parental responsibility, or a relative’ (Domestic Abuse Act, 2021).

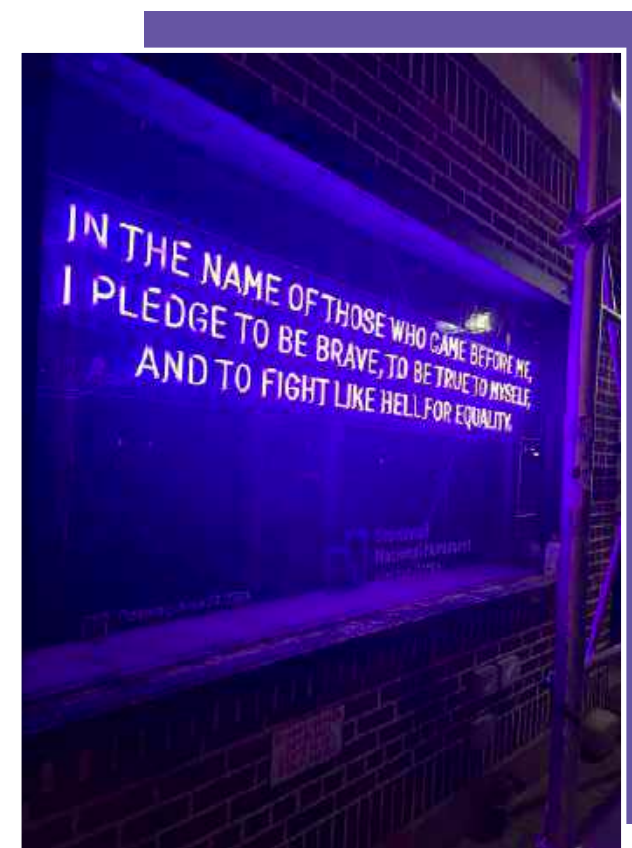
In recognition of this, the 2023 Working Together to

Safeguard Children (WTSC) guidance further calls for schools and local police to utilise the *Operation Encompass*⁵ scheme, ensuring that ‘school staff can provide emotional and practical support at the earliest opportunity to children affected by domestic abuse’ (HM Government, 2023, p.48). Although ARA is referenced within the WTSC guidance, noting that ‘child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support’ (2023, p.156), there is no outline of what this support should look like and who is statutorily responsible for its implementation. This contributes to the extensive gap in support for young people under the age of 16 who are experiencing ARA but do not meet the criteria to be supported as a child victim of domestic abuse.

Unlike in the UK, the definition of domestic abuse used

by the US Department of Justice does not host any age restrictions: *domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner* (Department of Justice, 2023). This may reduce the restrictions services face when funding work to respond to ARA, as many services in the UK that are funded to respond to domestic abuse must do so within the scope of the statutory definition (16+).

Although I do not think the government definition is the main reason why ARA is not adequately addressed in the UK, it may be an additional barrier. Nevertheless, there is substantially more support available to survivors of ARA in the USA. Throughout this report, I will be demonstrating best practice approaches to preventing, intervening in and supporting young people both harmed, and using harm in their intimate relationships. I will be drawing from my learning with experts across the USA whilst adopting a nuanced understanding of how harm exists within a UK context.



The Stonewall Inn, New York City

¹ <https://enough.campaign.gov.uk/>

² <https://vetoviolence.cdc.gov/apps/dating-matters-toolkit/>

³ https://www.cdc.gov/violenceprevention/pdf/IPV-Prevention-Resource_508.pdf

⁴ <https://www.cdc.gov/parents/essentials/teens/index.html>

⁵ <https://www.operationencompass.org/>

Research overview

My motivations to complete this research stem from several layers of personal, academic and professional experience. When I was 15 I was in an abusive relationship. It was violent, controlling and impacted many other aspects of my life; my education, friendships, health and most profoundly, has had long term impacts on my ability to understand, form and maintain healthy relationships.

As a young person, I was surrounded by violence in my school, community and across social media. I was using, enabling and reinforcing violence, as were my peers and many of the adults in our lives; parents, teachers and social workers. It is in part because of this that I recognise violence as a cause and consequence of wider systems of harm that intersect for so many children and young people simply because they were born into a particular family, community, heritage, class and across boundaries of identity and ability.

I fundamentally believe that violence in all forms is preventable, and that by transforming approaches to foster trauma-informed and anti-oppressive practices, we can produce sustainable, anti-violent and joyous outcomes for children, young people and subsequently, all.

I applied for the Churchill Fellowship as an opportunity to learn more about how this is achievable within the UK, recognising existing gaps in research and practice. This is not to dismiss the existing work that has and continues to disrupt systems of harm, produce radical approaches for peace and in turn reduce the violence young people are both exposed to and experiencing. My learning aims to complement and expand understanding of such approaches, whilst drawing attention to gaps in knowledge and implementing collaborative mechanisms for further change.

I first wish to acknowledge the work of Dr Christine Barter, now Professor of Interpersonal Violence Prevention at the University of Central Lancashire, whose 2009 NSPCC-funded research paved foundational waves for bringing the issue of ARA to the attention of decision-makers. Her work resulted in large-scale funding of national campaigns and resources for young people and continues to inform policy developments to improve child welfare and safeguarding practices.

Other pivotal work includes research and training provided by SafeLives, who deliver accredited Young Person's Violence Advocacy (YPVA)⁶ training for professionals who support young survivors, as well as training for those working with young people who cause harm⁷. They have further published a report on young people and domestic abuse⁸, calling for tailored responses to ARA to be embedded in local and national policy and for education to be 'central to the response to domestic abuse' (SafeLives, 2017, p.40).

I have further been influenced by the work of Dr Carlene Firmin who founded the theory of Contextual Safeguarding⁹. Her work draws focus to the substantial and varied forms of extra-familial harm children and young people experience, including ARA, child sexual exploitation (CSE), child criminal exploitation (CCE) and weapon-enabled, community-based violence. Firmin's work has led to changes in local and national guidance and policy, focusing on the wider community and environmental contexts of harm that impact children and young people.

There are many more pioneering, survivor-centred and feminist-led approaches to addressing and ending ARA and domestic abuse, including fierce activists, grassroots organisations and most importantly, young people standing up and using their voices to influence change in their communities and across the UK. I am in awe of them all.

⁶ <https://safelives.org.uk/training/if-you%E2%80%99re-frontline-professional/young-people-and-relationship-abuse>

⁷ <https://safelives.org.uk/training/if-you%E2%80%99re-frontline-professional/understanding-young-people-who-harm-intimate-and-close>

⁸ <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

⁹ <https://www.contextualsafeguarding.org.uk/about-us/our-team/dr-carlene-firmin/>

Research objectives

It is my ambition that this research will influence policy, practice, social and personal change, impacting how adolescent relationship abuse exists and thrives within the UK.

In order to achieve this, I set the following objectives to uphold my research within the USA:

1. To explore the existing mechanisms in place to prevent adolescent relationship abuse

2. To explore what adolescent relationship abuse interventions and support exists for young people experiencing and using harm in their relationships

3. To explore how transformative justice can safely and successfully respond to adolescent relationship abuse

Research methodology

In order to achieve my research objectives I adopted a range of methodological approaches, including: in-person and online individual and group interviews, visits to organisation's headquarters, observing session delivery in community and educational spaces, attending events and reviewing secondary research such as reports produced by statutory and non-profit organisations. Across seven weeks of travel, I connected with and learnt from 41 experts including state office officials, academics, non-profit organisations and survivors.

I conducted 27 interviews with 41 experts, of which three were held in groups. Sixteen of the interviews were held in person, which enabled me to meet with staff and enjoy a tour of the facilities, as well as gauging a general understanding of the wider community the organisations operate from. All interviews were either audio recorded or written notes were taken, depending on the environment

- how much background noise there was if in a community space, cafe or outdoors - and how happy people were to be recorded. Each interview that was audio recorded, was later transcribed and the audio deleted.

My research is grounded in standpoint epistemology, coined by Sandra Harding to establish a feminist approach that centres epistemic objectivity, ongoing reflection and self-critique (Harding, 1993). I applied this standpoint so that when exploring the contexts of and responses to harm in the USA, I remained considerate of the many parallel yet diverse mechanisms of violence present that I, an external party, could never really understand. We share many struggles across the world and domestic abuse is definitely one of them, however I made the conscious effort to minimise risk of harm and insensitivity throughout my research by implementing ethical considerations, discussed further below.

Sampling

In order to determine where in the USA I was going to target my research, I first looked at the Centre for Disease Control's (CDC)¹⁰ list of local health departments implementing TDV / ARA prevention programmes via their 2016-2021 round of grant funding. These were Monterey County in California, Baltimore City in Maryland, Minneapolis in Minnesota, Houston in Texas and Multnomah County in Oregon. The range of work being delivered from each state varied but all were situated in neighbourhoods displaying high youth violence rates. The categories of work implemented across the states were:

- Teach Safe and Healthy Relationships Skills: Social-Emotional Learning Programs for Youth (California, Maryland and Texas)
- Promoting Family Environments that Support Healthy Development: Parenting Skills and Family Relationship Programs (California)
- Create Protective Community Environments: Modify the Physical and Social Environment (California, Texas and Oregon)
- Create Protective Community Environments: Street Outreach and Community Norm Change (Maryland and Minnesota)
- Engage Influential Adults and Peers: Men and Boys as Allies in Prevention (Minnesota and Oregon)

I knew I wanted to connect with and experience a diverse sample of work and it was important to me that this was representative of different social and political

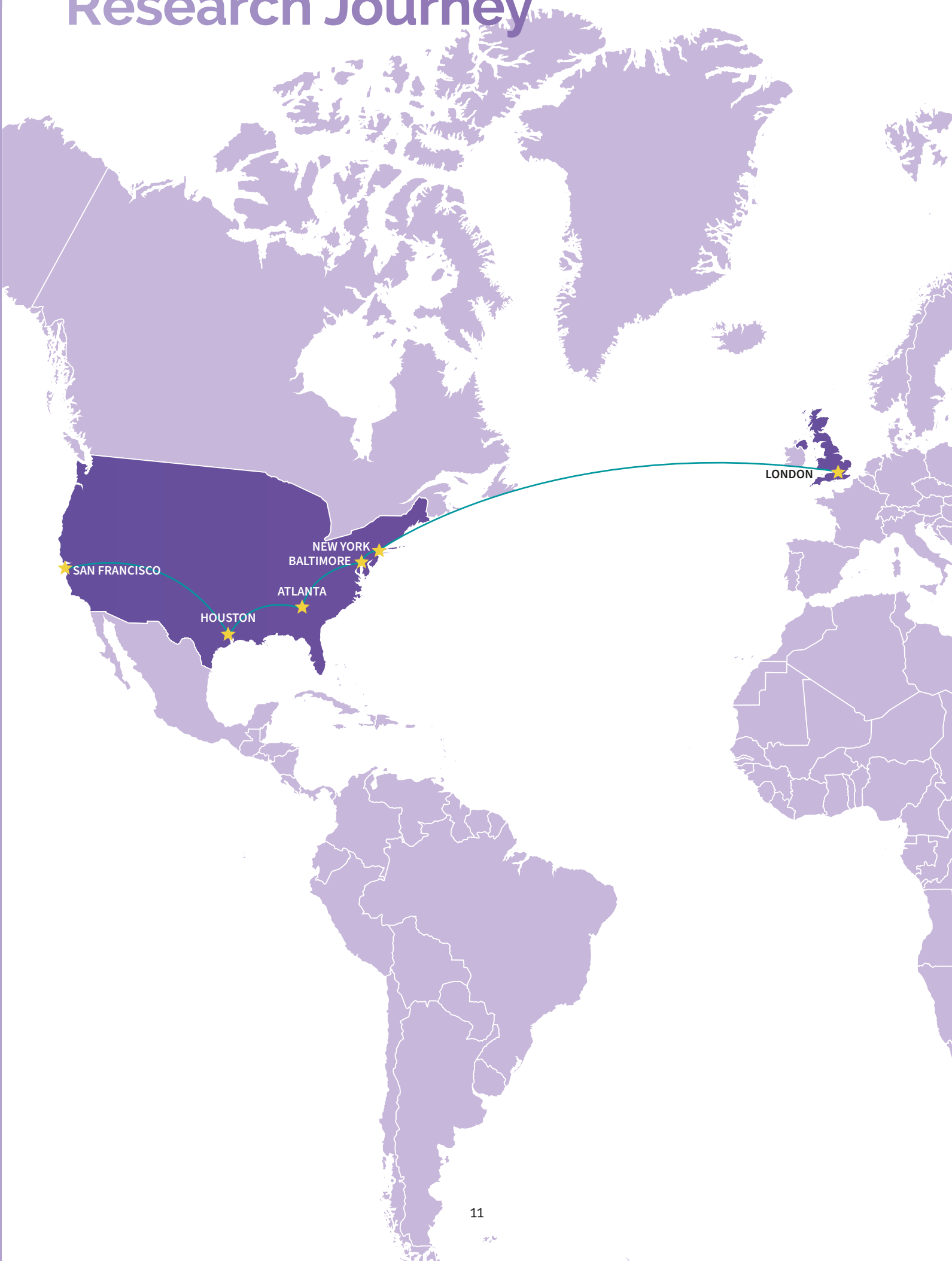
environments; especially across the North and South of the USA, recognising the significant cultural diversities state-by-state. All of these factors guided how I made the final decision for my research destinations, which were: New York, Baltimore in Maryland, Atlanta in Georgia, Houston in Texas and San Francisco in California (in that order). I made the decision to include New York and Georgia based on connections I had established with experts within state departments in New York (District Attorney's office of Manhattan and the Bronx) and pioneering community organisations in Georgia.

I was also interested in understanding the dynamic of work delivered across political landscapes, particularly how intersecting identities are navigated within them. For example, Texas is a 'reliably red state', having voted for the Republican party in every election since 1980 (Electoral Ventures, 2024). The state hosts the country's strictest immigration policy, recently resulting in immigrant rights organisations suing the Governor for signing a bill that will 'prevent immigrants from requesting asylum' and 'disproportionately harm Black and Brown people, regardless of their immigration status' (García, 2023). Immigrant and undocumented women are disproportionately impacted by intimate partner violence, reported at rates of 41% (Park et al., 2021) with 65% stating experiences of immigration-related abuse (National Organization for Women, 2017). It was therefore important that my research sampling and methodology enabled greater exploration of these conducive and very specific contexts of harm.

A full list of the organisations and individuals I connected with are outlined in my acknowledgments on page three.

¹⁰ <https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/index.html>

Research Journey



Ethical considerations

As mentioned above, it was important for me to approach my research with an open, sensitive and curious mind, able to facilitate objective and unbiased learning.

