



Kent Joint Strategic Needs Assessment (Kent JSNA)

Kent 'Domestic Abuse' JSNA Chapter Summary Update '2014/15'

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Kent Domestic Abuse JSNA Chapter Update 2014

Introduction

In 2013 the Government introduced a new definition of domestic violence and abuse. It is defined as:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

It also covers issues such as forced marriage, female genital mutilation and so-called 'honour violence'. <https://www.gov.uk/domestic-violence-and-abuse>

In 2014 the Chief Medical Officer (CMO) identified that “*Domestic violence is a major public health issue worldwide, and may account for up to 7% of the overall burden of disease in women, largely as a result of its impact on mental illness*”.

“Six percent of participants in the Crime Survey for England and Wales report past-year domestic violence (where most victims, particularly of repeated or severe domestic violence are women). Therefore, by extrapolation, in 2012 around 1.2 million women suffered domestic abuse, over 400,000 women were sexually assaulted, 70,000 women were raped and thousands more were stalked.”

In addition, the CMO identified that being a victim of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety, eating disorders, substance misuse disorders, psychotic disorders and suicide attempts. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf

Key Issues and Gaps

A number of awareness raising campaigns have contributed to a large increase in the number of victims reporting domestic abuse in Kent. This is putting those services dealing with domestic abuse under significant pressure.

- a Since 2006 over 20,000 domestic abuse incidents have been reported to Kent police every year. This number is rising and during 2013-14 there were 25,365 incidents reported. This is an increase of 8.4% from 2012-13.
- b In the 12 months to October 2014, 1,862 high risk cases were referred to Multi Agency Risk Assessment Conferences (MARACs), with 2,394 children living in those high risk households. This is an increase in 32% on the previous year.
- c During the first two quarters of 2014-15 (the second year of the service) the Kent and Medway Independent Domestic Violence Advisors (IDVA) service received 1,411 referrals. This amounts to a 64% increase on the same period in 2013-14.
- d Between July 2013 and June 2014, 1,835 people were assisted at domestic abuse one stop shops across Kent. This is an increase of 46% on the previous year.

Currently each service is commissioned separately, but given that demand is increasing at a time where budgets are falling in many of the commissioning agencies, redesigning the way services are commissioned may offer an opportunity to improve services through greater integration.

Who is at Risk and Why?

Domestic abuse occurs across the whole of society, regardless of sex, race, ethnicity, religion, age, class, income or where they live. However, there may be some increased risk in vulnerable groups: such as women who are transient, those who have low socio-economic status, and those who have mental health problems.

The majority of domestic abuse is committed by men against women and women are most at risk of serious violent assault when separating or after separating from an abusive partner. Thirty per cent of domestic violence cases start during pregnancy (McWilliams and McKiernan, 1993).

Issues such as forced marriage, female genital mutilation and so-called 'honour violence' mainly concern women from minority ethnic backgrounds.

Women who are experiencing domestic abuse may find it more difficult to access help if they are:

- Black and Asian
- Older or younger
- Lesbian
- Women with a disability
- Women who misuse drugs or alcohol
- Travellers
- Sex workers such as prostitutes
- Asylum seekers
- Women with mental health problems
- Vulnerable adults
- Homeless women and
- Elderly

A study of 336 convicted offenders of domestic violence, found that alcohol was a feature in 62% of offences and 48% of offenders were alcohol dependent (Gilchrist et al, 2003). Since 2011, local authorities have been required to undertake a Domestic Homicide Review after any local homicides related to domestic abuse. Research into 24 of these reports showed that alcohol played a significant contributory role in 75% of the homicides. (Research undertaken by Alcohol Concern for the Blue Light Project.)

There is a growing recognition of domestic abuse within gay and lesbian couples, as well as abuse by children targeted at their parents.

