

Kent Domestic Abuse Needs Assessment 2023

Version 4
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1 Context

A statutory duty under part 4 of the Domestic Abuse Act 2021 requires Tier 1 local authorities, with support from their Local Partnership Boards, to conduct a local needs assessment to determine the level of need for support within relevant safe accommodation in their area.

In 2020, a full Needs Assessment for Kent & Medway was produced, examining the prevalence of domestic abuse and the impact on different subgroups in different parts of the county. It also assessed the accessibility and impact of different support services for these different groups.

In 2021, the update focused on safe accommodation services in Kent, as well as updating key metrics around prevalence and profiles.

The 2022 update contained two sections. The first section contained an update on key metrics such as prevalence, and police incidences of domestic abuse in Kent. It also included multi-agency working, safe accommodation and homelessness. The second section focused on children and young people. It explored prevalence, current service provision, models of care and findings from interviews with children.

All reports are available on the Kent Public Health Observatory [website](#).

This 2023 report is the second full Needs Assessment for Kent, required as per Section B3.4 of the Domestic Abuse Act 2021 statutory guidance¹.

¹ www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services#part-c-reporting-and-national-oversight

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2 Executive summary

2.1 Introduction to key findings

This report provides a detailed analysis of need and service use relating to domestic abuse in Kent. The first section of the report provides an executive summary of the key findings and recommendations, with the remainder of the report exploring each topic in-depth.

The prevalence of domestic abuse remains high, with an estimated 43,800 females and 17,700 males who may have been affected by domestic abuse in Kent in the past year. In contrast to this, the volume of reported domestic abuse related crimes has decreased and is now below pre-pandemic levels. However, 1 in 5 crimes reported to Kent Police are domestic abuse related. Comparing estimated prevalence to the volume of crimes shows a gap in reporting domestic abuse to the police.

In line with the reduction in domestic abuse related crimes, referrals to the single point of access for the countywide commissioned Kent Integrated Domestic Abuse Service (KIDAS) Referral, Assessment and Triage service decreased, and fewer survivors were accessing KIDAS refuges and community-based support. Some other community-based support organisations also saw a reduction in the number of survivors accessing their support, while others did not.

Although data shows there was some reduction in support service use, comparing take-up with estimated prevalence and reported domestic abuse related crimes shows a gap between the potential need for support and those accessing available services.

There is a need for an equitable offer of support across the county, particularly community-based support, for adults, children, and young people affected by domestic abuse, with sustainable funding.

There is evidence to suggest that certain groups of the population may be less represented in services:

- Males across all services, except the male specific services
- Younger survivors (aged 16 to 19)
- Older survivors (aged over 55)
- Asian/Asian British and Black/Black British survivors for KIDAS community-based support

Changes to the Kent population in the past 10 years (between 2011 and 2021), particularly the ageing population and increased ethnic diversity, should be noted, especially when compared to service use.

As expected, due to the unique characteristics of each area in Kent, there are noticeable differences when assessing the need and use of services in each area.

2.2 Kent key findings

Population changes ([Section 3.5](#))

The population of Kent, based on the 2021 Census is now 1,576,077, an increase of 7.7% (112,337 people) compared to 2011. There are slightly more female residents (51.2%) than male residents (48.8%). 0.2% of the population identifies as a transgender man or woman. 2.7% of the Kent population identify as gay or lesbian, bisexual, or another sexual orientation.

There is an ageing population, with 20.3% of residents now aged 65 or over (319,331 people). Almost a quarter of the population is retired (23.8%). 17.9% of the population consider themselves disabled and 9.1% of the Kent population are unpaid carers.

Kent's population is now more ethnically diverse, with the ethnic minority population now making up 16.8% of the total population. More residents were born outside the UK (12.3%) compared to 2011 and fewer residents have English as their main language (94.2% compared to 95.5% in 2011).

Residents are now more highly qualified, with 79.2% of those aged 16 or over having a Level 1 qualification or above. There has been a significant reduction in the proportion of the population who are economically active (60.2% in 2021 compared to 69.9% in 2011). However, these figures should be treated with caution as the Census was taken during the pandemic and lockdown measures affected the labour market.

66.1% of Kent residents own their own home and 13.6% are social renters. There has been an increase in those privately renting, from 16.5% in 2011 to 18.9% in 2022. The proportion of households with dependent children has remained stable, 29.4% in 2021 and 29.6% in 2011.

Estimated prevalence ([Section 4.1](#))

Modelled estimates, based on the Crime Survey for England & Wales (CSEW) and 2021 Census, suggest around 43,800 females and 17,700 males in Kent may have been affected by domestic abuse in the past year.

The CSEW reported that domestic abuse was more prevalent among:

- Younger adults aged 20 to 24 (10.2% or an estimated 8,600 Kent residents)

- Those with a disability (10.3% or an estimated 24,100 Kent residents)
- Those in socially rented accommodation (8.6% or an estimated 13,300 Kent residents)
- Single adults with children (19% or an estimated 18,700 Kent residents)
- Those of mixed ethnicity (8.7%)
- Those who identify as bisexual (12.1%)
- The long-term or temporarily sick/ill (16.7%).

Care is needed around the interpretation of these statistics so as not to confuse 'disclosed prevalence' with true prevalence. It is also important to note that the measurement of domestic abuse in the context of national population surveys has been the subject of academic debate as the lack of context obscures the gendered nature of abuse, as well as wider intersectional inequalities.

Kent Police recorded incidence ([Section 4.2](#))

After an increase during Covid, the number of domestic abuse related crimes recorded by Kent Police in 2022/23 (26,261 crimes) is now below what was recorded before the pandemic (27,878 in 2019/20). Almost 1 in 5 crimes (19%) were domestic abuse related in 2022/23. The proportion of crimes graded as high risk has significantly decreased over the past 4 years (from 8.8% in 2019/20 to 4.9% in 2022/23).

In 2022/23, there were 16,317 victims of domestic abuse recorded by the police, 32.2% were repeat victims. 30.5% of victims were male (4,969 victims). Around half of the victims were aged between 25 and 44 years old. Over the past 4 years, there has been a significant decrease in the proportion of victims aged 20 to 24 reporting to the police. However, although the volumes are relatively small, there has been a significant increase in the proportion aged 60+ reporting to the police.

There were 15,614 domestic abuse related incidents reported to Kent Police in 2022/23, that were recorded as having a child or children as an involved party (an estimated 31,000 children), where they may have witnessed the abuse (37.2% of total domestic abuse incidents). However, the proportion of incidents with child involvement has decreased since 2019/20 (40.5%).

Comparing domestic abuse related crime victims to the estimated prevalence shows the potential gap in reporting to the police, with around 45,000 fewer crime victims than estimated, particularly for the over 55s.

Perpetrators ([Section 4.3](#))

In 2021/22, there were 25 arrests per 100 domestic abuse related offences (in Kent & Medway), a reduction of 15 arrests per 100 domestic abuse related offences compared to 2019/20. There were 1,566 domestic abuse related prosecutions and 1,250 convictions, both of which increased compared to 2019/20.

In 2022/23, there were 742 Community Orders or Suspended Sentence Orders and 862 Custodial Sentences where the offender had a domestic abuse registration and was known as a perpetrator of domestic abuse. The majority of offenders were male and aged between 25 and 39 years old.

To date, there has been relatively low utilisation of Multi-Agency Task & Coordination (MATAC), with 38 referrals since its introduction at the end of 2021.

The link between domestic abuse and terrorism, radicalisation, and extremism has been highlighted through the work of Operation Escape, where 45% of Prevent referrals had a link to domestic abuse. This link may occur as there are similarities in the use of violence, coercion, and degradation to achieve control.

Housing and homelessness ([Section 4.4](#))

Kent is a two-tier authority, with the responsibility for housing sitting across the 12 district and borough councils. Alternative housing options, whether refuges, social housing, or private accommodation, are key to ensuring victims/survivors can escape domestic abuse, and factor strongly in decision making about whether to stay or leave a perpetrator.

In 2022/23, 1,175 households presented as homeless due to domestic abuse², a similar level to the previous year (1,182 households). There were 435 placements into temporary accommodation due to domestic abuse³, which increased by 16% (59 households). 935 households were owed prevention or relief duty due to domestic abuse, a slight increase compared to the previous year (2% or 15 households).

KCC Adult Safeguarding ([Section 4.5](#))

In 2022/23, there were 906 Adult Safeguarding enquiries where domestic abuse was listed as a type of abuse (around 76 per month), which was a reduction of 10% compared to 2020/21 (100 fewer enquiries). Two Safeguarding Adults Reviews (SARs) featured domestic abuse.

KCC Children's Services ([Section 4.6](#))

Under the Domestic Abuse Act 2021, children who have seen, heard, or experienced the effect of domestic abuse are recognised as victims of domestic abuse in their own right.

Between July 2021 and June 2023, domestic abuse equated to around 10% of total requests to the Front Door, around 700 requests per month, or approximately 8,500 children per year.

In the same period, there were 8,796 completed requests to the Front Door for support where the primary reason was domestic abuse. The majority of these new requests (90.5%) were not already

² Excluding Dartford, Dover and Tonbridge & Malling who did not provide data

³ Ibid

open to Early Help or Children's Social Work (7,963 families). Of those, 42.9% then met the threshold for Children's Social Work (3,413 families), and 40.1% were given information, advice, and guidance (3,195 families).

The proportion of Early Help assessments and reviews where domestic abuse was a key reason for support has significantly decreased since 2019/20 (21.2%) to 12.2% in 2022/23. The proportion of Child & Family assessments where domestic abuse was a factor has also reduced significantly, from around 44% between 2018/19 and 2020/21 to 38.6% in 2022/23.

Single point of access referrals to support ([Section 5.2](#))

The Referral, Assessment and Triage (RAT) service is the single point of access for the countywide commissioned Kent Integrated Domestic Abuse Service (KIDAS). Victim Support is funded to deliver this service by the KIDAS funding partner organisations.

In 2022/23, there were 22,099 referrals to the Referral, Assessment and Triage (RAT) service, a reduction of 9.8% compared to the previous year, which mirrors the reduction in the volume of domestic abuse related crimes reported to Kent Police. There was also a significantly lower proportion of referrals graded as high risk (7.8%) compared to the previous year. Compared to domestic abuse related crimes graded as high risk (4.9%), a significantly greater proportion of RAT referrals were graded as high risk.

Safe accommodation support ([Section 5.3](#))

The provision of safe accommodation, such as refuges, dispersed accommodation, or Sanctuary Schemes, is a Statutory Duty under the Domestic Abuse Act 2021.

In 2022/23, there were 107 units of safe accommodation available in Kent refuges through the collaboratively commissioned KIDAS service and 10 units provided by other local organisations or district and borough councils. Each unit is for an adult survivor of domestic abuse (aged 16 years and over) and their accompanying child(ren).

Vacancies within refuges are advertised nationally through the Routes to Support database. Referrals to KIDAS refuges have decreased over the past 3 years, from 579 in 2020/21 to 285 in 2022/23. However, there were some data issues in North Kent and South Kent which will have affected the volume of referrals recorded. There was also a change of property portfolio in East Kent and vacancies were not advertised due to the transition period. Additionally, there were some property renovations in North Kent following the move-on of some longer-term residents.

There was an increase in the proportion of referrals accepted (43.9%) compared to the previous year (36.6%), however, over a third of referrals were rejected by the service (37.9%). The highest proportion were rejected as their needs were better met elsewhere (22.2%) or the service was

unable to meet their support needs (21.3%), which was mostly due to drugs/alcohol (10.2%) or mental health (8.3%).

208 survivors were in KIDAS refuges in 2022/23, a reduction of 43 survivors compared to the previous year. 29.8% were living in another refuge immediately before their stay. A low proportion were privately renting (5.8%) or living in a home they owned (1.4%).

The median length of stay in refuge was 4 months in 2022/23, the same as in 2021/22. There are indications of a shorter length of stay for some in refuge in 2022/23 as there was a higher proportion staying for less than a week compared to the previous year (16.4% vs 6.8%) and a lower proportion staying for 3 to 6 months (18.9% vs 29.3%).

121 survivors moved on from refuge in 2022/23, of which 92.6% were planned exits from the service. A third of those moving on from refuge went into Local Authority housing (33%), which increased compared to the previous year (22.1%). However, 1 in 4 (25.3%) moved in with friends/family or temporary accommodation, which increased from 17.7% in 2021/22.

The majority of survivors in refuge were aged under 45 (80.8%) and there was low use of refuge among those aged 16 to 19 (2.9%) and over 55 (5.3%). 31.7% of survivors were ethnic minorities, which is higher than the Kent population but expected as over half (53.7%) of the survivors came from outside Kent.

18.8% had a disability, which was an increase compared to the previous year (13.9%). Almost 1 in 10 (9.6%) had mental health support requirements and alcohol and/or drug misuse support needs, as well as experiencing domestic abuse, which was an increase compared to the previous year (6%).

There were 187 children in refuge in 2022/23, an increase of 12 children compared to the previous year. A greater proportion of survivors had accompanying children (51.9% in 2022/23 vs 44.6% in 2021/22). More children had support needs (21.2% vs 16.7%) and 75 children successfully engaged in the therapeutic support offered.

Tenancy Support Workers provided direct support to 259 survivors in 2022/23 and Specialist Independent Domestic Violence Advisors (IDVAs) supported 312 survivors.

KIDAS community-based support services ([Section 5.4](#))

The provision, and associated funding from the central Government, to deliver community-based support services does not fall under the remit of the Domestic Abuse Act 2021.

In 2022/23, there was a slight decrease of 1.9% in referrals to KIDAS community-based services (67 referrals) compared to the previous year, which includes outreach support and IDVAs. However, it should be noted that some referral data for North Kent was missing.

56.4% of referrals were accepted, however almost a third were rejected by the service (32.1%) and 10.3% declined by the survivor. Most were rejected as their needs were better met elsewhere (40%).

2,854 survivors were supported by KIDAS community-based support in 2022/23, a reduction of 9% compared to the previous year (265 fewer survivors), the reduction of which was mainly for outreach support. 93.3% of survivors were supported by KIDAS community-based support and 6.7% through KIDAS refuges.

In 2022/23, 294 survivors engaged in group work programmes, such as Phoenix or Own My Life, delivered by providers under the KIDAS contract. Compared to the number of unique victims of domestic abuse related crimes, 3% accessed this support.

Other community-based support services ([Section 5.5](#))

Information was collated from 13 different providers of domestic abuse community-based support, across 38 different interventions (outside of the support provided through the KIDAS community-based support contract). The support provided by most of these organisations is to deliver against specific grant criteria and certain areas, as set out by their funding applications.

Half of the services were for adult survivors (19 services or 50%). The type of support most often reported was one-to-one support or mentoring (26% or 10 services) and group work programmes (26% or 10 services). Some services were for specific groups of survivors, such as men or younger/older survivors.

Funding sources varied, with several services having multiple funders. However, KCC and the Office of the Police and Crime Commissioner (OPCC) funded most services, either solely, or jointly with each other, or others. The funding for 66% of services is reported to end in the next few years (by the end of 2026), with 55% ending in Spring/Summer 2025, which is a risk to the delivery of support to survivors.

In 2022/23, 4,224 survivors accessed other community-based support, 820 of which were children and young people. The highest volume of survivors reached by type of support was for outreach (849 survivors). There were 55 participants in perpetrator programmes.

Community-based support services combined ([Section 5.6](#))

In 2022/23, 3,734 survivors accessed outreach and IDVA community-based support (delivered by KIDAS and other community organisations). Compared to the proportion of domestic abuse related

crimes by area, there was some parity in North Kent (38% crimes vs 36% service use) and South Kent (24% crimes vs 23% service use). However, there was a disparity in West Kent (16% crimes vs 24% service use) and East Kent (22% crimes vs 17% service use).

MARAC ([Section 5.7](#))

The number of cases discussed at Multi-Agency Risk Assessment Conferences (MARAC) has remained stable over the past few years, since 2020/21, at around 2,000 per year and 7 cases per meeting.

The proportion of repeat cases discussed has significantly increased over the past four years, from 28% in 2019/20 to 35.3% in 2022/23. Around 15 cases per year are discussed where the victim is aged 16 to 17 years old.

Referrals from the police have significantly decreased over the past five years, from 66% in 2018/19 to 41% in 2022/23. However, referrals from other agencies, such as IDVAs, are increasing. The number of children in households discussed at MARAC has remained relatively stable, at around 2,600 per year, over the past five years.

HIDVAs ([Section 5.8](#))

In 2022/23, Hospital Independent Domestic Violence Advisors (HIDVAs) supported 513 survivors. 1,115 hospital staff have been trained on the dynamics of domestic abuse, relationships with others, signs and symptoms, making a safe enquiry and how to respond and refer for support.

Civil orders and disclosure schemes ([Section 5.10](#))

There was a 45.9% increase in the volume of Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) issued in Kent (including Medway) between 2021/22 (416 issued) and 2022/23 (607 issued).

In 2022/23, there were 838 Clare Law 'Right to Ask' applications in Kent, which has steadily been increasing since 2019/20 when there were 338 applications. There were 161 'Right to Know' applications, which have also been steadily increasing since 2019/20, however not at the same rate as 'Right to Ask' applications.

2.3 Protected characteristics key findings

The information below outlines potential gaps based on victim/survivor protected characteristics.

Gender/sex

The [prevalence](#) of domestic abuse and the volume of [recorded domestic abuse related crimes](#) shows that females are more likely to experience abuse than males. They are also more likely to have a domestic abuse [Adult Safeguarding Enquiry](#) raised and be a victim of a [domestic homicide](#).

However, males are also victims of abuse, but they are underrepresented in most domestic abuse services, except for male specific support services. They also account for a much higher proportion of [suspected suicides](#) impacted by domestic abuse compared to females.

Gender identity

Although there are relatively low volumes of survivors identifying as transsexual in [domestic abuse support services](#), compared to the Kent population, a significantly higher proportion are supported by KIDAS Specialist IDVAs and in other community-based services. As this information is not always routinely collated, particularly for community-based support services, there may be higher representation than reported.

Age

Although the [prevalence](#) of domestic abuse is reported to be higher among younger adults (aged under 25), they are less likely to [report domestic abuse related crimes](#) to the police and those aged 16 to 19 are significantly [less represented in most domestic abuse support services](#) compared to the Kent population of that age.

Those aged over 55 also [report fewer domestic abuse related crimes](#) to the police and are significantly [less represented in most domestic abuse services](#) compared to the Kent population of that age and estimated prevalence. However, representation is higher for older survivors in health-based settings of domestic abuse support services, such as HIDVAs in Acute Hospitals and the IRIS programme in primary care.

Ethnicity

Ethnic minority survivors were [significantly less represented](#) in KIDAS community services compared to the Kent population, particularly Asian/Asian British survivors, and Black/Black British survivors. The KIDAS Specialist IDVAs also supported significantly fewer ethnic minority survivors compared to the Kent population. However, HIDVAs supported significantly more Asian/Asian British survivors compared to the Kent population.

Although there were significantly more ethnic minority survivors represented in other community-based services compared to the Kent population, Asian/Asian British survivors were underrepresented. However, this information is not always routinely collated, so there may be higher representation than reported.

Disability

A significantly [lower proportion of disabled survivors](#) are represented in KIDAS community-based services and other community-based services compared to the Kent population. However, this information is not always routinely collated, so there may be higher representation than reported.

The rate of [MARAC cases for disabled victims](#) has been below the SafeLives recommended rate and Kent population consistently for the past five years.

Sexual orientation

The rate of [MARAC cases for those in the lesbian, gay, bisexual and transexual](#) (LGBT) community has been below the SafeLives recommended rate and Kent population consistently for the past five years.

2.4 Area specific key findings

The information below reports on data extremities, such as highest/lowest or greatest/least, across the four areas (KIDAS commissioned service Lots) or twelve districts, aiming to build a picture of the need and use of services for each area. Information relates to the most recent financial year period (2022/23) unless otherwise stated.

2.4.1 North Kent

North Kent includes the districts Dartford, Gravesham, Maidstone and Swale.

Based on the [2021 Census](#):

- Maidstone is the most populous area in Kent (175,781 residents) and Gravesham has the smallest population (106,905). However, combined North Kent has 551,113 residents and makes up over a third of the total population in Kent (35%).
- The ethnic minority population in Dartford has nearly doubled since 2011 and is the highest proportion across the 12 districts at 32.7%. It has the highest proportion of non-UK born residents (19.7%), the highest proportion of households with dependent children (36.2%) and the lowest proportion of people who consider themselves disabled (14%).
- Dartford has the highest proportion of under 16 year olds (23.3%) and the lowest proportion of the population aged over 65 (13%).

- Gravesham has the highest proportion of residents where English is not their main language (11.9%), with the second most spoken language being Panjabi. Gravesham has the highest proportion of social renters (17.4%).
- Swale has the lowest proportion of residents with a Level 1 qualification or above (75.1%).

In terms of need:

- North Kent had the [highest volume of domestic abuse related crimes](#) (9,998 crimes), making up 38% of the total domestic abuse related crimes in Kent.
- Swale had the [highest proportion of domestic abuse related crimes with children as an involved party](#) (42%).
- Maidstone had the [highest rate of households owed prevention or relief duty due to domestic abuse](#) per 1,000 households (2.32).

For support services:

- North Kent had the [highest proportion \(31%\) and volume of referrals \(88 referrals\)](#) to refuge. The volume of referrals to North Kent substantially reduced compared to previous years (241 in 2020/21), however, some data may be missing for Quarter 1 22/23 as it could not be retrieved from the provider's system. North Kent had the [lowest volume of survivors in refuge](#) (34 survivors) and the [lowest volume of children in refuge](#) (27 children). North Kent had [the lowest proportion of ethnic minority survivors in refuge](#) (26.5%) and a [higher proportion of survivors moving on from refuge in less than a month](#) (40%).
- North Kent had the highest proportion of domestic abuse related crimes graded as high-risk (40%) and [MARAC cases](#) (38%).
- Maidstone had the [highest proportion of Clare's Law 'Right to Know' applications](#) (16.8%).
- Overall, North Kent had the [lowest KIDAS service use⁴ per 1,000 16+ population \(1.9\) and the smallest proportion of estimated prevalence \(3.9%\), domestic abuse incidents \(5.3%\) and domestic abuse crime victims \(14.5%\) going into their services.](#)

2.4.2 West Kent

West Kent includes the districts Sevenoaks, Tonbridge & Malling and Tunbridge Wells.

Based on the [2021 Census](#):

- Tunbridge Wells has the highest proportion of residents with a Level 1 qualification or above across the 12 districts (84%) and the lowest proportion of the population with unpaid carers (7.9%).
- Sevenoaks has the highest proportion of households who own their home (71.5%) and the lowest proportion of the population who identify as gay or lesbian, bisexual, or another sexual orientation (1.9%).

⁴ KIDAS refuge, community and Specialist IDVAs

In terms of need:

- West Kent overall had the [lowest volume of domestic abuse related crimes](#) across the four areas (4,343 crimes or 16% of the total). However, West Kent had the [highest proportion of total domestic abuse related crimes graded as high risk](#) (6.6%) and the [highest proportion of crimes for non-intimate relationships](#) (28%), potentially suggesting more familial abuse in this area compared to others.
- Overall, West Kent had the [greatest difference between the estimated modelled prevalence per 1,000 16+ population \(44.1\) and the rate of domestic abuse related incidents per 1,000 16+ population \(23.4\)](#), potentially suggesting underreporting to the police in this area.
- Sevenoaks had the [lowest estimated prevalence](#) rate (4.3%) and estimated number of domestic abuse survivors (4,100). The [lowest volume of domestic abuse related calls](#) to Kent Police on average over the past 5 years (1,974 calls) and the [lowest volume of domestic abuse related crimes](#) (1,414 crimes).
- Tonbridge & Malling had the [lowest rate of households owed prevention or relief duty](#) due to domestic abuse (0.71).
- Across the four Adult Social Care areas, West Kent⁵ had the [highest proportion of domestic abuse related Adult Safeguarding Enquiries](#) (33.4%).

For support services:

- West Kent had the [greatest proportion of survivors in refuge from outside of Kent](#) (73.8% or 34 of 49 survivors) and [longer stays in refuge](#) (6 months+).
- West Kent had a [large difference between the proportion of domestic abuse related crimes \(16%\) and community-based service use \(24%\)](#).
- Sevenoaks had the [lowest volume of referrals to the Referral, Assessment and Triage \(RAT\) service](#) (1,108 referrals).
- Tunbridge Wells had the [lowest proportion of Clare's Law 'Right to Ask' applications](#) (3.9%).

2.4.3 East Kent

East Kent includes the districts Dover and Thanet.

Based on the [2021 Census](#):

- Dover has the lowest ethnic minority population across the 12 districts at 9.7% and has seen the least change since 2011. Dover also has the lowest non-UK born population (8.4%).
- Dover (28%) and Thanet (27.9%) have a high proportion of their population retired and a high proportion of the population with unpaid carers (10.4%).
- Thanet has the highest proportion of people who consider themselves disabled (22.9%), the lowest proportion of households who own their home (61.4%) and the highest proportion of private renters (26.3%).

⁵ West Kent includes the districts Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells

In terms of need:

- East Kent overall had the [highest rate of crimes per 1,000 16+ population](#) across the four areas (27.4) but has the lowest proportion of the population aged 16+ across the four areas (17%). East Kent also had the [highest rate of domestic abuse related crime victims per 1,000 16+ population](#) (16.2).
- Thanet had the [highest volume of domestic abuse related calls](#) to Kent Police on average over the 5 years (5,319 calls) and the [highest volume of domestic abuse related crimes](#) (3,513). Although Thanet has a [higher estimated prevalence rate of domestic abuse](#) (5%), there was a [low rate of households owed duty due to domestic abuse](#) (0.88).

For support services:

- In East Kent refuges, the [volume of referrals substantially reduced](#) (from 217 referrals in 2020/21 to 78 in 2022/23). However, this is likely due to the change in property portfolio and not advertising vacancies to allow the transition. East Kent had the [highest proportion of referrals rejected by the service](#) (55.1%) and [longer stays in refuge](#) (6 months+). East Kent also had the [highest proportion of ethnic minority survivors](#) in refuge (41.5%) and the [highest proportion of pre-school age children](#) (62.5%).
- East Kent had the [greatest proportion of survivors supported by a KIDAS Specialist IDVA](#) (55.7%).
- East Kent had a [19% increase in survivors accessing KIDAS community-based support](#) compared to the previous year.
- Thanet had the [highest volume of referrals to the Referral, Assessment and Triage \(RAT\) service](#) (2,779 referrals).
- Thanet had the [highest proportion of Clare's Law 'Right to Ask' applications](#) (11.8%).
- Overall, East Kent had the [least difference between the estimated modelled prevalence per 1,000 16+ population \(50.1\)](#) and the [rate of domestic abuse related incidents per 1,000 16+ population \(43.5\)](#).
- East Kent had the [highest KIDAS service use⁶ per 1,000 16+ population \(4.0\)](#) and [highest proportion of estimated prevalence \(8%\) and domestic abuse crime victims \(24.6%\) going into their services](#).
- East Kent also had a [large difference between the proportion of domestic abuse related crimes \(22%\) and community-based service use \(17%\)](#).

2.4.4 South Kent

South Kent includes the districts Ashford, Canterbury and Folkestone & Hythe.

⁶ KIDAS refuge, community and Specialist IDVAs

Based on the [2021 Census](#):

- Canterbury has the lowest proportion of under 16 year olds (15.7%) and the highest proportion of 16 to 40 year olds (34.2%).
- Canterbury has the highest proportion of the population who identify as gay or lesbian, bisexual, or another sexual orientation across the 12 districts (4.5%).
- Folkestone & Hythe has the highest retired population (28.6%), a high proportion of the population with unpaid carers (10.4%) and the lowest proportion of households with dependent children (24.3%).

In terms of need:

- South Kent had the [lowest rate of domestic abuse related crime victims per 1,000 16+ population](#) (10.8).
- Canterbury had the [highest prevalence rate](#) (5.1%) and the highest estimated number of domestic abuse survivors (7,100). Canterbury also had a [higher rate of households owed prevention and relief duty due to domestic abuse](#) (1.99).
- Folkestone & Hythe had the [lowest proportion of domestic abuse related crimes with children as an involved party](#) (33%).
- Across the four Adult Social Care areas, Ashford & Canterbury had the [lowest proportion of domestic abuse Adult Safeguarding Enquiries](#) (13.6%).

For support services:

- South Kent had the [highest volume of survivors in refuge](#) (84 survivors) and the highest rate per 1,000 16+ female population (0.49). They also have the [highest volume of units](#) (35), which are all self-contained flats/dispersed accommodation. They had the [highest volume of children in refuge](#) (77 children, of which 42 were pre-school age). South Kent had a [higher proportion of survivors moving on from refuge in less than a month](#) (35%).
- South Kent had the [highest proportion of referrals rejected by the service for KIDAS community-based support](#) (58.1% for outreach and 63.8% for IDVA) and the [greatest reduction in survivors accessing KIDAS community-based support](#) (34%). However, South Kent has the [greatest concentration of other community-based services](#), such as High Support Needs IDVAs and services for younger adults.
- In 2021/22, Canterbury had the [highest proportion of visits to their One Stop Shop](#) (27% or 148 visits).
- Ashford had the [lowest proportion of Clare's Law 'Right to Know' applications](#) (2.5%).

2.5 Recommendations

2.5.1 Early intervention and prevention

Increasing awareness of what abuse is and available support

- Engage the services working with younger people, and the services working with older people.
- Maximise the opportunities for engagement in community-based domestic abuse support services for younger and older survivors.

Professional training

- Review available domestic abuse training for Adult Social Care and Integrated Children's Services staff. Ensure that staff have adequate training to identify domestic abuse and refer onto specialist domestic abuse services.
- Raise awareness around the links between suicide and domestic abuse, particularly for health practitioners.

Preventing escalation of abusive behaviours

- Consider the impact of domestic abuse as a contributing factor to the ideological causes of terrorism and raise awareness of processes for professionals to follow.

Clare's Law

- Raise awareness and increase take up and use of Clare's Law (DVDS).

2.5.2 Immediate needs

Being responsive to individual needs

- To ensure the safe accommodation offer in Kent meets the needs of survivors and to reduce any barriers to safe accommodation, consideration should be given to:
 - Having a varied refuge property portfolio
 - Having properties that are accessible for those with disabilities
 - Having different safe accommodation support options available for those who experience additional barriers, or those who may be unable to access welfare benefits
- Explore the variance in Specialist IDVA uptake across Kent.
- Explore how MARAC and Adult Safeguarding interact and support survivors.
- Continue to develop partnership working and practice development between domestic abuse services, the Integrated Care Board and the Kent & Medway NHS and Social Care Partnership Trust.

Reducing risk

- Work should be undertaken to increase participation with and referrals to Multi-Agency Task & Coordination (MATAC).
- Explore potential reasons for low referral/access to perpetrator programmes and identify best practices from other areas in the country where they are being accessed.

Strengthening services

- As the majority of survivors are supported by community-based services (rather than in safe accommodation), there is a need for sustainable funding to continue to develop these services for adult survivors, and children/young people.
- Recognise that funding for other community-based support services is short-term and discretionary, and the impact this has on the sustainability of the market.
- Improve the primary health care response to domestic abuse and work to promote a whole health approach.
- Seek sustainable funding opportunities to ensure there is an equitable offer of support within Acute Hospitals across the county and promote a whole health approach.
- Explore opportunities to co-commission specialist provision to support those with additional barriers.

Supporting children and young people

- There is an inequitable community-based provision for children & young people across the county and the potential level of demand, indicated through reported domestic abuse related crimes and KCC Front Door support requests, demonstrates the need for funding to develop more services.

Access to housing

- Promote a more consistent approach to housing policies and application of Prevention/Relief Duty.
- Explore ways to improve move-on from refuge to settled accommodation.

2.5.3 Recovery

Processing experiences and promoting connections

- Explore the co-ordination and funding of group work programme delivery across the county and improve access for survivors to enable recovery.