To do this, I had to acknowledge my own identities. I am a 26-year-old white presenting woman from the UK. Although I hold experiences of childhood poverty, I am no longer impoverished. I do not subscribe to a religious belief. I am cis-gendered. I am able-bodied. I have experienced trauma, but I am not traumatised or experiencing any long-term substantial impacts to my mental or physical health. I am extremely fortunate, and it was crucial that I held consistent recognition of my multiple privileges whilst conducting this research.

The key areas of consideration and mitigations of harm I adopted were:

Lived experience - when interviewing survivors I offered this from a place of safety, whether in their community or to meet virtually. I shared my interview questions with them in advance, informing them of their right to withdraw from part or all of the interview at any point if they did not feel safe or comfortable. I offered them the opportunity to have a trusted person present if this was helpful for them, and provided a detailed trigger warning ahead of time. I introduced myself with full transparency of my intentions and my role; that I was there as a researcher, but most importantly, as a survivor.

Poverty - in 2022, 37.9 million people in the USA were living in poverty, of which 12.5% are women, 15% are children, 17% are Black, 17% are Hispanic and 25% are Native American (Shrider and Creamer, 2023). In consideration of this, and especially when engaging with survivors and by-and-for non-profit organisations, I paid them for their time. I recognise and deeply respect the labour and their time dedicated to supporting my work, and wanted this to be tangibly reflected. I did not offer payment to state officials who are publicly funded, to avoid any conflict of interest. Unfortunately, I was unable to offer payment to those interviewed in the very late stages of my research upon my return to the UK, as the funding had been exhausted. I am incredibly grateful for all contributions, especially those who were able to offer their time and expertise for free out of both their kindness and belief in the importance of my work.

Identity - in the USA, Black and Brown people continue to be subjected to severe wealth, health care and academic inequality, as well as racial discrimination within the criminal legal system (Human Rights Watch, 2022). In addition, African American women are disproportionately impacted by domestic homicide, experiencing the 'highest rates of murder resulting from IPV-victimisation' (Waller et al., 2021). LGBTQ+ people are widely experiencing discrimination systemically and interpersonally, including violence (51%), sexual harassment (51%) and within healthcare (16%) (Casey et al., 2019). Furthermore, at least 80% of women with disabilities have been sexually assaulted, with between 70-85% of cases of abuse against disabled adults going unreported (Protection and Advocacy, 2003). Therefore, when engaging with and attending all spaces, especially those representing intersecting identities, I designed and delivered my questioning through an intersectional feminist lens. This included the physical and/or virtual location, geographic and physical accessibility, economic accessibility and intentional subjective framing of my questions to avoid re-traumatisation. I have outlined details of my questioning and how this was positioned in the research design section below.

Conflicts of interest and reputational risks - I wanted to ensure the research was independent and accurately representative of current need, political and social climates, without placing people at risk of harm for sharing their views. For example, when speaking with District Attorney employees, or representatives of large organisations that rely on government funding. I have only acknowledged those in this report who have explicitly consented to being named. I have not directly quoted any comments made throughout my research. I feel confident that participating in my work has not, and will not, place any individual or institution at risk of any economic, reputational or other harm.

Research design

When designing the research questions, which I adapted slightly depending on who I was interviewing, they all focused on the following key themes:

- Exposure to and/or understanding of ARA
- Understanding and implementation of 'trauma-informed' work with ARA survivors and young people causing harm
- Key components of successful prevention and intervention work with young people
- Understanding of non criminal legal system responses to ARA and domestic abuse, and the need for transformative justice
- What the state (local and central/ federal government, and systems of power) should do to address ARA and domestic abuse
- What society should do to address ARA and domestic abuse

It was important that my questioning was subjectively situated and non-intrusive, enabling space for participants, especially survivors, to position themselves comfortably and answer questions in as much or little detail as they would like.

I did not want the interviews to feel exploitative or judgemental. Instead, I positioned myself with

curiosity and intrigue. I have learnt from previous work interviewing survivors for academic research that lines of power will impact how well they engage, including the power dynamics between researcher and interviewee, the power of spaces and the value of 'placing' (Elwood and Martin, 2000).

Placing includes both the physical (where the interview will be held) and the theoretical placing of questions - what order they follow and subsequently, what stories they will tell. I ensured my questions were not assuming or generalising of any experience or ways of working, detaching, as much as possible, from the structures and ways of working that exist within the UK.

This included adapting my language to ensure consistency throughout interviews, for example, using terms like 'teen dating violence' opposed to adolescent relationship abuse, or teenage relationship abuse, which are used far less commonly in the USA. I also had to adapt my own understanding of language used in the USA that is no longer considered acceptable in the UK, such as 'battered women' and 'child pornography'. These terms were not adopted by everybody I engaged with, however are still outlined in many academic and legislative resources.

If you are interested in why using terms like 'battered women'¹¹ and 'child pornography'¹² are outdated, I have linked some helpful resources in the footnotes below.

¹¹ <https://learning.nspcc.org.uk/news/why-language-matters/domestic-abuse-is-broader-than-domestic-violence/>

¹² <https://learning.nspcc.org.uk/news/why-language-matters/child-sexual-abuse-material/#:~:text=Child%20sexual%20abuse%20materials%20are,impact%20they%20have%20on%20children.>

Research findings

PREVENTION:

Objective 1 To explore the existing mechanisms in place to prevent adolescent relationship abuse

Education in Schools

Recommendation 1

Accessible and inclusive Relationships and Sex Education should be compulsory throughout all stages of academic and community learning and development.

Research has shown that education is a crucial component of addressing ARA, by providing children and young people with access to evidenced, scientifically accurate and inclusive information about health and relationships, in an age and developmentally appropriate way.

In the UK, there are a range of ARA prevention programmes implemented within educational settings, including statutory curriculum and voluntary sector-led programmes. Since 2020, Relationships Education has been compulsory for all primary curriculum (ages 5-11) and Relationships and Sex Education for secondary curriculum (ages 11-16). Hereafter, I will be using the abbreviation ‘R/SE’ to refer to both Relationships Education and Relationships and Sex Education inclusively.

The legislation was both welcomed and considered long overdue by many in the violence against women and girls, youth and sexual health sectors. Professionals had been calling for R/SE to be upheld by statutory guidance, opposed to the curriculum being independently implemented, dependent on the interests and resource capacity of each school. However, the changes have not been entirely welcomed. Some professionals believe the law is ‘fundamentally flawed’ based on the government’s decision to retain a parent’s right to withdraw their child from R/SE, which will subsequently ‘continue to cause significant harm to young people’ (Brook, 2020). There is also some backlash from parents who reject the guidance, arguing

that teaching children about gender and LGBTQ+ identity is not appropriate, and is inconsistent with religious values and beliefs, infringing their right to freedom of religion (Salas Dual, 2023).

In Wales, where the right for parents to withdraw their children from the R/SE curriculum was removed from the guidance, a case was brought by those who argued that this violated their common law and human rights as parents. However, this was rejected by the High Court (op cit, 2023). Although the mandating of R/SE curriculum is in place in England and Wales, there is different guidance in place in Northern Ireland and Scotland which remains non-compulsory.

There are shared contentions about the implementation of R/SE in the USA, with only 30 states mandating the teaching of sex education (NCSL, 2020). Throughout my research I learnt how inconsistency across state legislation has resulted in either no or quite varying forms of R/SE being taught across the country. I also learnt how much of the duty to deliver the work becomes the responsibility of non-profit organisations, something we also experience in the UK.

A further barrier is that while, as in England, most states operate an ‘opt out’ policy for parents to withdraw their child from R/SE classes, some states operate an ‘opt in’ policy. This means that parents and carers must complete an opt-in form consenting to their child engaging in the classes. A challenge here has been that parents, especially if they do not speak English as a first

Education in Schools

language, may not understand how to complete the form and either do so incorrectly or not at all. Also as in the UK, there is no compulsory consultation provided by schools to offer parents the opportunity to ask questions and be informed of the content in a clear, culturally appropriate and accessible manner.

During my visit to AVDA¹³, a domestic abuse charity based in Houston, I had the opportunity to observe healthy relationship workshops delivered in a Middle School (ages 11-14). During my observations, several students were unable to participate in the sessions due to their parents not opting them in. As a result, these students had to complete a health class worksheet on their own, while sitting alone in the hallway.

I was able to sit with one of the students and speak with her more about the worksheet and health class book she was given. I then learnt this included abstinence-education, forming part of the Texas Abstinence Education Program¹⁴. Studies have shown that abstinence education is not only ineffective in preventing teenage pregnancy, but ‘may actually be contributing to high teenage pregnancy rates in the US’ (Stranger-Hall and Hall, 2011).

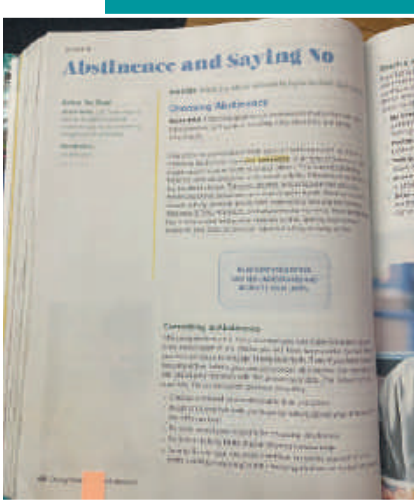
The young girl I spoke to expressed her own concern about R/SE, in her case the lack of, and that she thinks

it is important for children to get the right education as her current key resource for learning about R/SE is ‘via TikTok’. She further spoke to me about the mistreatment of girls, in her experience, within the school, including sexist and contradictory school dress codes that require girls to ‘wear skirts to their knees’ but this is not required in practice for boys when wearing shorts in the school. Sexist school dress codes have also been challenged in the UK, with parents and students calling out schools for the hypersexualisation of girls’ bodies as their skirts being ‘too short’ and trousers being ‘too tight’ were considered ‘distracting’ and ‘uncomfortable’ for male staff (Bates, 2015).

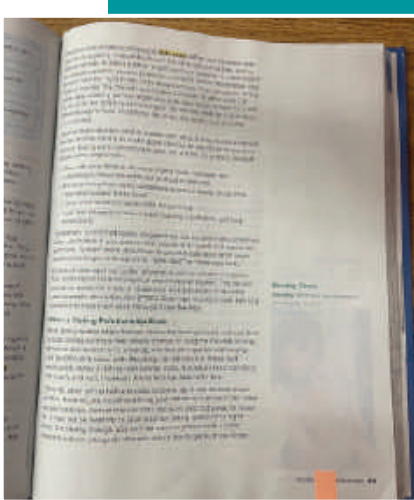
The stark contrast between R/SE programmes in Texas and New York highlights the lottery-like nature of this education, influenced by socioeconomic factors and varying political environments. In the USA, property taxes largely fund schools, meaning impoverished neighbourhoods often suffer from subpar R/SE. Moreover, the political leaning of a region dictates the quality and quantity of R/SE offered, creating a double-barrelled postcode lottery. I learnt from domestic abuse organisations Rising Ground¹⁵ and Day One¹⁶ about the Relationship Abuse Prevention Programme¹⁷ (RAPP), one of the nation’s largest R/SE programmes delivered in high schools, and Early-RAPP¹⁸ delivered in middle schools.



AVDA, Houston, Texas



Middle school, Houston, Texas



¹³ <https://avda.org/>
¹⁴ <https://www.hhs.texas.gov/providers/health-services-providers/texas-abstinence-education-program>
¹⁵ <https://www.risingground.org/>
¹⁶ <https://dayoney.org/>
¹⁷ <https://www.risingground.org/rapp/>
¹⁸ <https://www.risingground.org/earlyrapp/>

Education in Schools

The programme is a combination of group workshops and individual counselling, operating as both prevention and early intervention support for students, facilitated by social work clinicians and psychologists who are based in the schools.

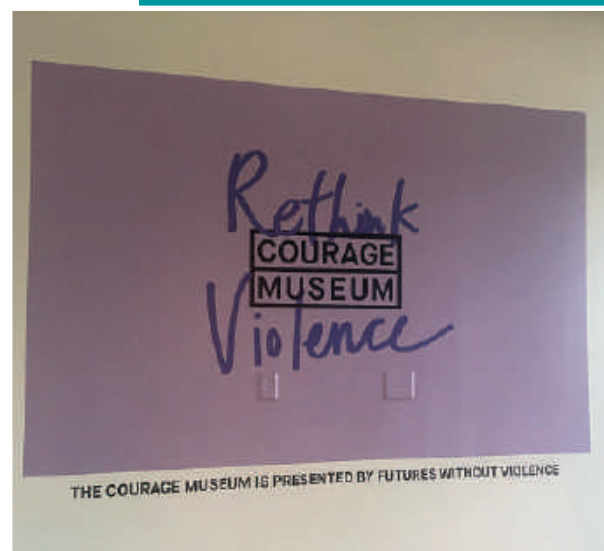
Having mental health and social work professionals available in the schools on a long term basis provides young people with the opportunity to form safe and trusted relationships, something evidenced as being a key facilitator for children's ability to disclose abuse, whilst being fundamental for their development, wellbeing and reduction of harm (Lewing et al., 2018). A key advantage of RAPP facilitators is their uniqueness, operating internally yet independently. This dual role fosters voluntary engagement with students, in contrast to the typical top-down approach associated with school-imposed authority. This can empower young people to seek support on their own terms. This engagement can be achieved if a young person feels safe, centred, in control and has an understanding of the boundaries of the work (2018, p.25).

Another model of healthy relationship education is Coaching Boys into Men¹⁹(CBIM), a programme designed by Futures Without Violence²⁰, a social justice non-profit with the mission to 'heal those among us...to create healthy families free of violence'. The programme is different to RAPP and other classroom-based work as it utilises the relationships held between sports coaches and their players, recognising the relationship between sports and masculinity, and masculinity and violence, on and off the field. The model focuses on the strength of hosting trusted adults in the lives of young men, in some cases operating as an additional parent-figure, with a particularly important opportunity to provide learning and guidance. A three year-study of CBIM found that athletes who completed the programme were more likely to intervene if witnessing abusive behaviour in others, and reported less abuse perpetration (McCauley et al., 2013).

Although, throughout my research, I learnt from CBIM practitioners that successful implementation can vary depending on the coach, their personal views, behaviours and commitment to addressing and ending ARA; unfortunately, a coach displaying harmful, misogynist or oppressive views and behaviour, may in turn perpetuate more violence. This further reinforces the need for wider social and systems change in tandem with individual learning, as I will discuss more shortly.