The Level of Need in the Population

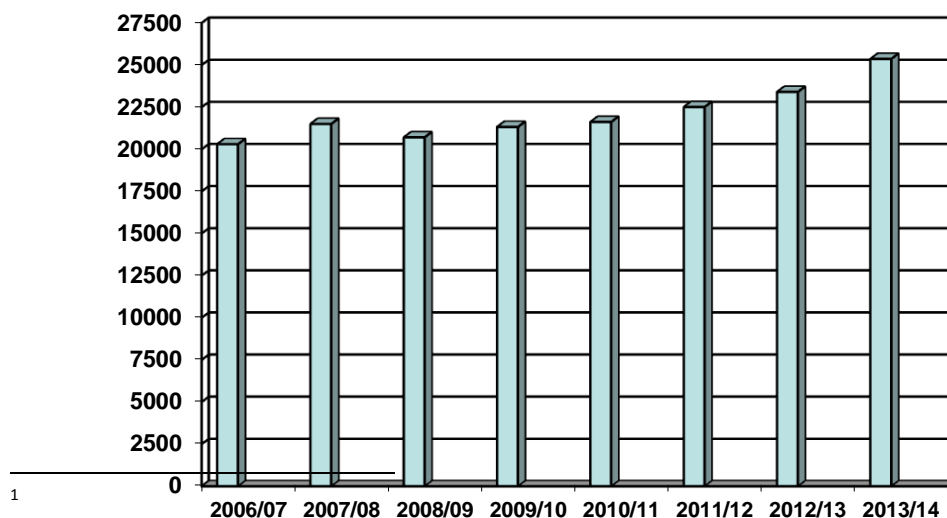
The Home Office provides a 'ready reckoner' tool¹ to help local areas estimate the prevalence and cost to public services to tackle violence against women and girls. Table 1 shows that there are an estimated 49,537 female domestic abuse victims in Kent per year. These figures are estimates based on the female population size and British Crime Survey rates for the South East Region. (It should be noted that men and older women can also be victims of domestic abuse and the following estimate does not include either.)

Table 1

Kent prevalence estimate (Home Office VAWG Ready Reckoner, July 2013)	
49,537	Women and girls (16-59) victims of domestic abuse in the past year

Figure 1 below shows that over 25,000 domestic abuse incidents were reported to Kent Police during 2013-14. Although this number is only half the number of estimated victims (Table 1), it is known that many victims of domestic abuse are abused many times before they seek help. Domestic abuse is therefore under-reported.

Figure 1: Number of domestic abuse incidents reported to Kent Police



¹ <http://webarchive.nationalarchives.gov.uk/20100419081706/http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm>

Figure 1 also shows that the numbers of reported incidents have been rising steadily since 2008-09. Table 2 below shows that this increase is reflected in virtually every local authority area in Kent. Only Maidstone has seen a slight decrease in the rates of reported incidents since 2009-10. Thanet, Medway and Gravesham have the highest rates of reported domestic abuse incidents per 1,000 population.

Table 2: Reported DA incidents to Kent Police by District

	DA per 1000 population Nov 09 to Oct 10	DA per 1000 population Nov 10 to Oct 11	DA per 1000 population Apr 12 to March 13	DA per 1000 population Apr 13 to March 14	Direction of change between 2012/13 and 2013/14
ASHFORD	11	12	12	12	↔
CANTERBURY	10	11	10	11	↑
DARTFORD	14	13	14	15	↑
DOVER	13	13	13	15	↑
GRAVESHAM	16	15	18	17	↓
MAIDSTONE	12	13	11	11	↔
MEDWAY	15	16	18	20	↑
SEVENOAKS	8	7	8	8	↔
SHEPWAY	15	15	14	15	↑
SWALE	15	16	15	15	↔
THANET	19	21	21	23	↑
TONBRIDGE	10	10	10	11	↑
TUNBRIDGE WELLS	9	9	9	10	↑
KENT & MEDWAY	13	13	14	15	↑

Due to the nature of under-reporting of domestic abuse it is difficult to estimate the future level of need accurately. However, as illustrated in the following section, all the domestic abuse services within Kent are showing increases in the number of victims they are supporting. Combined with the increases in the number of incidents reported to Kent Police, there is no reason to believe that the year-on-year increases in the level of demand for services will stop.