2.5.4 Future research

- Explore reasons as to why victims/survivors are moving into temporary accommodation.
- Explore and address potential barriers in accessing community-based support for ethnic minority survivors, particularly Asian or Black survivors.
- Further detail and closer analysis are needed to explore why survivors are being rejected for community-based services as their needs would be better met elsewhere.
- Explore and address the reasons for low MARAC referrals from Kent Police.

2.5.5 Data and recording

- The protected characteristics of survivors should be routinely captured across all support services and where possible, the collation of protected characteristics data should be aligned to national datasets, such as the CSEW and Census, to ensure accurate and meaningful comparisons can be made to identify gaps.
- Future data capture for safe accommodation to include the makeup of families (such as the number of children and their age/gender) to ensure potential gaps in provision can be identified.
- Kent Police to improve data capture around victim self-defined ethnicity.
- Ensure district and borough councils collect and provide data as required under the Domestic Abuse Act. Including the number of children in households affected by domestic abuse and the tenure status of households.
- Review Section 42 Adult Safeguarding data recording practices for ethnicity and primary disability support reasons to ensure adequate information is being captured.
- Health partners should strengthen data collection, and increase data robustness and data extractability from systems in relation to domestic abuse.

3 Introduction

3.1 Scope of report

This report aims to assist readers in understanding the national picture and local prevalence of domestic abuse in Kent and identify current service provision across the county. It will explain Kent’s demographic and compare this to data provided by local support services.

It includes case studies of survivors, with specific needs, who have been supported in safe accommodation ([Appendix B](#)). However, it does not include the in-depth qualitative research carried out in early 2023 with survivors affected by abuse who had accessed services, and those who had not accessed support, which informed the development of the Kent & Medway Domestic Abuse Strategy 2024 – 2029.

Although it is recognised that sexual abuse is a form of domestic abuse, this specific type of abuse has not been examined in detail in this report. This is also the case for domestic abuse as part of Serious Violence.

As a note, the terms victim or survivor have been used interchangeably throughout this report, depending on the topic and data source detailed.

3.1.1 Data sources

Data and information for this report were requested and obtained from the following organisations:

Kent Police	Refuge	Clarion Housing Association
Kent Office of the Police and Crime Commissioner (OPCC)	Karma Nirvana	Look Ahead Care and Support Ltd
KCC Domestic Abuse Commissioning	Hourglass	Oasis Domestic Abuse Support Ltd
KCC Adult’s Safeguarding	Respect	Rising Sun
KCC Children’s Services	Men’s Advice Line	Domestic Abuse Volunteer Support Service (DAVSS)
Kent Community Safety Partnership	Surviving Economic Abuse	New Leaf Support
Kent & Medway Prevent		Project Salus Group
Kent & Medway Suicide Prevention Programme		Dad’s Unlimited
Kent Safeguarding Children		SATEDA

Multi-Agency Partnership		
District and borough councils		Kent Community Domestic Abuse Programme (CDAP)
HM Prison and Probation Service		Home Start
Acute Hospital Trusts		Sign Health

Open-source data from the national Government, such as the Home Office, Office for National Statistics and Department for Levelling Up and Communities (DLUHC) have been used, as well as other comparative national reports, such as the Women’s Aid Annual Audit.

Wherever possible data relates to the KCC area and excludes Medway, however, this was not possible for some data sources but has been made clear when this is the case.

Significant differences in proportional data have been tested at 95% confidence intervals, using the 2-tailed test⁷.

3.2 What is domestic abuse?

Sections 1 to 3 of the Domestic Abuse Act 2021 created a statutory definition of domestic abuse, as set out below⁸:

Section 1: Definition of “domestic abuse”

- (1) This section defines “domestic abuse” for the purposes of this Act.
- (2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—
 - (a) A and B are each aged 16 or over and are “personally connected” to each other, and
 - (b) the behaviour is abusive.
- (3) Behaviour is “abusive” if it consists of any of the following—
 - (a) physical or sexual abuse;
 - (b) violent or threatening behaviour;
 - (c) controlling or coercive behaviour;
 - (d) economic abuse (see subsection (4));
 - (e) psychological, emotional or other abuse;

⁷ <https://go.surveystar.com/starstat/z-test.htm>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to —
(a) acquire, use or maintain money or other property, or
(b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of “personally connected”, see section 2.

Section 2: Definition of “personally connected”

(1) Two people are “personally connected” to each other if any of the following applies —
(a) they are, or have been, married to each other;
(b) they are, or have been, civil partners of each other;
(c) they have agreed to marry one another (whether or not the agreement has been terminated);
(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
(e) they are, or have been, in an intimate personal relationship with each other;
(f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
(g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if —

- (a) the person is a parent of the child, or;
- (b) the person has parental responsibility for the child.

(3) In this section —

“child” means a person under the age of 18 years;

“civil partnership agreement” has the meaning given by section 73 of the Civil Partnership Act 2004;

“parental responsibility” has the same meaning as in the Children Act 1989;

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

Section 3: Children as victims of domestic abuse

(1) This section applies where behaviour of a person (“A”) towards another person (“B”) is domestic abuse.

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who –
(a) sees or hears, or experiences the effect of, the abuse, and
(b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if –
(a) the person is a parent of, or has parental responsibility for, the child, or
(b) the child and the person are relatives.

(4) In this section –
“child” means person under the age of 18 years;
“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);
“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

3.3 Policy and context

Domestic abuse can impact all areas of a victim/survivor’s life and is a public health and societal issue. In 2017, a report suggested that domestic abuse is estimated to have an annual social and economic cost of around £66.2 billion per year, this includes the physical and emotional harm caused to victims and survivors, the civil and criminal costs and time off work⁹.

Over recent years there have been several pivotal moments that have significantly impacted agencies’ response to domestic abuse. In April 2021, the **Domestic Abuse Act 2021** was passed and signed into law, this included 123 legislative and non-legislative commitments. These commitments were designed to:

‘promote awareness of domestic abuse; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors’¹⁰.

The Act saw the introduction of new measures, such as, a statutory definition of domestic abuse, the appointment of a Domestic Abuse Commissioner, the introduction of and extension of offences

⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf

¹⁰ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

such as non-fatal strangulation and children are now recognised as victims of domestic abuse in their own right.

Domestic abuse can affect anyone, regardless of age, gender, sexual orientation, sex, gender reassignment, disability, race, religion, or belief and can present in different ways within different communities¹¹. Data suggests that domestic abuse disproportionately affects women, with women more likely to be victims of homicide, and men more likely to be perpetrators of abuse¹². The statutory definition of domestic abuse is gender-neutral and inclusive of anyone who may experience abuse; however, the gendered nature of domestic abuse has been highlighted in recent government papers.

In July 2021, the government published the **Tackling Violence Against Women and Girls (VAWG) Strategy**¹³, following a Call For Evidence, as a result of several high-profile cases involving men's violence towards women and girls. The government then introduced its **Tackling Domestic Abuse Plan in March 2022**¹⁴, with the aim of driving down the prevalence of domestic abuse and domestic homicides by providing victims and survivors with the necessary support. The Plan focused on 4 key objectives, prioritising prevention, supporting victims, pursuing perpetrators, and a stronger system. Due to criticism in relation to the VAWG strategy and the lack of inclusion around male victims, the government published **Supporting Male Victims – Position statement on male victims of crimes considered in the cross- Government Tackling Violence Against Women and Girls Strategy and the Tackling Domestic Abuse Plan**¹⁵. This document outlined the current prevalence in relation to male victims and the government's plan to tackle the issue, it also highlighted that gay and bi-sexual men are twice as likely to experience domestic abuse than heterosexual men.

The Women's Health Strategy for England 2022¹⁶, included a focus on the health implication of VAWG and was identified as a key area for inclusion from respondents as part of the call for evidence. It highlighted the need for better links between mental health, substance misuse, and domestic abuse services. The report set out actions to improve the health and care systems' response to domestic abuse and prioritise the prevention and reduction of violence against women and girls, this included the identification of perpetrators.

¹¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

¹²www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022

¹³ www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy

¹⁴ www.gov.uk/government/publications/tackling-domestic-abuse-plan/tackling-domestic-abuse-plan-command-paper-639-accessible-version

¹⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101059/Supporting_Male_Victims_2022.pdf

¹⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100721/Womens-Health-Strategy-England-web-accessible.pdf

A number of wider frameworks and strategies have also impacted agencies response to domestic abuse, for example, the NICE quality standard guidelines and more recently the Serious Violence Duty. In 2016 **NICE**¹⁷ published a quality standard guideline for healthcare professionals when responding to domestic violence and abuse and acknowledged the importance of health services role in identifying cases of domestic abuse.

In December 2022 the Home Office published the **Serious Violence Duty 2022**¹⁸, and this has allowed local authorities to take an evidence-based approach when defining 'serious violence'. The duty recognises that violence is not solely physical and that it can take different forms, which is not limited to but may include domestic abuse, sexual offences and threats of violence. Currently, Kent County Council (KCC) is working alongside partners across Kent & Medway including the Community Safety Partnership, Violence Reduction Unit (VRU), and Integrated Care Board (ICB) to establish how domestic abuse can be included within the serious violence definition and therefore form part of our local response to the duty.

In January 2023, the government published **Standards for Domestic Abuse Perpetrator Interventions**¹⁹, to develop evidenced based standards for interventions with perpetrators. The standards were created following a rapid literature review, evidence-based best practices, consultations with stakeholders and discussions with victims/survivors and perpetrators.

The standards were drafted as interventions for those aged 16 and above, and not for child to parent violence and abuse, where there are currently limited interventions. The guidelines also acknowledge the lack of evidenced based practice in relation to honour based abuse and for domestic abuse involving multiple perpetrators. This may pose a challenge for commissioning interventions in these two areas, due to a lack of research and evidence in relation to their effectiveness.

In March 2023 the government introduced the **Victims and Prisoners Bill 2023**, which aims to introduce measures to '*better serve victims and the public through improving victim' experience of the Criminal Justice System*²⁰. The Bill will include statutory guidance and minimum expectations in relation to the role of the IDVA, will require commissioners to consider child victims in the delivery of IDVA services and will introduce a statutory duty on Police and Crime Commissioners, health, and local authorities around the joint commissioning of domestic abuse support services.

¹⁷www.nice.org.uk/guidance/qs116

¹⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1125001/Final_Serious_Violence_Duty_Statutory_Guidance_-_December_2022.pdf

¹⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1127284/Domestic_Abuse_Perpetrator_Standards.pdf

²⁰ www.gov.uk/government/publications/victims-and-prisoners-bill

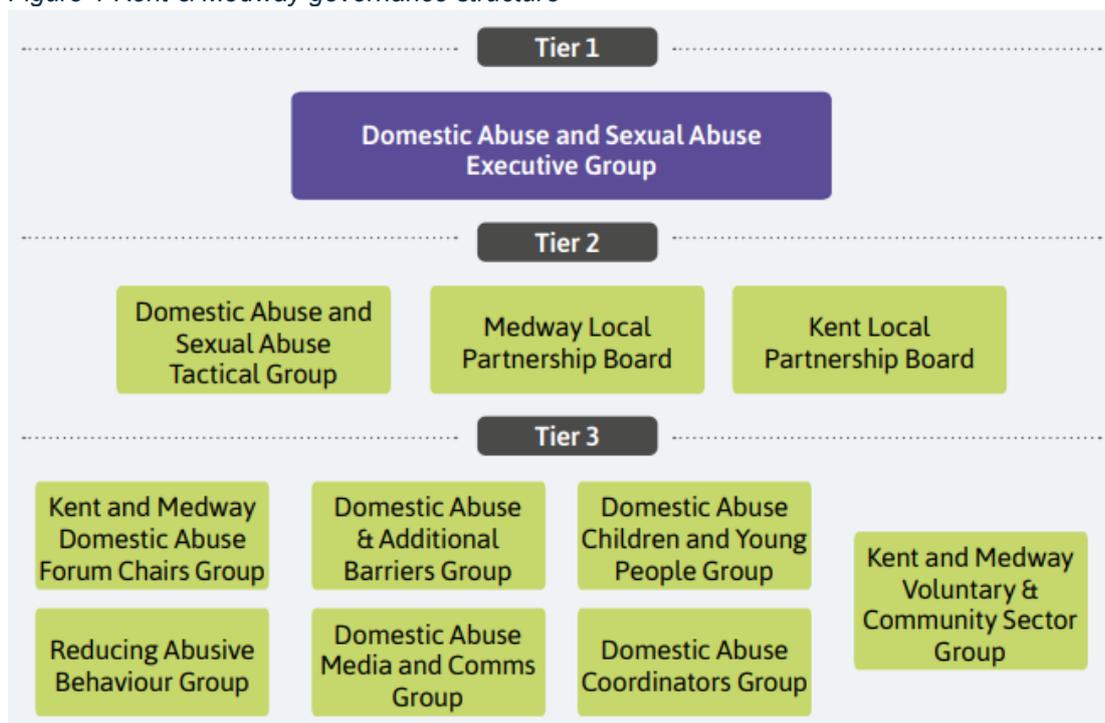
3.4 Governance structure

The Kent & Medway Domestic and Sexual Abuse Executive Group is comprised of partner organisations including Kent County Council (KCC), Medway Council, Kent Fire and Rescue Services, Kent Police, the National Probation Service, the NHS, the Department of Work and Pensions, the Police and Crime Commissioner and all Kent District, Borough and City Councils (known as the Partnership).

The Executive Group is supported by several meetings (see Figure 1 below) including the statutory Local Partnership Boards within Kent & Medway which ensure delivery of legal duties linked to the 2021 Domestic Abuse Act.

The Partnership brings together experts in the field of domestic abuse, who work together collaboratively to achieve the jointly agreed vision, priorities and commitments within the Kent & Medway Domestic Abuse Strategy.

Figure 1 Kent & Medway governance structure



3.5 Kent population profile

A census is a count of all people and households in the country. Taken once every 10 years by the Office for National Statistics (ONS), the most recent census for England & Wales took place on 21 March 2021 and involved every household.

The below shows a summary of the overall Kent population profile for all ages. Changes compared to the 2011 Census have been detailed and comparisons to the South East and England & Wales included. More detailed district information can be found in [Appendix A](#).

Population increase	Kent is the most populous county in the South East at 1,576,077. The population grew by 112,337 people between 2011 and 2021, a 7.7% increase.
Ageing population	<p>The proportion of those aged 65 and over in Kent increased from 17.9% in 2011 to 20.3% in 2021. There are now 319,331 people in this age range, a 22% increase (57,025 people) compared to 2011.</p> <p>There are slightly more female residents than male residents in Kent. 51.2% (807,701) residents were female and 48.8% (768,369) were male, which is similar to the levels in 2011 (51.1% female and 48.9% male).</p> <p>The male to female ratio changes with age. There are more males than females up to the age of 25. As age increases past this point, there are more females than males.</p>
More ethnically diverse	<p>Kent has become more ethnically diverse since 2011. The ethnic minority population has increased from 10.9% in 2011 to 16.8% in 2021. However, the Kent ethnic minority population is lower than the South East (21.2%) and England & Wales (25.6%).</p> <p>White British is the largest ethnic group at 83.2% of the Kent population, followed by white other (6.2%) and Asian or Asian British (4.4%).</p> <p>Kent's Black or Black British population (2.6%) and other ethnic group population (1.2%) has more than doubled since 2011.</p>
More residents born outside of the UK	In 2021, 12.3% of Kent's population were born outside of the UK (194,086 people). Compared to 2011, there has been a 45.1% increase in the non-UK born population living in Kent (60,334 people).
Fewer residents with English as their main language	In 2021, 94.2% of Kent residents, aged three years and over, had English (English or Welsh in Wales) as a main language (down from 95.5% in 2011). Polish remains the second most spoken main language in Kent (12,257 residents), closely followed by Romanian (11,344 residents).

More highly qualified	<p>In 2021, 79.2% of Kent's residents aged 16 or over held a Level 1 qualification or above, which is slightly lower than the South East (81.9%) but slightly higher than England & Wales (79.1%). 30.5% held a Level 4 or above qualification and 18% had no qualifications.</p> <p>The proportion of residents with Levels 1, 3 and 4 or higher, as well as apprenticeships (79.2%), has increased since 2011 (72.4%).</p>
More disabled residents	<p>In 2021, the proportion of the Kent population who consider themselves disabled was 17.9% (281,423 people). This has slightly increased from 17.6% in 2011 (257, 038 people). Kent has a higher proportion of disabled people compared to the South East (16.1%) and England & Wales (17.5%).</p>
Sexual orientation	<p>90.6% of Kent's population identify as straight or heterosexual, with 2.7% identifying as gay or lesbian, bisexual, or another sexual orientation (35,031 people). 6.7% did not answer this question in the Census.</p>
Gender identity	<p>0.2% of Kent's population identified as a transgender woman or man (2,122 people), which is the same as the South East and England & Wales. 5.1% of Kent residents did not answer the gender identity question in the Census.</p>
More residents with no religion	<p>In 2021, 48.5% of Kent's population described themselves as Christian, however, this has decreased significantly since 2011 when 62.5% described themselves as Christian.</p> <p>The second largest group is those stating they have no religion (40.9%), which has increased from 26.8% in 2011.</p>
Fewer unpaid carers	<p>In 2021, 9.1% of Kent's population, aged 5 and over, were unpaid carers, which is a decrease compared to 2011 (11%).</p>
Dependent children	<p>The proportion of households in Kent with dependent children has remained relatively stable, 29.4% in 2021 and 29.6% in 2011.</p>
Housing tenure	<p>In 2021, 66.1% of households in Kent either owned their home outright, or with a mortgage or loan, which is a decrease compared to 2011 when 67.3% owned their home. The proportion of social renters has remained similar (13.6% in 2021 vs 13.9% in 2011). The proportion privately renting has increased from 16.5% in 2011 to 18.9% in 2021.</p> <p>The proportion of households in Kent in 2021 who own their home (66.1%) is higher than in the South East (65.7%) and England & Wales (61.6%)</p>
Less economically active	<p>In 2021, 60.2% of Kent's residents aged 16 or over were economically active, which is a significant reduction compared to 2011 (69.9%). However, the Census took place during the coronavirus (COVID-19) pandemic and the national lockdown, associated guidance and furlough measures will have affected the labour market.</p> <p>The proportion of self-employed residents has remained stable (10.7% in 2021</p>

vs 10.9% in 2011). There was a reduction in the proportion unemployed (2.6% in 2021 vs 3.9% in 2011) and in economically active full-time students (1.8% in 2021 vs 3.1% in 2011).

In 2021, 39.8% of Kent's residents aged 16 or over were economically inactive, which is a significant increase compared to 2011 (30.1%). Almost a quarter of the Kent population were retired (23.8%).

4 Assessment of need

4.1 Crime Survey for England & Wales

The most comprehensive source of information to estimate the prevalence of domestic abuse is the annually published national survey, the Crime Survey for England & Wales (CSEW)²¹ which is produced by the Office for National Statistics (ONS).

Before Covid, around 20,000 people took part in face-to-face interviews each year, who were representative of the characteristics of the population. Due to restrictions during Covid, face-to-face interviews could not take place, however, this was replaced by a telephone-operated survey, which excluded questions on domestic abuse and sexual assault.

In October 2021, face-to-face interviews resumed, and six months of prevalence data were collected (October 2021 to March 2022)²². Due to the shorter collection period and lower volume of surveys carried out (around 3,000), caution should be taken when using the estimates.

Care is also needed in the interpretation so as not to confuse 'disclosed prevalence' with 'true prevalence'. We know that domestic abuse is common, however, this is often difficult to accurately quantify as it is largely a hidden crime and victims are often reluctant to report abuse to the police²³ or via crime surveys.

It is also important to note that the measurement of domestic abuse in the context of national population surveys has been the subject of academic debate as the lack of context obscures the gendered nature of abuse as well as wider intersectional inequalities²⁴.

Research commissioned by the ONS has sought to develop and test new questions and approaches to better capture prevalence by including frequency, controlling or coercive behaviour and the impact of the abuse. The published research report considered how measurement can best capture the experience of abuse whether defined by sex (women and men), gender identity, sexual orientation, ethnicity, disability, age, or parental status²⁵.

²¹www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/crimesurveyforenglandandwales

²²www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/soverview/november2022#crime-survey-for-england-and-wales

²³ <https://assets-hmicfrs.justiceinspectorates.gov.uk/uploads/increasingly-everyones-business-domestic-abuse-progress-report.pdf>

²⁴ www.mdpi.com/2076-0760/13/1/10

²⁵ Ibid

The current lack of context, as well as the differences in perception of abuse, should be considered when analysing prevalence data below.

Although the CSEW is a national dataset, where possible²⁶, local estimates have been calculated by applying the national data to the characteristics of the population in Kent (excluding Medway).

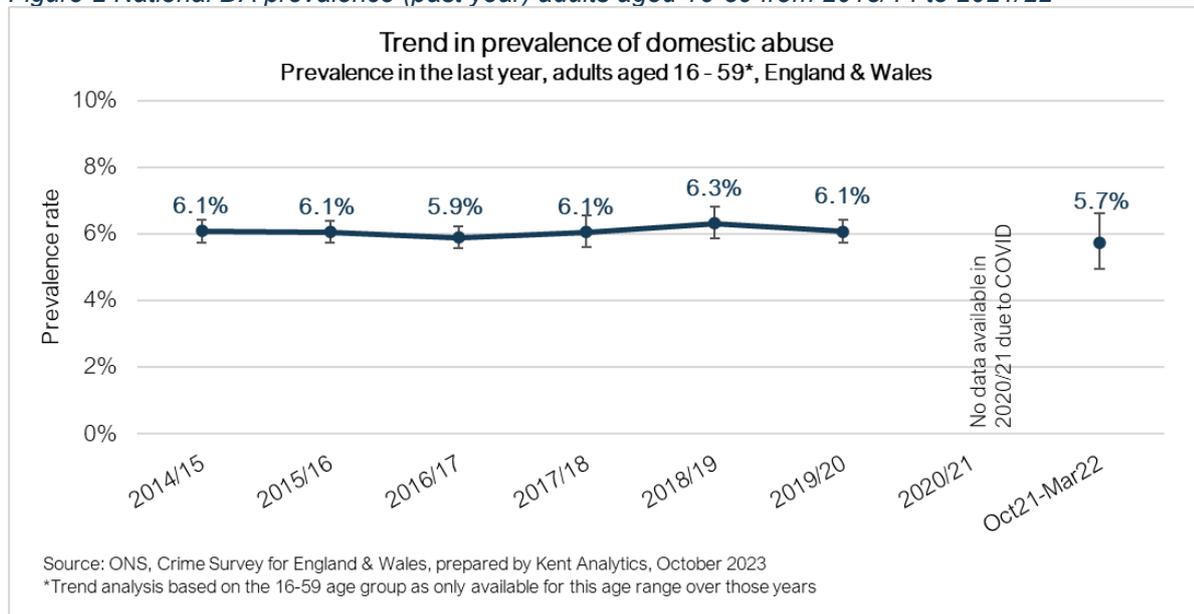
4.1.1 National prevalence trends

Nationally, the CSEW estimated that 2.4 million adults aged 16 years and over experienced domestic abuse in the year ending March 2022 (1.7 million women and 699,000 men). This equates to a prevalence rate of approximately 5% of adults (6.9% females and 3% males).

It was estimated that 10.4 million adults aged 16 and over had experienced domestic abuse since the age of 16 years. This equates to a prevalence rate of 21.9% or one in five adults (29.3% females and 14.1% males).

When looking at the long-term trend of the prevalence of domestic abuse in the last year among adults aged 16 to 59²⁷, there has been little change since 2014, where it has remained at around 6%. There was no significant difference in the most recent period for the year ending March 2022 (5.7%) compared to before the Covid year ending March 2020 (6.1%).

Figure 2 National DA prevalence (past year) adults aged 16-59 from 2013/14 to 2021/22



²⁶ Some data has been suppressed by the ONS due to small sample sizes and estimates for the Kent population cannot be calculated

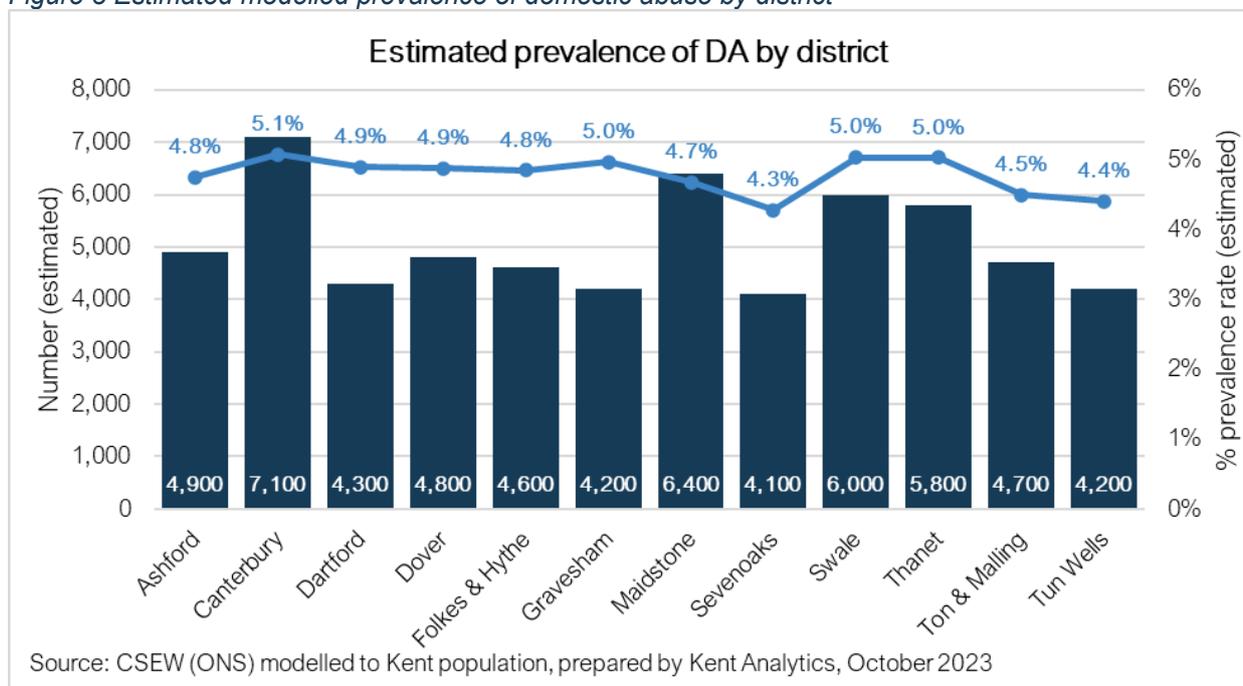
²⁷ The survey now has no upper age limit. For historical comparisons the ages of 16 to 59 must be used

4.1.2 Modelled geographic distribution

The estimated modelled prevalence of domestic abuse in each district has been calculated based on the age profile and most recent deprivation (as measured by the Employment IMD (Indices of Multiple Deprivation))²⁸ domain of the individual Lower Super Output Area (LSOA) from the Mid-2019 population estimates.

Canterbury had the highest prevalence rate (5.1%) and the highest estimated number of domestic abuse survivors (7,100). Whereas Sevenoaks has the lowest prevalence rate (4.3%) and estimated number of domestic abuse survivors (4,100).

Figure 3 Estimated modelled prevalence of domestic abuse by district



²⁸ www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Figure 4 Estimated prevalence of domestic abuse based on age and deprivation profile by LSOA

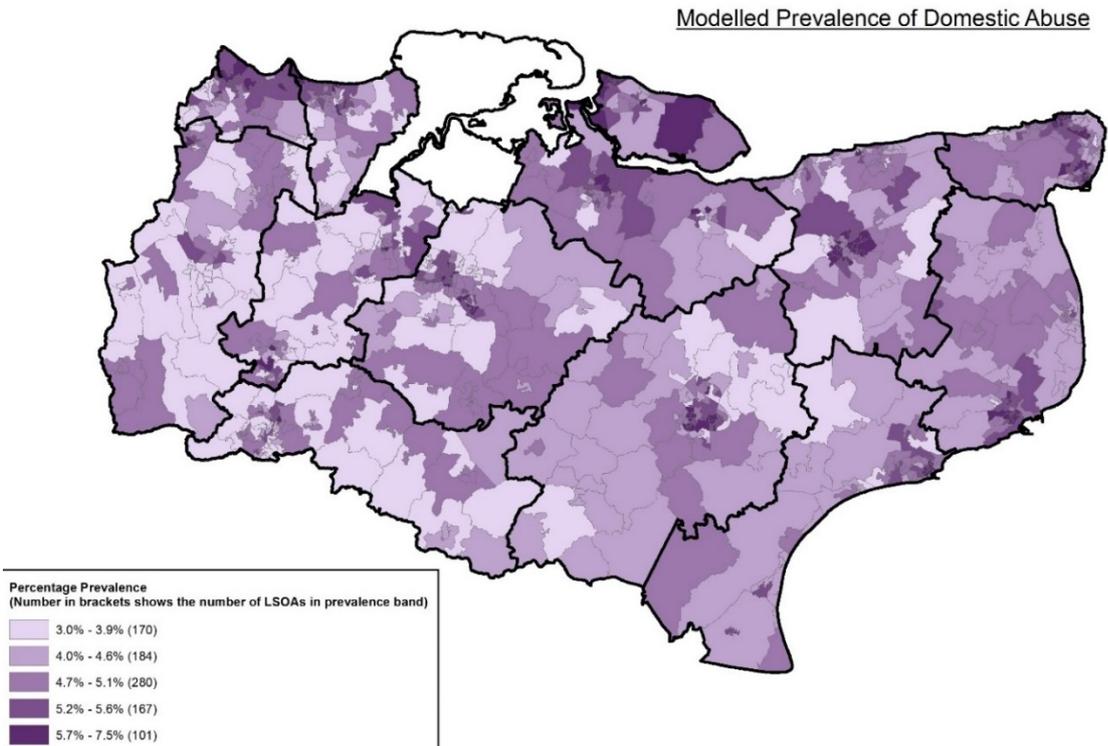
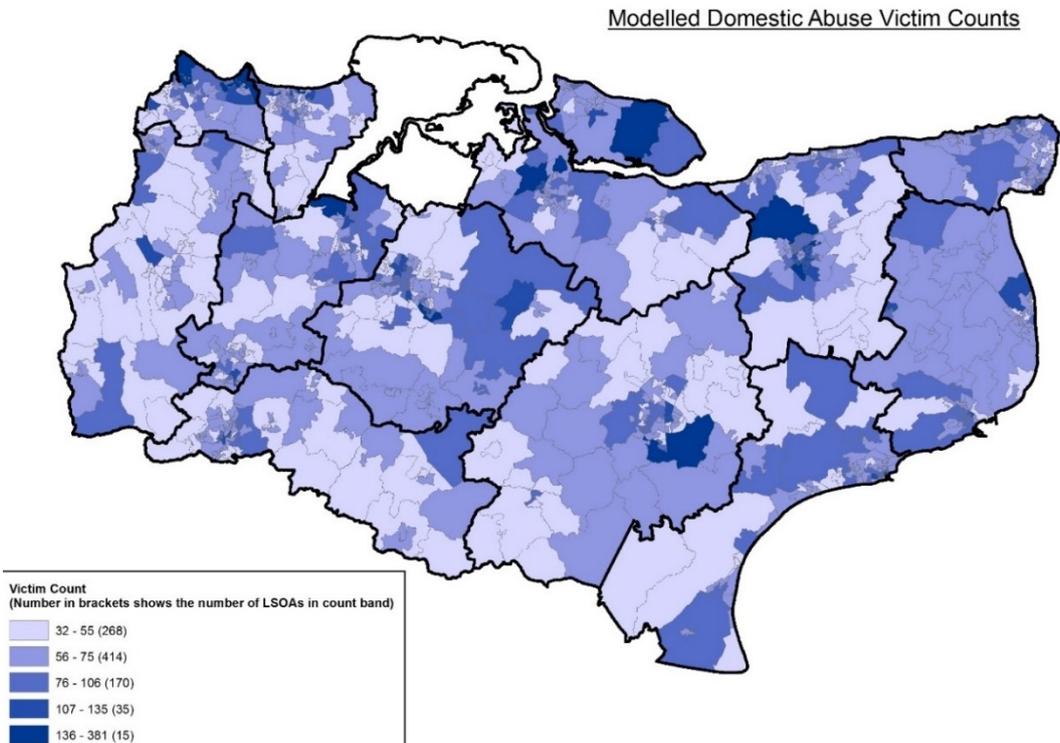


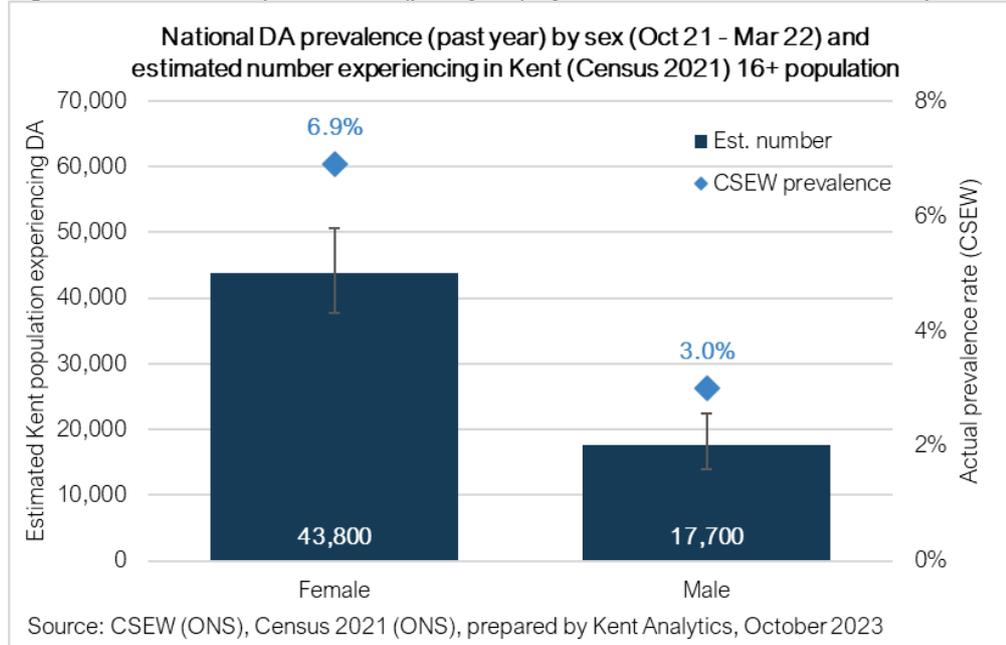
Figure 5 Estimated victims of domestic abuse based on age and deprivation profile by LSOA



4.1.3 Sex

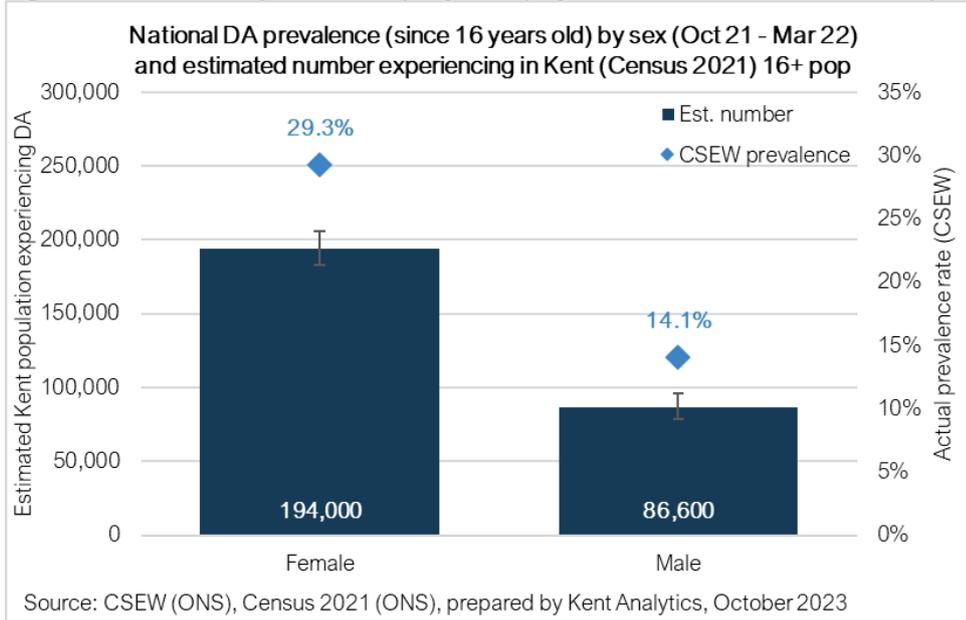
The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was higher among females (6.9%), however, it was 3% for males. Applying the prevalence estimates to the Kent population, based on the 2021 Census, around 43,800 domestic abuse survivors were female (72%) and 17,700 were male.