Futures Without Violence,
San Francisco, California



Futures Without Violence,
San Francisco, California

¹⁹ <https://coachescorner.org/>

²⁰ <https://www.futureswithoutviolence.org/>

Education in Schools

Effective R/SE must be factual and empathetic, delivered in an appropriate, safe and inclusive manner. However, R/SE effectiveness exceeds just competent content, and must include who, where, when and how it is being both delivered and received by students. R/SE should not generate fear or encourage abstinence and relationship avoidance. Evidence shows us that children and young people are getting into relationships, whether sexually intimate or not, from at least as young as 11 years old.

Effective R/SE must be factual and empathetic, delivered in an appropriate, safe and inclusive manner.

Evidence suggests the age young people are having their first sexual experience within 'industrialised' (the Global North) countries is declining, with almost one in three young people having sex before the age of 16, which is the age of consent in the UK (Currie et al., 2012; FSRH, 2015). However, there is no significant and recent data outlining at what age children and young people are actually starting to form romantic relationships, which I would argue from both my professional and academic practice is from primary school age, where children are already playing games like 'kiss chase' in the school playgrounds. With modern technology, children as young as three years old have access to the internet, whether via phone 69% or tablet 64% (Ofcom, 2023), with an increasing number of social media, gaming and interactive platforms enabling children and young people to connect with friends and strangers, both peers and adults, online.

This use of technology also increases young people's exposure to pornography, with a quarter of 16-21 year-old's first exposure while still in primary school, and 50% reporting exposure by the age of 13 (McCallum, 2023).

Although the fear of children being exposed to grooming, sex and pornography may be frightening, this cannot be the driving force for the implementation of R/SE, and R/SE must not be centred by or delivered through lines of fear. It is important that children and young people have access to education that is empowering, informative and open to their many,

various experiences, irrespective and inclusive of diverse identities, cultures and beliefs. The curriculum must avoid shame and affirm respect, consent and joy.

Another core component of effective R/SE is the ability of those delivering it to create safe, trusted and accessible learning environments. This requires teaching staff to be adequately trained, be provided with the necessary resources and feel confident to engage the class in what can be sensitive and challenging discussions. Tender²¹, a national UK charity providing creative healthy relationships education to young people in schools, has worked in partnership with the Mayor's Office for Policing and Crime (MOPAC) to develop the Teacher's RSE Toolkit²². The Toolkit is a package of resources to equip teaching staff, and other professionals working with young people, with the knowledge, guidance and practical activities that can be completed throughout classes.

Another core component of effective R/SE is the ability of those delivering it to create safe, trusted and accessible learning environments.

Unfortunately, in practice, there are still significant challenges for teaching staff to effectively implement the new R/SE curriculum, including time constraints, inconsistency of delivery amongst different teaching staff and a lack of training to ensure teachers feel confident and comfortable (Cumper et al., 2023). Access to adequate R/SE should not be a postcode lottery, where students from lower income areas are subjected to lower standards of work because schools lack the funding and infrastructure. There should be proportionate, ring-fenced funding provided to all state-funded schools, enabling R/SE to be delivered at full capacity: recruitment of dedicated R/SE teaching staff, training for all staff to recognise and respond to unhealthy relationships, and allocated teaching time that is given equal priority to other subjects.

There are a range of factors that contribute to R/SE, and other non-core subjects, being de-prioritised. As always, the key is funding. State-funded schools in

²¹ <https://tender.org.uk/>

²² <https://www.london.gov.uk/VAWGToolkit>

Education in Schools

England are assessed and allocated funds based on pupil population, also considering pupil-premium and Education, Health and Care Plan (EHCP) funding. This is provided by central government to Local Authorities, who then distribute it out across the schools in their area.

Now, think about which students are disproportionately impacted by poverty; girls, racially minoritised, migrants and those living with disabilities.

Ofsted, the Office for Standards in Education, has largely focused their inspections on exam results, meaning schools with lower performing students are more likely to receive a lower inspection grade. A lower inspection grade from Ofsted pushes schools down on the School League Table, making them far less attractive to parents and teachers. Less student enrollment equals less funding. Less funding means less opportunities for adequate R/SE, and the cycle continues.

This focus on exam results is not only forcing schools to become 'exam factories' (Richardson, 2018), but disproportionately impacts disadvantaged students, with 'almost 30,000 highly able students' not achieving top grades at GCSE 'simply because they live in poverty' (Henshaw, 2023).

Now, think about which students are disproportionately impacted by poverty; girls, racially minoritised, migrants and those living with disabilities. These are also the groups of people most likely to be impacted by domestic abuse throughout their lives - it's almost as if the system was designed this way.

My final recommendation for improving R/SE delivered in schools is: make it fun! R/SE should be encouraging healthy relationships; the evidence shows us that children and young people are forming relationships regardless. It should include, and always in an age and developmentally appropriate way, an understanding of gender identity/ diversity, healthy and pleasurable sexuality, honest communication, respect for boundaries, mental health and wellbeing and safe separation. The classes are an opportunity to dismantle harmful social constructs of relationships that are rooted in misogynistic and white supremacist heteronormativity. It is a time and place to safely celebrate culture and connection, and this includes platonic and familial relationships. They should explore masculinity, patriarchy and gender. None of this needs to be scary, and absolutely none of it is encouraging harmful behaviour. The alternative is that children learn from the world, from pornography, from modern popular culture, and also in most cases, from the healthy or unhealthy relationship between their parents.

Community Learning

As with most social challenges, core community responses are often coordinated by the charity sector, and this is also the case for adolescent relationship and domestic abuse. While some organisations may be part-state funded, with £257 million in allocated state funding for domestic abuse housing responses, and £36 million towards work with perpetrators in 2023-2025 (DLHC, 2022; Home Office, 2023), the charity sector is still leading and evolving the work.

There are many national, local, by-and-for, grassroots and membership organisations operating with the mission to end domestic abuse, with some fantastic work being done across the sector. Within this, relationship abuse work with young people is still the minority, especially with those under the age of 16 who do not fit within the legal definition of domestic abuse.

Of the work with children and young people, a majority of it is delivered in schools, with an even smaller amount of support provided within communities. Community learning is an important way to ensure that young people disengaged from or no longer within the education system, including those not in employment or education (NEET) and 16+ year old young people, are still able to access support from a place of safety and comfort.

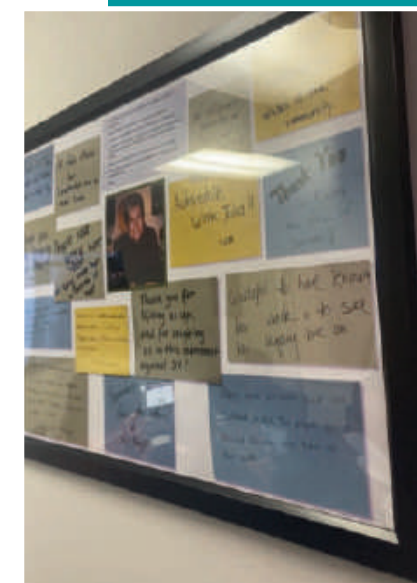
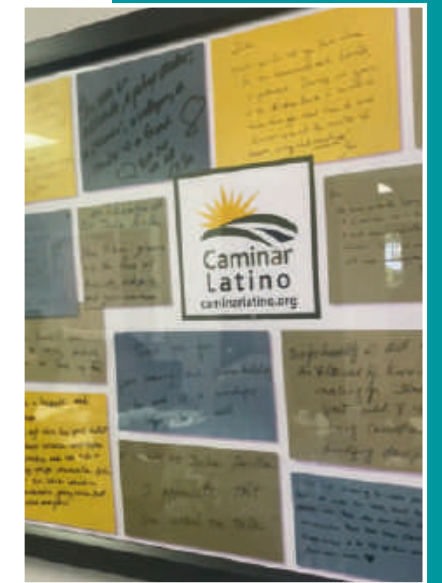
There were an estimated 711,000 NEET 16-24 year olds in the UK in 2022, with more young women than young men recorded as economically inactive (ONS, 2022). Community learning also enables more flexible delivery, not having to be manoeuvred around other school classes, and greater ability to target specific groups, such as single-gender, neurodiverse, racially minoritised and LGBTQ+ young people. Providing specific and separate safe spaces are fundamental to facilitate learning, where people feel empowered to express their unique insights, further enabling shared identity groups to experience a stronger sense of belonging (Gayle et al., 2013).

The role of formal and informal education in community settings has also been recorded to promote ownership of learning as people partake voluntarily and can be included in the co-production of the content and materials making it more accessible, strengthening community relationships and breaking down social barriers (Bohata and Reynolds, 2002).

Throughout my research, I discovered that while schools often put resources into education around relationship abuse, community-based organisations lead with holistic, creative and dynamic experiences.

²³ <https://caminarlatino.org/>

By connecting with these innovative groups, I witnessed firsthand how their approaches significantly enrich learning beyond the classroom. This included Caminar Latino²³, a by-and-for organisation based in Atlanta providing support to the Latino community. They deliver programmes and activities for children, young people, their parents (both non-abusive and those causing harm), and whole-family responses to domestic abuse experienced within the home. Their community learning and support is a long-term, regular offer that includes



Caminar Latino, Atlanta, Georgia

Community Learning

learning groups, individual tutoring, mentoring and safety planning for children and young people living in abusive homes and/or relationships.

Their programmes have reported increased knowledge of abuse, non-violent problem solving, emotional awareness and a decrease in feelings of shame.

The learning groups are separated by age and development, with all sessions running concurrently to enable increased access to the support for parents, who will be engaging separately within the same venue, knowing their child/ren are safely and comfortably looked after. Their programmes have reported increased knowledge of abuse, non-violent problem solving, emotional awareness and a decrease in feelings of shame. This is just one example of how communities have mobilised to ensure interventions and learning can be accessed in spaces that are safe, by people that they relate to and in a way that they understand, both literally by providing learning in Spanish, and contextually, as content is adapted to accommodate the cultural and social experiences of the learner.

There is also much need and benefit of community learning being accessible to young people away from a whole-family space and without them needing to obtain parental consent, as is required in most schools across the USA and UK (via the opt-in and opt-out policies). This way children and young people can choose to engage should they want to, irrespective of their parent's views. This is especially important for LGBTQ+ children and young people, and young women whose identity and proximity to romantic relationships may be disapproved of within their homes, placing them at potential risk of harm. Twenty nine percent of LGBTQ+ young people experienced abuse from family members, with 63% stating the abuse began before they turned 18, and most commonly from their mothers (45%) and fathers (41%) (Galop, 2022).

Day One²⁴, working with young people under 24 in New York City to address dating abuse through community education, support and development, engages young people in community learning through their year-long Empower You(th) Leadership Programme. The programme is a range of group activities and workshops that educate young people on healthy relationships, dating abuse, boundaries, financial-literacy and much more. The freedom to engage without fear of judgement or repercussions from parents has increased young people's access to learning. As long as it is safe, it is encouraged that parents are informed and included in all work with their child/ren, and Day One, as do many other organisations, have established resources and mechanisms to do this in a child-centred, and risk assessed way. I discuss work with parents and carers in the following chapter of this report.

The freedom to engage without fear of judgement or repercussions from parents has increased young people's access to learning.

Formal education is important but not enough, and the failure to provide young people with adequate learning about healthy relationships is a conducive and avoidable context of adolescent relationship and domestic abuse. For community learning to work, it must be adaptable and holistic, tailored to the needs and contexts of harm being experienced within particular communities and relationships. This needs to be intersectionality-centred, holding deep consideration for children and young people on the margins of our mainstream education systems and wider society. Community learning should be provided from a place of safety, by specialist staff and with the required resources. Learning must be accessible for different academic abilities and socio-economic backgrounds, cautious and considerate of the various religious and cultural beliefs that uphold and dictate how young people experience violence and the potential barriers to support.

²⁴ <https://dayoneny.org/>

Work with Parents and Carers

Recommendation 2

Deliver specialist, whole-family centred learning to all parents and carers from the point of pregnancy

Throughout my report I will be using the term 'parents' inclusively, to represent any people with parental responsibility for a child or young person, regardless of the biological makeup of their relationship.

It is crucial that education and support is available to parents, both in regards to their own understanding of healthy relationships, as well as how they can safely and appropriately respond to any harm their child may be experiencing.

It is crucial that education and support is available to parents, both in regards to their own understanding of healthy relationships, as well as how they can safely and appropriately respond to any harm their child may be experiencing. However, there is currently a gap in provision and resources available to parents of children and young people who experience ARA in the UK. There is also no statutory guidance outlining the importance of safe and accountable spaces for parents to be supported in this way.

There is a range of support available to parents, predominantly mothers, upon the point of pregnancy, primarily centred around their physical health and wellbeing - which is of course incredibly important. There are also many resources, in various formats (support groups, podcasts, fiction books and academic journals), providing information, guidance and practical support to navigate the many challenges of daily life with a young and newborn baby.

There are also resources available to support non-abusive parents to respond to the needs of their child(ren) if abuse has occurred in the home, with many women's organisations providing direct services to both women and their children in the immediate aftermath of harm, such as within a refuge where the support is largely confined to. There is evidence highlighting that exposure to, and direct experiences of, domestic abuse in the home has significant long term psychological,

²⁵ <https://avaproject.org.uk/>

behavioural and physical impacts on children (Doroudchi, 2023), including effects to their perceptions and beliefs of relationships (AVA, 2021). Against Violence and Abuse²⁵(AVA), a charity that addressed gender based violence in the UK but has recently closed down, produced research to address the gaps in provision for children and young people experiencing domestic abuse at home, developing a UK specific version of a Canadian model, CODA - Children Overcoming Domestic Abuse. CODA is a 12 week child-focused programme that uses arts and role play to help women and their children heal from the abuse they experienced, whilst strengthening their relationships. CODA has since been established within different local authority areas across the UK.

There are also some limited resources available to parents in unhealthy but non-abusive relationships, including support to reduce parental conflict and the harmful impacts of arguing in front of and around children. While this is necessary, a restriction here is that it requires parents to understand, identify and be willing and able to address their own unhealthy behaviours, which could vary depending on cultural and social contexts of understanding, as well as a range of accessibility barriers. Although domestic abuse in the home is a factor that increases the likelihood of a young person either experiencing or using abusive behaviours later in life (ONS, 2017; Roberts et al., 2011), this is not an exclusive, inevitable determining factor, and all parents with children should have access to supportive learning, regardless of any current harmful experiences.

Throughout my research, the importance of work with parents was a common theme, with multiple experts highlighting the need for this work at an early, preventative stage in the family's development.