It is important to note that increased reporting of domestic abuse is a specific aim of many recent awareness raising campaigns, and does not necessarily mean that there is an increase in the levels of abuse. It may just mean that more victims (who had previously suffered in silence) are now coming forward for support. It has not been possible to establish how much of the recent increase has been due to increased reporting as opposed to actual increased levels of abuse.

Current Services in Relation to Need

There is a wide variety of support services within Kent designed to support the victims of domestic abuse. These services are delivered by a wide range of providers and are commissioned by a wide variety of funding sources. There are also a limited number of services aimed at perpetrators of domestic abuse as well as some aimed at children living in families where domestic abuse is present. A short introduction to each service is given below:

Multi Agency Risk Assessment Conferences (MARACs)

MARACs are designed for victims and families assessed at high risk of significant harm or murder. In MARAC meetings, agencies share information and agree to an action plan to support victims.

In a single meeting, a Domestic Abuse MARAC combines up-to-date risk information with a comprehensive assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a case: victim, children and perpetrator.

MARACs started running in Kent and Medway during July 2008, going live across all Kent Police Areas by August 2009.

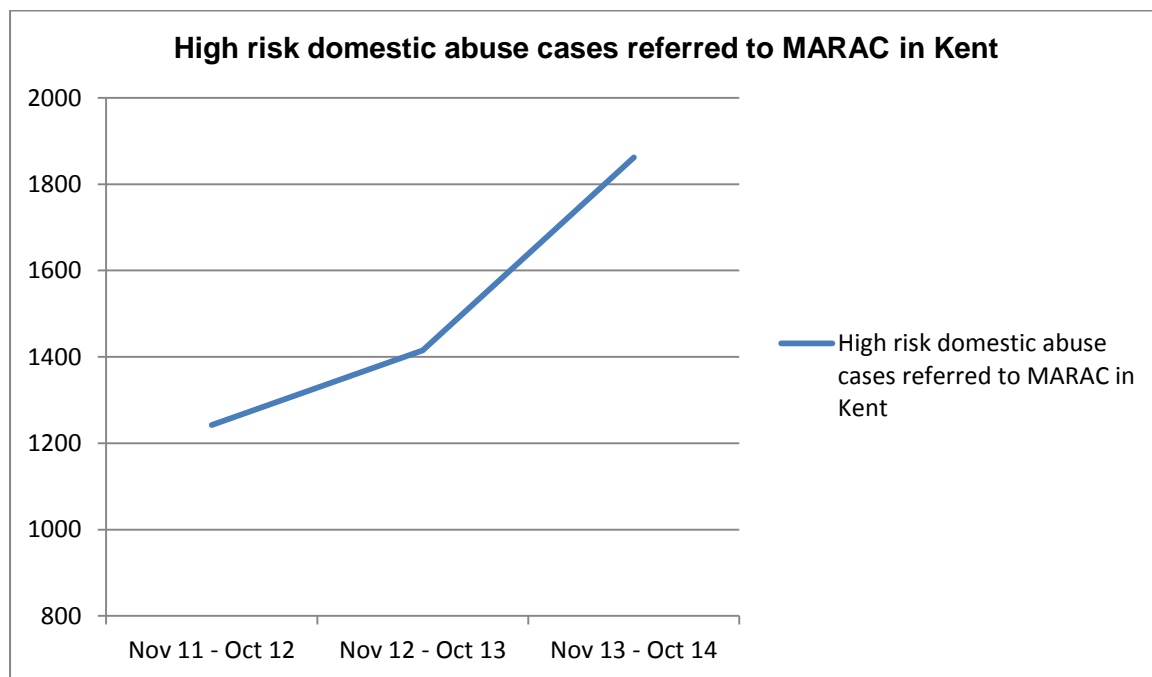
Table 3: MARAC comparison data

MARAC Comparison Data (Data relating to 12 months up to October 2014)														
	Medway	Maidstone	Swale	Dartford	Gravesham	Tun Wells	Ton & Malling	Sevenoaks	Ashford	Folkestone	Dover	Canterbury	Thanet	Total
Total Number of Cases	432	134	151	139	168	89	85	73	100	86	84	91	230	1862
Number of Repeat Cases	141	26	32	35	62	23	11	18	22	22	22	29	63	506
Repeat Cases %	33%	19%	21%	25%	37%	26%	13%	25%	22%	26%	26%	32%	27%	27.18%
Number of children in households	534	179	191	174	190	105	119	88	136	131	116	132	299	2394
Number of BME Cases	26	15	16	24	43	5	5	8	12	11	5	13	20	177
Number of	2	0	0	0	0	1	0	0	1	0	0	1	1	4

LGBT Cases														
Number of cases with registered disability	5	7	7	0	1	5	2	0	2	2	1	1	2	30
Number of Male Victims	8	3	4	2	5	3	3	4	0	0	1	1	10	36
Victims Under 18*	8	1	3	3	1	0	1	1	0	0	1	3	5	19
Perpetrators Under 18*	2	2	6	0	0	0	1	1	0	1	0	0	1	12

In the 12 months to the end of Oct 2014, 1,862 high risk cases were referred to MARACs; 2,394 children lived in those high risk households. This is an increase from 1,415 MARAC referrals received in the same 12 month period up to the end of August 2013. This in itself was an increase from 1,242 referrals in the 12 months up to the end of 2012-13.