Figure 6 National DA prevalence (past year) by sex (Oct 21 - Mar 22) and estimated number experiencing DA in Kent



Looking at the prevalence of domestic abuse since the age of 16, this increases to 29.3% for females (almost one in three) and 14.1% for males (one in seven). Applied to the Kent population, this equates to around 194,000 females who have experienced domestic abuse since the age of 16 and 86,600 males.

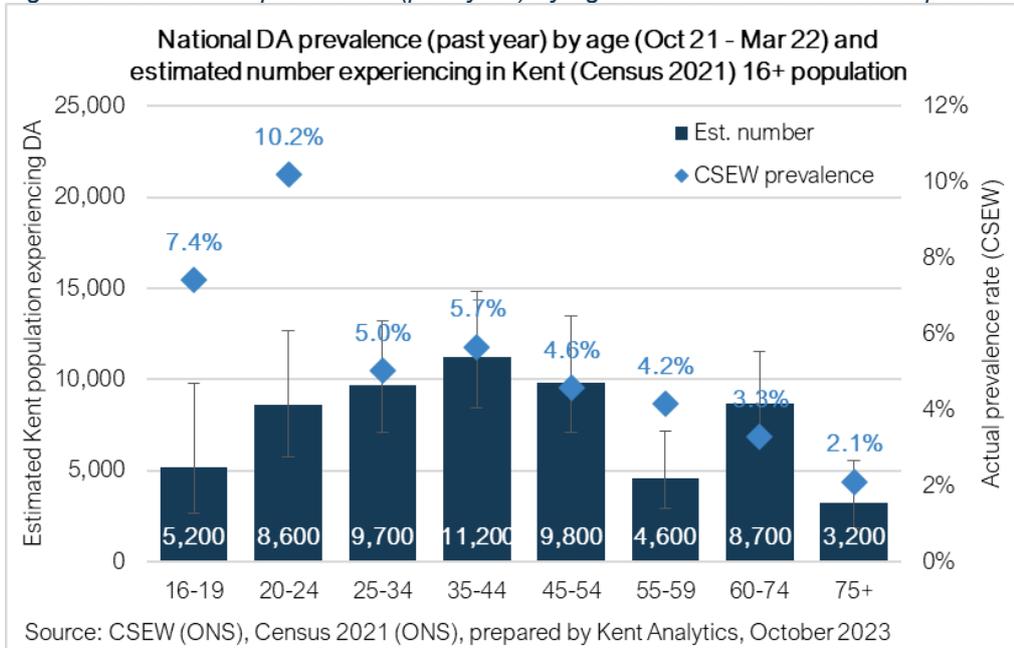
Figure 7 National DA prevalence (16 years+) by sex and estimated number experiencing DA in Kent



4.1.4 Age

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was highest among younger adults aged 20 to 24 (10.2%) and lowest for those aged over 75 (2.1%).

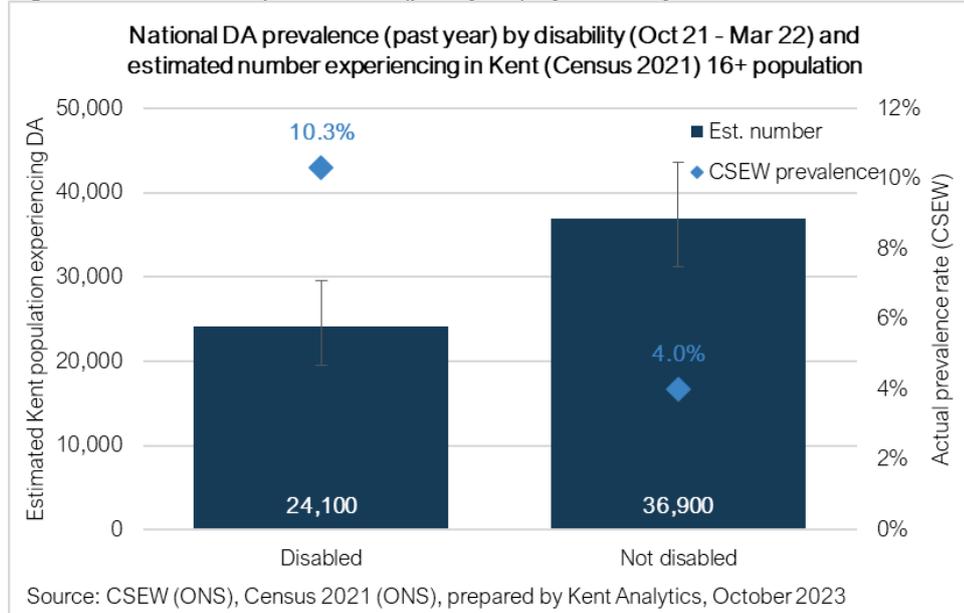
Figure 8 National DA prevalence (past year) by age and estimated number experiencing DA in Kent



4.1.5 Disability

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was higher among those with a disability (10.3% or one in ten). Applying the prevalence estimates to the Kent population, based on the 2021 Census, around 24,100 domestic abuse survivors had a disability.

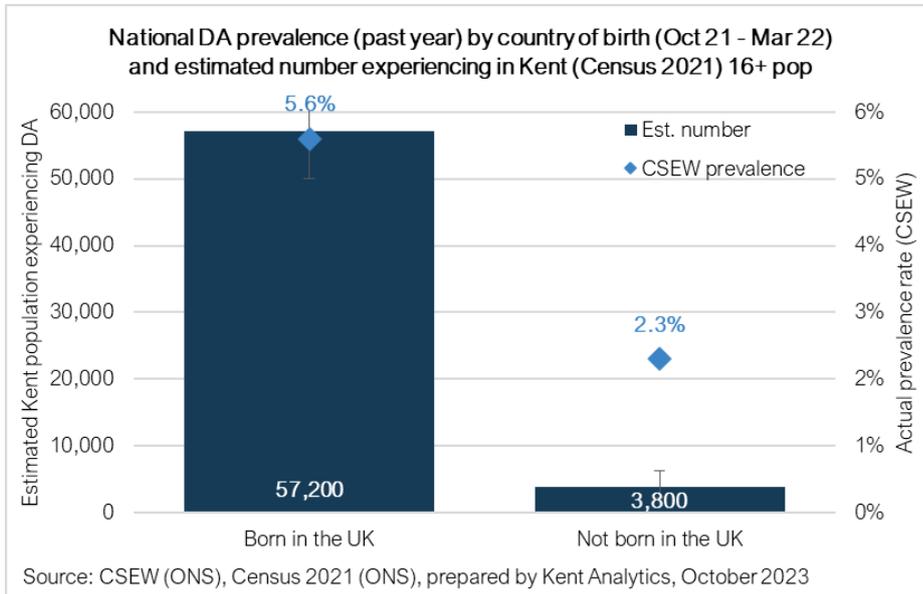
Figure 9 National DA prevalence (past year) by disability and estimated number experiencing DA in Kent



4.1.6 Country of birth

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was higher among those born in the UK (5.6%), than those not born in the UK (2.3%). Applying the prevalence estimates to the Kent population, based on the 2021 Census, around 3,800 domestic abuse survivors were not born in the UK.

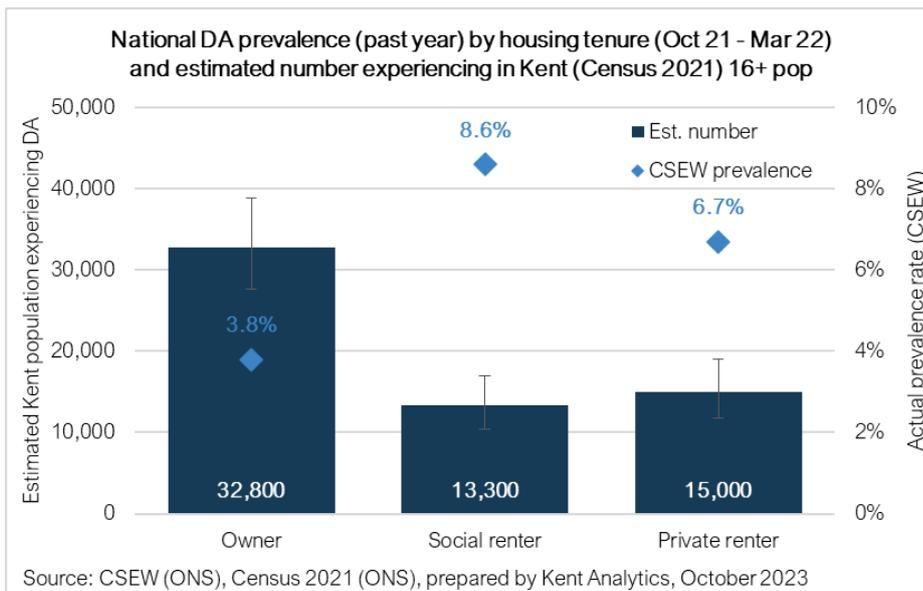
Figure 10 National DA prevalence (past year) by country of birth and estimated number experiencing DA in Kent



4.1.7 Housing tenure

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was highest among those in social rented accommodation (8.6% or one in twelve). Applying the prevalence estimates to the Kent population, based on the 2021 Census, around 13,300 domestic abuse survivors lived in socially rented accommodation.

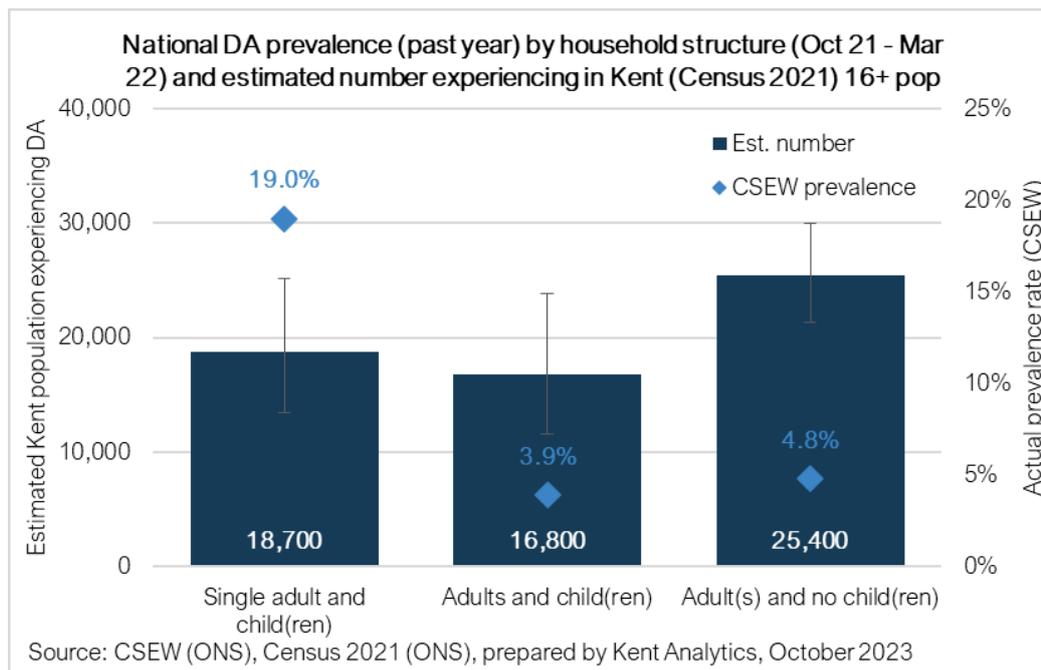
Figure 11 National DA prevalence (past year) by housing tenure and estimated number experiencing DA in Kent



4.1.8 Household structure

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was highest among single adult households with children (19% or one in five). Applying the prevalence estimates to the Kent population, based on the 2021 Census, around 35,500 survivors who live with children experienced domestic abuse in the past year.

Figure 12 National DA prevalence (past year) by household structure and estimated number experiencing DA in Kent



4.1.9 Ethnicity

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was highest among those of mixed ethnicity (8.7% or one in twelve).

Table 1 National DA prevalence (past year) by ethnicity

Ethnicity	National prevalence (Oct 21 – Mar 22)
White	5.0%
Mixed	8.7%
Asian or Asian British	3.9%
Black or Black British	5.9%
Other ethnic group	[Suppressed due to small sample]

4.1.10 Sexual orientation

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was higher among bisexual survivors (12.1% or one in eight) than heterosexual survivors (4.6%).

Table 2 National DA prevalence (past year) by sexual orientation

Sexual orientation	National prevalence (Oct 21 – Mar 22)
Heterosexual/straight	4.6%
Gay/lesbian	[Suppressed due to small sample]
Bisexual	12.1%
Other	[Suppressed due to small sample]

4.1.11 Employment status

The prevalence of domestic abuse in the past year for those aged 16 and over, as reported by the CSEW, was highest among those who were long-term or temporarily sick/ill (16.7% or one in twelve).

Table 3 National DA prevalence (past year) by employment status

Employment status	National prevalence (Oct 21 – Mar 22)
In employment	4.8%
Unemployed	7.7%
Economically inactive	5.2%
Student	8.3%
Looking after family/home	[Suppressed due to small sample]
Long-term / temporarily sick/ill	16.7%
Retired	2.7%
Other inactive	7.1%

4.2 Kent Police recorded incidence

Crime data provided by Kent Police was taken from the Kent Police Athena live system on 16th October 2023 and is therefore subject to change. The financial years have been based on the mid-point committed date. All data excludes Medway.

Total incidents include crimes (where a notifiable offence has been committed, such as an assault) and non-crimes (which are recorded for information, or where an incident is reported by a third party and no victim is identified).

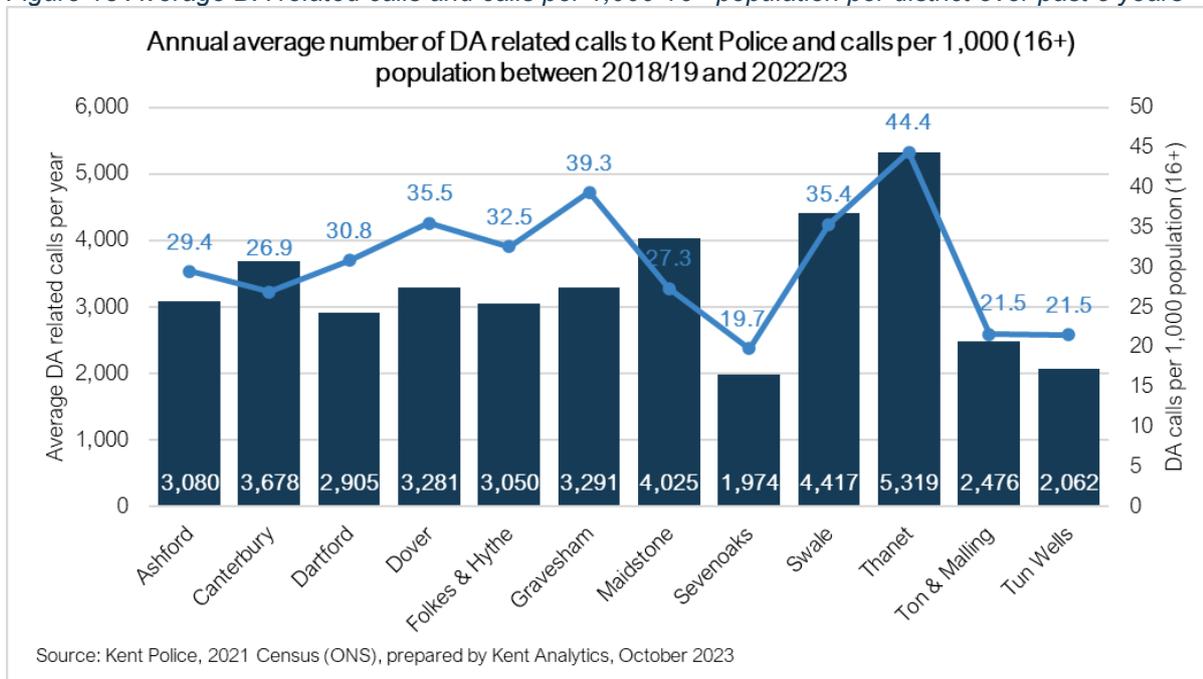
Storm CADs are any calls made to the police and recorded on the incident recording system. This could include calls from the public, as well as other police forces, hospitals etc.

4.2.1 Domestic abuse related calls to the police

Over the past 5 years (2018/19 to 2022/23), an average of just over 39,500 calls per year were made to Kent Police relating to domestic abuse, which equates to around 12% of total calls. In 2022/23, there were 30.3 calls per 1,000 16+ population.

Across the 12 districts, Thanet had the highest volume of domestic abuse related calls on average over the 5 years (5,319 calls or 44.4 per 1,000 16+ population) and Sevenoaks the lowest (1,974 calls or 19.7 per 1,000 16+ population).

Figure 13 Average DA related calls and calls per 1,000 16+ population per district over past 5 years



4.2.2 Domestic abuse related crimes and non-crimes

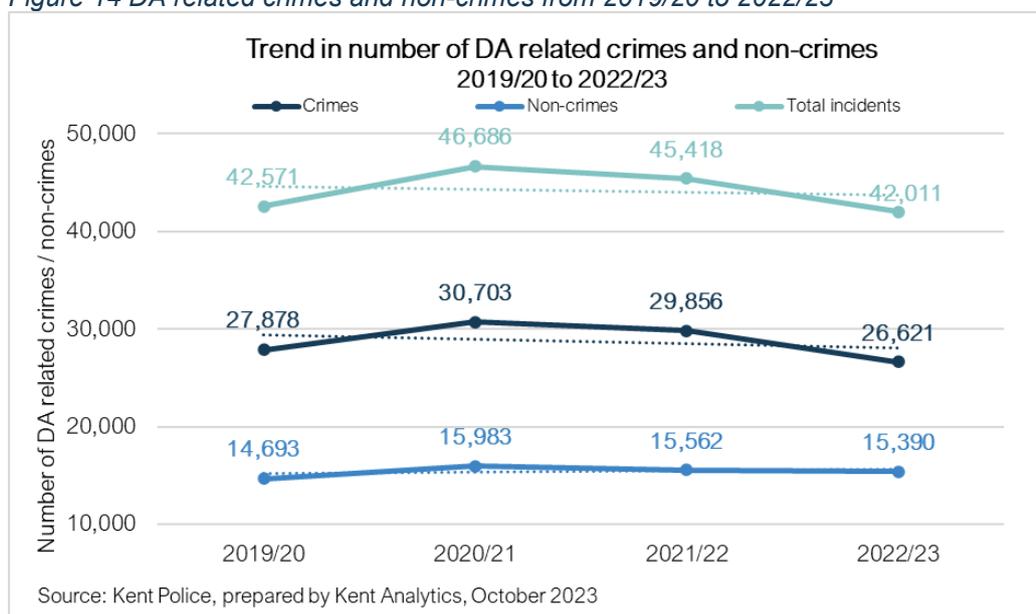
After an increase during Covid, the number of domestic abuse related crimes recorded in 2022/23 (26,621 crimes) is now below what was recorded before the pandemic (27,878 in 2019/20). There was a 10.8% decrease in the number of crimes recorded in 2022/23 compared to the previous year (3,235 crimes).

However, the number of crimes per 1,000 16+ population in Kent (20.9) is above that recorded in England & Wales up to March 2022 (18.8 per 1,000 16+ population)²⁹.

In 2022/23, domestic abuse related crimes in Kent made up 19% of total crimes (almost one in five crimes), compared to 17.1% nationally.

Although reducing slightly over the past 3 years, the number of non-crimes has remained at around 15,500 for the past 2 years and is now below the pre-pandemic level (14,693 non-crimes in 2019/20).

Figure 14 DA related crimes and non-crimes from 2019/20 to 2022/23



4.2.3 Domestic abuse by crime type

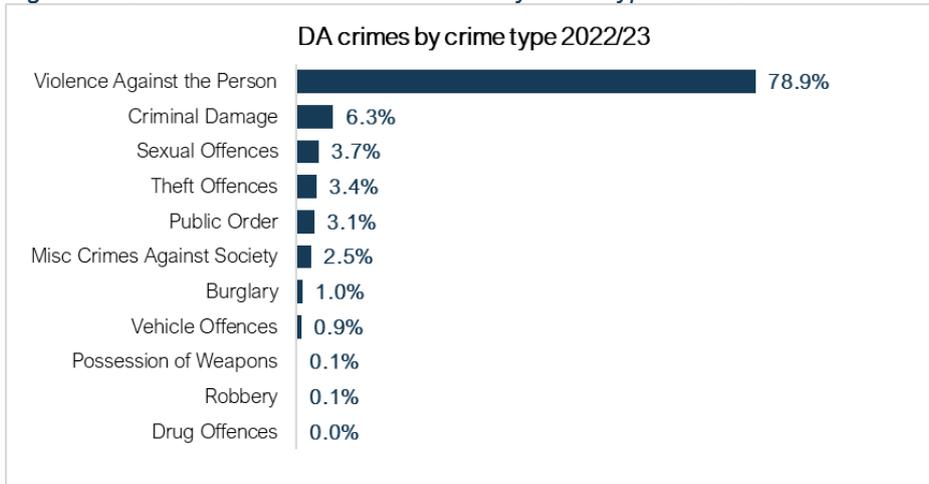
In 2022/23, 78.9% of domestic abuse related crimes were in the ‘violence against the person’ crime type category³⁰. This includes crimes where there was injury but also includes crimes without injury, such as common assault and battery or stalking and harassment. 3.7% of domestic abuse related crimes were classified as sexual offences (1,054 crimes)³¹.

²⁹ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/overview/november2022

³⁰ www.gov.uk/government/publications/counting-rules-for-recorded-crime

³¹ Results based on Kent Police published rolling sheets, therefore a snapshot at time of publication

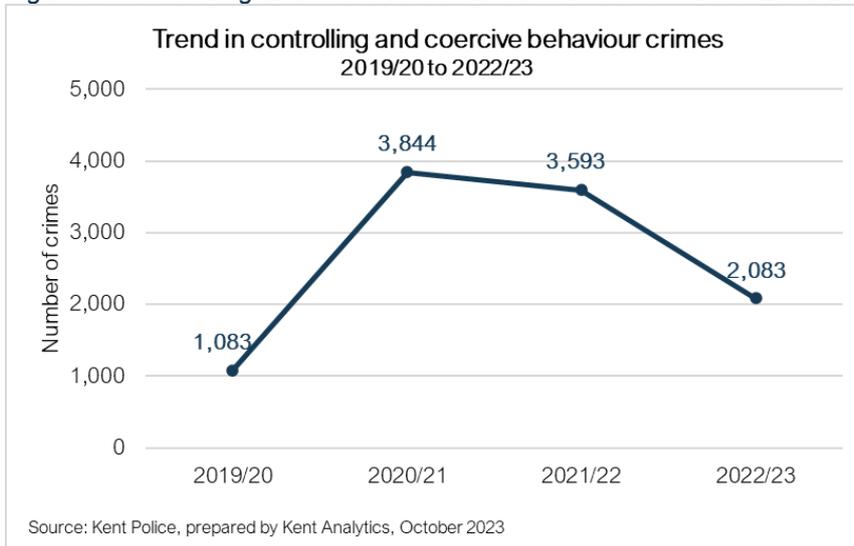
Figure 15 Domestic abuse related crimes by crime type 2022/23



In 2022/23, there were 2,083 controlling and coercive behaviour crimes recorded by Kent Police, which equates to 1.6 crimes per 1,000 16+ population. There was a reduction of 42% (1,510 crimes) compared to the previous year.

However, this reduction is likely the result of a review in November 2021 into the over-recording of this offence in previous years following the transition from the use of Domestic Abuse, Stalking and Honour-Based Violence (DASH)³² to Domestic Abuse Risk Assessment (DARA)³³ as a risk assessment approach and also changes to the Home Office Counting Rules for recording crimes³⁴.

Figure 16 Controlling and coercive behaviour crimes from 2019/20 to 2022/23



³² www.dashriskchecklist.com/

³³ <https://library.college.police.uk/docs/college-of-policing/Domestic-Abuse-Risk-Assessment-2022.pdf>

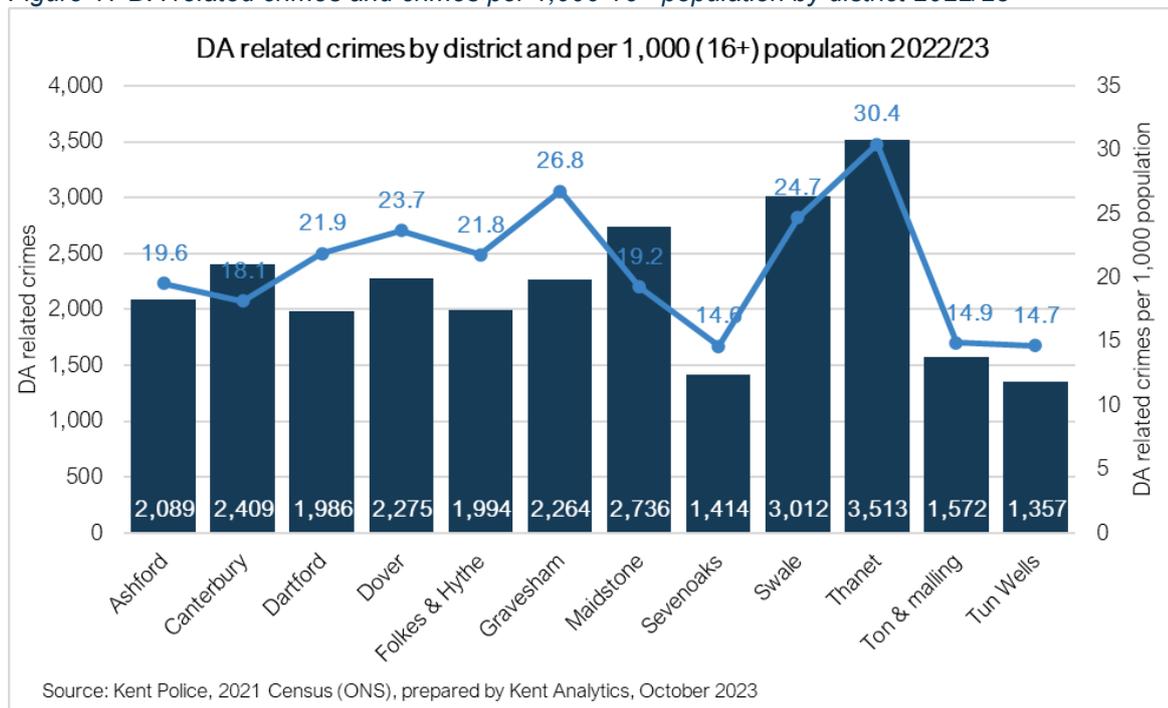
³⁴ www.gov.uk/government/publications/counting-rules-for-recorded-crime

4.2.4 Crimes by district and area

Across the 12 districts, in 2022/23, Thanet had the highest volume of domestic abuse related crimes (3,513) and the highest rate per 1,000 16+ population (30.4). Sevenoaks had the lowest (1,414 crimes or 14.6 per 1,000 16+ population).

With the exception of Canterbury, Sevenoaks, Tonbridge & Malling and Tunbridge Wells, all other districts have more domestic abuse related crimes per 1,000 16+ population than the national average (18.8).

Figure 17 DA related crimes and crimes per 1,000 16+ population by district 2022/23



The Kent Integrated Domestic Abuse Service (KIDAS) contract, which supports survivors of domestic abuse, is made up of four geographically commissioned Lots.