Throughout my research, the importance of work with parents was a common theme, with multiple experts highlighting the need for this work at an early,

Work with Parents and Carers

preventative stage in the family's development. This work must be holistic and adaptable to the various needs, identities and beliefs held within different families. There have been substantial changes to how children and young people exist in modern society that many parents would not have direct experience of and may struggle to understand, social media and advances in technology being one fundamental generational difference.

There are also cultural differences, especially for diaspora families, with children raised within the realms of a western world that is often significantly different from the culture and communities parents are accustomed to in their home countries. Referring back to the CDC's *Essentials for Parenting Teens* guide, there is a considerable list of resources available under *Violence Prevention*²⁶, targeted at parents of children aged four-plus. This includes resources to help parents understand adverse childhood experiences, child sexual abuse, community violence, sexual violence, intimate partner violence and firearms violence. Each section opens up a page of further information outlining data, videos, pictures and clear definitions with examples of practical activities, available both in English and Spanish. The website is clear and easy to navigate, and I am yet to find such an extensive, consolidated platform of resources for parents in the UK.

Learning about healthy relationships with children shouldn't just be conversations about sex and intimacy, but focused on helping children to navigate all make up of relationships, including with their family, peers and other trusted adults in their lives.

Learning about healthy relationships with children shouldn't just be conversations about sex and intimacy, but focused on helping children to navigate all make up of relationships, including with their family, peers and other trusted adults in their lives. This could include safe and respectful touch (i.e, the right to bodily autonomy), understanding their feelings, establishing non-violent emotional responses and generally increasing their social-emotional health, wellbeing and development.

Studies suggest that social-emotional development begins with parental bonding, enabling children to form basic trust and attachment which later forms the foundations of emotional development, self-esteem, emotional regulation and self-control skills (Malik and Marwaha, 2022).

Evidence draws distinct relationships between early child social-emotional disturbance, such as through exposure to trauma, and later restricting the child's ability to reach age-appropriate milestones, impacting transitions into older childhood, adolescence and adulthood (op cit, 2022). However, this particular study is not reflective of the experiences of neurodiverse and disabled children, where expected level of social-emotional development and milestone attainment would vary depending on each child's ability and needs.

Regardless of the needs of the child, it is important that all parents have access to the space and support to learn the necessary skills, that are whole-family centred and not only focused on the children's needs, but what the parents need.

Regardless of the needs of the child, it is important that all parents have access to the space and support to learn the necessary skills, that are whole-family centred and not only focused on the children's needs, but what the parents need. This must reflect the systemic barriers that limit parent's ability to engage in support, such as poverty, language barriers, parents with additional learning needs, non-culturally sensitive content and inaccessible delivery.

²⁶ <https://www.cdc.gov/ViolencePrevention/index.html>

Work with Parents and Carers

It is my recommendation that parents are encouraged and supported to engage in programmes from the point of pregnancy and throughout childhood and adolescence, that centres, non-exclusively:

- social-emotional development of children in an age and developmentally appropriate way
- understanding how violence exists in society and what contexts are conducive of this
- mental health and wellbeing of parents and children, and support for maintaining health
- understanding all different dynamics of relationships that exist throughout children and young people's lives
- understanding how technology and social media exists in the lives of children and young people, and how to navigate it safely
- safe spaces for self-reflection, recognising that parents may have unaddressed experiences of harm that underpin their ability to form safe relationships with their children
- how to speak to children about harm if they experience it, whether peer-to-peer, from other adults or towards themselves
- understanding sexuality, consent and sexual health - in an an inclusive way
- support for parents of children and young people who experience ARA and other forms of abuse; that are not rooted in judgement, shame or blame
- specific safe spaces for parents with particular intersecting identities, such as immigrants, Black and racially minoritised, single and working class parents, acknowledging the additional barriers to support and culturally-specific ways they are parenting their children whilst navigating oppressive systems
- specific resources and support for parents of children with disabilities and learning needs, to navigate the above in an appropriate way

This support should be long term, voluntarily accessed and free for all, state funded and underpinned in policy. There is currently no research to evidence-base the impact of this. A longitudinal study should be established to track the development of children whose parents engaged in social-emotional and practical support, against children of similar backgrounds and environments whose parents have not engaged in such programmes.

Systems Change

Recommendation 3

Address harmful social and systemic environments of oppression and inequity that foster and perpetuate violence in all forms

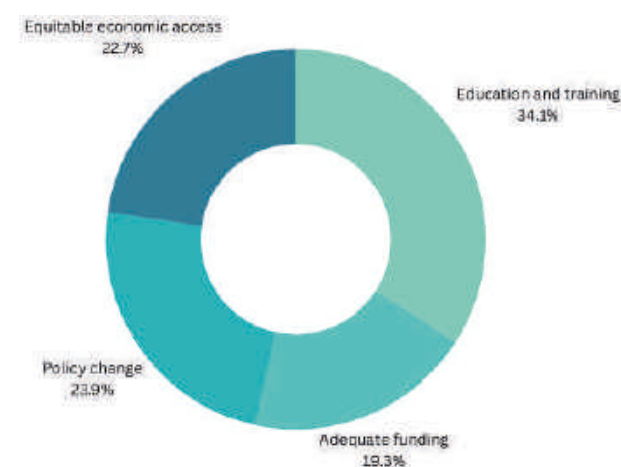
I believe that to prevent all forms of violence, especially gender-based violence (GBV), we must first address the systems sustaining, empowering and perpetuating harm. Violence is a symptom of white supremacist capitalist patriarchy (bell hooks, 1984); and experts for years have been calling for the dismantlement and replacement of these social systems with anti-violent, peace-centred and equitable social structures of care and accountability. I fundamentally do not believe violence is an inevitable trait of human nature.

I do not have the capacity within the scope of this report to discuss every aspect of our state and social systems that are enabling ARA and other forms of GBV, however there were clear and recurring themes throughout my research: racism, poverty and classism, sexism/misogyny and misogynoir, and anti-LGBTQ+ narratives.

I asked the experts I connected with two key questions that will form the outline of this chapter:

1) What should be the key priority of the state in order to address ARA and domestic abuse?

The key themes that arose from this question were: education and training, policy and systems change, equitable economic access and adequate funding, in that order. However, some themes overlap and would only work when implemented in tandem to one another. For example, the importance of increased funding for education and training that in turn increases economic access. I have expanded on each category below:



Education and training:

To effectively address ARA, experts urge the implementation of mandatory, comprehensive education from a young age, coupled with training for adults and professionals working with young people. Education must be accessible, consistent, evidence-based, well-resourced, and rooted in policy, as I've mentioned. There were also multiple mentions of training for professionals working within the criminal legal system, including police and court officials, to better understand ARA, domestic abuse and GBV more generally, in order to safely and adequately respond to the needs of survivors and those causing harm. For example, reducing the risk of victim blaming in courts by adopting a trauma-informed approach that recognises the impacts of violence on survivor's behaviour, memory, engagement and mental health.

Policy and systems change:

Updated policy is needed to reflect ARA and underpin adequate funding and resources to address it. This should be in line with research and evidence, reflective of intersecting identities that increases people's exposure to harm, and restricts access to support. Policy must remove these barriers, for example, through more economic recourse for survivors, that is consistent across state and federal (local and central) levels of legislation. Experts are further calling on whole-systems change and for the dismantling of oppressive and perpetually violent structures that are increasing harm in communities. This, non-exclusively, involves the dismantling of responses to ARA, domestic abuse and GBV that are exclusively reliant on the criminal legal system, and implementing a public health-based approach to violence by addressing the root causes of abuse, and centring transformative and restorative justice practices.

Equitable economic access:

Economic disadvantage is a leading cause and consequence of domestic abuse, exacerbated for people experiencing multiple social and systemic oppressions; women, immigrants, Black and racially minoritised, disabled and LGBTQ+ people. Everybody requires access to universal health care, affordable housing, livable employment and affordable childcare, non-exclusively,

Systems Change

in order to reduce reliance on abusive partners and increase their access to safety and freedom. Women are disproportionately impacted by reduced access to economic resources, which limits their space for action. Investment in increasing equitable economic access will subsequently reduce the social cost of violence.

Adequate funding:

As highlighted, funding as a theme overlaps with and is fundamental to the implementation of all key changes. Experts are calling on increased and ring-fenced funding to research, design and implement innovative models of prevention, intervention and healing from ARA, domestic and GBV. Funding is needed across the charity, education, health and public sectors, and should be proportionately distributed to avoid a 'postcode lottery' of services.

2) What should be the key priority of society in order to address ARA and domestic abuse?

As with the above question, the key themes here overlap and are each crucial to the existence and sustainability of the other. In order of priority: disrupting systems of violence, challenging violence, engaging in personal learning, listening to young survivors and awareness raising.

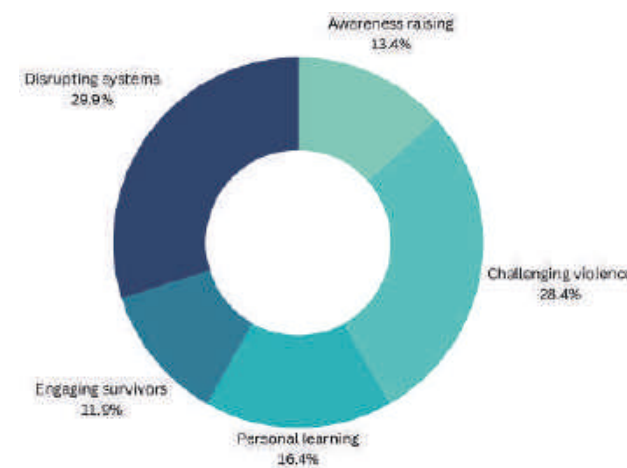


Image credit: Talia Kensit, 2024

²⁷ <https://www.apa.org/pi/health-equity/bystander-intervention>

Disrupting systems:

Experts highlighted the importance of disrupting harmful societal systems that foster violence in all forms, specifically white supremacist capitalist patriarchy. It is everybody's responsibility to address ARA, domestic and GBV, to de-normalise abuse and establish healthy, safe, anti-violent societies. To do this requires society to understand why it must be done, through accessible spaces for education, reflection and accountability. It is the responsibility of those holding social privilege to lead change, redistribute power and prioritise the advancement of marginalised communities. In the case of ARA, domestic and GBV, there needs to be more men, especially but not exclusively, cis-heterosexual white middle class men, mobilising for change in their respective spaces of power. This must exist on a social spectrum, including the use of misogynistic language, through to establishment of equitable power structures.

Challenging violence:

Challenging violence can occur through various methods, and it is important to recognise that not everybody will be able to challenge violence in the same way or to the same extent. For example, acknowledging contexts of further harm that could occur during violence disruption, such as lines of power that exist between the person challenging and those perpetrating violence (employer to employee, child to parent), and the risk of direct violence towards the person doing the challenging. However, there are many circumstances where challenging violence can occur safely and can be used to combat many different forms of harm, including sexual harassment, domestic abuse, hate crimes and bullying. Challenging violence also doesn't need to be immediate if this is unsafe, and can include following up with victim-survivors afterwards to offer aftercare and support. I have referenced a Tip Sheet²⁷ from the American Psychological Association in the footnotes, outlining Bystander and Upstander interventions, including the five D's: distract, delegate, document, delay and direct. Echoing the above, it is the responsibility of those holding social privilege to lead change. However, this is not just a social matter and must be upheld, resourced and directed through policy that reinforces anti-violent and anti-oppressive practices.

Systems Change

Engaging in personal learning:

Again, in order to address, challenge and disrupt violence and violent systems, it requires people to have an understanding of and compassion for the ending of such violence. Often, it becomes the responsibility of the oppressed party to lead the educating of powerfully positioned, and in many cases, oppressive groups. Although it must be acknowledged that lived experience is a crucial and integral part of formulating survivor-centred and trauma-informed change, this should never be reliant on the emotional labour or expense of oppressed groups. Also, men who do not respect women, or white folk that are racist, are much more likely to challenge and dismiss education being provided by women/Black folk, again bringing me back to the importance of **people holding social privilege leading change**. We have an undeniable and extremely advanced access to endless resources - many of which are free. People need to do the work, and they need to care about it when they do.

Listen to young survivors:

Nothing about us, without us. Young people are the experts of their own experiences, but far too often are disregarded from conversations, their experiences minimised or overlooked. As a practitioner having

worked with young people my entire adult life, I can assure you, the conversations liberate them - they are shackled by the silence. Providing all young people, especially survivors, with spaces to speak out about the harm they have experienced, witnessed or been exposed to, in a safe, inclusive and judgement-free environment, is critical to developing an understanding of young people's needs. I have explored work with young survivors more from page 41.

Awareness raising:

Raising awareness is also underpinned by, and is a mechanism for, challenging violence, disrupting systems and engaging in personal learning. I figure by now you have realised why I keep emphasising a *whole-system* approach; everything is interconnected. There is little evidence to show that awareness-raising in isolation is effective for reducing violence against women and girls. However, it does increase the likelihood of reporting and help seeking, as well as helping raise public pressure to make legislative change (UN Women, 2021). It is important that awareness-raising is strategic and tailored to specific audiences for an intended purpose. For example, the Mayor of London's recent *Say Maaate to a Mate*²⁸ campaign targeted at men, encouraging them to challenge misogyny and violence when they witness it.

²⁸ <https://www.london.gov.uk/maaate>

INTERVENTION

Objective 2 To explore what adolescent relationship abuse interventions and support exists for young people experiencing and using harm in their relationships

Current understanding of harm perpetration

Recommendation 4

Invest in longitudinal research to understand the nuanced contexts of harm young people experience and use in their relationships, why it happens and how to stop it.

'To end domestic abuse for good, systems must understand those who harm to implement effective prevention and provide support for people to stop harming' (SafeLives, 2023, p.54).

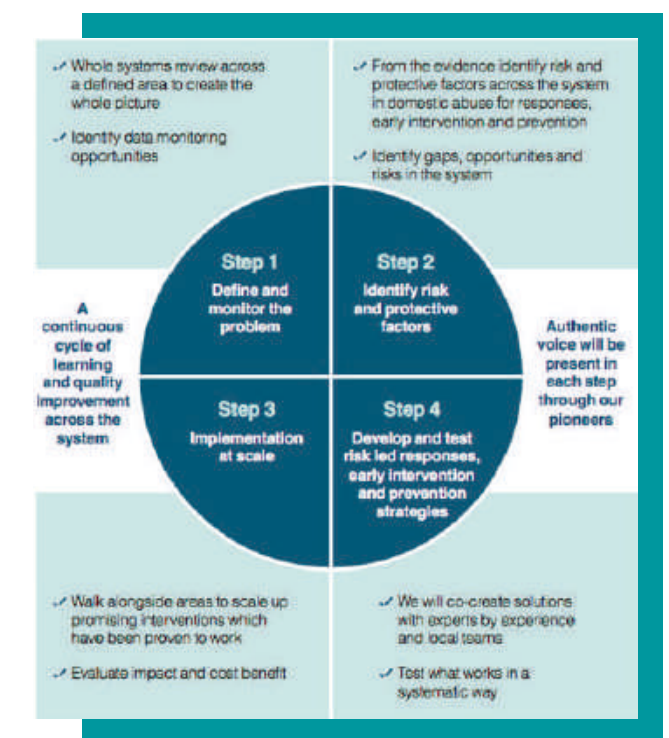
To my knowledge, in the UK there is no recent or longitudinal research analysing how, where, between who and why ARA exists, providing context to what environments and factors exacerbate or mitigate abuse, and subsequently how to prevent or intervene when harm happens. Longitudinal research is a study conducted over a prolonged period of time, often years or decades. For example, when evaluating the development of a disease and the outcomes of treatments (Caruana et al., 2015).