Figure 2: Trends in the number of referrals to MARAC



An external review of the MARAC process was initiated in August 2014 to examine how it can be re-shaped to cope with the rising demand. The report should be considered by agencies when agreeing the future structure of DA services.

Independent Domestic Violence Advisors (IDVAs)

In April 2013, a new Kent and Medway IDVA Service was commissioned to work with domestic abuse victims, specifically supporting the work of Multi-Agency Risk Assessment Conferences (MARACs) and the Specialist Domestic Violence Courts (SDVCs) across Kent and Medway, with the aim of reducing the harmful effects domestic abuse has on its victims.

The main objectives of the service are to:

- increase the safety of victims of domestic abuse and their families
- reduce repeat victimisation
- improve the health and wellbeing of victims of domestic abuse
- increase the confidence of victims to access services and support
- increase the conviction rate for domestic abuse related offences within the SDVCs.

IDVAs work with clients who have been assessed as being at high risk of significant harm or murder. During the first year of the new service (2013-14) the Kent and Medway IDVA Service:

- received 1,854 referrals
- supported 1,292 MARAC clients
- supported 576 SDVC (Specialist DV Court) clients
- significantly reduced the risk of harm for 75% of all clients.

During the first two quarters of 2014-15 (the second year of the service) the IDVA service received a total of 1,411 new referrals. This amounts to a 64% increase on the same period in the first year.

In July 2013 NICE published their *Economic analysis of interventions to reduce incidence and harm of domestic violence*. It estimated that for every 100 clients that IDVAs work with, they will generate total cost savings to public services of £4.7 million, including £0.3m savings in health costs. (National Institute for Health and Care Excellence 2013) The balance of the savings relate to criminal justice costs, employment costs and human and emotional costs.

Refuges

There are ten women's refuges dispersed across Kent providing accommodation and support to 100 households at any one time. During 2013-14 175 women and 142 children were supported within refuge accommodation.

The average age of women accessing these services was 33, with clients ranging in age from 17 to 69 years old at time of entry. The average age of the children housed within refuges was five years.