Table 4 Districts grouped by Kent Integrated Domestic Abuse Service (KIDAS) areas (Lots)

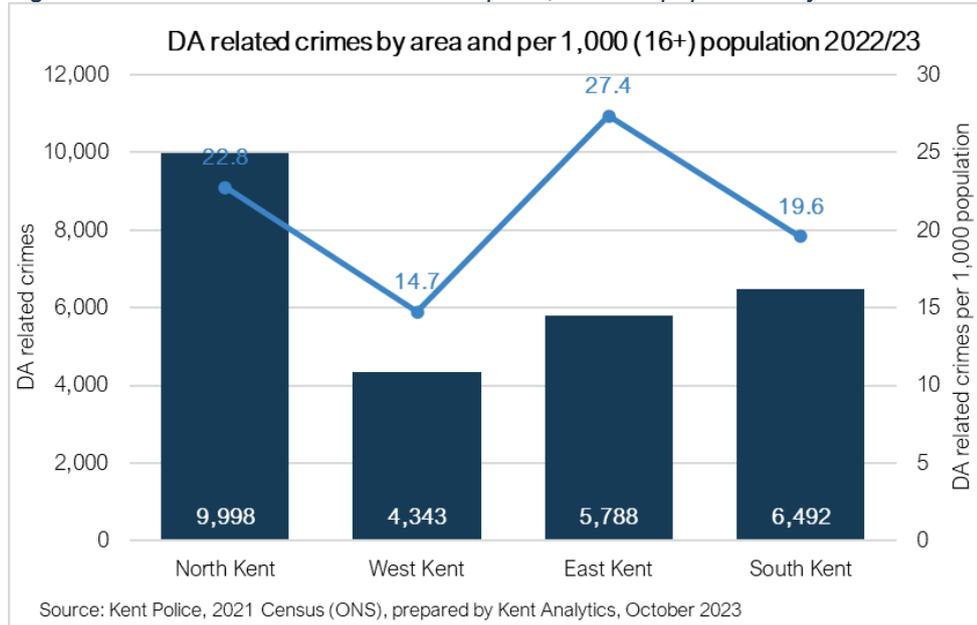
Area (Lots)	District
North Kent	Dartford, Gravesham, Maidstone, Swale
West Kent	Sevenoaks, Tonbridge & Malling, Tunbridge Wells
East Kent	Dover, Thanet
South Kent	Ashford, Canterbury, Folkestone & Hythe

Grouping the districts into those areas (Lots), in 2022/23 North Kent (made up of 4 districts) had the highest volume of domestic abuse related crimes (9,998 crimes or 22.8 per 1,000 16+ population), making up 38% of the total domestic abuse related crimes in Kent.

West Kent had the lowest (4,343 crimes or 14.7 per 1,000 16+ population), making up 16% of total domestic abuse related crimes in Kent.

East Kent had the highest rate of crimes per 1,000 16+ population (27.4) but has the lowest proportion of the population aged 16+ across the four areas (17%).

Figure 18 DA related crimes and crimes per 1,000 16+ population by area 2022/23



4.2.5 Risk levels

Since October 2019, frontline Kent Police Officers have used the Domestic Abuse Risk Assessment (DARA) to assess the level of risk to victims of domestic abuse related incidents and crimes. This was part of a pilot with the College of Policing³⁵, along with three other police forces. DARA is now being rolled out nationally to all police forces.

The Domestic Abuse, Stalking and Honour-Based Violence (DASH) risk assessment tool is used by other officers across the force, such as in the Domestic Abuse Hubs. The risk levels are graded as high, medium, or standard.

³⁵ <https://library.college.police.uk/docs/college-of-policing/Domestic-Abuse-Risk-Assessment-2022.pdf>

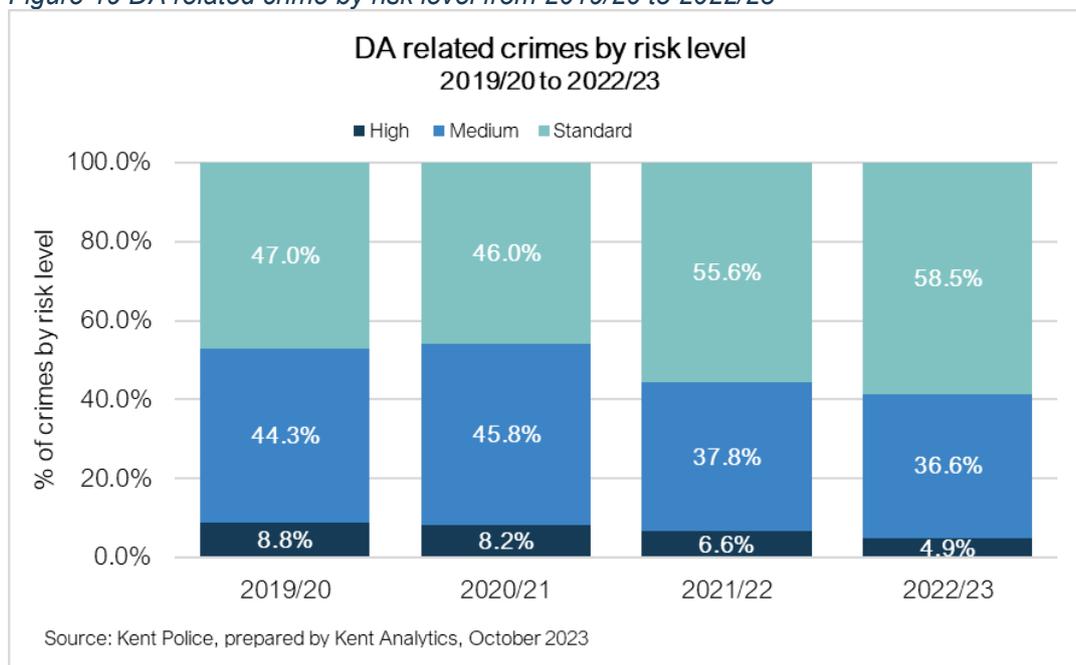
Table 5 DARA risk level descriptions

Level	Description
High	There is an extreme level of control of one person by another and/or very frequent and severe physical violence. There is a serious threat of harm posed to the victim by the perpetrator. The potential event could happen at any time and the impact would be serious.
Medium	There appears to be a pattern of abuse/control of one person by another, and/or frequent physical violence. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, such as the victim attempting to leave.
Standard	There appears to be no pattern of abusive behaviour, or control of one person by another. Current evidence does not indicate the likelihood of causing serious harm.

The proportion of crimes graded as high risk has significantly decreased over the past 4 years, from 8.8% (2,447 crimes) in 2019/20 to 4.9% (1,294 crimes) in 2022/23.

In 2022/23, across the four areas, West Kent had the highest proportion of crimes graded as high risk (6.6%) out of their total domestic abuse related crimes.

Figure 19 DA related crime by risk level from 2019/20 to 2022/23



4.2.6 Repeat victims and suspects

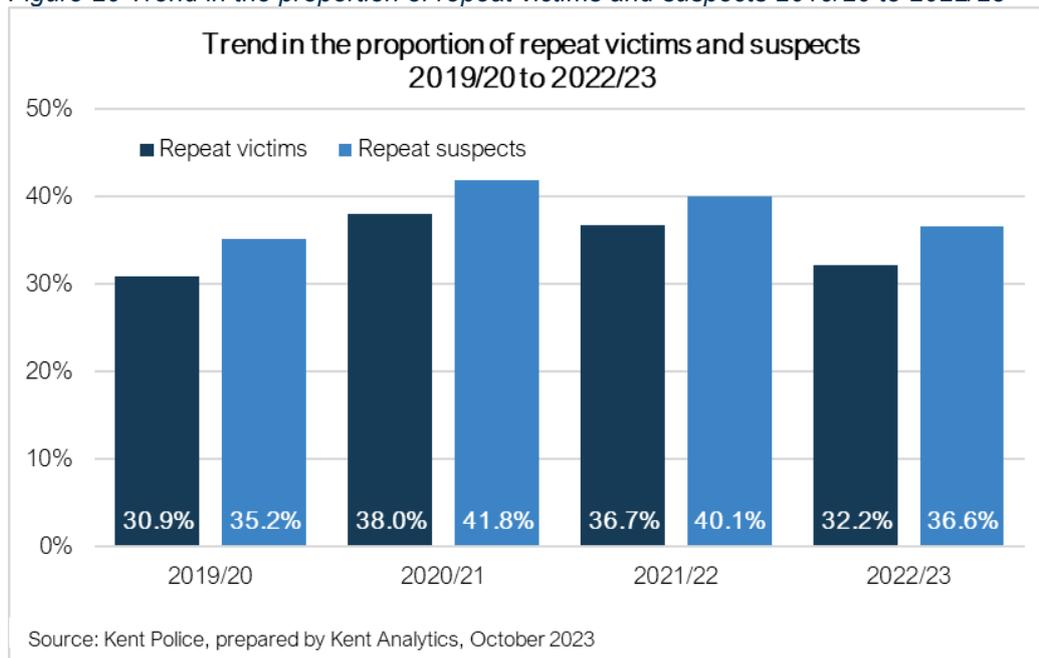
Victims may live with domestic abuse for a significant period before getting effective help. There are many reasons why families live with domestic abuse for a significant period of time or return to their abuser after attempting to leave.

It may not be apparent to the victim that a relationship is abusive. They may be afraid of the abuser and fear the consequences for others if they disclose the abuse. The victim may not know where to turn for help. On average victims experience 50 incidents of abuse before getting effective help³⁶.

In 2022/23, there were 16,317 victims of domestic abuse recorded on crime reports. Of those, 32.2% (5,251 victims) were repeat victims³⁷. The proportion of repeat victims peaked during Covid (38% in 2020/21) and is now returning to pre-pandemic levels.

During the same period, there were 15,488 suspects, of which 36.6% (5,661 suspects) were repeat suspects. The proportion of repeat suspects is also returning to levels seen before the pandemic.

Figure 20 Trend in the proportion of repeat victims and suspects 2019/20 to 2022/23



³⁶ <https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-long-do-people-live-domestic-abuse-and-when-do-they-get>

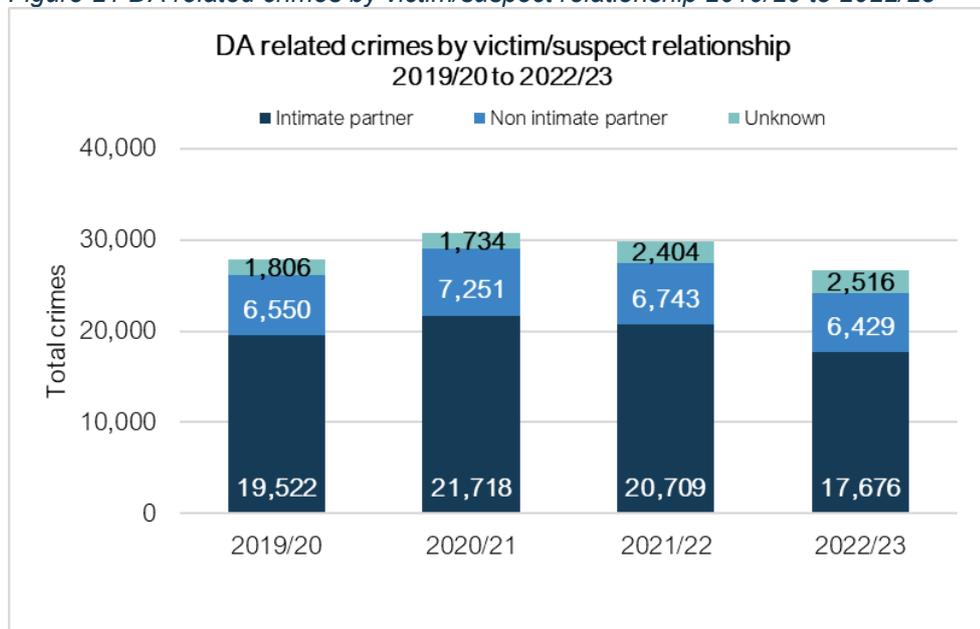
³⁷ A repeat victim or suspect is based on a person appearing on more than one crime report in a 12-month period

4.2.7 Victim and suspect relationships

Over the past 4 years (2019/20 to 2022/23), non-intimate partner relationships made up around 23% of domestic abuse related crimes each year. The proportion of crimes where there was an intimate relationship between the victim and suspect has decreased from 71% in 2020/21 to 66% in 2022/23. However, 'unknown' relationships have increased, which may indicate data recording issues rather than an actual decrease in intimate partner abuse.

When comparing the four areas, there are differences in the proportions for intimate versus non-intimate relationships in 2022/23, with West Kent showing the highest proportion of non-intimate relationships (28%), potentially suggesting more familial abuse in this area.

Figure 21 DA related crimes by victim/suspect relationship 2019/20 to 2022/23



4.2.8 Victim characteristics

Around 30% of domestic abuse victims reporting crimes to Kent Police each year were male, which is higher than that shown nationally for the year ending March 2022 (25.9%)^{38 39}. In 2022/23, there were 17.1 crimes per 1,000 16+ population for females and 8.1 for males.

³⁸ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/soverview/november2022

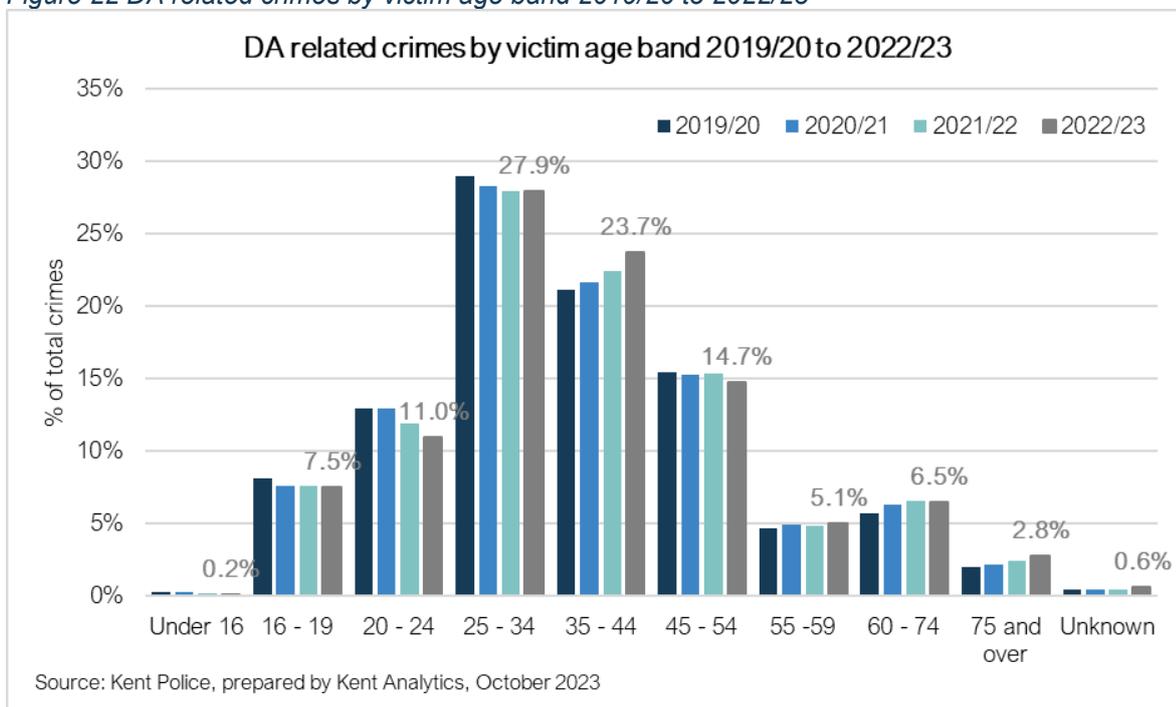
³⁹ Based on 26 forces with adequate data: Avon and Somerset, Bedfordshire, Cambridgeshire, Cheshire, Cleveland, Devon and Cornwall, Dorset, Durham, Essex, Gloucestershire, Gwent, Merseyside, Metropolitan Police, Norfolk, Northamptonshire, North Yorkshire, Northumbria, Nottinghamshire, South Wales, Suffolk, Surrey, Sussex, Thames Valley, Warwickshire, West Mercia and West Yorkshire.

Table 6 DA related crimes by gender 2019/20 to 2022/23

DA related crimes	2019/20	2020/21	2021/22	2022/23
Female	12,157	12,129	12,101	11,326
% female	69.7%	68.8%	69.8%	69.4%
Male	5,226	54,83	5,213	4,969
% male	29.9%	31.1%	30.1%	30.5%

Over the past 4 years (2019/20 to 2022/23), around half of victims reporting domestic abuse related crimes to Kent Police were aged between 25 and 44 years old. The proportion aged 20 to 24 reporting to the police has significantly decreased, however, the proportion aged 60+ has increased significantly, although the volumes reported were still low.

Figure 22 DA related crimes by victim age band 2019/20 to 2022/23



Due to high levels of missing self-defined ethnicity data (53% in 2022/23), no reliable conclusions could be drawn from that data.

RECOMMENDATION:

Kent Police to improve data capture around victim self-defined ethnicity.

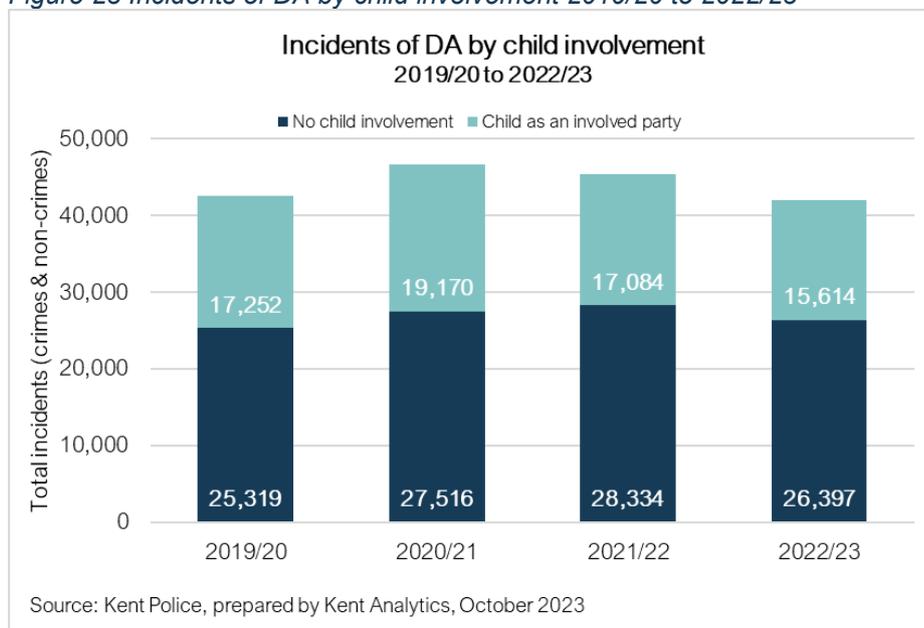
4.2.9 Child involvement

In 2022/23, 15,614 domestic abuse related incidents reported to Kent Police were recorded as having a child, or children, as an involved party⁴⁰, where they may have witnessed the abuse (37.2% of total incidents). The proportion of total domestic abuse incidents with child involvement has significantly decreased since 2019/20 (40.5%).

Based on the 2022 Needs Assessment analysis⁴¹, around 2 children are recorded per domestic abuse related incident, so it is estimated that approximately 31,000 children may have been an involved party and witnessed the abuse in 2022/23.

There is a large variation across the 12 districts of the proportion with children as an involved party. In 2022/23, Swale had the highest proportion (42%) and Folkestone & Hythe had the lowest (33%).

Figure 23 Incidents of DA by child involvement 2019/20 to 2022/23



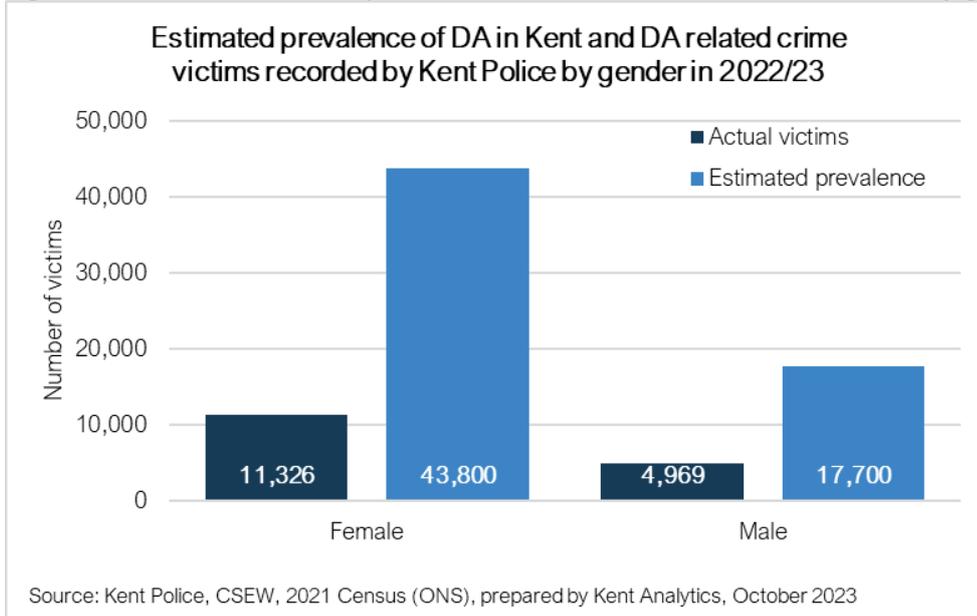
4.2.10 Police records and estimated prevalence

Comparing the number of victims reporting crimes to Kent Police with the estimated modelled prevalence of domestic abuse (explored in [Section 4.1](#)), shows the potential gap in reporting to the police. In 2022/23, around 32,500 fewer females and 13,000 fewer males reported crimes than the estimated prevalence.

⁴⁰ An involved party is someone who does not meet the definition of a victim but who is impacted by the offence in a greater manner than a witness e.g., a child who witnesses an assault of a parent/carer is not recorded as a victim but may experience emotional distress

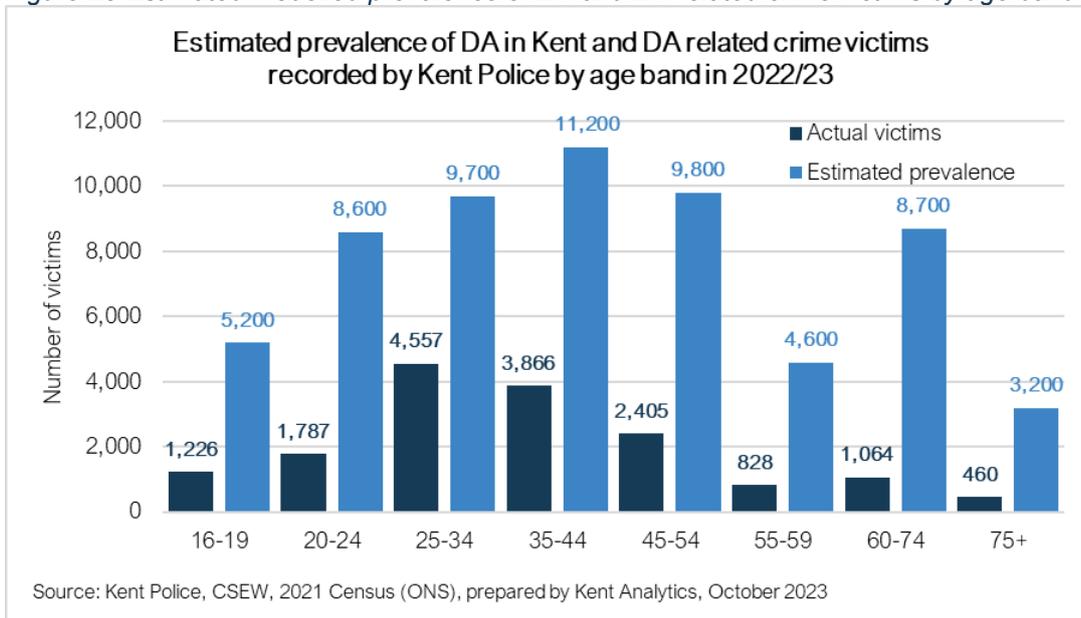
⁴¹ www.kpho.org.uk/data/assets/pdf_file/0020/147134/Domestic-Abuse-Needs-Assessment-refresh-2022.pdf

Figure 24 Estimated modelled prevalence of DA and DA related crime victims by gender



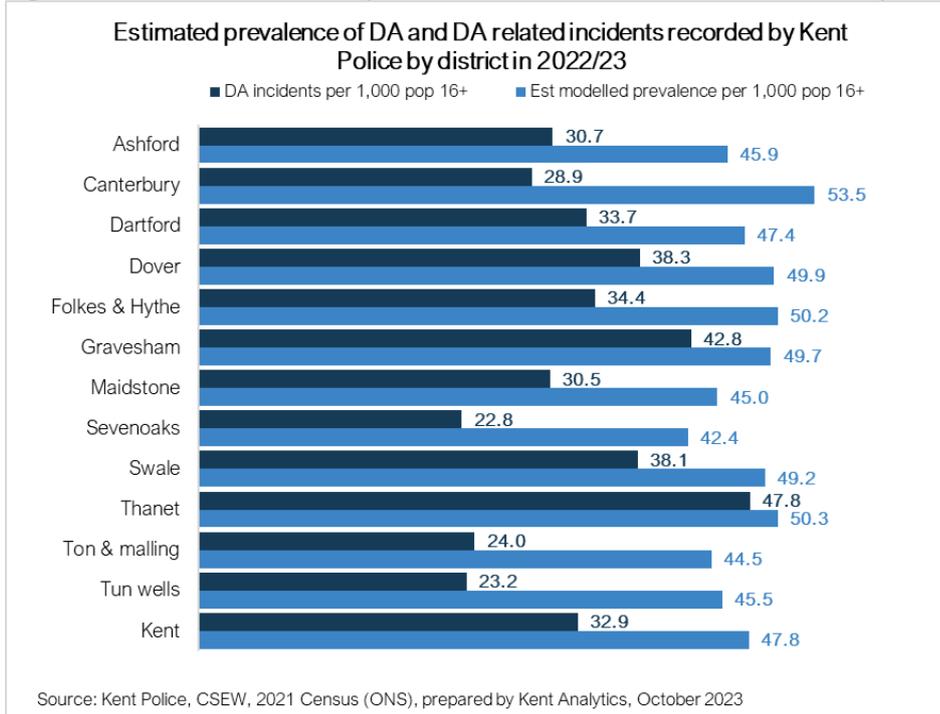
Comparing the estimated prevalence to the number of victims reporting crimes to Kent Police by age band shows that older survivors report less to the police, particularly those aged 55 and over.

Figure 25 Estimated modelled prevalence of DA and DA related crime victims by age band



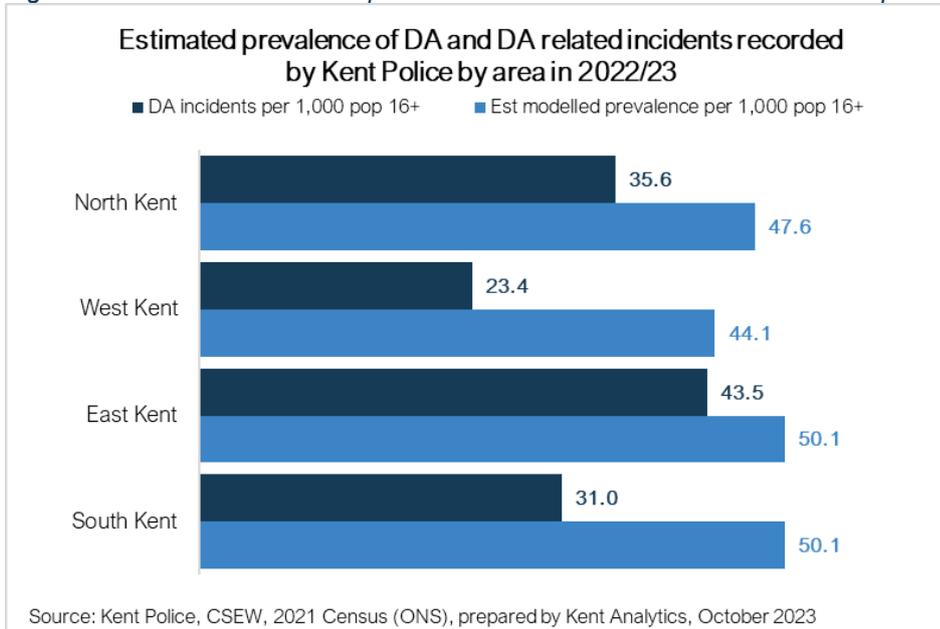
Comparing the estimated prevalence per 1,000 16+ population with the rate of domestic abuse related incidents per 1,000 16+ population across the 12 districts shows the greatest difference in Canterbury and the West Kent districts, suggesting underreporting in these areas. The least difference was in Thanet.

Figure 26 Estimated modelled prevalence of DA and DA related incidents per 1,000 population by district



Across the four areas, the greatest difference was in West Kent and the least in East Kent.

Figure 27 Estimated modelled prevalence of DA and DA related incidents per 1,000 population by area



RECOMMENDATION:

Consider exploring reasons for the difference between levels of estimated prevalence and reported domestic abuse related crimes across areas with Kent Police.

4.3 Perpetrators

4.3.1 Arrests

Kent Police has dedicated Domestic Abuse Hubs across North Kent, Maidstone, Herne Bay, Folkestone and within the Force Control and Incident Room. Officers in the Hubs provide an optional and immediate virtual front-line response to victims of a domestic abuse incident, fitting a set criterion.

They utilise video consultation technology to immediately engage and protect victims who choose to use the service, capturing evidence faster and creating opportunities to apprehend perpetrators quickly⁴².

In 2021/22, there were 9,621 domestic abuse related arrests in Kent (including Medway), which was a reduction of 30.8% (4,286 arrests) compared to 2019/20. Nationally, the number of domestic abuse related arrests increased by 6.4% between the same periods.

In 2021/22, there were 25 arrests per 100 domestic abuse related offences in Kent, a reduction of 15 arrests per 100 domestic related offences compared to 2019/20. Nationally, the number of arrests per 100 domestic related offences was 30 in 2021/22, compared to 32 in 2019/20⁴³.

Table 7 Kent Police arrests for domestic abuse related offences

Kent (including Medway)	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
DA related arrests	13,907	13,472	9,621	-30.8%
Arrests per 100 DA related offences	40	34	25	-15

RECOMMENDATION:

Explore if there is a continued reduction in domestic abuse related arrests.

4.3.2 Charges

In 2021/22, 1,770 domestic abuse related cases were referred to the CPS for a pre-charge decision in Kent (including Medway), an increase of 14.8% compared to 2019/20. Nationally, there was a 20.7% reduction in the number of domestic abuse related cases referred to the CPS between the same periods.

⁴² <https://domesticabusecommissioner.uk/blogs/cutting-edge-work-in-kent-to-protect-domestic-abuse-victims-and-survivors/>

⁴³ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

Over the past 3 years, the proportion of legal decisions resulting in charges was lowest in 2020/21 (58.2%) and increased to 67.1% in 2021/22⁴⁴.

Table 8 Kent Police charges for domestic abuse related offences

Kent (including Medway)	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
DA related cases referred to CPS for pre-charge decision	1,542	1,876	1,770	14.8%
DA related charges	1,099	1,092	1,188	8.1%
% legal decisions resulting in charges	71.3%	58.2%	67.1%	-4.2

In 2021/22, the average number of days from the first decision being sought by the police, to the date in which the last decision was made to charge by the CPS in the South East⁴⁵ was 23.9, an increase of 11 days since 2019/20. Nationally, the number of days to charge was 23.8 in 2021/22⁴⁶.