The most recent prevalence study of ARA experiences in the UK was published in 2009 (Barter et al.), and a recent longitudinal study published in 2019 tracked IPV prevalence and victimisation in a group aged 18-21 (Yakubovich et al.). There are also limited studies on the perpetration of harm by young people, most recently to my knowledge published in 2013 (Gadd et al.). However, there are a multitude of studies analysing adult domestic abuse, the root causes and conducive contexts, offering different perspectives and reasonings for why abuse occurs and how it must be addressed. The outcome of these studies can vary depending on politics, who the researcher is, how their feminism is positioned and who has funded the work. For this chapter, I will be drawing on research calling for a public

health approach (PHA) to domestic abuse, which I believe, in part, to be the appropriate positioning for harm responses to ARA, as I will discuss below.

The World Health Organisation (WHO) defines a PHA as one that 'seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence' (WHO, 2017).

In 2020, SafeLives published their PHA to domestic abuse, providing a focus on the whole family that draws on gaps in provision and lessons learned from previous pilot programmes, concluding four key steps:



Source: SafeLives, 2023

Current understanding of harm perpetration

The approach adopts a systems-thinking methodology that centres the whole family to deliver a coordinated community response. Looking specifically at interventions for those who harm, the study identified: gaps in training for professionals, a lack of access to mental health support for survivors and those who harm, inconsistent and inaccessible interventions especially if they are non court-mandated, and issues with how the social care system engages people who harm without placing blame and responsibility on the survivor (2023, p.15,17,19). The study also recommends cross-departmental funding to ensure adequate interventions are available for CYP who experience domestic abuse, including provisions for young people causing harm.

To deliver a PHA requires a robust understanding of the dynamics that shape everchanging and interactive environments of violence, and must therefore be constructed through a dynamic social-ecological lens.

To deliver a PHA requires a robust understanding of the dynamics that shape everchanging and interactive environments of violence, and must therefore be constructed through a dynamic social-ecological lens. The CDC defines the social-ecological model as one that 'considers the complex interplay between individual, relationship, community and societal factors' (CDC, 2022). Considerations must be drawn to: 1) individual factors that may increase the likelihood of a person experiencing or using violence, as well as any barriers to them accessing support, 2) close relationships that increase exposure to harm, such as intrafamilial violence, 3) the dynamic of extrafamilial relationships, such as within school and communities, that increase and perpetuate violence, and 4) cultural and social norms that encourage and empower violence, as well as the health, economic, educational and social policies that maintain and produce inequities, that are structural determinants of health and harm. However, it is critical that the formulation of a PHA through a social-ecological lens must place emphasis on systems change in order to influence and uphold anti-violent individual, relationship, community and social changes. It is also important to not assume that violence is inevitable within and exclusive to particular communities.

Although research has shown community environments play a role in the aetiology of violence, a USA study found no association between neighbourhood violent crime and ARA victimisation or perpetration, suggesting ARA is ubiquitous to both low and high violent crime communities and therefore interventions must reflect this (Taylor et al., 2020).

There is clearly a research gap that needs to be filled in order to facilitate the establishment of a survivor-centred transformative public health approach to address adolescent relationship abuse in the UK.

'Longitudinal studies of risk factors for teen dating violence are critically needed for the development of effective prevention programs' (Temple et al., 2014).

During my research I connected with Jeff Temple, Director for The Centre for Violence Prevention (CVP) within the University of Texas. The CVP, through funding from the National Institutes of Health (NIH) and National Institute of Justice (NIJ), is currently completing Dating it Safe²⁹, a 15-year longitudinal study examining the risk and protective factors of ARA. The study annually assesses 1,042 people who were recruited in 2010 whilst either freshman (14-15 years old) or sophomore (15-16 years old) in high school, representing a diverse sample group (32% African American, 33% Caucasian, 35% Hispanic and 55% female). The study has already generated key data demonstrating relationships between ARA and substance use, risky sexual behaviour, domestic abuse in the home and borderline personality disorder. The authors emphasise that ARA 'presents a serious public health concern...thus preventing perpetration of [ARA] may improve the lives of adolescent victims...but also curb the prevalence of subsequent dating and domestic violence' (Temple et al., 2014). More than half of those who reported perpetration of violence at baseline, also reported dating violence at follow-up which, alongside substance use data, revealed that the use of alcohol and hard drugs at baseline predicted the future perpetration of violence.

²⁹ [https://www.utmb.edu/cvp/research/community-violence/lists/listsProvider279/jeff-temple-phd/dating-it-safe-\(longitudinal\)](https://www.utmb.edu/cvp/research/community-violence/lists/listsProvider279/jeff-temple-phd/dating-it-safe-(longitudinal))

Current understanding of harm perpetration

The study concludes with the recommendation that ARA interventions must consider and respond to the needs of adolescent substance use, as well as targeting young people exposed to violence in their homes. There must also be recognition for the relationship between adverse childhood experiences and substance misuse, and the viability of a PHA that is reflective of this.

Another subsequent data set established from the ongoing longitudinal study is the experiences of ARA amongst LGBTQ+ young people, highlighting that most research at the time was not assessing sexual orientation but assumed heterosexuality (Reuter et al., 2015). The study uses the term 'sexual minority youth' which I have chosen to replace with the term 'LGBTQ+ young people' in consideration of advances in language since the study was published in 2015. The study found that LGBTQ+ young people reported higher rates of both ARA perpetration and victimisation, however traditional risk factors (substance use, exposure to interparental violence) were not associated with their experiences of ARA, with sexual orientation presenting as its own risk factor when considering severe abuse perpetration (op cit, 2015). The study explored stressors, highlighting the distal and proximal interpersonal, structural and health factors that impact LGBTQ+ young people at a greater rate than their heterosexual peers. The authors analysed this by adopting a minority stress model to assess stressors against the perpetration of ARA by and towards LGBTQ+ young people. Evidence presents links

between LGBTQ+ young people displaying higher levels of depression and anxiety, which is strongly associated with partner violence perpetration across adults and young people, and further evidencing the need for accessible mental healthcare (2015, p.21, 22). Other key stressors include social ostracisation and rejection from friends and family, lower income, increased risk of poor health outcomes (coupled with inaccessible and discriminative health care systems) and intra-community discrimination; especially for Black and racially minoritised, and trans+ young people.

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We must invest in a longitudinal study of adolescent relationship abuse in the UK. These studies must be gender and sexuality inclusive, assessing multiple experiences of relationship types that sit outside of a heteronormative lens. This is critical to our understanding of ARA, the associated social-ecological landscape harm exists within, and subsequently how a transformative public health approach should be positioned and adapted over time.

Work with people who cause harm

Recommendation 5

Non-punitive and holistic harm interventions that are rooted in behaviour change, accountability and safety for young people experiencing and using abusive behaviour.

In the UK, domestic abuse laws only apply to individuals aged 16 and older, and to children if the person who harmed has parental responsibility for them. While domestic abuse has a statutory definition, there's no specific crime for it. Instead, people who harm are charged with individual offences like assault, with domestic context as an aggravating factor (CPS, 2022). Children under 16 can be criminally charged for related offences, but without legal recognition as domestic abuse there's no statutory pathways into support for

The UK lacks statutory recognition and funding for behaviour-change programmes targeting young people causing harm in their intimate relationships.

them or the victim-survivor (outside of standard victim support offers, that may not specifically recognise them as a victim of domestic abuse). Also, the UK lacks statutory recognition and funding for behaviour-change programmes targeting young people causing harm in their intimate relationships. This leaves a significant gap, limited space for accountability and increasing the likelihood of continued harmful behaviour as adults.

There are a vast range of programmes for adults who cause harm in their relationships, commonly referred to as Domestic Abuse Perpetrator Programmes (DAPP). Here, work with people causing harm started in 1989, providing group work to men being violent to their wives or girlfriends (Respect, 2022). The work has largely been influenced by the Duluth³⁰ model - named after the small city in Northern Minnesota it was established in - with some services using a combination of different treatment types including Cognitive Behavioural Therapy (CBT) and Gestalt Therapy (Phillips et al., 2013). The introduction of DAPPs was an important, yet contentious, progression for the protection of women

from domestic abuse, as the socio-political focus of work regarding violent men previously had exclusively been through a policy and criminal legal system lens.

Over the years, DAPPs continued to develop and more UK-based research emerged providing evidence to the viability and effectiveness of the programmes. Project Mirable, a multi-site longitudinal study of UK perpetrator programmes, found that when successfully delivered, DAPPs produce a large decrease in physical violence, with 'smaller but still significant decreases in [other forms of] abuse' (Kelly and Westmarland, 2015, p.22). The study further evidenced that the men engaged were better able to recognise their controlling communication and display positive parenting abilities, enabling improvements in 'women's space for action' (2015, p.15, 25, 17; Kelly, 2003). This study was critical for the investment in and advancement of DAPPs by enabling a greater understanding of domestic abuse perpetration. Today, we continue to move further towards strengthening work with perpetrators in the UK. The government has committed to the establishment of a 'comprehensive perpetrator strategy' (Home Office, 2024), and has established a set of 'standards for domestic abuse perpetrator interventions' (Home Office, 2023), set to complement the pre-existing Respect Standard³¹, an accreditation for work with people causing harm in their relationships.

However, there are still a number of barriers that restrict people from accessing behaviour change interventions, including how they are funded and referral pathways into them.

Changes made by the Ministry of Justice in 2022 decommissioned DAPP referrals through Cafcass³² (advisory service within the Family Court) within private law child arrangement matters, leaving a gap in provision until alternative decisions are made in 2024 - yet to be confirmed. Subsequently, referrals into DAPPs by Cafcass, ordered by the court, stopped in June

Work with people who cause harm

2022. People who harm are not able to self-refer into Respect accredited DAPP provisions until the criminal legal process has concluded, or within 12 months of children being subject to Private Law proceedings; "opening the door to widespread use of unsafe and/or unregulated interventions" (Respect, 2022). This means that until this change is resolved, people who harm that are subject to the courts cannot access quality-assured behaviour change interventions at all. This also means that DAPP services have lost access to funding attached to the referrals made by the court, which some may be critically reliant on for the economic sustainability of their provision. This could result in services having to charge a fee for interventions, restricting access to those without the economic means to pay.

There are still 'early response' DAPPs, such as Make a Change³³, that accept and encourage self referrals, and are free to access. However, those considered high risk and involved in criminal or private law proceedings may still be left without access to interventions until further notice. In the interim, Cafcass Family Court Advisors will complete case-by-case risk assessments to consider if child contact arrangements can be made or should be withdrawn, as well as what work those engaged with the probation service should access (Wraith, 2022). Here, prolonged absence of behaviour change interventions could increase the likelihood of harmful behaviour escalating, especially if a decision was made to withdraw child contact arrangements.

Less than 1 in 5 victim-survivors report domestic abuse to police (ONS, 2018).

I am not a DAPP specialist and this matter is complex, with many nuanced layers of risk to consider. However, I believe that it is critically important that behaviour change interventions are available to those who need it. Withdrawing referrals from the court without an immediate replacement of provision does not serve survivors, their children, or those needing to change their behaviour.

Another barrier to accessing a behaviour change intervention is also, in contrast, the over reliance on court referrals into services for those considered high risk. Less than 1 in 5 victim-survivors report domestic

abuse to police (ONS, 2018). Most family court cases are regarding child-contact matters, leaving those without children unlikely to come across the courts at all. The reliance on court referrals is also a barrier for victim-survivors and/or the person causing harm who are undocumented or with insecure immigration status, who may face deportation if they present as a victim or are identified as a person causing harm. This restricts the survivors space for action and increases avenues for abuse to thrive.

Further, work with people causing harm is still primarily provided through a heteronormative lens, for men who harm women. Though there are some programmes provided for women who harm, and men in same-sex relationships, this is still an under-researched area. There are also gaps in culturally specific services targeted at people who cause harm of racially minoritised heritage, such as the work I have outlined with Caminar Latino in Atlanta. Lastly, there are gaps in developmentally appropriate services for people with disabilities, and of course, **a critical gap in age, developmentally, culturally and context-specific provisions available to children and young people.**

I was able to identify two key services providing support to young people who cause harm within the context of ARA in the UK. I recognise that there may be other service providers who are less resourced and subsequently less eminent.

Respect³⁴, a leading charity working to end domestic abuse through work with perpetrators, male victims and young people, operates the Respect Young People's Programme³⁵ (RYPP). RYPP is a programme for children and young people aged 8-18 who use violence *towards people close to them*, by working with the whole family. Although the programme aims to address violence in any of the child or young person's close relationships, it is more suited to, and subsequently more funded for, addressing Child and Adolescent to Parent Violence and Abuse (CAPVA). Whilst the skills and behaviours taught throughout are transferable, it is important that the different and nuanced environments and power structures by which CAPVA and ARA operate within are addressed accordingly.

Subsequently, Respect also provides Dating Detox³⁶, a four-day training package for professionals working

³⁰ <https://www.theduluthmodel.org/what-is-the-duluth-model/>

³¹ <https://www.respect.org.uk/pages/respect-standard>

³² <https://www.cafcass.gov.uk/>

³³ <https://www.makeachange.uk.net/>

³⁴ <https://www.respect.org.uk/>

³⁵ <https://www.respect.org.uk/pages/44-work-with-young-people-s-violence-and-abuse>

³⁶ <https://www.respect.org.uk/pages/the-dating-detox>

Work with people who cause harm

with young people, to equip them to facilitate the programme in their own environments. The programme can be delivered in small group and one-on-one settings, consisting of 'pre-work' relationship building, healthy relationships education and behaviour change work if abuse is or has occurred. This includes accountability, changing 'self-talk' and understanding emotional abuse. Similarly to other third-party programmes, such as CBIM, there are important considerations for the viability of the work, including consistency of delivery, facilitator bias and the accessibility of required wrap-around support.