Floating support

Floating support is specialist housing advice and support service aimed at victims of domestic abuse. It is aimed at victims assessed to be at lower risk than the victims supported by IDVAs.

During 2013-14, 314 households accessed the floating support services in Kent.

The ethnicity of victims accessing either refuges or floating support in Kent is as follows:

- White British 77%
- White (other) 9%

- Asian 3%
- Black 7%
- Gypsy Traveller 0.5%
- Mixed Ethnicity 2%
- 'Other' 1.5%

For clients using floating support, 18% of the refugees reported a disability, and 5% were from the LGBT community.

One Stop Shops

Domestic abuse one stop shops offer free advice, information and support from a range of agencies under one roof to help victims of domestic abuse. Typically each one stop shop is open for two-three hours once a week and no appointment is necessary. The agencies offer support and advice on a wide range of issues including housing, legal, financial, safety planning etc.

Between July 2013 and June 2014, 1,835 people were assisted at the domestic abuse one stop shops - an increase of 46% compared to the previous year. This is the largest annual percentage increase in visitor numbers across Kent and Medway since data started to be centrally recorded in 2010.

Table 4: Trends in the number of visitors to one stop shops in Kent

Location	No of visitors 2010/11	No of visitors 2011/12	No of visitors 2012/13	No of visitors 2013/14	% increase/decrease in visitors (compared to previous year)
Ashford	75	169	239	316	+ 32%
Canterbury	169	262	214	232	+ 8%
Dartford	60	46	52	74	+ 42%
Dover	102	54	83	81	- 2%
Gravesham	52	31	52	64	+ 23%
Herne Bay*	n/a	n/a	43	125	+ 191%
Maidstone	n/a	20	65	97	+ 49%
Medway	128	146	147	287	+ 95%
Shepway	143	120	91	165	+ 81%
Swale	107	123	140	146	+ 4%
Swanley **	6	12	16	25	+ 56%
Thanet	49	71	117	215	+ 84%
Tonbridge***	n/a	n/a	n/a	8	n/a
Total	891	1054	1259	1835	+ 46%

The vast majority of visitors to the one stop shops were female - 96% of all visitors (97% in previous year). Although the number of male visitors overall is low, excluding the newly opened Tonbridge one stop shop, for the first time all the other one stop shops did receive male visitor(s) during the year.

Eighty-two per cent of all visitors describe their background as 'white British' (down from 84% last year), 2% unknown and 16% reported being from a variety of different ethnic backgrounds.

Troubled families

The troubled families programme was launched in Kent in 2012. The programme aims to identify and work with families who have problems and may cause problems to the community around them.

Between April and June 2014 the total number of identified troubled families in Kent was 2,786. Of those families 706 (25.3%) had at least one member being a victim or perpetrator of DA in the last three years (based on police reports). There are 430 families with at least one victim of DA, and 503 families with at least one perpetrator of DA.

By appointing a single key worker and joining up local services the Troubled Families programme aims to deal with each family's problems as a whole rather than responding to each problem separately.

Domestic homicide reviews

Since April 2011 there has been a statutory duty for Community Safety Partnerships to conduct Domestic Homicide Reviews. Since that time there have been ten DHRs commissioned in Kent involving 13 deaths.

A Domestic Homicide Review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- a person to whom (s)he was related or with whom (s)he was or had been in an intimate personal relationship, or
- a member of the same household as him/ herself, held with a view to identifying the lessons to be learnt from the death.

Many of these DHRs have highlighted the need for GPs and other health professionals to be more aware of, and to identify and respond to cases of domestic abuse.

Projected Service Use and Outcomes in Three-Five and Five-10 Years

Given the increased number of reported incidents to the police, and the significant increases in demand that have been seen by every service provider, there is no reason to believe that there will not be a continued increase in demand. If the current provision of services remains the same, the level of unmet need will increase. This will disproportionately impact on groups such as vulnerable adults, ethnic minorities and people with disabilities who find it harder to access services.