Table 9 South East average number of days for CPS to charge

South East	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
Average number of days for CPS to charge	12.9	17.0	23.9	11.0

4.3.3 Prosecutions and convictions

In 2021/22, there were 1,566 domestic abuse related prosecutions in Kent (including Medway), an increase of 19.2% compared to 2019/20. Nationally, there was a 13% reduction in the number of domestic abuse related prosecutions between the same periods.

The number of convictions also increased in Kent by 25.9%. Nationally, they decreased by 14.5%.

In 2021/22, 79.8% of prosecutions in Kent resulted in a conviction, an increase of 4.3 percentage points compared to 2019/20. Nationally, convictions were 79.4% of prosecutions in 2021/22, an increase of 1.3 percentage points compared to 2019/20⁴⁷.

⁴⁴www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool

⁴⁵ Data not available at Police force level

⁴⁶www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

⁴⁷www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool

Table 10 Kent domestic abuse related prosecutions and convictions

Kent (including Medway)	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
DA related prosecutions	1,314	1,240	1,566	19.2%
% of all prosecutions	13.4%	13.5%	13.5%	0.0
DA related convictions	993	1,015	1,250	25.9%
% prosecutions resulting in conviction	75.6%	81.9%	79.8%	4.3

4.3.4 HM Prison and Probation Services

The Probation Service was established in June 2021 following the unification of the previous National Probation Service and 21 Community Rehabilitation companies (which had been developed under the Transforming Rehabilitation Strategy in 2014⁴⁸).

The Probation Services deliver all sentences of the Court, including both custodial and community sentences for those people on probation assessed as very high, high, medium and low risk of serious harm.

In 2022/23, the Kent Probation Service (excluding Medway), dealt with 10,772 cases in total for all types of offending. 5,506 were Community Orders (COs) or Suspended Sentence Orders (SSOs) and 5,266 were Custodial Sentences⁴⁹.

Of the total COs and SSOs, 742 cases had a domestic abuse registration, where the offender was known as a perpetrator of domestic abuse through a Multi-Agency Risk Assessment Conference (MARAC), which equates to one in seven offenders (13%). There were 862 Custodial Sentences with a domestic abuse registration (one in six offenders or 16%).

440 domestic abuse offenders were released in 2022/23 following their custodial sentence.

Table 11 2022/23 Kent Probation Service caseload

Kent (excluding Medway)	Community or Suspended Sentence Orders	Custodial Sentences	Of those Custodial Sentences, those released from Custody
Total caseload (all types of offences)	5,506	5,266	3,200
Cases with DA registrations	742	862	440
% of total	13%	16%	14%

⁴⁸ www.gov.uk/government/publications/transforming-rehabilitation-a-strategy-for-reform

⁴⁹ Active or sentenced between 01/04/22 and 31/03/23

The majority (72% or 532 cases) of the domestic abuse offenders with a Community or Suspended Sentence Order had their Risk of Serious Harm (ROSH)⁵⁰ assessed as medium risk, which is defined as ‘the offender has the potential to cause serious harm but is unlikely to do so unless there is a change of circumstances’.

The majority (60% or 517 cases) of the domestic abuse offenders with a Custodial Sentence had their ROSH assessed as high risk, which is defined as ‘there are identifiable indicators of risk of serious harm and the potential event could happen at any time and the impact would be serious’. 36% were medium risk.

Most domestic abuse offenders were male. 93% (691 offenders) with a Community or Suspended Sentence Order and 97% (839 offenders) with a Custodial Sentence.

The majority (58%) were in the 25 to 39 years old age range for both COs or SSOs and Custodial Sentences.

Table 12 2022/23 Kent Probation Service caseload by gender and age group of DA registered offenders

Kent (excluding Medway)	Community or Suspended Sentence Orders	Custodial Sentences
Total DA offenders	742	862
Males	691	839
Females	51	23
Aged under 18	(s) ⁵¹	(s)
18 to 24	112	85
25 to 39	432	496
40 to 49	127	156
50 to 59	49	80
60+	(s)	22
Unknown	10	20

4.3.5 Multi-Agency Task & Co-ordination

A Multi-Agency Task & Coordination (MATAC) relates to the process of identifying and tackling high-harm perpetrators of domestic abuse. The overarching objectives of the MATAC are to safeguard adults and children at risk of domestic abuse and to reduce the offending of domestic abuse perpetrators.

⁵⁰ Serious harm is defined as offending impact(s) from which recovery would be difficult or impossible i.e., physical/emotional harm

⁵¹ Counts below 10 have been suppressed

Kent Police uses an algorithm which ranks offenders based on recency, frequency and gravity (RFG) of domestic abuse incidents, in order to identify high harm perpetrators. Proactive Vulnerability Teams, introduced to Kent Police in 2023, can nominate to MATAAC any such high-harm perpetrators where multi-agency management would be beneficial in assisting in reducing offending behaviour.

MATAAC will consider serial perpetrators, which the College of Policing defines as someone who has been reported to the police as having committed or threatened domestic abuse against two or more victims. This includes current or former intimate partners and family members. MATAAC will also consider cases where offending has only been against one victim but where the frequency and/or severity of incidents have led to a perpetrator being identified as a high-harm individual.

In Kent, MATAAC was introduced at the end of 2021 and was centrally managed by Kent Police for 6 months. Following the introduction of the Proactive Policing Teams located in each division it was managed locally. However, central management of the process has been reinstated since January 2023.

In total, there have been 38 referrals to MATAAC up to December 2023. 15 in West Kent, 22 in East Kent and 1 in North Kent. Now MATAAC is established, in 2024 Kent Police will undertake a thorough assessment of MATAAC outcomes. Work is also underway with agencies such as the National Probation Service, with a view to extending MATAAC so that referrals can be submitted from partner agencies.

RECOMMENDATION:

Work should be undertaken to increase participation with and referrals to MATAAC.

4.3.6 Domestic abuse and terrorism, radicalisation, and extremism

Prevent aims to stop people from becoming terrorists or supporting terrorism. It is one of the four strands of the government's 'CONTEST' counter-terrorism strategy⁵².

The objectives of Prevent are:

- tackling the ideological causes of terrorism
- intervening early to support people susceptible to radicalisation
- enabling people who have already engaged in terrorism to disengage and rehabilitate.

Anyone can make a Prevent referral for individuals susceptible to radicalisation to receive support. It sits alongside long-established safeguarding duties on professionals to protect people from a range of other harms⁵³.

⁵² www.gov.uk/government/publications/counter-terrorism-strategy-contest-2023

⁵³ www.gov.uk/government/publications/prevent-duty-guidance

Operation Escape, a research project carried out by Dr Keri Nixon and the Kent & Medway Prevent Coordinator, explored the link between domestic abuse and terrorism, radicalisation, and extremism, by examining the prevalence of domestic abuse in Kent & Medway's Prevent referrals between September 2020 and September 2022.

Findings showed there was a high occurrence of experiencing or perpetrating domestic abuse within this cohort. The study found that of the 45% of referrals that had a link to domestic abuse they deemed:

- 44% to be perpetrators of abuse
- 38% victims of abuse and 11% witnesses
- 19% were classified as a victim or witness of abuse between their parents and then a perpetrator of abuse as an adult
- It was also found that for 14% of referrals for those under 18, there was behaviour categorised as child-to-parent abuse

A noteworthy factor in referrals where domestic abuse was present was either diagnosed or reported mental health issues.

- 42% had a mental health issue
- 19% were self-harming
- 17% were experiencing suicidal ideation with 1% attempting suicide

There was also an overlap with neurodiversity, with 46% of people referred to Prevent linked to domestic abuse on the autism spectrum and 25% having attention deficit hyperactivity disorder (ADHD).

The links between domestic abuse may occur as there are similarities in the use of violence, coercion, and degradation to achieve control. By recognising the links that those engaging in terrorism, radicalisation, and extremism have an increased likelihood of either having experienced domestic abuse as an adult or child, or of using abusive behaviour, we may be able to further the objectives of Prevent.

RECOMMENDATION:

Consider the impact of domestic abuse as a contributing factor to the ideological causes of terrorism and raise awareness of processes for professionals to follow.

4.4 Housing and homelessness

Kent is a two-tier authority, with the responsibility for housing sitting across the 12 district and borough councils.

Alternative housing options, whether refuges, social housing, or private accommodation, are key to ensuring victims can escape domestic abuse, and factor strongly in a victim's decision-making about whether they stay or leave a perpetrator⁵⁴.

The government believes that victims fleeing domestic abuse should be given as much assistance as possible to ensure they can rebuild their lives away from abuse and harm.

Local Authorities are assisted by statutory guidance to ensure that victims of domestic abuse who are living in refuges, and other forms of safe temporary accommodation, are given appropriate priority when they apply for access to social housing⁵⁵.

4.4.1 Households presenting as homeless

In 2022/23, 12,075 households presented as homeless across the 9 districts (excluding Dartford, Dover and Tonbridge & Malling). Of those, 9.7% were due to domestic abuse (1,175 households).

Although the number of overall households presenting as homeless increased by 20% in 2022/23 compared to the previous year, the number presenting as homeless due to domestic abuse remained at a similar level (1,182 households in 2021/22).

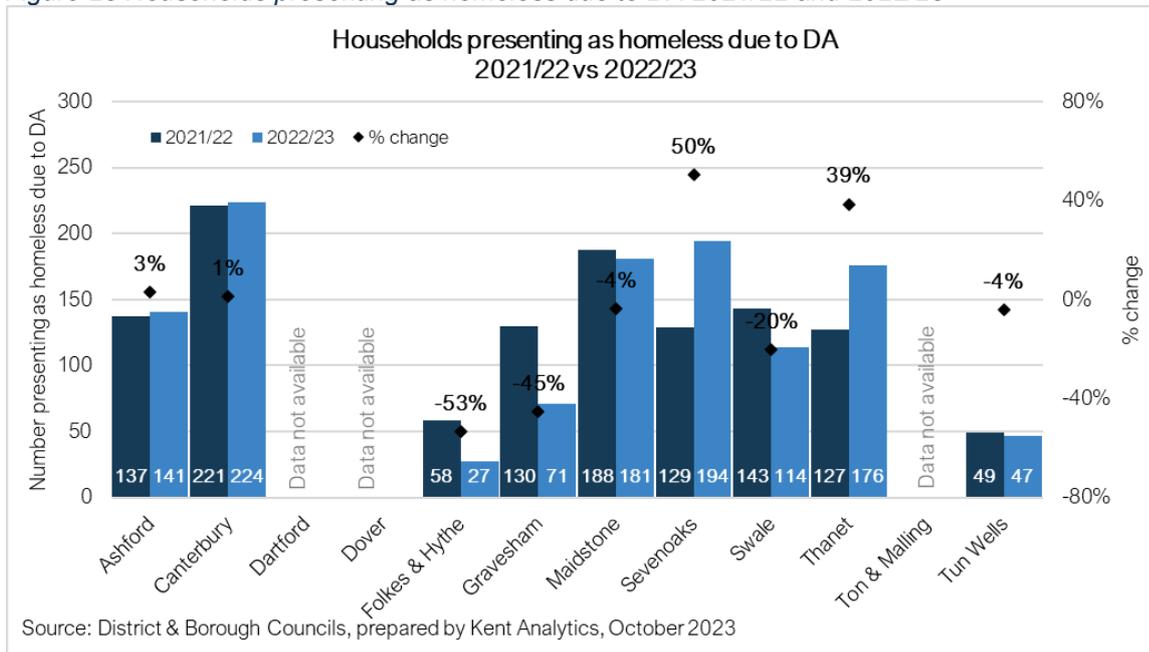
However, there were large variations in the change between the 2 years across the 9 districts of those presenting as homeless due to domestic abuse. Sevenoaks showed the greatest increase (50% or 65 households) and Folkestone & Hythe showed the greatest decrease (53% or 31 households).

In both years, the proportion of households presenting as homeless due to domestic abuse with dependent children was more than half (55.8% in 2021/22 and 52.6% in 2022/23).

⁵⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

⁵⁵ www.gov.uk/government/publications/improving-access-to-social-housing-for-victims-of-domestic-abuse

Figure 28 Households presenting as homeless due to DA 2021/22 and 2022/23



RECOMMENDATION:

Ensure district and borough councils collect and provide data as required under the Domestic Abuse Act. Including the number of children in households affected by domestic abuse and the tenure status of households.

4.4.2 Placements in temporary accommodation

Under the Domestic Abuse Act 2021, temporary accommodation does not fall under the definition of safe accommodation. Funding associated with the Act can only be used for support within safe accommodation.

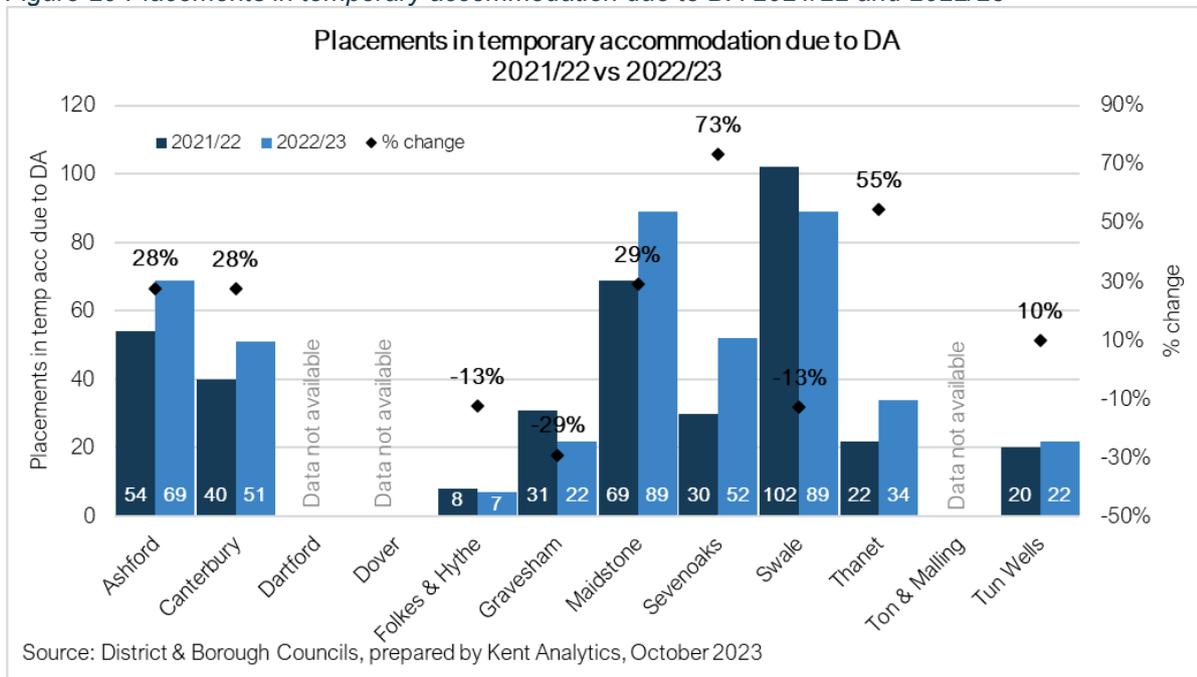
In 2022/23, there were 2,667 placements into temporary accommodation across the 9 districts (excluding Dartford, Dover and Tonbridge & Malling). Of those, 16.3% were due to domestic abuse (435 households).

The total number of placements into temporary accommodation increased by 10% in 2022/23 compared to the previous year (243 households) and the number placed due to domestic abuse increased by 16% (59 households).

As with the homelessness approaches due to domestic abuse, there were large variations across the 9 districts, with Sevenoaks showing the greatest increase (73% or 22 households) and Gravesham showing the greatest decrease (29% or 9 households).

In both years, the proportion of households placed into temporary accommodation due to domestic abuse with dependent children was more than half (56.9% in 2021/22 and 55.4% in 2022/23).

Figure 29 Placements in temporary accommodation due to DA 2021/22 and 2022/23



RECOMMENDATION:

Explore reasons as to why victims/survivors are moving into temporary accommodation.

4.4.3 Prevention and relief duty

Local housing authorities owe duties under Part 7 of the Housing Act 1996 to victims of domestic abuse who are eligible and homeless. If the household is homeless as a result of being a victim of domestic abuse, they will have priority need for accommodation secured by the Local Authority.

Prevention duties are any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. This would involve activities to enable an applicant to remain in their current home or find alternative accommodation to prevent them from becoming homeless. The duty lasts for 56 days but may be extended if the Local Authority is continuing with efforts to prevent homelessness.

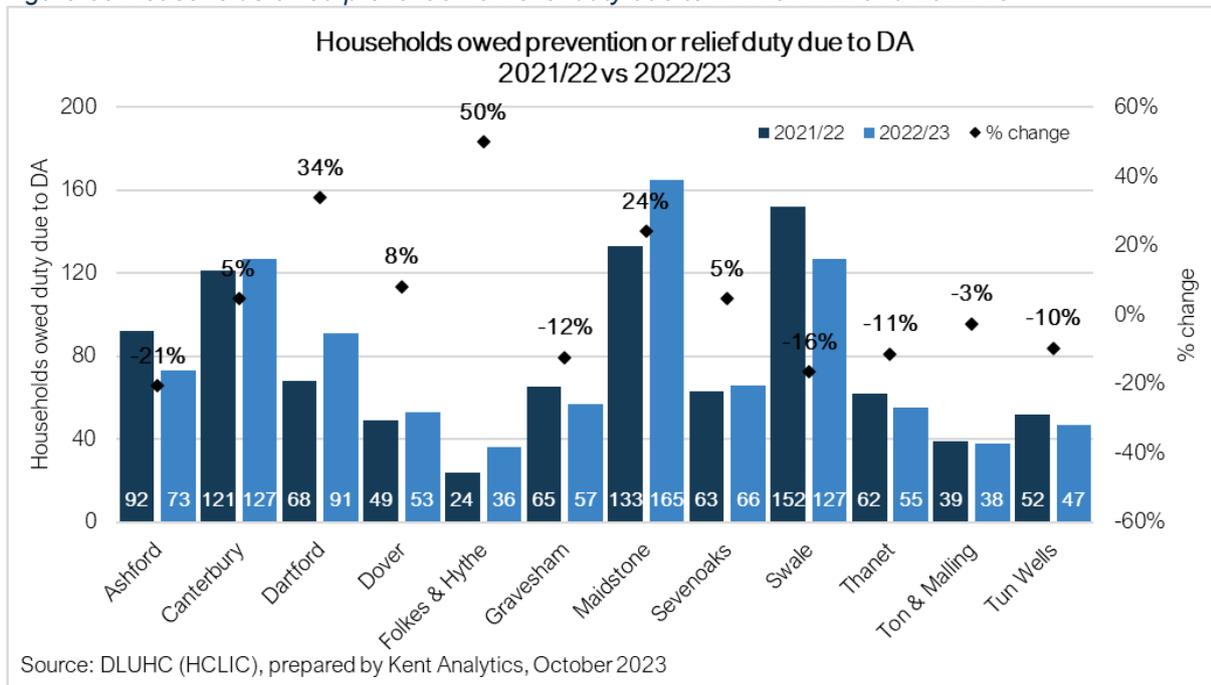
Relief duties are owed to households that are already homeless and require help to secure settled accommodation. This would involve activities to find accommodation to relieve their homelessness. The duty lasts 56 days and can only be extended by a Local Authority if the households are not owed the main homelessness duty.

In 2022/23, 7,362 households were owed prevention or relief duty in Kent. Of those, 12.7% were due to domestic abuse (935 households). The total number of households owed prevention or relief duty increased by 1% in 2022/23 compared to the previous year (55 households) and those owed duty due to domestic abuse increased by 2% (15 households).

There was a 10% increase in the number of households owed prevention or relief duty due to domestic abuse over the same period in the South East (400 households) and 4% nationally (1,400 households).

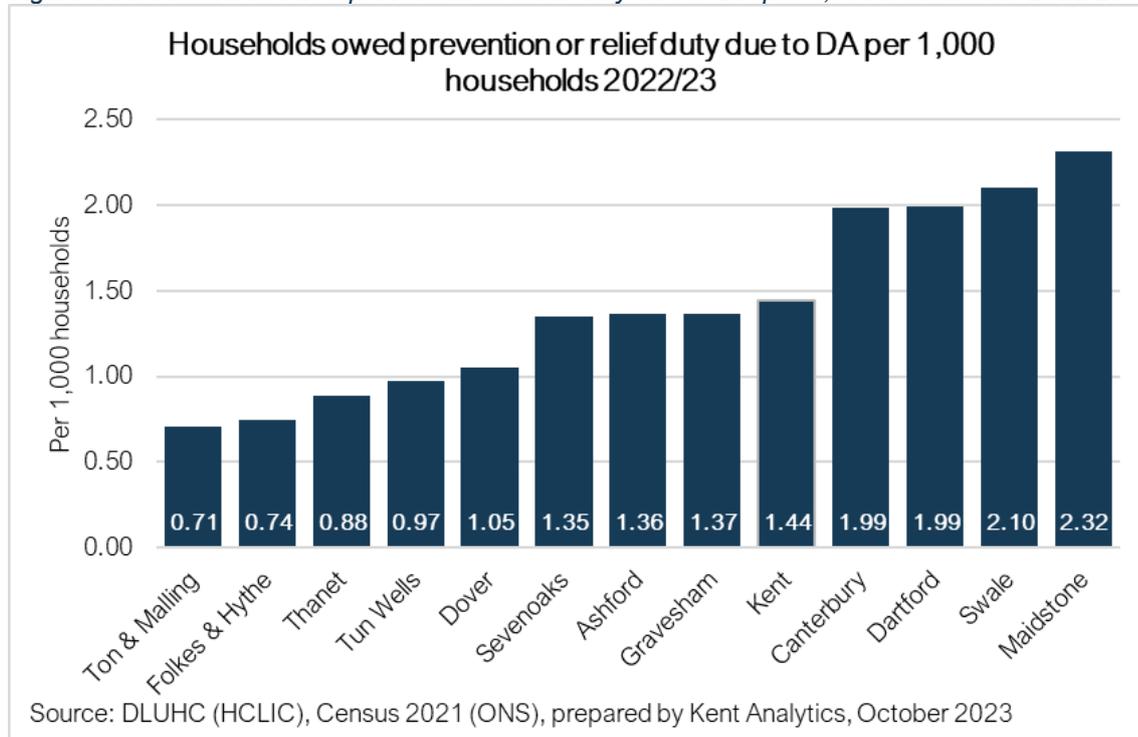
There were large variations across the districts, with Folkestone & Hythe showing the greatest increase (50% or 12 households) and Ashford showing the greatest decrease (21% or 19 households).

Figure 30 Households owed prevention or relief duty due to DA 2021/22 and 2022/23



Comparing the rate per 1,000 households across the districts in 2022/23, Maidstone had the highest rate (2.32 per 1,000 households), almost three times the lowest rate in Tonbridge & Malling (0.71).

Figure 31 Households owed prevention or relief duty due to DA per 1,000 households 2022/23



Compared to the modelled estimated prevalence of domestic abuse by district (explored in [Section 4.1](#)), the districts with the highest prevalence (Canterbury, Maidstone, Swale) also had a higher volume of households owed prevention and relief duty. However, this was not the case for Thanet, which had a high prevalence of domestic abuse and a lower volume of households owed duty due to domestic abuse.

RECOMMENDATION:

Promote a more consistent approach to housing policies and application of Prevention/Relief Duty.

4.5 KCC Adult Safeguarding

Adult safeguarding is the term used to describe the function of protecting adults, aged 18 or over who appear to have health and social care needs, from abuse or neglect.

4.5.1 Section 42 Adult Safeguarding Enquiries

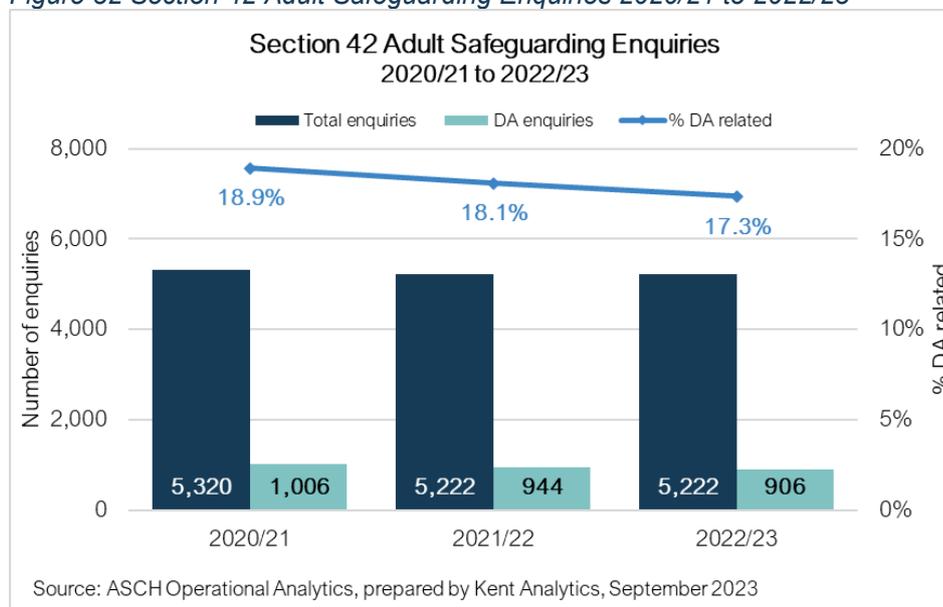
Following a referral that meets the criteria, a Section 42 enquiry relates to the duty of the Local Authority to make enquiries or have others do so, if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult.

In 2022/23, there were 906 adult safeguarding enquiries where domestic abuse was listed as a type of abuse (around 76 per month), which was a reduction of 10% compared to 2020/21 (100 fewer enquiries).

The proportion of total enquiries where domestic abuse was listed as a type of abuse has reduced from 18.9% in 2020/21 to 17.3% in 2022/23, however, the difference was not significant. In 2022/23 in England, 6.3% of enquiries were for domestic abuse⁵⁶.

Across the four Adult Social Care areas, West Kent⁵⁷ had the highest proportion of domestic abuse related enquiries in 2022/23 (33.4%) and Ashford & Canterbury the lowest (13.6%).

Figure 32 Section 42 Adult Safeguarding Enquiries 2020/21 to 2022/23

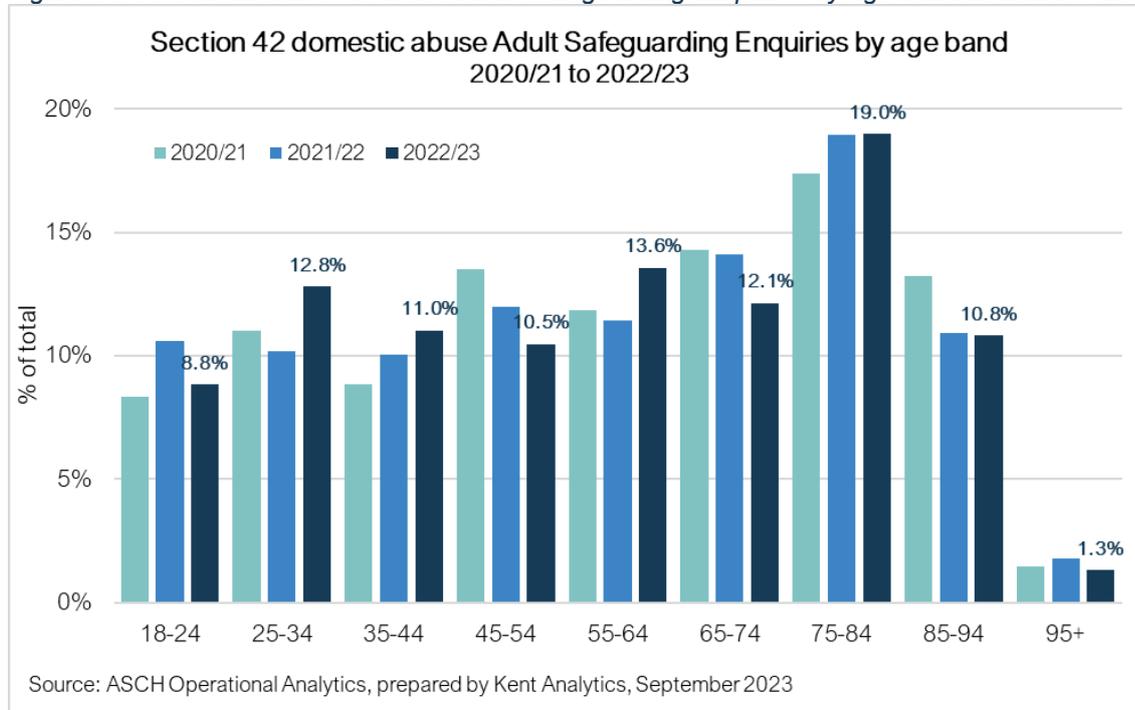


⁵⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2022-23>

⁵⁷ West Kent includes the districts Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells

Over the past 3 years, almost a third (around 31%) of domestic abuse safeguarding enquiries were raised for those aged 75 and over.

Figure 33 Section 42 domestic abuse Adult Safeguarding Enquiries by age band 2020/21 to 202/23



Females made up around 75% of domestic abuse related safeguarding enquiries in Kent from 2020/21 to 2022/23.

The location of abuse was most often in the adult's home (around 69% over the past 3 years).

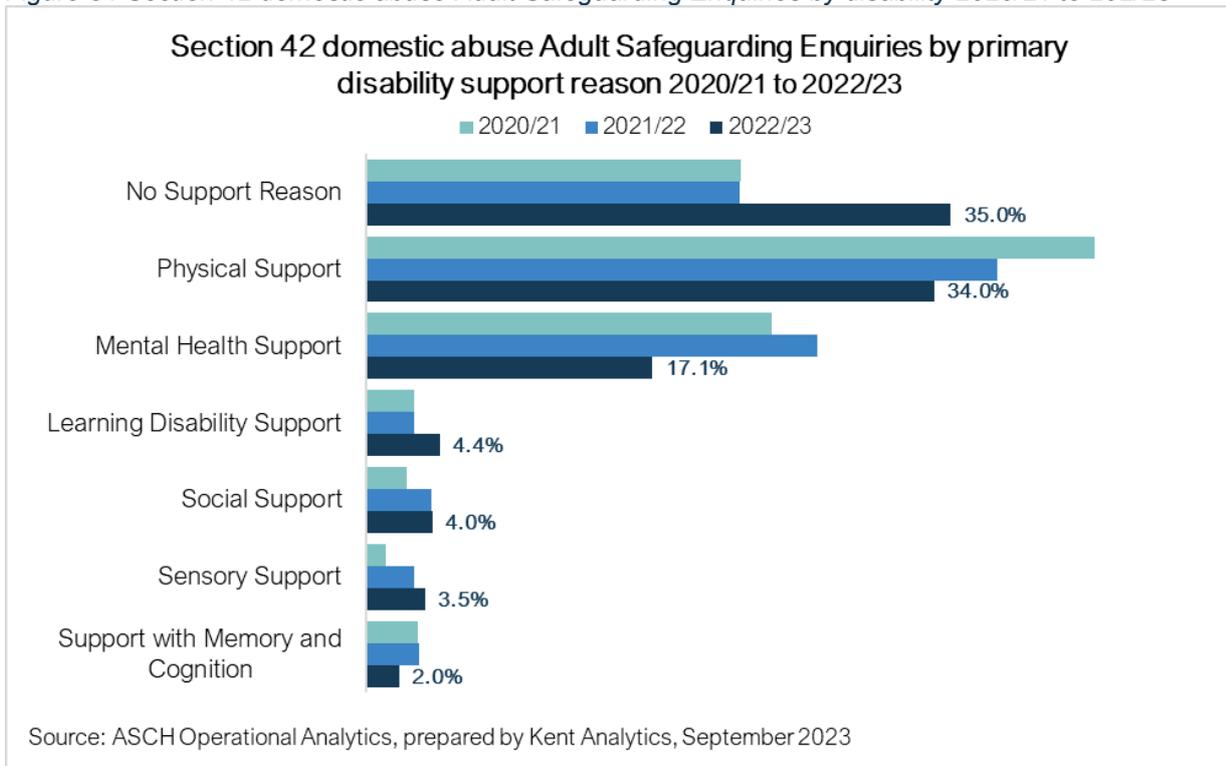
RECOMMENDATION:

Review available domestic abuse training for Adult Social Care staff. Ensure that staff have adequate training to identify domestic abuse and refer onto specialist domestic abuse services.