Another example of a UK ARA intervention is provided by RISE Mutual³⁷, a charity working with people who have offended, to assist with behavioural change and social reintegration. Facilitating a direct delivery model, RISE provides a range of DAPPs including for people assessed at low-medium risk, high-risk high-harm, women who harm, and CYP. Similarly, their work with CYP includes a CAPVA programme, as well as the Respect and Principles Programme (RAPP). RAPP offers eight-sessions for 11-18 year olds providing healthy relationships education. I am not aware of published evaluations of RAPP, RYPP or Dating Detox to evidence the effectiveness of the work in reducing ARA. However, a service commissioned to deliver RYPP in their local authority area reported significant reductions in police call-outs for CAPVA incidents; 100% reduction within 14 of 15 sample families, and a 92% reduction for the remaining families (Respect, 2022). It would be helpful to have a strengthened understanding of programmes working with CYP to address behaviours within the context of ARA, as well as a comparative study to identify strengths between the different models used by both services.

Throughout my research in the USA, I engaged with nine organisations delivering work with people who harm, with most hosting different models of work depending on the communities they serve and states they were based in. I learnt a lot from all.

Different services operate different models, including court-mandated, self-referral, fee and free programmes. Respect and Responsibility³⁸ is a community programme for people who cause harm in New York City, delivered by Rising Ground. The programme

is delivered using a holistic approach that enables participants to reflect on and take ownership of their harmful behaviour, recognising personal trauma as a cause and consequence that sustains abuse. The programme utilises group work and one-to-one therapy, encouraging participants to access healing and motivating behaviour change by building hope, empathy and self-compassion.

The work adopts a whole-community approach by building trust with community members, leaders and stakeholders. It engages them in conversations about abuse and accountability that also acknowledges the harm caused by oppressive systems and social inequities that disproportionately impact particularly marginalised groups. The work is a 12-week, non-mandated course free to access, primarily engaging Black, Latino and low-income men. Although not specifically targeted at young people, the programme has been delivered to cohorts of different ages and the content can be adapted to accommodate various learning and development abilities. This is in further consideration of the relationship between members from underserved communities and the increased likelihood of low academic achievement and/or school exclusion.

'There are clear lines between internalised white supremacist and patriarchal values that foster IPV behaviour, and how social environments and circumstances create IPV behaviours'. Co-facilitator, Men at Work, Men Stopping Violence

I also connected with a consultant working with Men Stopping Violence³⁹, a Georgia-based organisation focused on ending gender-based violence by educating and organising men to be part of the solution. The expert I interviewed co-produced and facilitated *Men at Work*, a 24-week family violence intervention programme. Men at Work is a multi-disciplinary curriculum that explores male violence against women in an accessible manner; challenging men to take responsibility for their actions and build allyship.

³⁷ <https://risemutual.org/about-us/>

³⁸ <https://www.risingground.org/respect/>

³⁹ <https://menstoppingviolence.org/>

Work with people who cause harm

Emphasis again was placed on the need to dismantle systemic barriers in order to achieve real, sustainable behavioural change. For example, acknowledging how the criminal legal system increases inaccessibility to behaviour change opportunities by restricting economic access and perpetuating cycles of violence and harm, such as substance misuse, homelessness and poor health.

In response to this, they provide the *Reclaim and Rise Aftercare* for men experiencing substance abuse and other personal challenges. Men Stopping Violence also host their newest programme, *Young Men Stopping Violence*, which is working with young men and boys to 'foster the best opportunities for healthy relationships, identifying toxic and unhealthy behaviour and building confidence to be outspoken advocates for change'. I, unfortunately, did not get the opportunity to connect with experts working on this programme and would be really interested in learning more from their delivery as the programme progresses.

This programme recognises that most male-identifying people have both caused and experienced harm, and must therefore balance accountability with healing.

The last organisation I will be referring to for the purpose of this chapter is Game Changing Men⁴⁰, bridging the gaps between the cis⁴¹ and transgender community to enhance communities of colour and overall well-being. I specifically learnt more about *The Shift* curriculum, an early intervention option for men (inclusively) causing harm, that fostered connectivity within the group and encourages exploration of both harm caused and experienced throughout their lives. This programme recognises that most male-identifying people have both caused and experienced harm, and must therefore balance accountability with healing. The work focuses on understanding what it means to be a socialised masculine person within a heterosexual society, without justifying harmful behaviour. As a Black-transmasculine led organisation, the group hosts a diverse range of male-identifying people, often with cis-men presenting as the minority gender in the space. Speaking to experts, I learnt how this enabled a powerful and unique framing of masculinity, with trans men able to present an invaluable perspective that both disrupts traditional patriarchy whilst still able to bond with cis men through shared struggles to navigate masculinity and *manliness*.

To summarise, when working with children and young people who have harmed in their intimate relationships, it is important to consider:

- 1. Spaces that balance healing and accountability** - two things can be true, and hurt people hurt people. The space must reflect acknowledgment and empathy for the harm experienced whilst fostering and maintaining a culture that challenges harm continuing. All work with people who harm should be therapeutic and trauma-informed
- 2. Shared safe spaces that foster connection and commonality** - cultivating dynamics that are rooted in care and compassion, not criminalisation. This must be reflected in the content, group management, facilitation and aftercare
- 3. Accessibility** - the work must be accessible and inclusive, considering personal challenges (such as substance misuse, insecure housing or exploitation) and meeting them where they are at
- 4. Whole-community** - learning is only impactful if it can be implemented, which requires safe and supportive communities. Repair must include the whole-family and wider stakeholders around the child or young person, adopting the idea that it takes a village - that we are all responsible for creating environments that centre care and accountability when harm is experienced

Overall, the UK hosts a significant gap in the knowledge, understanding and resourcing of interventions with children and young people who harm in their intimate relationships. This requires critical focus, reflective of aggravating factors that increase the likelihood of abuse occurring, including prior exposure to violence, substance misuse and adverse childhood experiences. In order to understand how to address ARA, we must first understand why, how and where it exists. And once we understand this, we must address it through a transformative justice lens that centres healing, accountability and care - not criminalisation.

⁴⁰ <https://www.gamechangingmen.com/>

⁴¹ Cisgender: term used to describe people who identify with their gender assigned at birth.

HEALING:

Objective 3 To explore how transformative justice can safely and successfully respond to adolescent relationship abuse.

Why Transformative Justice?

Transformative Justice (TJ) is an approach for responding to violence, harm and abuse without creating more violence, recognising that 'oppression is at the root of all forms of harm' (NYSCASA, 2024; Mingus, 2019). TJ involves centering the safety and healing of survivors whilst implementing sustainable strategies that address violence by transforming the environments and systems that perpetuate harm. Across history, and

Black, Indigenous, LGBTQ+, people with disabilities, migrants, women and especially those existing with intersecting identities, are often unable to safely access the criminal legal system when acts of harm are perpetrated against them, principally, acts of gender-based and sexual violence.

still commonplace today, marginalised communities are subjected to discrimination and violence by state systems, including when presenting as victims (Baird, 2023). Black, Indigenous, LGBTQ+, people with disabilities, migrants, women and especially those existing with intersecting identities, are often unable to safely access the criminal legal system when acts of harm are perpetrated against them, principally, acts of gender-based and sexual violence.

Here, TJ acts as 'a unique form of alternative justice' that turns away from carceral and colonial frameworks by investing in community accountability and safety for survivors (2023, p.iii). The TJ movement can be linked back to Black feminist activists who have for decades worked tirelessly to establish strategies for 'addressing the ways in which systemic racism and economic marginalisation contribute to GBV and IPV' (2023, p.5). There are plentiful examples of TJ activism across the spectrum of oppressed groups, including people with disabilities resisting the criminalisation of disability within psychiatric facilities and sex workers rejecting the politicisation of their bodies.

It is important to first develop a conceptual understanding of TJ, and differentiate it from the practice of restorative justice (RJ), which are often incorrectly used interchangeably. Simply put, restorative justice is about restoration of environments, feelings and functions prior to harm occurring, through reconciliation with victim-survivors, and the wider communities impacted by the harm. Whereas transformative justice operates beyond this by centring both healing for survivors and the transformation of systems, environments and subsequent behaviours that foster and perpetuate harm in the first place, recognising the wider socio-political and economic contexts that need to be addressed to enable repair and healing (Coker, 2002). Recognising only a victim-survivor vs offender-perpetrator relationship undermines the role of the state in the establishment of violence, and subsequently dissolves the state from the required accountability that produces systems change and transforms power hierarchies (Nocella, 2011). Nevertheless, there is still a valuable relationship between TJ and RJ practices, such as the principles of repair, collective responsibility and interconnectedness (Vieille, 2013), as well as the use of common methodologies such as mediation, community reparation boards and circles (Taylor, 2018). However, whether restorative justice can operate within the scope of a carceral system that does not echo these values, is contested.

It is critical to acknowledge that the history of TJ and RJ practices is grounded in Indigenous Justice and peacemaking traditions, where Indigenous women, girls and Two-Spirit/Queer people have been fighting against GBV and IPV independent of colonial state systems for decades. One Indigenous tradition that is now commonly used in the West as a form of restorative practice is Circle Sentencing. Circles seek to heal offender, victim-survivor and the wider community through collaborative negotiation of an appropriate response to the harm, and have also been used to resolve more minor conflicts in schools and communities (Mallon, 2013).

Why Transformative Justice?

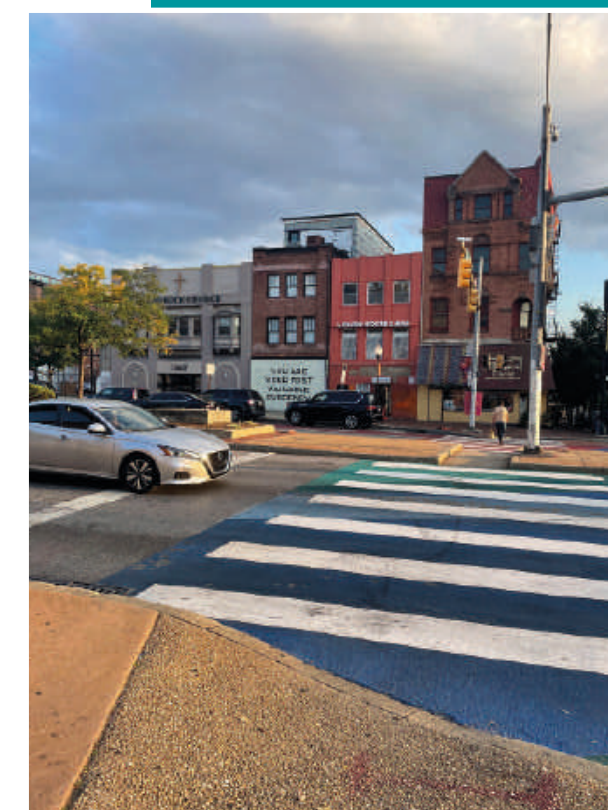
During my research I connected with Hidden Water⁴², an RJ non-profit based in New York that seeks to repair and prevent future harm caused through child sexual abuse (CSA). Their model hosts four Circles, Green, Blue, Orange and Purple. This includes a space for those who have both harmed and been harmed by CSA, and 'speciality' Circles, that will be exclusively for participants of a particular identity (i.e racialised or LGBTQ+). What I found particularly interesting about their model is that it is entirely participant-led. This means that the Circles are held by previous participants who also identify with the Circle colour, opposed to an external authority or 'expert'. They also operate independent of the state and criminal legal system, not focused on *revenge* but on collective healing, repair and accountability.

This practice is used to repair violence by utilising a whole-community approach that places collective responsibility for the victim-survivor, and accountability of the person who harmed, on the wider community.

Another Indigenous approach to harm is the Family Clan/Grand Council, traditionally led by the Clan Mother. Within Huadenosaunee culture, the Clan Mother would liaise with the Peacemaker and negotiate the vision for peace proposed for the clan. She would also select delegates to obtain positions in office, serving voluntarily and for life, on the Family Clan/ Grand Council, holding responsibility for sustaining the Great Law of Peace (National Museum of the American Indian, 2009, p.3). This practice is used to repair violence by utilising a whole-community approach that places collective responsibility for the victim-survivor, and accountability of the person who harmed, on the wider community. In other words, adopting the idea that it takes a village.

However, there are concerns regarding the co-option of Indigenous restorative justice by the white Western state 'with very little acknowledgement of the context in which they are meant to be practised... and where the community relationships are not the same' (Baird, 2023, p.21,31). The institutionalisation of RJ by the carceral state is in part what has resulted in the movement towards TJ, recognising the power and structural relationships between the state and GBV.

Whilst [Western] justice is 'based on rules and principles, Indigenous justice is based on human relationships... [that] seeks to harmonise the underlying conflict' (Mallon, 2013). There must be a fundamental acknowledgement of the relationship between colonial land destructions and the struggle to end GBV, and that GBV is a consequence and mechanism of colonial violence and destruction. That violence does not exist in a vacuum.



Baltimore, Maryland

⁴² <https://www.hiddenwatercircle.org/>

Transformative Justice and Gender Based Violence

The implementation of TJ and RJ as a response to GBV in the UK is still largely contentious, although as mentioned, there is very little focus on a transformative justice approach to GBV, which remains empirically under-researched. Subsequently, I will briefly discuss the limited literature and contentions of RJ, and then focus on existing models in North America to amplify and evidence the need for a TJ approach in the UK.

Restorative justice, as defined by the Crown Prosecution Service (CPS), is a process whereby parties 'collectively resolve how to deal with the aftermath of [an] offence... [through] victim-offender mediation' (CPS, 2023). The Victims' Code (3.4) entitles every victim of crime the

right to receive information about RJ and how to access RJ services in their local area (Ministry of Justice, 2020).

However, UK RJ charity Why me?⁴³ highlights that this is not happening in practice, as only 5% of victims recall receiving any information about RJ at all, and that survivors of sexual and domestic abuse are much less likely to access RJ services than any other victim of crime (Baxter, 2023; Why me?, 2021). It is also stated in CPS guidance that RJ is 'rarely appropriate' for responding to IPV, and police officers must consult their superiors before deciding whether to share RJ information with victims or not (CPS, 2022).