Evidence of What Works

Multi-Agency Risk Assessment Conferences Domestic abuse charity Co-ordinated Action Against Domestic Abuse (CAADA) - now known as SafeLives - evaluated the outcomes gained from Kent MARACs conducted in 2011. This evaluation showed that there was a 62% reduction in domestic abuse incidents reported to the police by individuals in the 12 months after the MARAC compared to the 12 months before the MARAC.

Specialist domestic violence courts Specialist courts have been associated with a high level of arrests, successful prosecutions and referrals to support services (Home Office, 2008), and an increase in guilty pleas, case attrition and feelings of protection and safety (Scottish Government, 2007).

Independent domestic violence advisors Systematic Review (Warburton and Feder, 2009) concludes that it is possible that intensive advocacy for women recruited in domestic violence shelters or refuges reduces physical abuse by one to two years after the intervention but we do not know if it has a beneficial effect on their quality of life and mental health. Similarly, there is insufficient evidence to show if less intensive interventions in healthcare settings for women who still live with the perpetrators of violence are effective (Ramsay, Carter *et al.* 2009). More recently, there is growing evidence of the effectiveness of IDVAs (Taskforce on the health aspects of violence against women and children, 2010), and a multi-site evaluation of Independent Domestic Violence Advisors (Howarth, Stimpson *et al.* 2009) found that this abuse stopped completely in two-thirds of cases where there was intensive support from an IDVA service including multiple interventions.

Community perpetrator programmes Overall, there is little evidence at present to suggest that programmes for domestic violence perpetrators reduce re-offending. Although the largely negative findings are mainly based on studies that evaluated the feminist psycho-educational model, studies have so far failed to identify any other programme or domestic violence perpetrator models that show promise of being more effective (Davis, Ruben *et al.* 2008).

User Views

Each service provider uses client feedback to help them improve their services, but there hasn't been a recent attempt to collate user feedback at a cross service, cross county level. This could be undertaken as part of the design of any new service.

Unmet Needs and Service Gaps

The rising level of need is putting all services under increased strain due to the fact that there has not been a similar increase in funding. This increases the risk that some victims of domestic abuse will not receive the support they need.

There is a reliance on the voluntary sector agencies to secure additional charitable funding to enable them to offer services such as education inputs, counselling, outreach, group work, children's work. Without this funding these services would not exist. This also means there is differing provision of these additional services across the county as they depend on the success of local agencies that put in any bids.

In addition, there are relatively few perpetrator programmes or services for children affected by domestic abuse.

Recommendations for Commissioning

1. Examine whether it is possible to combine the provision of domestic abuse services into a single commissioned service:
 - a. Currently each service is commissioned separately, but given that demand is increasing at a time where budgets are falling in many of the commissioning agencies, redesigning the way services are commissioned may offer an opportunity to improve services through greater integration.
 - b. Most investment currently goes towards supporting those victims assessed to be at the highest risk. Whilst understandable a new service should consider what support is needed to prevent medium and standard risk victims becoming high risk.
 - c. Examine whether it is possible to commission services which increase the number of victims who can be supported to safely stay in their own home.
2. Training for frontline health care workers and other appropriate professionals should be made available and disseminated throughout Kent. This training should detail how to raise awareness and how to signpost to appropriate services.
3. Services need to engage appropriately with One Stop Shops so that they are adequately staffed at all times.
4. Ensure that the needs of children affected by domestic abuse perpetrated by parents as well as within their own relationships are identified and met.
5. Conduct case studies within the Troubled Families programme to identify best practice when working with families who are experiencing DA.

Recommendations for Needs Assessment Work

1. Service users' views should be incorporated into the design of the commissioned domestic abuse services.

Key Contacts

Tim Woodhouse - Public Health Programme Manager Kent County Council
Emily Matthews - Supporting People Commissioning Officer Kent County Council
Alison Gilmour - Kent Police

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