In 2022/23, 72.8% of adults for which the safeguarding enquiry was raised had their ethnicity recorded as white British and 10.7% were ethnic minorities. However, the proportion with unknown ethnicity was high and has risen from 13.2% in 2020/21 to 16.4% in 2022/23.

34% of domestic abuse related safeguarding enquiries had physical support recorded as the primary disability support reason. However, this has reduced from 43.6% in 2020/21. Mental health had the second highest proportion of support reasons (17.1% in 2022/23). Over a third (35%) had no primary support reason in 2022/23, which has increased from 22.5% in 2020/21. This may indicate that support reasons are not being recorded.

Figure 34 Section 42 domestic abuse Adult Safeguarding Enquiries by disability 2020/21 to 202/23



RECOMMENDATION:

Review Section 42 Adult Safeguarding data recording practices in relation to ethnicity and primary disability support reasons to ensure adequate information is being captured.

4.5.2 Safeguarding Adult Reviews

The Care Act 2014 states that Safeguarding Adult Boards must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult. This is a statutory responsibility.

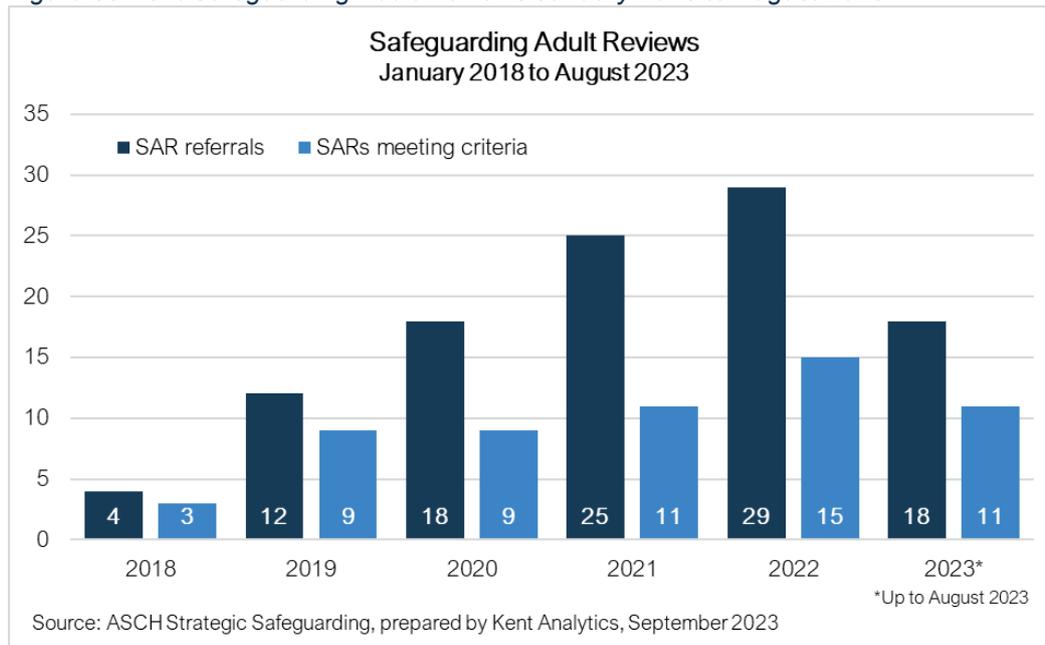
The overall purpose of a SAR is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing:

- lessons that can be learnt from how professionals and their agencies work together
- how effective the safeguarding procedures are
- learning and good practice issues
- how to improve local inter-agency practice
- service improvement or development needs for one or more service or agency

Over the past 5 years, the number of SAR referrals has increased. There has been awareness raising of SARs and the process of making a referral, which may have contributed towards the increase in referrals.

Between January 2018 and August 2023, there were 29 referrals in Kent, 15 of which met the criteria.

Figure 35 Kent Safeguarding Adult Reviews January 2018 to August 2023



All SARs are published on the Kent & Medway Safeguarding Adults Board website⁵⁸, alongside a summary of the themes and recommendations for each review. Two SARs have featured domestic abuse both of which were published in June 2022 (Caroline⁵⁹ and Harpreet⁶⁰).

Caroline received support from a local domestic abuse support agency following a referral from her health visitor, when she was assessed as medium risk, however, she disengaged from the support. While domestic abuse was disclosed to health professionals, no referral to a Multi-Agency Risk Assessment Conference (MARAC) was made by the Acute Hospital Trust.

There was no Hospital Independent Domestic Violence Advisor (HIDVA) in post at the time of Caroline’s attendances at the hospital. However, one was appointed in January 2020 and was based within the safeguarding team. A recommendation was made to carry out a post-

⁵⁸ www.kmsab.org.uk/p/about-kmsab-1/safeguarding-adult-reviews

⁵⁹ www.kmsab.org.uk/assets/1/safeguarding_adult_review_caroline_.pdf

⁶⁰ www.kmsab.org.uk/assets/1/sar_harpreet_.pdf

implementation review of the HIDVA placement to ensure the aims and objectives of the post are achieved.

Harpreet was not known to local domestic abuse support agencies. English was not her first language and interpretation was conducted by her husband. The review recommended that a translator should be offered to all patients who do not have English as a first language and given ample time to discuss any concerns – reliance should not be solely on the family.

It was also concluded that routine enquiry should be made with all presenting patients regarding potential domestic abuse and that initial assessment/admission documentation would benefit from being reviewed to allow patients to disclose potential domestic abuse when it is not obvious. As the Trust has HIDVAs in place, it was advised that the recommendation was dealt with internally.

4.6 KCC Children’s Services

Section 3 of the Domestic Abuse Act 2021 recognises children as victims of domestic if the child sees, hears, or experiences the effects of the abuse, and is related to, or falls under “parental responsibility” of, the victim and/or perpetrator of the domestic abuse.

A child might therefore be considered a victim of domestic abuse under the Act where one parent is abusing another parent, or where a parent is abusing, or being abused by, a partner or relative⁶¹.

Local Authority children's services are responsible for supporting and protecting vulnerable children. This includes providing children and their families with extra help. Where children are thought to be at risk of harm, children's services will take steps which aim to make sure they are kept safe.

4.6.1 Front Door requests for support

Between July 2021 and June 2023, domestic abuse was the primary reason for children’s support requests to the Front Door in around 10% of total requests. This equates to around 700 requests per month or approximately 8,500 children per year.

Domestic abuse, alongside the behaviour of a child/young person or the mental/emotional health and wellbeing of a child/young person, was consistently the main reason for support requests and combined made up around 30% of all requests.

⁶¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

4.6.2 Outcome of Front Door requests for support

In the same period, there were 8,796 completed requests to the Front Door for support where the primary reason was domestic abuse. It is worth noting this is a count of families/cases, not children and there may be more than one child in each family/case.

Of those new requests, 90.5% were not already open to Early Help or Children’s Social Work (7,963 families), 7.7% were open to Early Help (674 families), 1.7% were open to Children’s Social Work (151 families), and 0.1% were open to both.

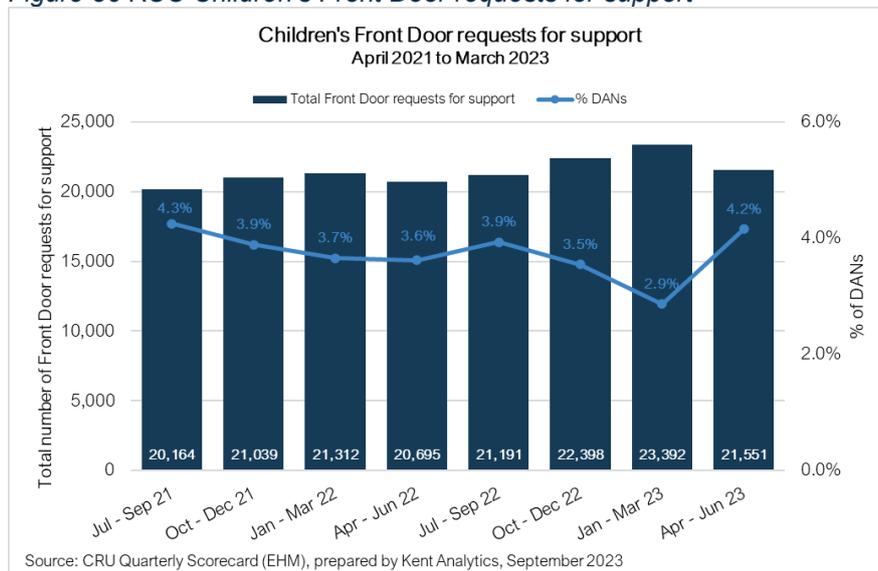
Of the 7,963 families that were not open to Early Help or Children’s Social Work, 42.9% then met the threshold for Children’s Social Work (3,413 families), 40.1% were given information, advice and guidance (3,195 families) and 14.1% went to Early Help units for support (1,127 families).

4.6.3 Domestic Abuse Notifications to the Front Door

When police attend an incident of domestic abuse and a child is present, the police Central Referral Unit (CRU) always review high risk incidents and crimes where a child under 5 is in the household. Subsequently, a Domestic Abuse Notification (DAN) may be sent to the Front Door. Those meeting threshold Level 3 or 4 of Kent Support Level Guidance⁶² are always sent to the Front Door. Cumulative risk to a child and previous support levels are also taken into consideration.

Domestic Abuse Notifications from the police make up around 4% of requests for support to the Front Door.

Figure 36 KCC Children’s Front Door requests for support



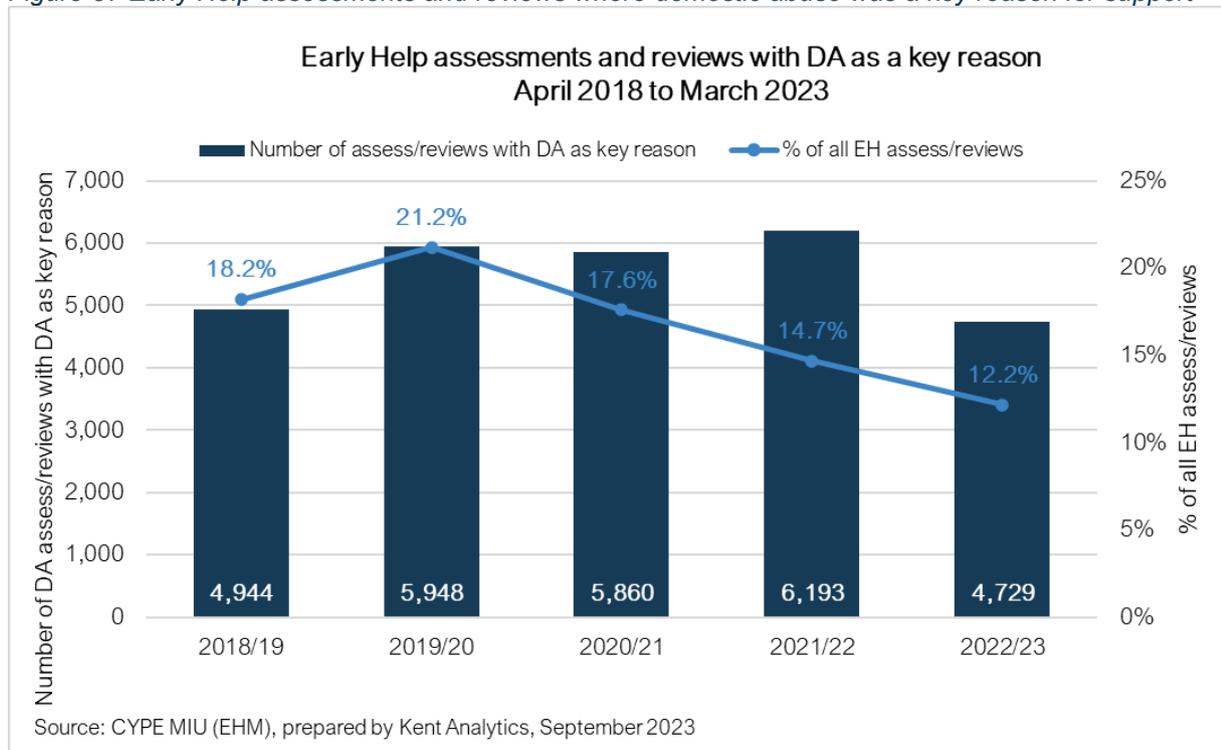
⁶² www.kscmp.org.uk/guidance/kent-support-levels-guidance

4.6.4 Early Help assessments and reviews

The proportion of Early Help assessments and reviews where domestic abuse was a key reason for support was highest in 2019/20 (21.2%), when Integrated Children’s Services was established, and has since significantly decreased. In 2022/23, 12.2% of assessments and reviews had domestic abuse as a key reason for support.

Across the 12 districts, Gravesham had the highest proportion (19.9%) and Ashford the lowest (6.2%). This does not reflect the proportion of domestic abuse related crimes recorded by Kent Police by district (detailed in [Section 4.2.4](#)), where Thanet had the highest proportion (13% or 3,513 crimes) and Tunbridge Wells the lowest (5% or 1,357 crimes). It also does not reflect the number of domestic abuse related incidents where children were an involved party by district ([Section 4.2.9](#)), where Swale had the highest proportion (42%) and Folkestone & Hythe the lowest (33%).

Figure 37 Early Help assessments and reviews where domestic abuse was a key reason for support



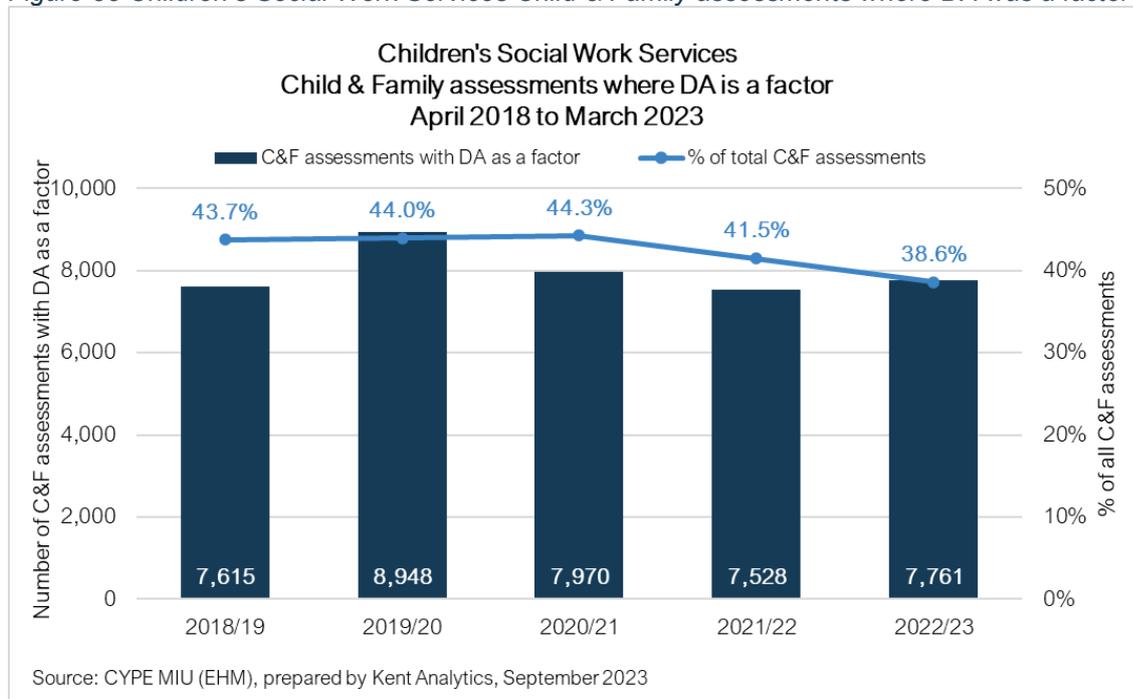
4.6.5 Children’s Social Work Services Child & Family assessments

The proportion of Child & Family assessments where domestic abuse was a factor⁶³ has reduced significantly, from around 44% between 2018/19 and 2020/21 to 38.6% in 2022/23.

In 2022/23, across the 12 districts, Canterbury had the highest proportion (44.3%) and Tunbridge Wells the lowest (30.4%). This does not reflect the proportion of domestic abuse related crimes recorded by Kent Police by district (detailed in [Section 4.2.4](#)) or the number of domestic abuse related incidents where children were an involved party ([Section 4.2.9](#)).

Nationally, in 2021/22, concerns about a child’s parent/carer being the victim of domestic abuse and the mental health of a child's parent/carer remained the most common factors in Children in Need assessments⁶⁴.

Figure 38 Children’s Social Work Services Child & Family assessments where DA was a factor



RECOMMENDATION:

Review available domestic abuse training for Integrated Children’s Services (ICS) staff. Ensure that staff have adequate training to identify domestic abuse and refer onto specialist domestic abuse services.

⁶³ When completing an assessment, Social Workers are asked to record factors that affect either the child, parent or another person. This data is a combination of all three person types, not just in relation to the child

⁶⁴ <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need>

4.7 Children's Safeguarding

4.7.1 Serious Incident Notifications and Practice Reviews

Serious Incident Notifications (SINs) are made by Local Authorities where a child has died or is seriously harmed, and abuse or neglect is known or suspected.

Between April 2022 to March 2023, the Kent Safeguarding Children Multi-Agency Partnership (KSCMP) received 20 referrals from agencies wishing to highlight a serious incident for consideration of notification. 11 of those were SINs, that resulted in a rapid review, where the facts of the case are gathered to consider the potential for learning to decide whether or not to undertake a Local Child Safeguarding Practice Review (LCSPR)⁶⁵.

There is some evidence that over half of the KSCMP active and published reviews since July 2022 may have had some elements of domestic abuse⁶⁶.

Nationally, between January and December 2020, 41.7% of the 482 notifications to the Child Safeguarding Practice Review Panel (CSPRP) had domestic abuse as a family characteristic⁶⁷.

The Panel's 2021 Annual Report⁶⁸ highlighted six practice themes which they believe make a difference in reducing serious harm and preventing child deaths caused by abuse or neglect, one of which is 'domestic abuse and the harm to children – working across services'.

In September 2022, the Panel published a briefing paper setting out key findings from thematic analysis of rapid reviews and LCSPRs where domestic abuse featured⁶⁹.

Key findings included:

- No evidence of a coordinated multi-agency response. Very few specialist domestic abuse services, for adults and children, were referenced in reviews and none appeared as members of review panels.
- Children as victims of domestic abuse. Analysis found that concerns for children were often categorised as 'emotional harm' or 'neglect' rather than direct abuse.
- Significant lack of recording of demographic information in both the rapid reviews and practice reviews analysed.

⁶⁵www.kscmp.org.uk/_data/assets/pdf_file/0008/152936/KSCMP-annual-report-2022-23-v6.0-final.pdf

⁶⁶Active cases can change frequently so the volume cannot be reported

⁶⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf

⁶⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123913/Child_Safeguarding_Practice_Review_Panel_2021_-_annual_report.pdf

⁶⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf

Four core practice principles were identified when working with those affected by domestic abuse. The Panel indicated they should not be seen as separate, but interlinked and interdependent. The principles were:

- Domestic abuse informed
- Whole family
- Trauma-informed
- Intersectional

Recommendations included:

- Children’s safeguarding panels should recognise their central role in the local response to domestic abuse and connect closely with the domestic abuse board to ensure priorities and plans align.
- Local child safeguarding and domestic abuse partnerships should involve specialist domestic abuse services and experts by experience in developing strategies and local responses.
- Local partnerships should look at local safeguarding systems and responses as a whole, focusing not only on the ‘front door’, and move beyond the need to ‘manage demand’ resulting from domestic abuse notifications.
- Training should be embedded across all safeguarding partners for all practitioners to ensure they provide a domestic abuse-informed response.
- Rapid reviews and local child safeguarding practice reviews should involve local specialist domestic abuse services in every review where domestic abuse is mentioned.
- Rapid reviews and local child safeguarding practice reviews should identify and record the protected characteristics of each family member.

In Kent, domestic abuse specialists attend all Rapid Reviews where domestic abuse is understood to be a feature and specialist services are invited to all relevant LCSPRs.

4.8 Domestic Homicide Reviews

Since April 2011, a joint Kent & Medway Domestic Homicide Review (DHR) Protocol has been in place to fulfil the statutory requirements as set out in Section 9 of the Domestic Violence, Crime and Victims Act 2004. The Kent & Medway protocols were produced utilising the Home Office statutory guidance dated March 2011, and subsequent revisions in 2013 and 2016.

The December 2016 revisions to the multi-agency statutory guidance contained several key changes including the requirement to undertake a review where a victim took their own life (suicide) and the circumstances give rise to concern, for example, it emerges that there was coercive controlling behaviour in a relationship.

The guidance also placed additional requirements upon Community Safety Partnerships (CSPs) to ensure that the partnerships take ownership of the review process. These include ensuring adherence to the guidance, and quality assurance of the reports before submission to the Home Office as well as placing increased emphasis on the involvement of family members, friends or other support networks to ensure the reviews are victim-focused.

The Kent Community Safety Partnership (KCSP) has had lead responsibility for instigating the Kent & Medway protocol on behalf of all CSPs in Kent & Medway should a domestic homicide occur since 2011. All DHRs are published on the Kent County Council website⁷⁰.

4.8.1 Characteristics

Between April 2011 and March 2023, 40 DHRs have been commissioned⁷¹ in Kent (excluding Medway). 48% were intimate partner homicides, 28% were suicides or suspected suicides and 23% were adult family homicides.

The majority of perpetrators (62.5% or 25 DHRs) were the victim's partner or ex-partner, which is similar to the levels reported nationally between April 2019 and March 2021 (65.7%)⁷². 7.5% were the victim's parent (3 DHRs), 7.5% were the victim's son/daughter (3 DHRs) and 7.5% were the victim's other family member (3 DHRs).

The majority of victims were female (75% or 30 DHRs), which is similar to the levels reported nationally between April 2019 and March 2021 (72.1%).

The majority of perpetrators were males (89.7% or 22 DHRs)⁷³, which is similar to the levels reported nationally between April 2019 and March 2021 (88.7%).

The average age of victims in Kent was 45, compared to 48 nationally between April 2019 and March 2021. The age of victims in Kent differs slightly from those reported nationally, with a higher proportion of Kent victims being aged 45 to 54 (30% compared to 17.4% nationally) and a lower proportion being aged 70 or over (7.5% compared to 18% nationally). However, it is worth noting that the time periods are not directly comparable.

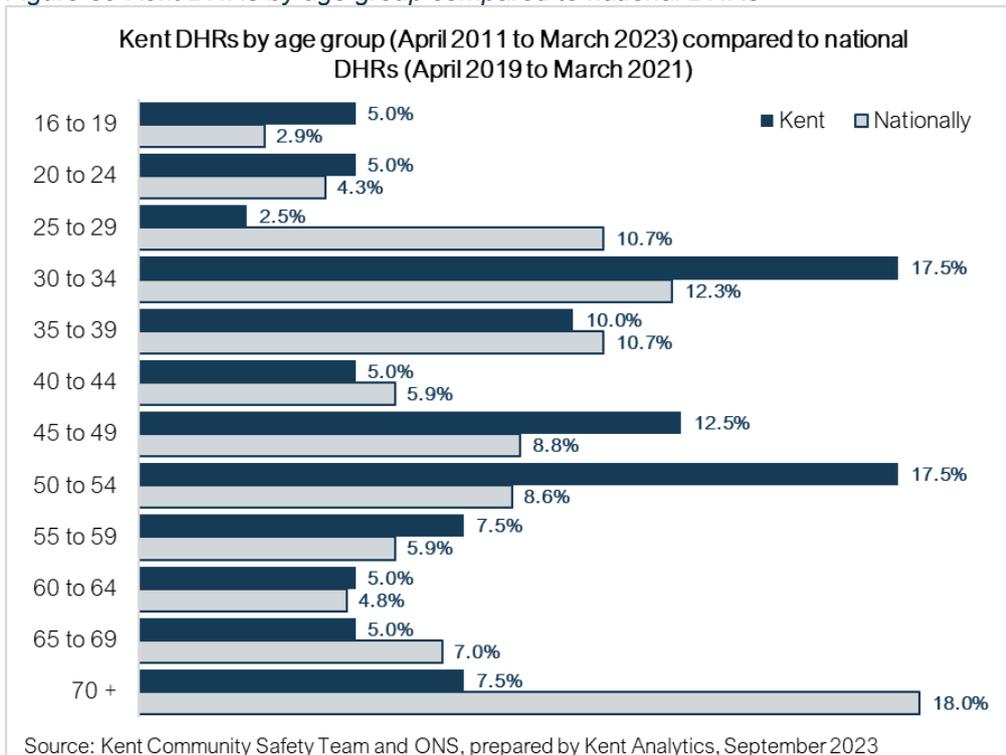
⁷⁰ www.kent.gov.uk/about-the-council/partnerships/kent-community-safety-partnership/domestic-homicide-reviews

⁷¹ Some of these DHRs are not yet complete or published on the website

⁷² www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022

⁷³ Excluding 11 suicide DHRs

Figure 39 Kent DHRs by age group compared to national DHRs



The majority of victims (82.5% or 33 DHRs) were of white ethnicity (which includes white Europeans), which is higher than reported nationally, where 75% of victims were white but below the 2021 Census 16+ white population for Kent (90.7%). Nationally, 10% of DHRs were Asian and 8% black.

Of the DHRs that are not currently ongoing, at least 27.6% were referred to MARAC (8 out of 29 DHRs). None of the victims were living in domestic abuse safe accommodation (refuge) at the time of homicide/suicide.

4.8.2 Learning themes and recommendations

Recent learning themes from Kent DHRs include:

- Support for carers
- Engaging with service users
- Improving MARAC
- Raising awareness and or/ensuring training is updated to support appropriate recognition and response to the following behaviours and issues:
 - Coercion and control
 - Stalking and harassment
 - Non-fatal strangulation as a risk factor
 - Links between domestic abuse and mental health/suicide

- Adolescent-to-parent violence
- Economic abuse
- Identifying perpetrators of abuse and referring them to support
- More broadly applicable themes from DHR learning/recommendations where it was identified that improvements could be made include:
 - Professional curiosity
 - Information sharing
 - Transitions – better managing associated risks
 - Resourcing issues – managing the associated risks
 - Diversity and inclusion – improving service accessibility and appropriateness of offer

The following emerging themes (which include some published and some ongoing DHRs) have been identified, and are reflected in national evidence:

- Co-occurring conditions, where individuals who have mental ill-health alongside substance misuse. This may be for the victim or perpetrator, or both.
- Suicides of mothers who have suffered domestic abuse and who are (or are concerned about being) separated from their children⁷⁴.
- Carers, where the 'cared for' adult has killed their carer⁷⁵.

4.9 Domestic abuse and suicide

4.9.1 Real-Time Suicide Surveillance data

The link between suicide and domestic abuse has been highlighted by the work of the Kent & Medway Suicide Prevention Programme. Their research was featured in the domestic abuse section of the recently published Department of Health & Social Care Suicide Prevention 5-year cross-sector strategy⁷⁶.

Analysis of the Real-Time Suicide Surveillance data between January 2018 and December 2022 showed that domestic abuse was mentioned in around 30% of suspected suicides (184 individuals). However, this is likely to be an underestimate of the actual prevalence as it only relates to domestic abuse incidents that are known by Kent Police.

In this period, 76% of suspected suicides impacted by domestic abuse were males, compared to 24% of females. It is worth noting that in 2022 in England, the overall male suicide rate (not

⁷⁴ <https://aafda.org.uk/news/learning-legacies-an-analysis-of-domestic-homicide-reviews-in-cases-of-domestic-abuse-suicide>

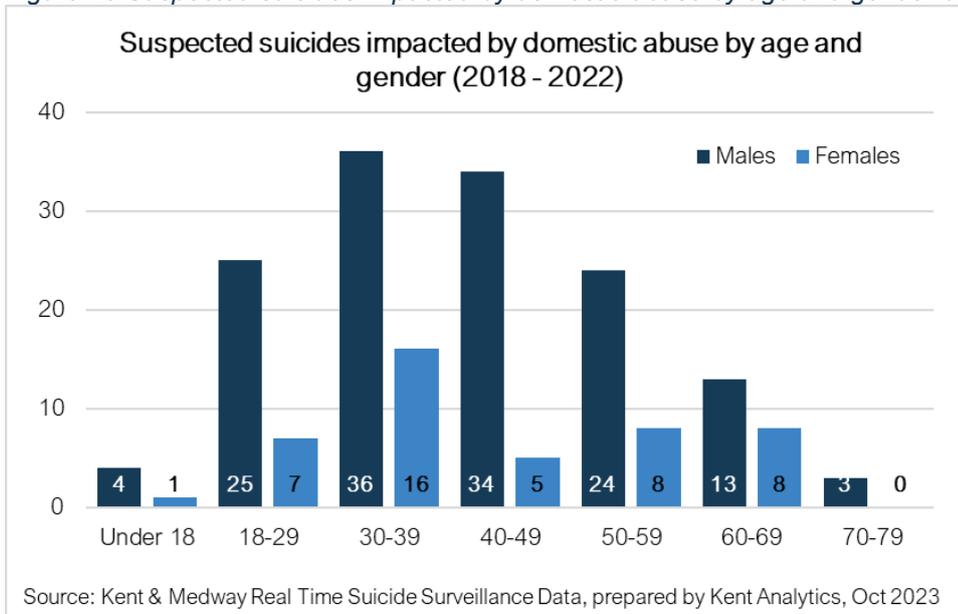
⁷⁵ https://domestichomicide-halt.co.uk/wp-content/uploads/2021/11/MMU2621-Briefing-paper-Adult-Family-Domestic-Homicide_V5.pdf

⁷⁶ www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

specifically related to domestic abuse) was 16.1 per 100,000 population, compared to a female suicide rate of 5.3 per 100,000 population⁷⁷.

Around 50% of suspected suicides were for those aged between 30 and 49.

Figure 40 Suspected suicides impacted by domestic abuse by age and gender between 2018 and 2022



Though perpetrators⁷⁸ make up the largest individual group, 49% of those who died by suspected suicide with domestic abuse cited as a risk factor, had experienced being a victim⁷⁹.

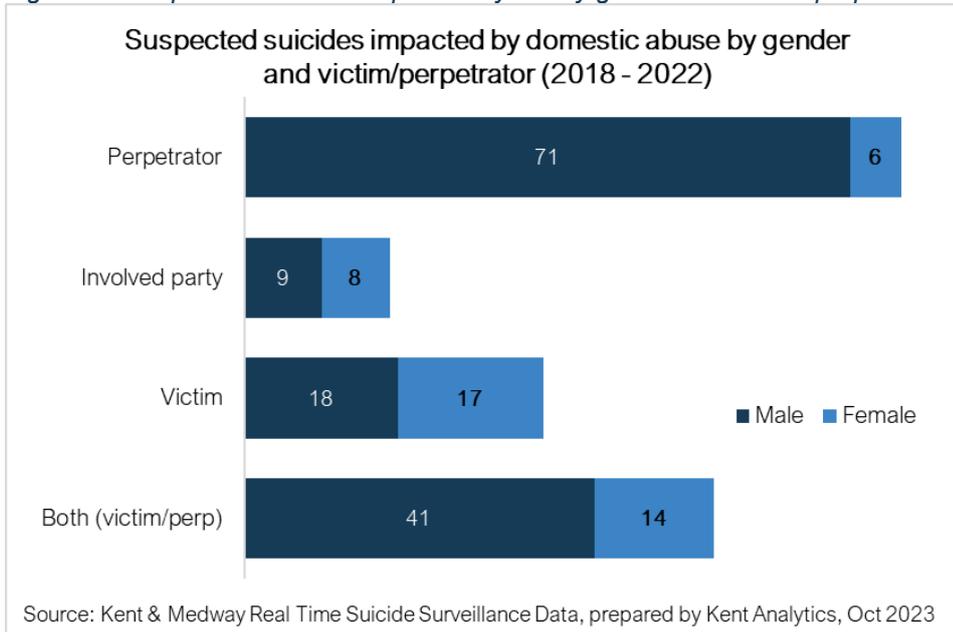
Of the total male suspected suicides, 13% had experienced being a victim of domestic abuse (18 were victims and 41 were both victims and perpetrators). Of the total female suspected suicides, 22% experienced being a victim of domestic abuse (17 were victims and 14 were both victims and perpetrators).