According to Why me?, the reported benefits of RJ for survivors of GBV/IPV include:

- Empowering survivors with the opportunity to be heard. Victim-survivors often feel silenced by the criminal legal system, and by abusive partners; RJ can enable them to take an active role in responding to the impact of the harm committed against them
- Increasing feelings of safety for survivors, especially when they share communities, friends, and fundamentally, children with the person who harmed them, in turn reducing their anxiety
- Providing clarity to survivors about why the harm was caused, which has been linked to 'feeling a greater sense of justice... and can transform recovery' (2021, p.8)
- Offering an alternative form of justice that is not exclusively reliant on the criminal legal system, especially for crimes that are often not upheld in court, such as various acts of sexual harassment, and for people who feel unable to (or do not want to) access the criminal legal system - such as folk at risk of perpetual state violence, including Black and minoritised, migrant, undocumented and young people
- Changing harmful behaviour by enabling the survivor to lead on deciding the reparative commitments the person who harmed must make, such as engaging in mental health or substance use treatment

⁴³ <https://why-me.org>

Transformative Justice and Gender Based Violence

However, many experts, survivors and practitioners across the VAWG and DVA sectors strongly contest the use of RJ practices for domestic abuse. I recognise and emphasise some of their concerns, and also believe it

is critical that RJ practices are delivered by specialist, qualified staff demonstrating the ability to safeguard the survivor throughout the entire process.

Some of the common concerns held are:

- Risk of harm towards the survivor, either through physical violence or emotional harm, re-traumatisation, coercive control or the weaponisation and manipulation of the restorative justice process in order to inflict further harm
- Diversion from punishment of the person who has harmed. There is a worry that RJ is a favourable alternative that benefits the person who has harmed above the victim-survivor, by acting as an alternative to punitive criminal legal sanctions
- RJ is under-researched and subsequently not evidence-based; that the effectiveness of RJ responses to DVA/SV are speculative
- RJ is resource intensive due to the level of training required for practitioners, and ongoing support for both parties, especially the victim-survivor. The upfront costs are high, however the long term socio-economic benefit seeks to outweigh the initial cost (2021, p.14)

Although there is validity in some of the concerns held, I am yet to find research to evidence them. I believe society has objectively pathologised non-carceral forms of justice and in doing so, is apprehensive to explore alternative avenues of repair, outside the colonial-carceral lens of crime and punishment. I believe that every survivor of any crime should be empowered to decide their own healing, and disregarding RJ and TJ responses as an avenue for survivors is both inequitable and disempowering. Most importantly, many survivors of GBV, and an even higher rate of children and young people who experience ARA, do not and cannot rely on the criminal legal system for justice. So where does that leave them?

I asked experts if they believed that a non-legal response to ARA was possible, and if so, what it should look like. As echoed through this report, the response was categorically that this must happen, with focus on the following areas:

- Education for young people from a young age
- Transformative work with people who cause harm
- Systems change: economic justice, housing, health care, mental health care
- Training for professionals responding to ARA
- Healing for survivors and people who cause harm
- Community organising: to shift culture and when responding to harm

Transformative Justice and Gender Based Violence

In practice, most people do not rely on the criminal legal system when they are harmed. Subsequently, they rely on their communities for support and healing, and these mechanisms for repair are themselves transformative, possibly without them even knowing it.

For example, when speaking with one survivor, she recalled her experiences as a woman subjected to abuse by her partner who was of high standing in their church. She reflected on the support of the 'Church Mothers', who were aware that she was in an abusive relationship as they 'were living the same kind of life'. They would secretly pass her money and offer words of encouragement; 'women would never talk about [abuse] but they would get together, to clean the house, make sure the kids were fed...so that night wouldn't be so bad. That is how the community responded to domestic abuse'. This is how women for generations survived male violence, through the will and strength of the women around them.

This is how women for generations survived male violence, through the will and strength of the women around them.

She spoke of the culture that silenced women, and that it was not safe for women to speak up against men of power in their church, and in doing so they risked social, economic and spiritual isolation; to be branded as a liar and shamed. 'We were taught to stay and not speak, but never taught how to act'. Analysing this silencing culture women were (and still are) subjected to, accompanied by the religious expectations of marriage, left very little space for action for survivors like the incredible women I connected with. 'But they were committed, even in their silence, to not let their sisters suffer'.

She said that if or when the police were called, it was never taken seriously. Men were taken outside to 'cool off' before returning to the family home, often more angry than when they left. Domestic abuse was a private family matter that occurred behind closed doors, and not the business of anybody else. She said her community gave her the power to leave her husband. 'I called two of my best friends who had been through abuse and were out and free; they said "what

He was challenged by other men of power within the church to change his behaviour, and that to not do so would subject him to loss of his own social and political power within the community.

do we need to do?"'. In doing so her husband was then also held accountable by the wider community who subsequently learnt more of his harmful behaviour. He was challenged by other men of power within the church to change his behaviour, and that to not do so would subject him to loss of his own social and political power within the community.

One long-standing and relatively popular movement is Philly Stands Up⁴⁴(PSU). PSU is a small volunteer-led collective founded in 2004 in response to a rise in sexualised violence amongst the punk community, working with survivors and people who have harmed to confront sexual assault across West Philadelphia. Their work centres collective, community accountability by recognising and changing behaviour without ostracism, addressing cultures that contribute to sexualised violence through education, resources and support groups.

Their initial foundations existed in RJ practices that recognised people who harm as 'complex, connected members of community', holding them accountable and rebuilding community trust (Kelly, 2012, p.49). They departed from RJ practice recognising that restoration is ineffective if it restores the 'same troubled, problematic world plagued with patriarchy... and all of the other conditions that feed into sexualised violence in the first place' (op cit, 2012).

They quickly learnt that TJ work is deeply political, linked to economic justice, radical mental health and prison abolition; that when somebody is sexually assaulted, everyone in the community is harmed and therefore everybody needs to heal - whilst not minimising the specific and significant harm experienced directly by the victim. Here, community organising is a critical mechanism used to achieve repair and healing in the aftermath of an assault, bringing together survivors and their community (friends, family, partners, neighbours) to collectively strategise how

⁴⁴ <https://phillystandsup.wordpress.com/about/>

Transformative Justice and Gender Based Violence

to respond to their needs, beyond the criminal legal system. They would also seek to separately engage the person who has caused harm, through lines of accountability, though this was not always successful. Responses are holistic and vary person-by-person, though may include risk assessing the person who has harmed (would they harm again, who and where?), alerting wider stakeholders and communities of this risk in a way that does not 'smear reputations' (2012, p.51) unless in cases that deemed necessary. Ensuring the community served as critical friends to the movement and survivor(s), either by informing others or removing unsafe people from group situations, such as taking bands off line ups for events if the person who harmed presents unaccountable and/or a risk to others. Over time the community served by PSU began to reimagine a non-imperialist or punitive approach to sexualised violence, that doesn't pathologise people who harm and instinctively ostracise them, but empowers curiosity, accountability and collective cultural and social change.

Baird (2023) completed an independent study of *Womenatthecentre*⁴⁵, a survivor-led non-profit in Canada that works to eradicate GBV through personal, social and political advocacy. Their TJ initiative, *Transformative Accountability and Justice (TAJ)*, evaluated over three years and published in their *Declarations of Truth*⁴⁶report (2020), seeks to provide an alternative approach to justice that is flexible, allowing for the changing needs of survivors over time.

The model works with both survivors and people who have caused harm, delivered in silo and by specialists, including people with lived experience completing the programme as a survivor and the person who harmed.

The model works with both survivors and people who have caused harm, delivered in silo and by specialists, including people with lived experience who had already completed the programme as a survivor or a person who harmed. The survivor will be met regularly, offered emotional support and immediate crisis intervention, including medical care, housing, child care, and counselling. They will then formulate a Justice and

⁴⁵ <https://www.womenatthecentre.com/>

⁴⁶ <https://www.womenatthecentre.com/declarations-of-truth/>

Accountability Statement, to be submitted to the person who caused harm, outlining clear commitments the survivor needs them to make in order to achieve repair. Examples of these commitments may include:

- the person who harmed engaging in training/behaviour change programme
- informing key personnel of the harm they have caused (i.e work, their parents, mutual friends), or
- agreeing to write letters of apology to the survivor and wider community of people harmed

Both parties will then create Personal Transformation Statements with the support of the team working alongside them throughout the TAJ process. These statements will create a trauma-informed roadmap incorporating self-care strategies and resources to help them on their healing and justice and/or accountability journey (MacGregor and Hackett, 2020). As a survivor-centred programme, they can choose to never meet with the person who harmed them at all, and any communication if needed can be through their support team. Thorough assessments are also completed ahead

Transforming harm by identifying the wider contexts of violence in their lives, using the holistic, inclusive design of healing spaces that involves those who caused harm, builds trust and commitment, developing personal growth and change.

of engagement to determine whether this process is safe for both parties. The length of the process may vary and can last anywhere from six months to two years. Unlike traditional RJ processes, and what forms this initiative as transformative, is that it exists separate to the criminal legal system, whereby most RJ programmes are co-opted by the state. Further, the equitable focus on responding to the immediate and wider socio-political needs of the person who has caused harm, such as their own emotional support, medical treatment, counselling, child care and safety planning; recognising their decreased space for change if facing complex socio-economic and environmental barriers. Transforming harm by identifying the wider contexts of violence in their lives, using the holistic, inclusive design of healing spaces that involves those who caused harm, builds trust and commitment, developing personal growth and change.

Transformative Justice and Gender Based Violence

Baird's study found that their model offers a 'promising alternative to the colonial-carceral logics upheld by the state's criminal legal response to GBV' (2023, p.69) and worked well for transforming the attitudes and behaviours of those causing harm (2023, p.38).

Relating this back to a UK context, Womenatthecentre's approach to transformative justice blends the primary functions of a DAPP and RJ initiative, with the transformative Indigenous Justice positionality of healing; 'understanding personal, communal and societal functions of harm, and address[ing] them at each level' (2020, ch.4,p.2).

It is not so far removed from what, in part, already exists in the UK but is operating in silo - work with people who harm in one space and with survivors in another, though largely absent of any systems change. Society must be more curious to really start to understand the functions of a transformative justice approach. We must move away from the idea that TJ is exclusively about the immediate abolition of prisons and policing, and that in doing so we are signing a death sentence for women and girls. The unfortunate reality is that women and girls are already dying; the system does not work.

We need to reimagine a world whereby environments that produce violence have been transformed to centre health, healing, peace, economic justice and inclusive education, a culture that challenges oppression and is compassionate and caring. Does this sound like an environment that needs to be reliant on policing and prisons to you?

'Everyone wants people to be safe, and sometimes somebody must lose their liberty for that to happen; there is a need for people who cannot stop themselves from harming to be removed from those environments and put somewhere safe, to be given therapeutic interventions to change their behaviour'
Elizabeth Clemants, Founder and CEO, Hidden Water.

This is also not to dismiss the critical reality that many survivors have relied on prisons and policing to separate them from the person harming them, and there have been, and still are, fatal outcomes when this has not happened. I indisputably believe in separation when there is a risk to the safety of others. Approaching this

through a transformative justice lens simply means the way the separation is fulfilled in practice does not produce more violence, which our current carceral system does do. Instead, it would centre accountability, healing and repair, beyond revenge, crime and punishment. If a survivor chooses to rely on the criminal legal system and that works for them, I stand by my statement that every survivor has the right to determine their own healing and they equally deserve compassion and to do so free from judgement. My position is to acknowledge that many survivors cannot or do not want to respond to harm in this way. Reoffending rates also show us that the prison industrial complex does not change behaviour, and at a minimum it scares people away from crime because it is so violent - but this does not address the underlying causes of harm or reshape the environments that perpetuate it. It is most likely that even then, harm will continue but in spaces where it is silenced and be perpetrated in increasingly more severe ways as it continues without accountability.

In order to respond to ARA in the UK, I believe there is great value in implementing a model similar to Womenatthecentre's Transformative Accountability and Justice initiative. It must be delivered by specialists and informed by the needs of young survivors and young people who cause harm, with appropriate funding made available to explore and evaluate this.

Finally, there is a socio-economic benefit to investing in TJ responses to harm. Despite the UK criminal legal system evidenced as institutionally racist, misogynistic and homophobic (Machpherson, 1999; Baroness Casey, 2023), the government is currently underway plans to build an additional 20,000 prison places by 2025. The number of children in custody is 'set to double by 2024' as Black and racially minoritised children continue to be impacted disproportionately; making up 53% of those detained in custody in 2021 (Weale, 2022). There is clearly no intention to downsize, reform or abolish the prison industrial complex at state level, despite (or possibly because of) the substantial social cost of imprisonment. UK adult imprisonment costs £46,696 per person, costing nearly £4 billion per year, with police expenditure in financial year 2022/23 recorded at £17.3 billion (Institute for Government, 2023). This significant cost to public funding is maintained whilst budgets for education have shrunk by 8% (£10 billion) since 2010. By divesting funding from the criminal legal system, and investing instead in violence prevention and therapeutic, trauma-informed intervention services, we will shape a society that is less reliant on a punitive and perpetually violent system, but fosters compassion, peace, care and respect.

Work with Young Survivors

Recommendation 6

Invest in wrap-around support for young survivors that includes immediate safety and long-term, sustainable social-emotional development.

My final chapter will focus on work with young survivors, and I will largely draw attention to my own work in the UK, Youth Realities.

In the UK, there is a significant lack of targeted, adequate and accessible support specifically for young people experiencing harm in their intimate relationships.

In the UK, there is a significant lack of targeted, adequate and accessible support specifically for young people experiencing harm in their intimate relationships. Despite, albeit limited, knowledge of the severity of ARA, it is poorly reflected in, and largely absent from, policy, guidance and legislation.

A research report produced by the Children and Young People's Empowerment Project⁴⁷(CYPEP), in partnership with AVA, found that support available to young people is insufficient and not meeting their needs. They found that when ARA support is offered, it is most commonly forming part of a generic offer that is non-specialist and low in quantity, not able to meet the demand for help. This results in increased thresholds for support, reducing access for those in need of early intervention, as well as reduced service quality and shorter engagement periods (CYPEP, 2016). This is all contrary to the long-term, trusted relationship-based support that young people require. The study also states gaps in available support and/or a knowledge base in some fundamental areas. These include accessible mental health services for young people who have experienced relationship abuse, work with young men as victims of harm, those experiencing abuse in same-sex relationships and services for young people causing harm (op cit, p.23).

SafeLives (2017) further highlights gaps, with young people in need of support being forced to rely on adult services (if they are aged 16+) due to an absence of specific support addressing ARA. For example, Independent Domestic Violence Advocacy (IDVA)

⁴⁷ <https://chilypep.org.uk/>

provisions remain written into the Government's strategy to address violence against women, whereas Young People's Violence Advocacy (YPVA) provisions are not. This results in no clear, consistent and accountable pathway of support for young people (2017, p.15), which has a range of subsequent impacts. For example, young people under 16 have restricted access to non-molestation orders, requiring them to seek and obtain permission from the high court before they can apply (SafeLives, 2017, p.16). This, as mentioned, also means that the young person causing harm is not supported to stop, enabling opportunities for harm to continue without accountability and limited survivor protection.