⁷⁷ www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data

⁷⁸ Individuals who were known to Kent Police only as alleged or convicted perpetrators of domestic abuse

⁷⁹ Individuals may be known to Kent Police only as an alleged/confirmed victim of domestic abuse but may also be known as a perpetrator of abuse

Figure 41 Suspected suicides impacted by DA by gender and victim/perpetrator split between 2018 - 2022



Of the suspected suicides impacted by domestic abuse, 36% (66 individuals) had been impacted both recently and historically. In 30% of cases (55 individuals) the domestic abuse had only occurred historically and 23% (43 individuals) had been within the past 12 months.

In 60% of the suspected suicides impacted by domestic abuse, individuals had more than one incident logged by Kent Police.

4.9.2 Voice of survivors

Findings from a briefing paper exploring the experiences of survivors who have had suicidal feelings whilst living with domestic abuse, conducted by Josephine Ramm and Perpetuity Research⁸⁰ on behalf of the Kent & Medway Suicide Prevention Programme, showed that there is no one size fits all experience, however, there were emerging themes.

Survivors have different reasons for wanting to die – some attempt to take their own lives to avoid being killed by their perpetrator. For others it wasn't physical violence that drove them to feel suicidal, it was the manipulation and coercive control tactics the perpetrator employed.

Timing is critical – some survivors are most at risk of suicide during the abuse. For others, their suicide attempt came after the direct abuse had ended when the long-term impact of the trauma was felt. While others felt so depleted, trapped, lonely and exhausted that dying was the only way out.

⁸⁰ <https://padlet.com/SuicidePrevention/suicide-prevention-team-resources-zuu4rhjasoll5b01/wish/2659354864>

Different groups have different risk factors – some female victims of abuse die by suicide, as do some male victims. Perpetrators of abuse are also dying by suicide (which some survivors felt was a tactic of abuse in itself). Emerging evidence suggests that some deaths by suicide are among people who are known to the police as both potential perpetrators and victims.

4.9.3 Implications for practice

Based on the emerging issues and trends highlighted in the above research, the following points for frontline practitioners to consider have been raised by the Kent & Medway Suicide Prevention Programme⁸¹.

- Safe routine enquiry and initial risk assessments are to be extended to ask questions about an individual's mental health, self-harm and suicide ideation.
- Domestic abuse, mental ill-health and substance misuse are often present in deaths by suicide. Therefore, staff should pay particular attention to the suicide risk in cases where co-occurring conditions are present.
- Professional curiosity at high-risk points, such as when the victim tries to end the relationship, other major events in the relationship (e.g. pregnancy, house move) or around the time of contact with the criminal justice system (e.g. arrests or court appearance).
- Professionals are encouraged to use past and current information to factor this into an overall assessment of risk.
- Adopting a trauma-informed, inquisitive approach will create more progress and go some way in protecting individuals being harmed where the person hurting them is hiding in plain sight.
- Support is needed for victims of domestic abuse after the direct abuse has stopped. Staff should recognise the need to support domestic abuse survivors in the months and years after the abuse.
- Male victims appear to experience elevated risk. Therefore, it is important that professionals pay attention to the suicide risk for men victimised by domestic abuse.
- Professionals working in domestic abuse should undertake suicide prevention training.
- Consider the impact of language. Language is powerful and we need to challenge our thinking when confronted with words (like victim or perpetrator) that label people so definitively.
- Following the suicide of a loved one, family and friends should be supported timely and appropriately by a suicide bereavement service, such as Amparo.

RECOMMENDATION:

Raise awareness around the links between suicide and domestic abuse, particularly for health practitioners.

⁸¹ <https://padlet.com/SuicidePrevention/suicide-prevention-team-resources-zuu4rhjasoll5b01/wish/2661352402>

4.10 Health

Health professionals have an important role in responding to domestic abuse. They not only interact with victims of abuse regularly, but they may also interact regularly with every member of the household including children.

They are trusted professionals who can often have access to patients on their own during times of increased vulnerability, including during pregnancy for women. This access can result in high volumes of disclosures of abuse. As a result, health professionals are ideally placed to identify and respond to the needs of victims, perpetrators and children and must be supported appropriately to do so⁸².

4.10.1 Acute Hospitals

The 2022 Needs Assessment highlighted inconsistent recording of Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) codes for domestic abuse on the electronic health records of patients in Accident & Emergency across the hospital Trusts in Kent.

It was also noted that there is no admissions diagnosis code (ICD) specifically for domestic abuse, and although safeguarding forms around domestic abuse may be completed, data was not always available for extraction from systems.

Having revisited this, there has been some progress around capturing data operationally and extracting information from systems within the East Kent and Maidstone & Tunbridge Wells Trusts. However, information about potential levels of domestic abuse experienced by patients attending the Trusts remains unreliable and unreported at present and further development is needed.

Information about survivors accessing support from the Hospital Independent Domestic Violence Advisors (HIDVAs) is detailed in [Section 5.8](#).

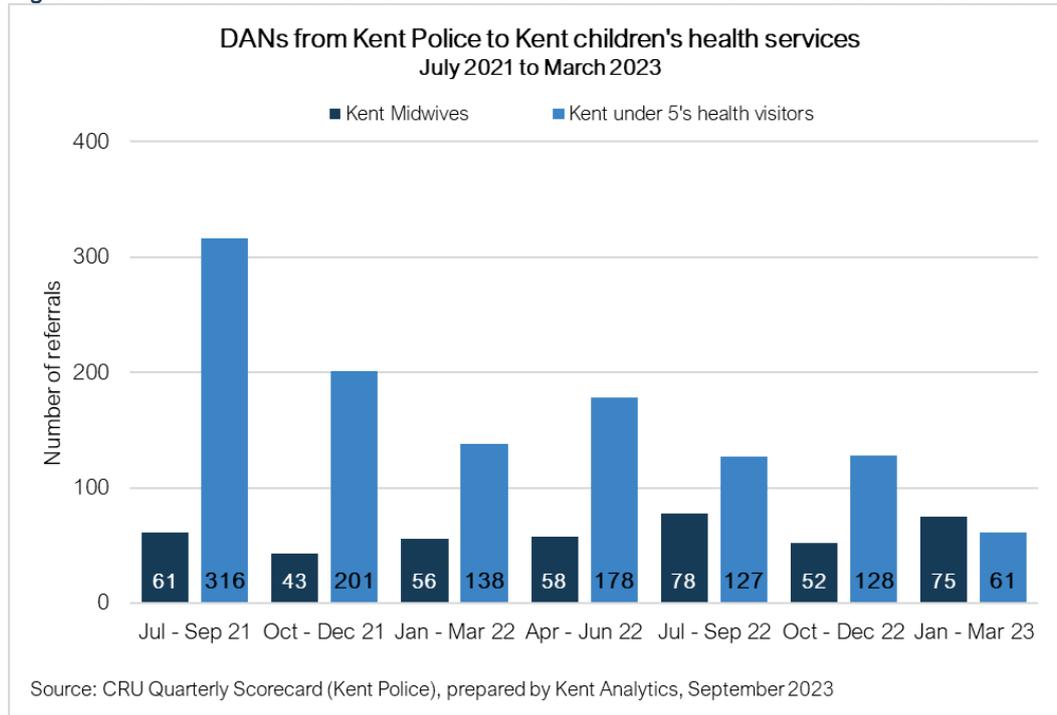
4.10.2 Health Visitors and Midwifery

Kent Police send Domestic Abuse Notifications (DANs) to Kent Midwives, and the Health Visiting Service, which is delivered by the Kent Community Health Foundation Trust (KCHFT).

Between April 2022 and March 2023, 494 referrals were sent to Kent under 5's health visitors, a reduction of 55% (610 referrals) compared to the previous year. 263 referrals were sent to Kent midwives in 2022/23.

⁸²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

Figure 42 Domestic Abuse Notifications from Kent Police to Kent children's health services



These figures are well below the Children's Commissioners modelled prevalence estimates of 5,961 children aged 0-4 in Kent living in households where a parent is suffering domestic abuse⁸³.

A change in the criteria of notifications shared with the health visiting service may account for a portion of the reduction. Previously all domestic abuse incidents were shared, but this was reduced to only recorded crimes in August 2021 due to volume.

The reason for the reduction was explored with the Kent Police Central Referral Unit and a programme of retraining and increasing awareness with new and existing members of staff has been implemented.

The 2022 Needs Assessment highlighted that the disclosure of domestic abuse is recorded in the body of health visitor records and not extractable from their systems. Having revisited this, it remains the case that this information is not available for analysis.

4.10.3 General Practices

IRIS is a specialist domestic violence and abuse (DVA) training, support, and referral programme for General Practices. In Kent, this is delivered by SATEDA⁸⁴. IRIS is a collaboration between primary care and third-sector organisations specialising in DVA. Core areas of the programme include

⁸³ www.childrenscommissioner.gov.uk/vulnerable-children/local-vulnerability-profiles/

⁸⁴ <https://sateda.org/working-with/general-practices>

ongoing training, education and consultancy for the clinical team and administrative staff, care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for patients with experience of DVA.

General practices receive:

- In-house training for the whole practice team
- Named contact for patient referrals
- Ongoing support at consultancy⁸⁵

Further information about the reach of IRIS in Kent is detailed in [Section 5.5.6](#).

Information from primary care settings, such as GPs, is not currently available from the Kent Public Health Observatory⁸⁶ as they are transitioning between primary care datasets and are not able to explore the availability of domestic abuse data at present. This information may be available later in 2024.

4.10.4 NHS and Social Care

In Kent, adult mental health and learning disability services are delivered by the Kent & Medway NHS and Social Care Partnership Trust (KMPT). Information about domestic abuse survivors accessing these services was not obtained from KMPT for this iteration of the Needs Assessment but will be requested for future assessments.

RECOMMENDATION:

Health partners should strengthen data collection, and increase data robustness and data extractability from systems in relation to domestic abuse.

⁸⁵ <https://irisi.org/about-the-iris-programme/>

⁸⁶ www.kpho.org.uk

5 Use of services

This section of the report focuses on the services and support available to survivors in Kent. The data has been provided by a range of organisations, some commissioned by Kent County Council, and others funded from different sources.

This section aims to detail service use and where possible, explore variations in service utilisation by survivor's protected characteristics. A more detailed comparison of estimated need, service use and protected characteristics can be found in [Section 6](#).

The section relating to Safe Accommodation highlights recommendations that have been made in previous Needs Assessments and progress made against the recommendations.

5.1 National organisations

To gain a better understanding of how survivors in Kent may be utilising support provided nationally, the following organisations were approached for information:

Galop, Hourglass, Karma Nirvana, ManKind, Men's Advice Line, National Centre for Domestic Violence, National Domestic Abuse Helpline, Refuge, Respect, Routes2Support, Southall Black Sisters, Surviving Economic Abuse and Women's Aid.

Of those approached, 6 organisations were able to provide information. However, it is worth noting that some explained the limitations in their data due to the nature of their services, such as helplines where the location of callers is not collated or disclosed.

Some organisations were not able to provide information due to limited resources within their organisation to service the request.

5.1.1 Service use

The table below gives some indication of the volume of survivors in Kent reaching out for support from national organisations, which is low compared to the estimated prevalence in Kent. However, as previously highlighted, caution should be taken when interpreting these figures due to data quality issues.

Table 13 Use of national services by Kent residents 2022/23

Organisation/service	Specialism	National service use	Kent service use	% of total
DA helpline calls	Helpline portal, incl. chat function with female advisors	51,945	1,262	2.4%
Men's Advice Line calls	Confidential helpline, email and webchat service for male victims	33,431	155	0.5%
Karma Nirvana helpline calls	Helpline for those affected by Honour Based Abuse (HBA)	2,346	62	2.6%
Refuge support service referrals ⁸⁷	IDVAs, outreach and refuge support (not in Kent)	18,917	19	0.1%
Hourglass IDVA referrals ⁸⁸	IDVAs for people aged 60+	323	37	11.5%
Surviving Economic Abuse support ⁸⁹	Financial support line and casework service offering specialist advice to anyone experiencing domestic abuse who is in financial difficulty	786	25	3.2%

5.2 Referrals, Assessment, and Triage

The Referral, Assessment and Triage (RAT) service is the single point of access for the countywide commissioned Kent Integrated Domestic Abuse Service (KIDAS). Victim Support is funded to deliver this service by the KIDAS funding partner organisations.

When Kent Police attend a domestic abuse incident a Domestic Abuse Risk Assessment (DARA) is completed, and a referral is sent to Victim Support. Other referral sources for the RAT service include agencies such as Witness Protection, schools or GPs, and individuals can also self-refer.

Victim Support makes safe contact with the victim/survivor and triage using the DARA or by completion of a Domestic Abuse, Stalking and Honour-Based Violence (DASH), which indicates the level of risk or harm.

⁸⁷ Support services include IDVA, outreach and refuge. No services in Kent. Of the 19 referred, 12 took up support.

⁸⁸ Medway included in Kent total. Service started in September 2022.

⁸⁹ Support provided by Money Advice Plus. Medway included in Kent total. Service use from April 2021 to August 2023. Of the 25 referred, 12 took up support.

Victim Support offer support to survivors assessed as standard (low) risk of harm. Those assessed as medium risk are referred to the local commissioned providers of support through KIDAS and receive support from an outreach worker. Those assessed as high risk are referred to local KIDAS providers and receive Independent Domestic Violence Advisor (IDVA) support and are referred to a Multi-Agency Risk Assessment Conference (MARAC).

5.2.1 Referrals by risk level

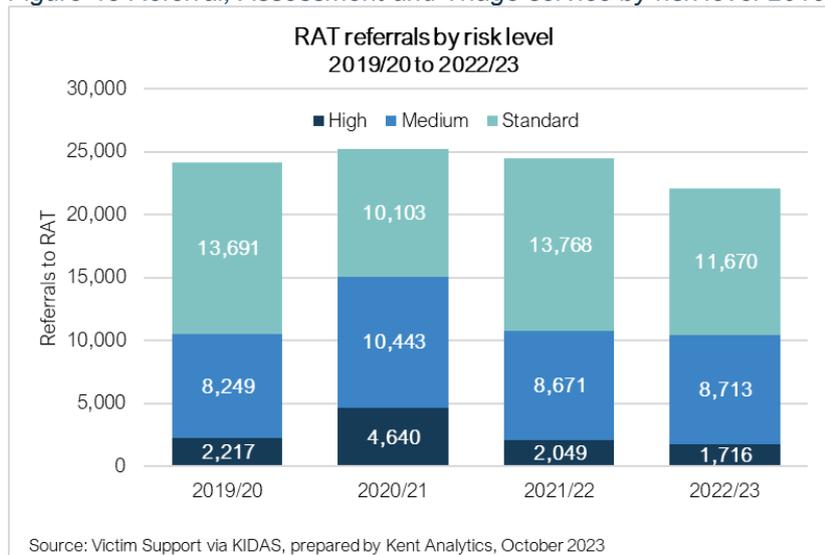
In 2022/23, there were 22,099 RAT referrals, which was a reduction of 9.8% (2,389 referrals) compared to the previous year. The increase in referrals during Covid and the subsequent reduction in recent years is also mirrored in the volume of domestic abuse related crimes (shown in [Section 4.2.2](#)).

The proportion of referrals assessed as high risk was greatest in 2020/21 (18% or 4,640 referrals), which coincided with the introduction of DARA in October 2019, as well as Covid, which could explain the increase in the proportion assessed as high risk in that year.

However, the spike in those assessed as high risk was not reflected in the volume of domestic abuse related crimes assessed as high risk for 2020/21 (shown in [Section 4.2.5](#)). Over the past 4 years, the proportion of domestic abuse related crimes graded as high risk has significantly reduced, from 8.8% (2,447 crimes) in 2019/20 to 4.9% (1,294 crimes) in 2022/23.

In 2022/23, a significantly greater proportion of RAT referrals were assessed as medium risk (39.4%) compared to the previous year (35.4%) and significantly fewer were assessed as high risk (7.8% vs 8.4%) or standard risk (52.8% vs 56.2%).

Figure 43 Referral, Assessment and Triage service by risk level 2019/20 to 2022/23

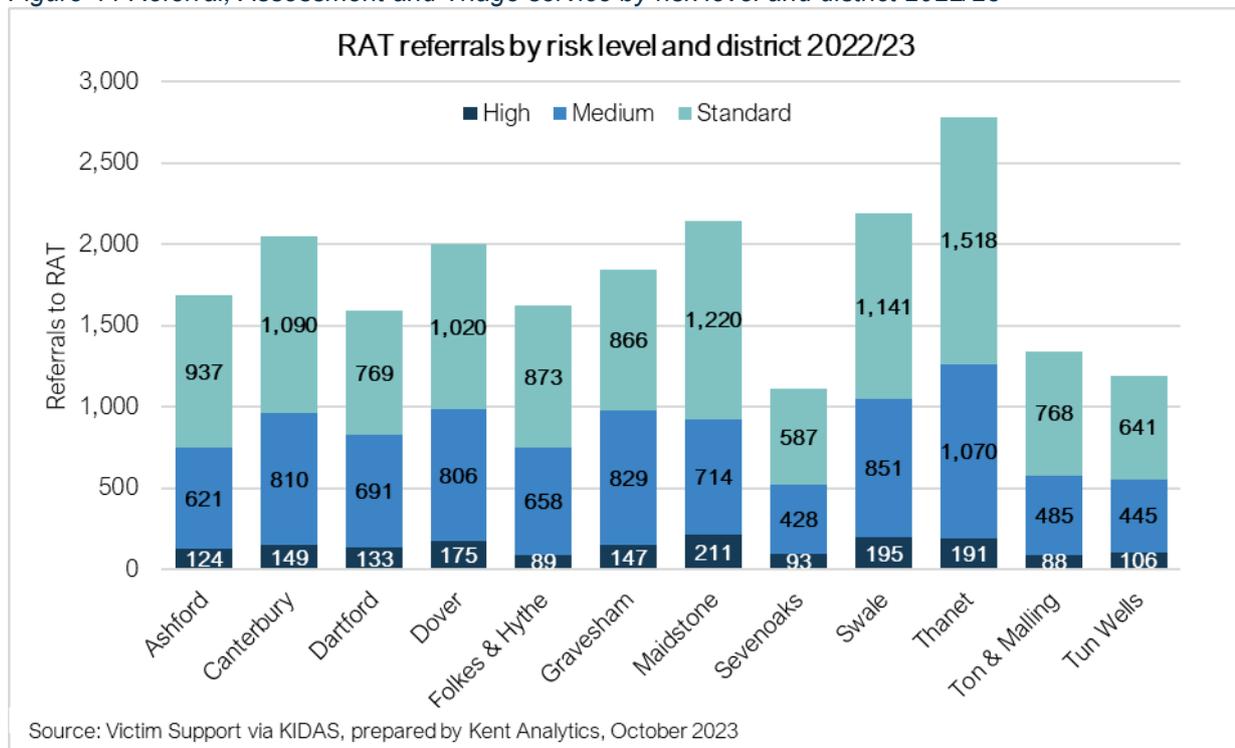


5.2.2 Referrals by district and area

Across the 12 districts, 2022/23, Thanet had the highest volume (2,779) of RAT referrals and the highest rate per 1,000 16+ population (24.1). Sevenoaks had the lowest (1,108 referrals or 11.5 per 1,000 16+ population).

The proportion of referrals across the 12 districts and four areas reflects what was seen for domestic abuse related calls to Kent Police (shown in [Section 4.2.1](#)) and domestic abuse related crimes (shown in [Section 4.2.4](#)).

Figure 44 Referral, Assessment and Triage service by risk level and district 2022/23



When comparing the RAT referral risk levels with the domestic abuse related crime risk levels in 2022/23, a significantly greater proportion were assessed as high or medium risk for RAT referrals compared to crimes. In some districts, such as Dover or Gravesham, almost double referrals were assessed as high risk compared to crimes.

It is worth noting that risk rating may change following further information being disclosed, completion of a DASH or professional judgement within Victim Support and not all RAT referrals will come from reported domestic abuse related crimes.

Table 14 Proportion of RAT and DA related crimes by risk level 2022/23

District	RAT			Crimes			High-risk Crime vs RAT
	High	Medium	Standard	High	Medium	Standard	Difference
Ashford	7.4%	36.9%	55.7%	4.1%	31.8%	64.1%	-3.3
Canterbury	7.3%	39.5%	53.2%	4.5%	36.9%	58.6%	-2.8
Dartford	8.3%	43.4%	48.3%	4.5%	37.9%	57.6%	-3.8
Dover	8.7%	40.3%	51.0%	4.4%	37.0%	58.6%	-4.4
Folkes & Hythe	5.5%	40.6%	53.9%	3.0%	34.8%	62.2%	-2.5
Gravesham	8.0%	45.0%	47.0%	4.1%	41.6%	54.3%	-3.9
Maidstone	9.8%	33.3%	56.9%	6.5%	39.2%	54.3%	-3.3
Sevenoaks	8.4%	38.6%	53.0%	7.0%	37.3%	55.7%	-1.4
Swale	8.9%	38.9%	52.2%	5.0%	36.8%	58.2%	-3.9
Thanet	6.9%	38.5%	54.6%	4.0%	34.6%	61.4%	-2.8
Ton & Malling	6.6%	36.2%	57.3%	6.7%	35.5%	57.8%	0.1
Tun wells	8.9%	37.3%	53.8%	6.0%	36.3%	57.7%	-2.9
Total	7.8%	39.4%	52.8%	4.9%	36.6%	58.5%	-2.9

5.3 Safe accommodation

5.3.1 Definition

Under the Domestic Abuse Act 2021, the definition of safe accommodation includes:

- **Refuge** – a safe house where adults (and their children) who are experiencing domestic abuse can stay and support is provided. This may be communal or self-contained flats in a secure building.
- **Dispersed accommodation** – stand-alone self-contained properties with support
- **Sanctuary Schemes** – security provision within a survivor’s home and support provided through a domestic abuse support agency.
- **Second stage (move on)** – Accommodation temporarily provided to survivors who are moving on from other safe accommodation, such as refuge, who no longer need intensive support.

5.3.2 Service mapping

The commissioned Kent Integrated Domestic Abuse Service (KIDAS) includes accommodation-based support delivered to those aged 16 and over who have experienced abuse. Survivors may be moving to, or around Kent, to flee domestic abuse.

Refuges offer a bed space which is a unit of accommodation for one individual and their child(ren), regardless of how many beds/cots are in the unit.

The different property types include:

- Communal refuge / shared house – a safe house for mothers and their accompanying child(ren), providing bedroom and shared communal areas including kitchen and bathroom. Most have communal areas in the building to enable individuals to come together for group therapy sessions.
- Self-contained flat – Purpose-built unit containing flats for mothers and their accompanying child(ren) to solely occupy including bedroom, kitchen and bathroom. Most have communal areas in the building to enable individuals to come together for group therapy sessions.
- Dispersed accommodation – standalone self-contained flats and houses for male or female survivors and their accompanying child(ren) to solely occupy including bedroom(s), kitchen and bathroom.

In 2022/23, 107 bed spaces were available through KIDAS with the property type shown below.

Table 15 KIDAS safe accommodation bed spaces 2022/23

Area (Lot)	Districts	Provider	Shared housing bed spaces	Self-contained flat/dispersed bed spaces	Total
North Kent	Dartford, Gravesham, Maidstone, Swale	Clarion	22	9	31
West Kent	Sevenoaks, Tonbridge & Malling, Tunbridge Wells	Look Ahead	13	10	23
East Kent	Thanet and Dover	Oasis	12	6	18
South Kent	Ashford, Canterbury, Folkestone & Hythe	Clarion	0	35	35
Total bed spaces			47	60	107

There were also 10 safe accommodation bed spaces available which are not commissioned through KIDAS and provided by local organisations or district and borough councils.

- Ashford – 1 bed space (3 bed self-contained house) funded by Ashford Borough Council
- Canterbury – 5 bed spaces (shared house) funded via Rising Sun through various sources⁹⁰
- Swale – 2 bed spaces (1 x 1 bed self-contained flat + 1 x 2 bed self-contained flat) funded via New Leaf Support by individual funders
- Folkestone & Hythe – 2 bed spaces (2 x 2 bed self-contained flats) funded by Folkestone & Hythe District Council

The Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence, suggests minimum standards for member states for the provision of specialised services, including women's shelters (refuge), which should be available in every region, with one family place (bed space) per 10 000 head of population⁹¹.

At 117 units, Kent has 0.74 bed spaces per 10,000 population. Whilst this is below the recommendation, it is roughly in line when compared to England as a whole (0.77)⁹². It is worth noting that this does not take into account other forms of safe accommodation available to survivors.

Both Gravesham and Maidstone have accommodation that can be accessed by domestic abuse survivors. However, this sits outside of the Department for Levelling Up, Housing and Communities (DLUHC) definition of safe accommodation⁹³.

5.3.3 Refuge vacancies

When bed spaces become available, vacancies within Kent refuges are advertised via the national Routes to Support database⁹⁴.

In 2022/23, the KIDAS refuge vacancy rate for Kent was 9.7%, which was the same as in 2021/22. However, it should be noted that 2022/23 vacancy data was missing for 6 months for South Kent and 4 months for North Kent, so the rate is not directly comparable.

⁹⁰ Canterbury City Council (Housing Benefits), Co-Operative Foundation, Garfield Weston, The Schroder Charitable Trust, ASDA Foundation, Business & Professional Women UK, Hypatia Foundation, St James' Place Charitable Foundation, Global Make Some Noise

⁹¹ www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/Final_Activity_Report.pdf

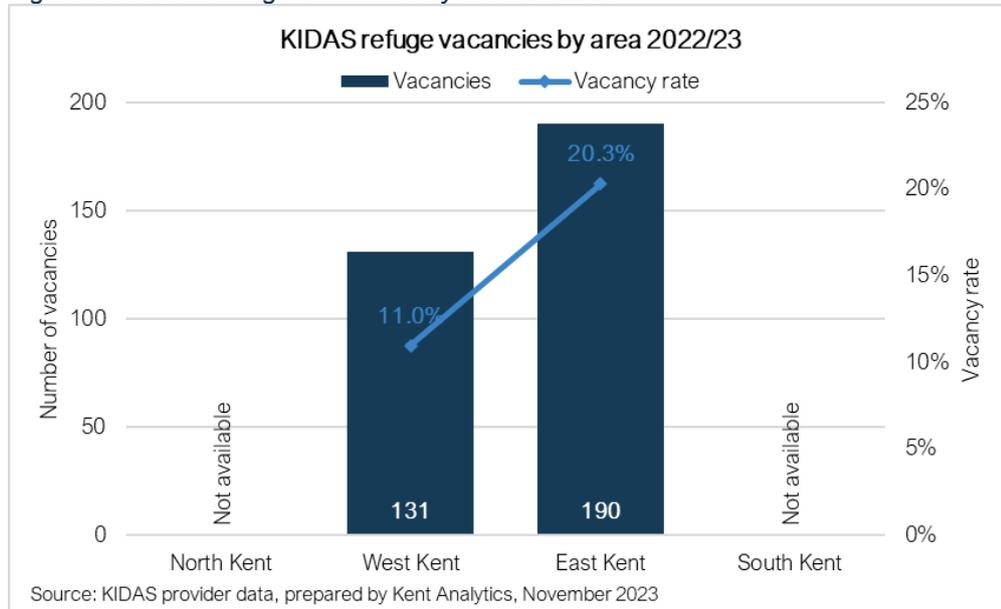
⁹² www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimservicesenglandandwales/2022

⁹³ www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services#part-a-key-definitions

⁹⁴ <https://routestosupport.org/>

The vacancy rate in East Kent was 20.3%. This area had a change of property portfolio in 2022/23 and moved from a communal refuge to dispersed accommodation. During this time, East Kent was holding vacancies to enable the transition.

Figure 45 KIDAS refuge vacancies by area 2022/23



5.3.4 Referrals to KIDAS refuges

Referrals to Kent refuges are received once a bed space becomes available and is advertised on Routes to Support.

Referrals into refuge have decreased over the past 3 years, from 579 in 2020/21 to 285 in 2022/23. Compared to the previous year, referrals reduced by 34.5% in 2022/23 (150 fewer referrals). It should be noted that some KIDAS refuge referral data for Quarter 1 2022/23 in North Kent and South Kent is missing as it could not be retrieved from the provider's system.

Across the four areas, North Kent consistently had the highest proportion and volume of referrals over the past 3 years. However, the volume of referrals to North Kent substantially reduced, which could partially be attributed to the missing referral data. North Kent also had some vacancies which were not advertised due to essential renovations following the move-on of some longer-term residents.

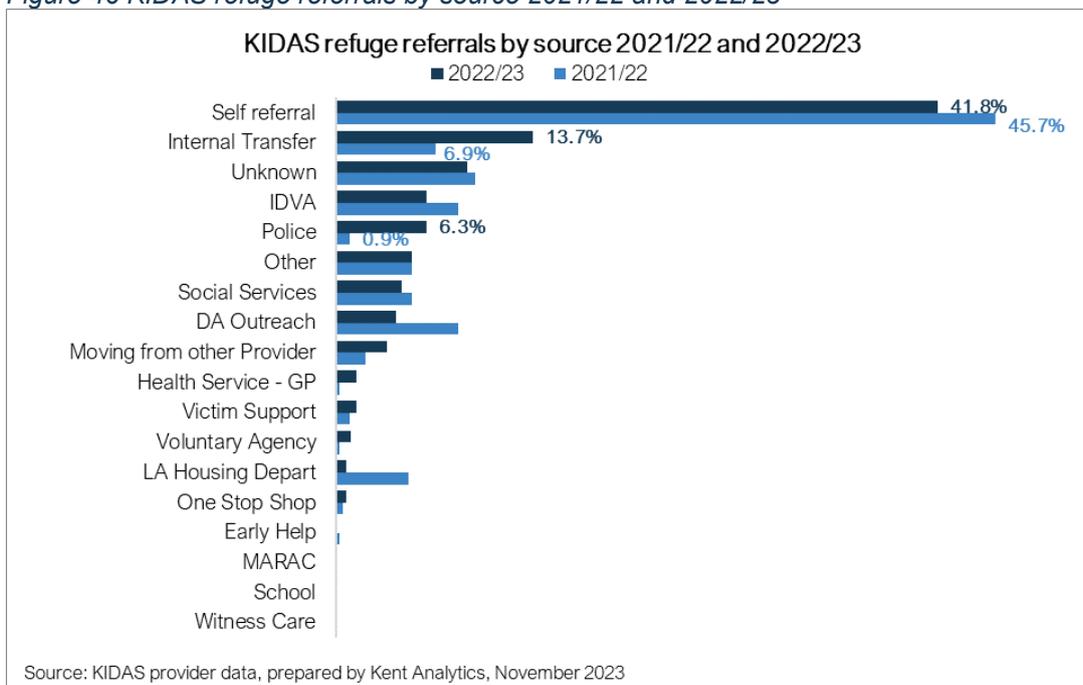
Referrals to East Kent also substantially reduced, however this is likely due to the change of property portfolio and not advertising vacancies to aid transition as detailed in [Section 5.3.3](#) above.

Table 16 KIDAS refuge referrals by area 2020/21 to 2022/23

Area (Lot)	2020/21	% total	2021/22	% total	2022/23	% total
North Kent	241	42%	160	37%	88	31%
West Kent	68	12%	87	20%	52	18%
East Kent	217	37%	145	33%	78	27%
South Kent	53	9%	43	10%	67	24%
Total	579	100%	435	100%	285	100%

In 2022/23, 41.8% (119 survivors) were survivor self-referrals which includes those who make contact following receiving information on a vacancy from Routes to Support. Compared to the previous year, there was an increase in referrals via internal transfer and the police. The increase in internal transfers is likely due to the move of some survivors as a result of the change in property portfolio in East Kent.