Young people are still far less likely to rely on the criminal legal system and without available, accessible and appropriate behaviour change interventions, young survivors face a greater risk of significant harm (O'Brien, 2016, p.2).

Although, there have been some gradual changes to policy to better reflect young people's experiences. This includes the cross-government definition of domestic abuse being lowered to include 16-17 year olds in 2012, and national government-led campaigns to build awareness of violence within young people's relationships. However, in practice the changes in definition have done very little to protect and support young people from harm. Young people are still far less likely to rely on the criminal legal system and without available, accessible and appropriate behaviour change interventions, young survivors face a greater risk of significant harm (O'Brien, 2016, p.2).

Youth Realities, the organisation I founded in 2016 in response to my own experiences of ARA when I was 15, is a specialist young people and survivor-led charity that operates one of the only YPVA/ IDVA provisions for children as young as 11 impacted by ARA in the UK.

Work with Young Survivors

We work with children and young people aged 11-25, predominantly young women and girls, to prevent, intervene in and enable healing from experiences of ARA and other forms of intra and extra-familial harm.

Our YPVA/IDVA model is long term (averaging 12-18 months) one-to-one support that consists of addressing urgent safety needs, such as advocating for housing, mental and physical healthcare, facilitating safety plans and risk assessments, alongside establishing sustainable and holistic avenues for healing. In the past, we have delivered prevention and early intervention with young men and boys, however as a small and under-resourced service, have diverted our limited capacities to responding to the critical demand for work with young survivors. Despite the changes, during my time working with young men, most of whom experienced multiple marginalisation, I know that working with them to form healthy and safe relationships is deeply desired and hugely impactful.

They just wanted to feel listened to and *not treated like a victim* (Kensit, 2023, p.38).

In 2023, I completed practitioner research evaluating Youth Realities' targeted YPVA/IDVA work with young survivors. My evaluation, which consisted of interviews with six young survivors aged 14-25 (all who had been engaged with the service for between one-five years), highlighted the importance of operating services for young people that are accessible, inclusive and adaptive to their many various needs and experiences. They want to feel in control, especially after having been subjected to harm in environments that often render them powerless. They spoke of their challenges with other services that feel too strict, closed off and clinical. They didn't feel safe and supported, and felt as though it was all very public. They have clear understandings of the need for professional boundaries but do not want to feel like everything they talk about will be shared with other staff, especially if there is no immediate risk of harm. They just wanted to feel listened to and *not treated like a victim* (Kensit, 2023, p.38).

The relationship between the young women and their worker was a primary theme throughout the interviews, with all young women reflecting on the importance of judgement-free, open and honest communication; being able to tell her anything and not worry about being misunderstood (op cit, p.39).

Our approach is transformative in many ways, one core factor being that Youth Realities does not mandate any of the young people we support to engage with the criminal legal system in response to harm they have experienced. We always uphold our legal safeguarding and reporting responsibilities, but if a survivor has chosen to recover free from the criminal legal system, then we will honour their right to make that decision and put all in place to keep them safe.

One young woman I interviewed said she felt pushed to get the police involved by the service she went to for ARA support prior to engaging with Youth Realities (op cit, p.36). She shared that when stated that she did not want to involve the police, she felt as though she would not be helped by them at all. This resulted in her disengaging from the service and subsequently remaining, unsupported, in a harmful relationship. I have seen this a lot across the VAWG sector, with women's workers posing questions such as: Why would you not report it? What if he does it to somebody else? Do you not want to stop him hurting somebody else? Do you not want him to suffer for what he has done?

All these questions do is hold the survivor responsible for the behaviour of the person who has hurt them, whilst placing them at fault for any future harm that occurs. This is not a trauma-informed, survivor-centred or transformative way of working.

Instead, we should be asking them what they need, right now, to heal and repair from the harm, with or without the criminal legal system. If a survivor has told you they do not want to engage the police, here are some questions you can ask them:

- What do you need to feel safe right now?
- Can we make a safety plan together?
- Who in your community can support you?
- What may help you heal?

Working with young survivors requires a level of specialism and there is training available - such as SafeLives' YPVA course⁴⁸ as referenced earlier in this report. However, my service evaluation also highlighted the importance of the wider community and ability to form safe and trusted spaces. Young survivors need long-term, wrap-around support beyond immediate safety measures. Such as Youth Realities' wellbeing workshops, offered twice a month, and dance programme for survivors, offered weekly.

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These additional spaces enabled survivors to build a community, form friendships and establish normality in their lives - to simply be young people. Many formed familial-like friendships with other young women and girls they met through the spaces that have and continue to thrive outside of our service. "I enjoy getting together with other young people...some people don't have family and I feel this is a good place for them to be themselves" (op cit, p.37).

It is important that young survivors are supported early, and assisted into education and employment. This increases their financial independence and reduces risks of abuse within economically dependent relationships, whilst magnifying their interpersonal skills, feelings of worth, accomplishment, achievement and power.

We further provide employment, voluntary and training opportunities, recruiting young survivors as workshop facilitators and to co-produce training for professionals. High rates of young women are economically inactive in the UK, and there are evidenced relationships between abuse and violence and low socio-economic outcomes. It is important that young survivors are supported early, and assisted into education and employment. This increases their financial independence and reduces risks of abuse within economically dependent relationships, whilst magnifying their interpersonal skills, feelings of worth, accomplishment, achievement and power. There are still a whole bunch of systemic issues, such as exploitative workplaces, gender-pay gaps, and racist-sexist company management that do not value the contributions of young people or support them to thrive in work. Nevertheless, we make sure those we employ know their worth, pay them fairly, and set the bar high in the hopes that they will be less inclined to settle for less when they eventually enter capitalism - though sadly, their environments sometimes mean they have little choice.

I will finally draw attention to the importance of quality IDVA staff wellbeing standards. My evaluation also heard

from 8 IDVA staff across the VAWG sector, of which 2 worked for Youth Realities. The data highlighted just how awful conditions are for women working tirelessly to enhance the lives of other women and girls. IDVA's are struggling, with one survey participant calling out multiple areas of challenge: "high caseloads, stakeholder tick box targets putting pressure to limit support and close cases, poor staff supervision, workplace bullying and workplace toxic culture mirroring domestic abuse" (op cit, p.32).

Findings from the non-Youth Realities' IDVAs showed 84% were supporting over ten women at any one time, with 33% supporting over 21. 100% of them were having to work overtime, 67% felt unsafe whilst at work and 84% felt restricted from 'doing more for the women and girls' they supported (op cit, 2023). The data is concerning, for the health, wellbeing and safety of both the IDVAs and those they are trying to help.

Youth Realities commits to a strict ten-at-one-time caseload capacity, based on the average person needing four hours of support per week - consisting of session delivery, advocacy and administration. Though, if this was the consistent demand, it would also be unattainable within a 35 hour working week. However in practice, this can vary and accommodations are made in consideration of individual needs and responding to urgencies.

I've said it before and I will say it again:

Reduce IDVA staff caseload capacity to within reasonable and safe boundaries, and keep it this way. Prioritise staff wellbeing over the delivery of targets and outputs. If your service is at capacity, close your referrals. While I acknowledge that there may be women and girls who are subsequently unsupported as a result of referral closures, I thoroughly believe that if a service cannot operate safely, then they should not be operating at all. (op cit, p.46).

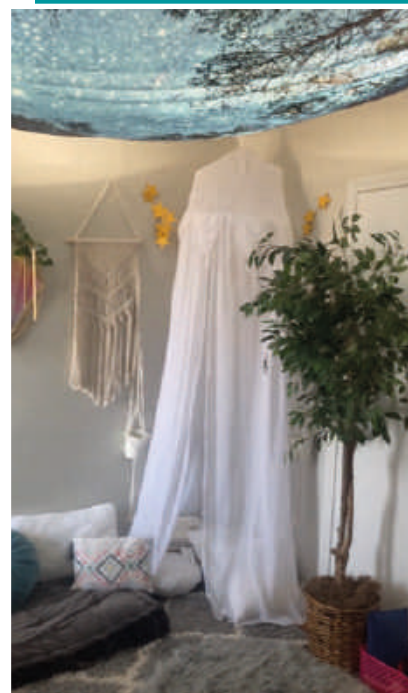
There is a critical need for more work with children and young people who experience ARA in the UK, and I believe significant learning from Youth Realities model - long term, specialist, relationship based, creative and holistic support for young people that centres their immediate safety and long term social-emotional health.

⁴⁸ <https://safelives.org.uk/training/idvas-and-frontline-professionals/responding-young-people>

Work with Young Survivors

During my research in the USA, I connected with the Women's Resource Centre (WRC) in Atlanta, who welcomed me into their refuge accommodation, known more commonly in the USA as a 'shelter'. The centre offered a warm, homely and survivor-centred environment. I walked into a large, spacious kitchen as one woman was cooking pizza and her child sat cheerfully in their pram. Next door, there was a communal living space, with comfortable sofas set out in a u-shape to encourage community, with toys, books and children's art on the walls. There were large outdoor spaces, including a flower garden and children's play area. The part that felt most special to me was the children's zone, which hosted a games room, arts and crafts, and a little space for meditation and relaxation. They offer daily sessions for CYP staying in the refuge, separated by age group, which centre on play, joy and development as well as addressing their experiences of harm. They work with children and young people to navigate their emotional wellbeing through therapeutic activities, and engage older young people in work to understand healthy relationships; reducing normalisation and cycles of harm. I especially welcome that there are no restrictions on how old a survivor's son can be to access the refuge, unlike in the UK. Here, less than half of all refuge's will accept a survivor's teenage son if he is aged 16 or over, and only 19% if he is 17 or over (Women's Aid, 2020). This increases the likelihood of survivors remaining in harmful relationships, their son living with an abusive parent or risking potential homelessness.

When visiting the WRC, I immediately felt an essence of safety, welcome and support throughout the home, which I expected to feel a lot colder. Admittedly, I have not visited a refuge in the UK, nor others in the USA, but the harrowing stories I have been told by survivors living in refuges in the UK set the bar pretty low. Nevertheless, I left feeling inspired. It was the attention to detail that made it especially clear just how much the staff really care. They thought of everything from the lights, sounds and smells, as well as ensuring the decoration reflected the cultural, religious and ethnic identities of their guests. I extend great thanks to Cassandra, and remain inspired by all that you do.



Women's Resource Centre refuge,
Atlanta, Georgia

Work with Young Survivors

Finally, I would like to highlight the Family Justice Centre (FJC) model of support for survivors available in New York. FJC's are available within all five boroughs, and I was able to visit two, in Manhattan and the Bronx. The FJC's are primarily funded by the City and the strength of this model exists in its convenience, operating as a one-stop-shop for survivors. The model seeks to streamline the process of receiving support by making help as accessible as possible, including: counselling, housing, legal advice (immigration, family, criminal protection), safety planning, language interpretation, ESOL classes, childcare, support groups and more. Survivors can drop-in, book appointments or access support over the phone, and do not have to live in New York to be eligible for help. The FJC's I visited also had representatives from targeted services, including Day One support for children and young people, LGBTQ+ services, and groups for women of specific ethnic heritage, including Black, South Asian and Arab.

As ever, there are also some challenges with the model. As a City funded initiative, the FJC's are based in City buildings, which (at least for the two I visited) also run other core state services, including probation and housing, and one FJC was situated directly opposite large court buildings. All buildings have multiple security points, at the main entrance and on the FJC floor, which serves as both a benefit and a potential barrier. For example, although the FJC welcomes survivors regardless of their documentation and immigration status, in practice attending a space with security, guns and scanners may feel incredibly overwhelming. I must admit, as a British person it took me a while to get used

to all the guns, security and police presence, and that's without the risk of deportation whilst trying to flee abuse. Also, being based in close proximity to probation, courts and housing may risk a survivor coming in contact with an ex-partner who is accessing the building for those reasons. Equally, there are cultural barriers, such as a survivor being seen accessing a City building by other members of the local community, where there are conflicting relationships with the police and criminal legal system. One FJC I visited was based in an extremely busy part of the city, on a main road, very close to a populated shopping centre, and felt very public. There are benefits in the FJC being located in a quieter and less residential area, which is the case for the Manhattan FJC which is very centrally located (surrounded instead by commercial buildings). For all these reasons the FJC's have less young people utilising the support available, and experts I spoke to have acknowledged the challenges here.

To my knowledge, only one FJC exists in the UK, in Croydon, South London. However, there is no specific list of services provided from the centre available online. In 2008, Boris Johnson, then Mayor of London, stated that there would be support from the Greater London Authority to the London Boroughs of Newham, Tower Hamlets and Westminster who are all 'interested in developing Family Justice Centres'. Nevertheless, this did not happen.

It is my recommendation to invest in research to scope the need for a FJC model implemented across the UK, that operates a one-stop-shop for survivors of domestic and relationship abuse, from safe and accessible locations.



The Bronx Family Justice Centre, New York City

Conclusion

The conclusion is typically used as a summary and strong ending, but I instead feel driven to use it as a call for action. I have made my recommendations clear. I hope you have found the journey of this report engaging, informative and thought-provoking. I hope you feel inspired to learn more and step up within the scope of your own abilities and contribute to change.

Young people deserve inclusive, quality education that inspires peaceful societies. We must all work to dismantle harmful systems, starting with white supremacist capitalist patriarchy. Take action, challenge, educate, and support initiatives that create a more just and equitable world. Who might you challenge? Where can you offer support? What steps can you take?

We have a long way to go, both in the UK and around the world if we are to address and end adolescent relationship abuse. I still believe it is possible, and it starts with challenging the systems that create violence. My learning in the USA has shown me that we need to be more radical, audacious and fundamentally inclusive in our approaches if we are to end violence and abuse. Young people are the experts, we must centre their needs, hear their demands and respond to them *where they are at*, both as survivors and people causing harm. We must be more compassionate and humane in our responses to harm. We must invest in education, research and development - there is so much we do not know.

My research is just the beginning of this work. I will continue my learning and cultivate new ideas to pilot in the UK with the hope of slowly but surely filling the many gaps in provision, knowledge and practice. I am in this for the long haul.

I am so grateful for the learning, connection and community I have obtained throughout my Fellowship. It has provided me with a new perspective, as well as affirming what I thought I already knew, but can sometimes lose sight of in the day-to-day. I hope to stay connected with you all, through shared struggles and mutual hopes of resistance and change.

In peace, love, solidarity and hope,

Talia Kensit

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