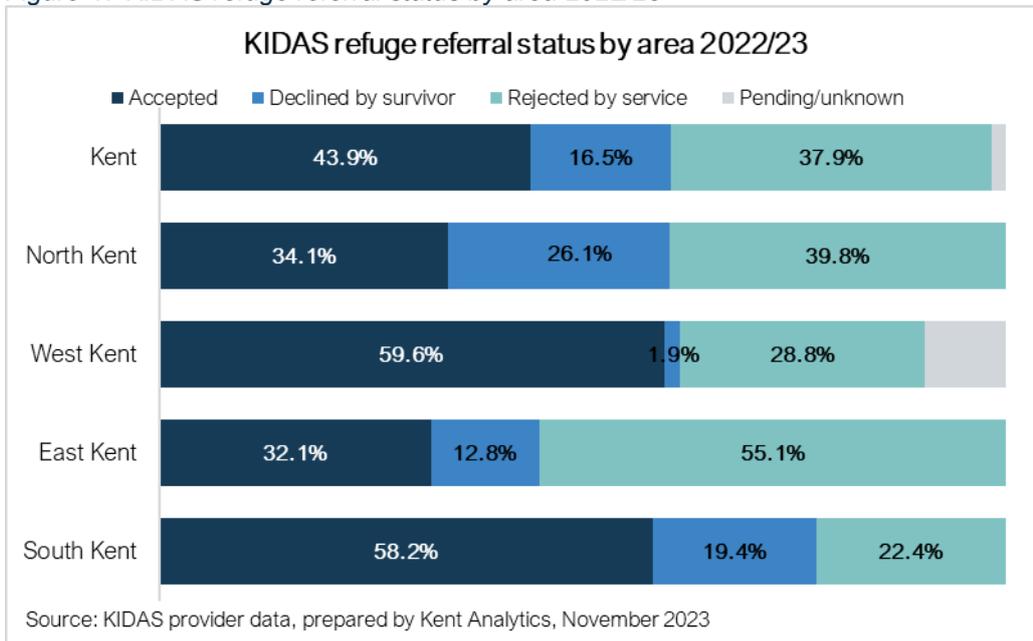
Figure 46 KIDAS refuge referrals by source 2021/22 and 2022/23



In 2022/23, 43.9% of referrals were accepted (124 referrals), which was an increase compared to the previous year (36.6%). However, this varied considerably across the four areas, with more being accepted in West Kent (59.6%) and South Kent (58.2%). The bed spaces in South Kent are all self-contained units, which can be used more flexibly and can meet a greater variety of survivor needs.

Over a third of referrals (37.9%) were rejected by the service (108 referrals), with East Kent having the highest proportion of rejections (55.1%) across the four areas.

Figure 47 KIDAS refuge referral status by area 2022/23



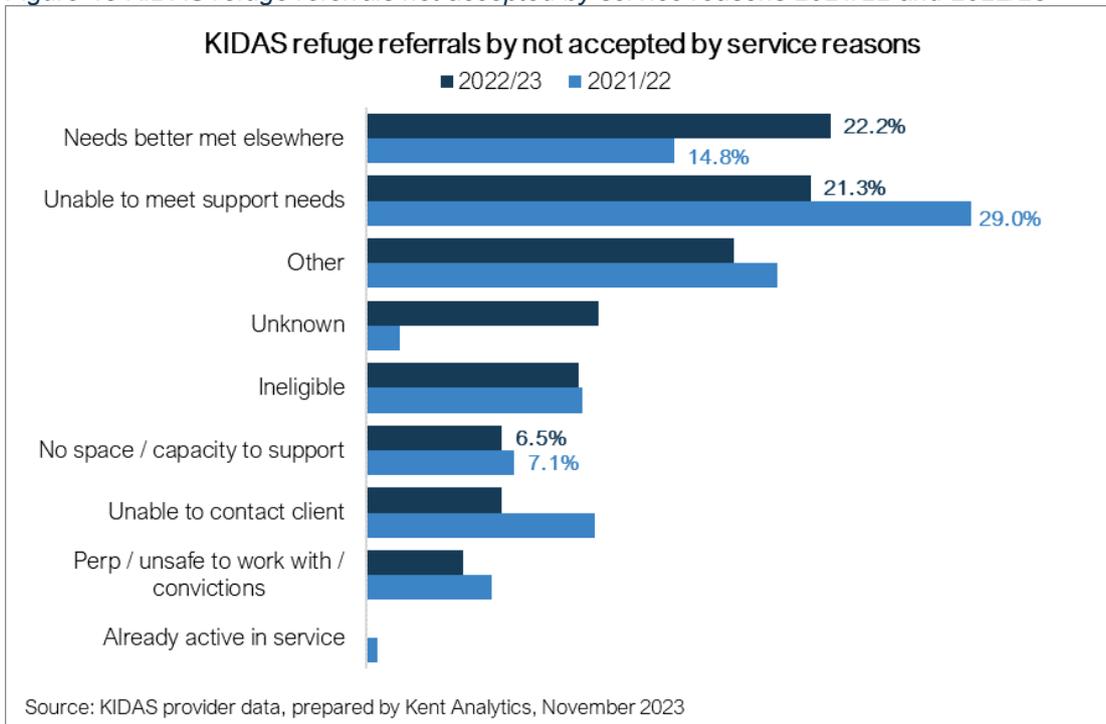
Of the 108 referrals rejected by the service in 2022/23, 22.2% were rejected as their needs were better met elsewhere (24 referrals), which increased compared to the previous year (14.8%). Examples could include occasions where the location of the refuge is not suitable due to local connections, or where the vacancy is in a communal refuge but the survivor's needs would be better met within a self-contained or dispersed property.

23 referrals were rejected as the service was unable to meet support needs (21.3%), however, this decreased compared to the previous year (29%). The main reasons that support needs were unable to be met were because of drugs/alcohol (10.2% or 11 referrals) and mental health (8.3% or 9 referrals). There were no rejections due to No Recourse to Public Funds in 2022/23.

Nationally, the main reason for rejections was lack of space or capacity (26.2%)⁹⁵, in contrast to Kent where this represented 6.5%.

⁹⁵ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

Figure 48 KIDAS refuge referrals not accepted by service reasons 2021/22 and 2022/23



RECOMMENDATION:

Ensure refuge service provision has a varied property portfolio, complemented by other safe accommodation options, to be able to adapt to meet the needs of survivors and their families.

5.3.5 Survivors supported by area

In 2022/23, there were 208 survivors in KIDAS refuges, of which 150 were new into the service. This was a reduction of 43 survivors compared to the previous year, which was mainly attributed to the decrease in North Kent.

It should be noted that some information for Quarter 1 2022/23 KIDAS data in North Kent and South Kent for survivors who came into and left the service in that quarter will be affected as the information could not be retrieved from the provider's systems.

Across the four areas, South Kent had the highest rate per 1,000 16+ female population (0.49) in refuge in 2022/23.

Table 17 Survivors in KIDAS refuges by area 2020/21 to 2022/23

Area	2020/21	2021/22	2022/23	% change 22/23 vs 21/22	Per 1,000 pop (16+ females)
North Kent	90	84	34	-59.5%	0.15
West Kent	47	50	49	-2.0%	0.32
East Kent	41	35	41	17.1%	0.37
South Kent	83	82	84	2.4%	0.49
Total	261	251	208	-17.1%	0.31

In 2022/23, over half of the survivors (53.7%) in KIDAS refuges came from outside of Kent (109 survivors). Across the four areas, West Kent had the greatest proportion (73.8%) from outside of Kent (34 of 49 survivors). The other areas had between 42% and 48% from outside Kent.

Refuges are more likely to be accessed by individuals outside their immediate local area as this is usually where they are most at risk. However, as Kent is geographically so large there are survivors accessing refuge in different parts of Kent to where they were referred from.

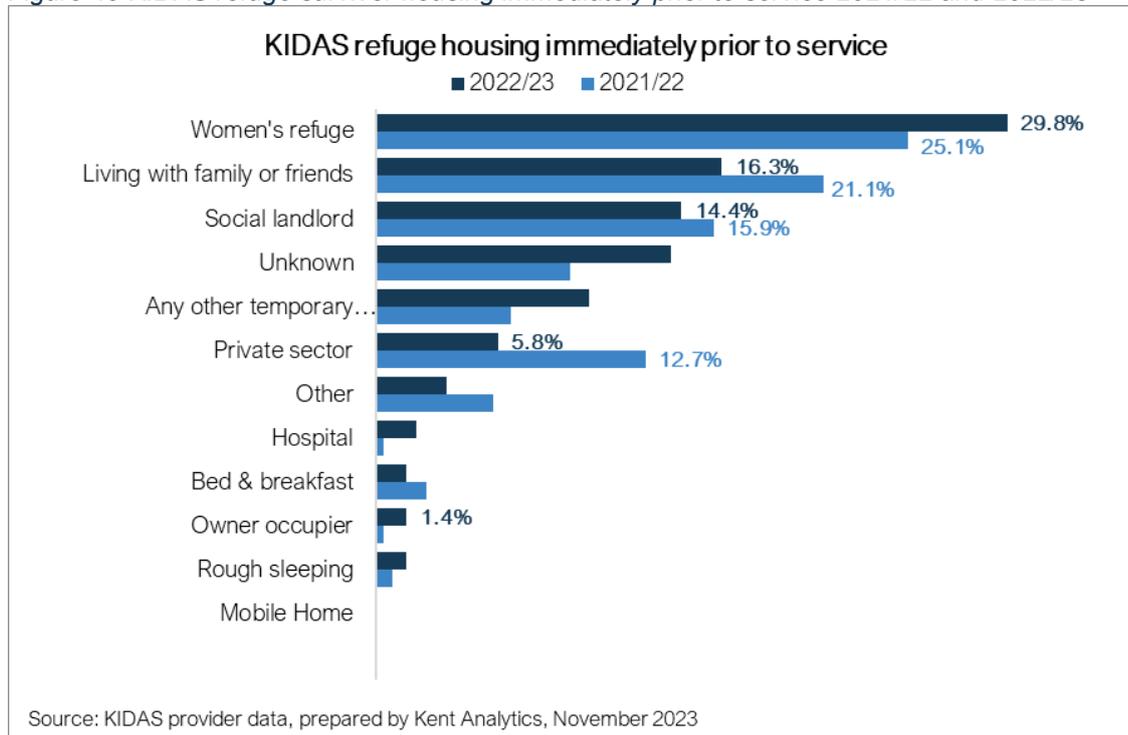
5.3.6 Housing immediately prior to service

In 2022/23, 29.8% of survivors in KIDAS refuges (62 survivors) were living in another refuge immediately before their stay. Those living with friends/family accounted for 16.3% (34 survivors), which reduced compared to the previous year (21.1%). Survivors who were privately renting have reduced significantly, from 12.7% in 2021/22 to 5.8% in 2022/23 (12 survivors). Survivors who owned their homes accounted for 1.4%.

Housing costs can be higher in supported accommodation services, such as refuges, due to several factors, such as maintenance of communal areas and security arrangements. Costs are usually met through higher-rate housing benefit which covers the additional costs of providing supported housing. Survivors are required to meet utility costs through payment of a service charge.

Those who privately rent or own their own home are less likely to be able to access welfare benefits, which can create a barrier to being able to access refuge.

Figure 49 KIDAS refuge survivor housing immediately prior to service 2021/22 and 2022/23



RECOMMENDATION:

Expand the safe accommodation support provision and develop other support options, such as sanctuary schemes, which can be accessed by those who may be unable to access welfare benefits and experience barriers in accessing refuge.

5.3.7 Survivor gender

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Need to increase opportunities and support in safe accommodation for males who have experienced domestic abuse.

In 2022/23, all 208 survivors in KIDAS refuges were female. Refuge services can be accessed by transgender survivors and use is monitored but has been suppressed due to the low number.

A previous Needs Assessment identified barriers for male survivors in accessing refuge and recommended that support in safe accommodation opportunities were increased. This has been addressed through the change in property portfolio in East Kent, replacing a large communal refuge with dispersed units which can be used to accommodate male survivors.

Additionally, an 18-month pilot for a specialist male refuge, commenced in December 2023. This delivers 3 bed spaces for male survivors and their accompanying child(ren).

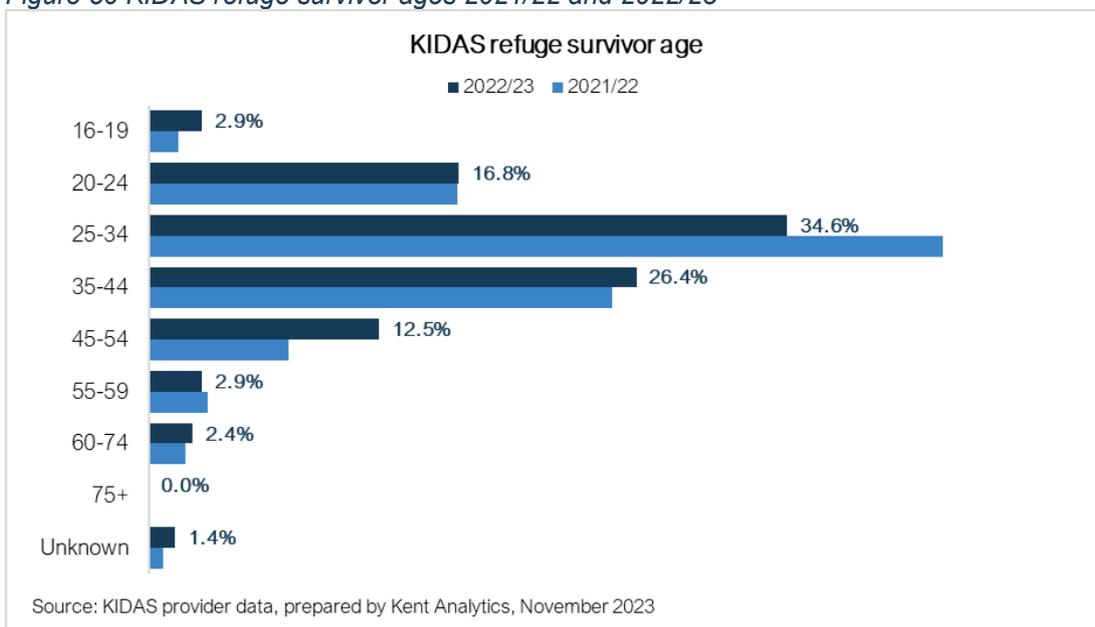
5.3.8 Survivor age

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Older survivors are identified as being less likely to make a report to the police, and less likely to use refuge services. Further work is recommended to explore the needs of older survivors and other cohorts who do not currently access refuge services.

In 2022/23, the majority (80.8%) of survivors who accessed KIDAS refuges were aged under 45 (168 survivors), which is similar to the previous year (86.5%). There is low use of refuge among those aged 16 to 19 (2.9%) and those aged over 55 (5.3% or 11 survivors).

Figure 50 KIDAS refuge survivor ages 2021/22 and 2022/23



As detailed in [Section 4.5.1](#) above, over the past 3 years, almost a third (around 31%) of domestic abuse Section 42 Adult Safeguarding Enquiries were raised for those aged 75 and over, where refuge could have been considered as an appropriate safeguarding measure.

However, previous findings suggest that older survivors are more likely to access community-based support as opposed to refuge services.

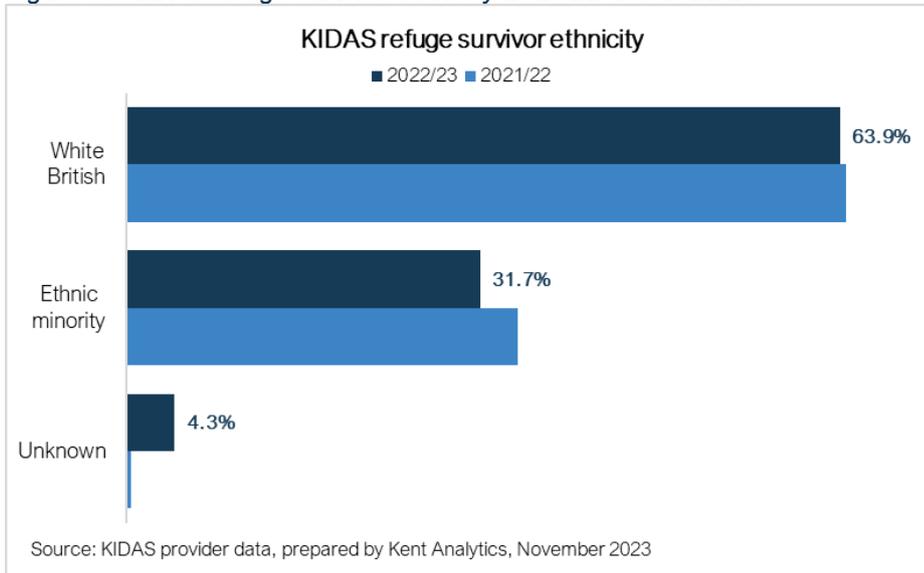
RECOMMENDATION:

Engage the services working with young people, and the services working with older people.

5.3.9 Survivor ethnicity

In 2022/23, 63.9% of survivors in KIDAS refuges were white British (133 survivors), which is similar to the previous year (64.5%). Nationally, 53.4% of survivors in refuge were white British⁹⁶.

Figure 51 KIDAS refuge survivor ethnicity 2021/22 and 2022/23

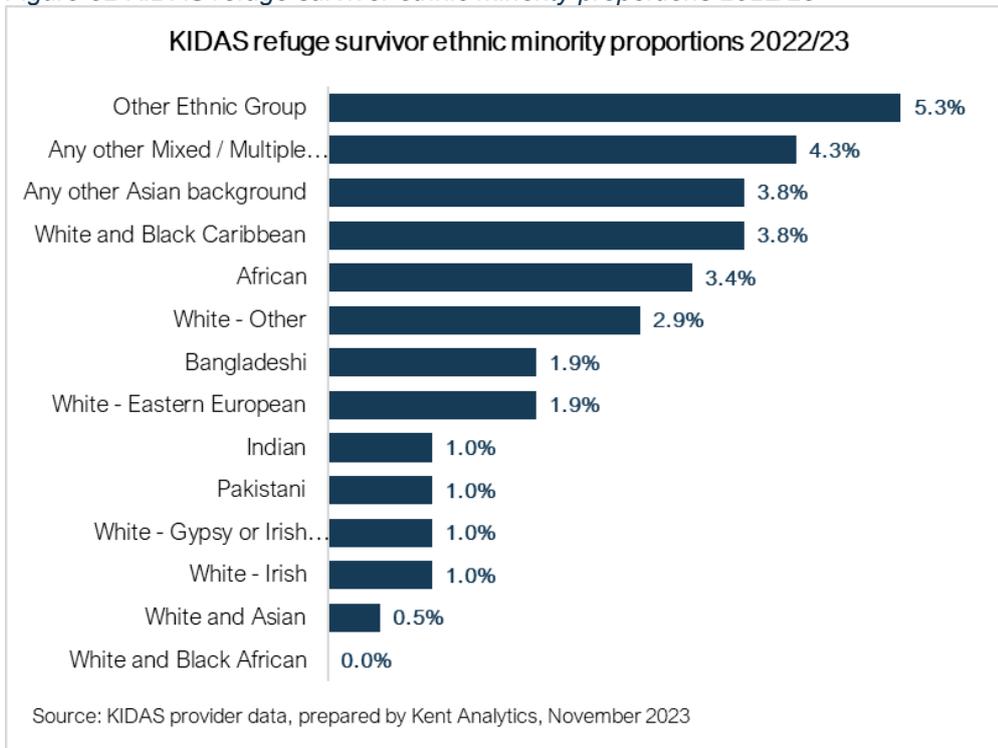


31.7% of survivors were ethnic minorities (66 survivors), with the category of ‘other ethnicity’ accounting for the highest proportion in 2022/23 (5.3% or 11 survivors). Across the four areas, East Kent had the highest proportion of ethnic minority survivors in refuge (41.5% or 17 survivors) and North Kent the lowest (26.5%).

It should be noted that a greater diversity of survivors access Kent refuges as they often flee from their local area and as detailed in [Section 5.3.5](#), over half of the survivors coming to Kent refuges are from more diverse areas outside of Kent, such as London.

⁹⁶ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

Figure 52 KIDAS refuge survivor ethnic minority proportions 2022/23



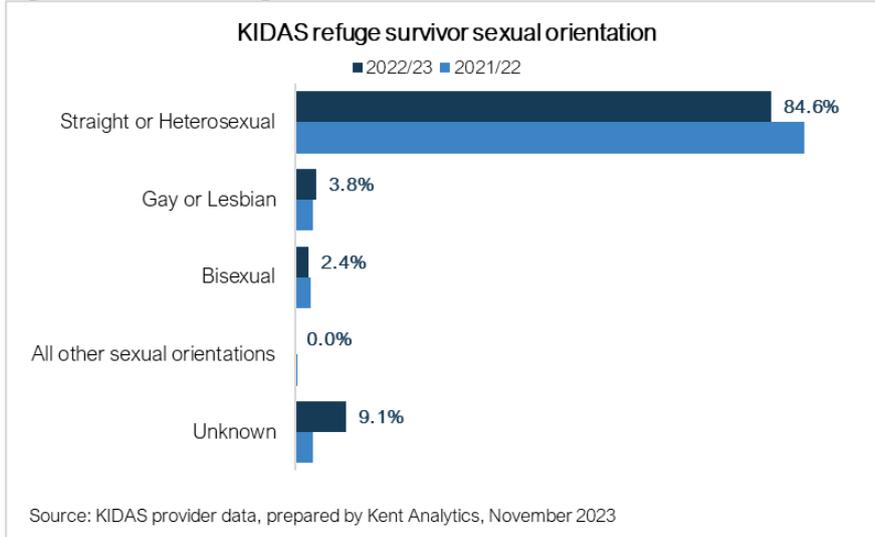
5.3.10 Survivor sexual orientation

In 2022/23, 6.3% of survivors in KIDAS refuges identified as lesbian, gay, bisexual or pansexual, which is similar to the previous year (6.4%). However, it is worth noting that the sexual orientation of 9.1% of survivors was unknown in 2022/23, mostly in West Kent.

Nationally, 3.4% of survivors identified as lesbian, bisexual, gay, asexual, pansexual or queer in refuge⁹⁷. Therefore, it could be assumed that Kent refuges appear to be successful at awareness raising and developing trusting relationships with survivors from these communities.

⁹⁷ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

Figure 53 KIDAS refuge survivor sexual orientation 2021/22 and 2022/23

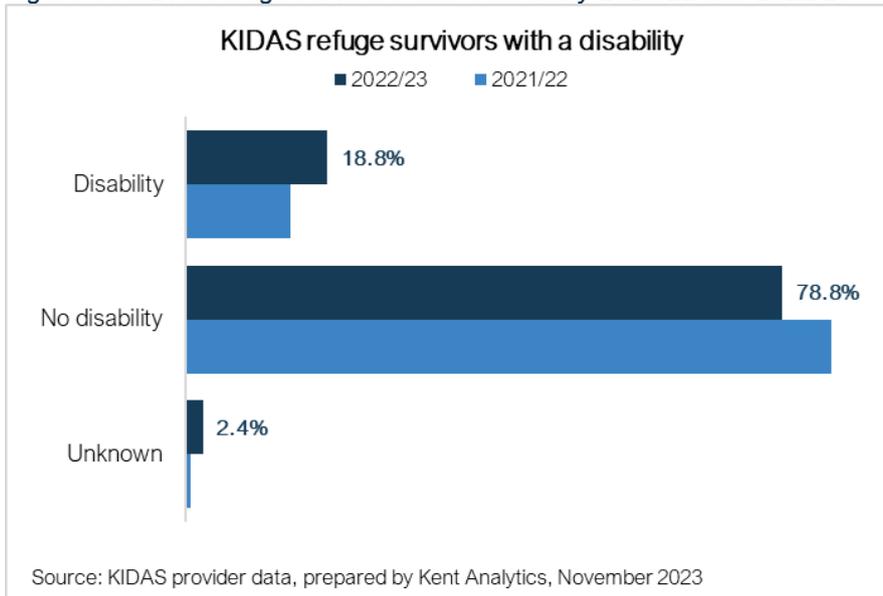


5.3.11 Survivors with a disability

In 2022/23, 18.8% of survivors in KIDAS refuges had a disability (39 survivors), which increased compared to the previous year (13.9%). Of those, 10.3% had a learning disability, which decreased compared to the previous year (28.6%), and 43.6% had a physical or sensory disability.

Of the 208 survivors in KIDAS refuges in 2022/23, 42.3% had mental health support requirements (88 survivors).

Figure 54 KIDAS refuge survivors with a disability 2021/22 and 2022/23



As detailed in [Section 4.1.5](#), the prevalence of domestic abuse (reported through the CSEW) is much higher among those with a disability (10.3%) compared to those without a disability (4%).

However, findings from the Women's Aid Annual Audit showed that in 2021/22 only 0.9% of national vacancies were in rooms fully accessible to wheelchairs and a further 1.1% were suitable for someone with limited mobility⁹⁸.

The refuge provision within Kent, through the KIDAS contract, is made up of historical properties owned by various landlords, some of which are not wheelchair accessible.

RECOMMENDATION:

Consideration should be given to property accessibility when recommissioning domestic abuse support services and other forms of safe accommodation should be developed to reduce barriers for those with disabilities in accessing safe accommodation support.

5.3.12 Additional barriers

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Challenges were identified with accommodating survivors in refuge who have additional needs for mental health and/or substance misuse.

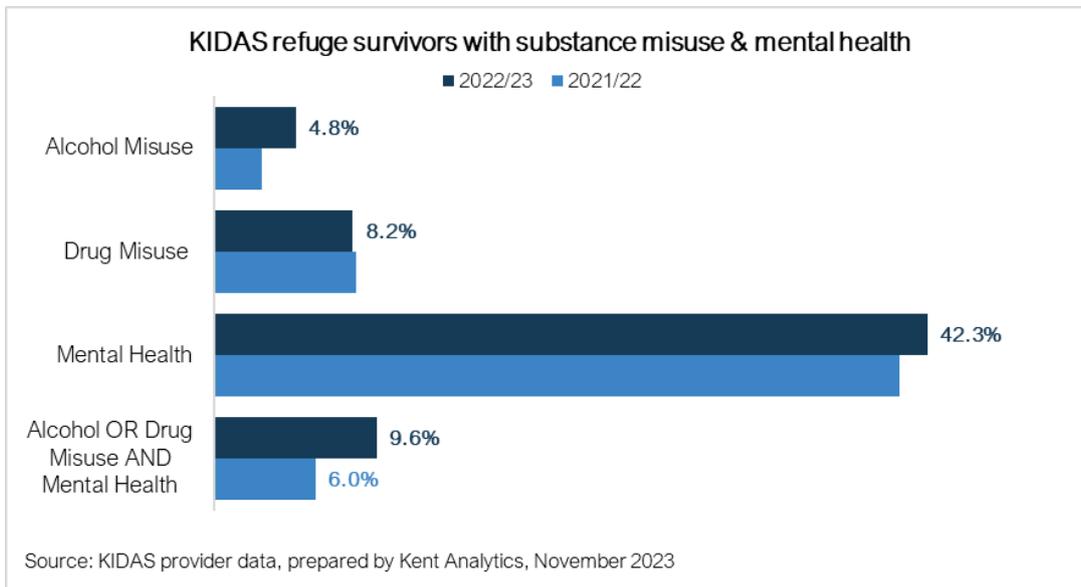
In 2022/23, around 1 in 10 survivors (9.6%) in KIDAS refuges had mental health support requirements and alcohol and/or drug misuse support needs, as well as experiencing domestic abuse. This increased from 1 in 17 (6%) the previous year, which could indicate that the services that have been developed to address this need have been successful.

Nationally, 5.8% of survivors in refuge experienced these challenges. One theme reflected by organisations in the Women's Aid Annual Survey related to the increasing complexity of the needs of survivors using their services⁹⁹.

⁹⁸ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

⁹⁹ Ibid

Figure 55 KIDAS refuge survivors with substance misuse and MH health support needs 2021/22 and 2022/23



RECOMMENDATIONS:

Explore alternative safe accommodation support options to ensure individuals experiencing additional barriers can access support.

Explore opportunities to co-commission specialist provision to support those with additional barriers.

To remove additional barriers faced by some survivors, an enhanced therapeutic support service has been commissioned which enables those who have mental health needs to access counselling and other therapeutic support quickly to support them on their journey to recovery within refuge.

In 2022/23, 90 survivors in KIDAS refuges accessed enhanced therapeutic support. As well as one-to-one counselling delivered by trained professionals, from organisations such as The Mary Dolly Foundation¹⁰⁰, survivors in some areas also had access to yoga, arts & crafts and wellbeing, self-esteem and confidence courses.

To improve access to refuge and the support offer for those who have needs related to alcohol misuse, Alcohol Change UK¹⁰¹ was commissioned to design and deliver training for staff in refuges, focusing on the inter-relationship between alcohol use disorders and domestic abuse and tools that staff can use to improve engagement in services. This training was delivered to all KIDAS refuge staff in October and November 2023 and legacy training materials were built into staff inductions.

¹⁰⁰ www.marydollyfoundation.org.uk/

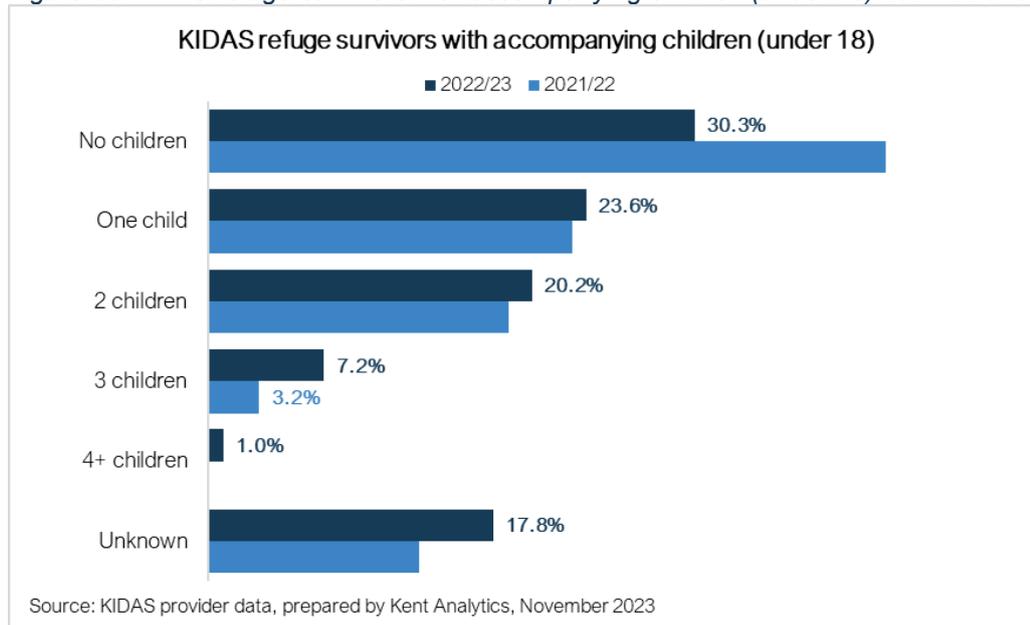
¹⁰¹ <https://alcoholchange.org.uk/>

5.3.13 Children in refuge

In 2022/23, 51.9% of survivors in KIDAS refuges had accompanying children (1.1 children per survivor), an increase compared to the previous year (44.6%). 28.4% had 2 or more children. Nationally, 61.1% of survivors in refuge had children and there were 1.2 children per survivor¹⁰².

5.3% of survivors were pregnant in 2022/23, which is similar to the previous year (5.2%). Nationally, 7.7% of survivors in refuge were pregnant.

Figure 56 KIDAS refuge survivors with accompanying children (under 18) 2021/22 and 2022/23

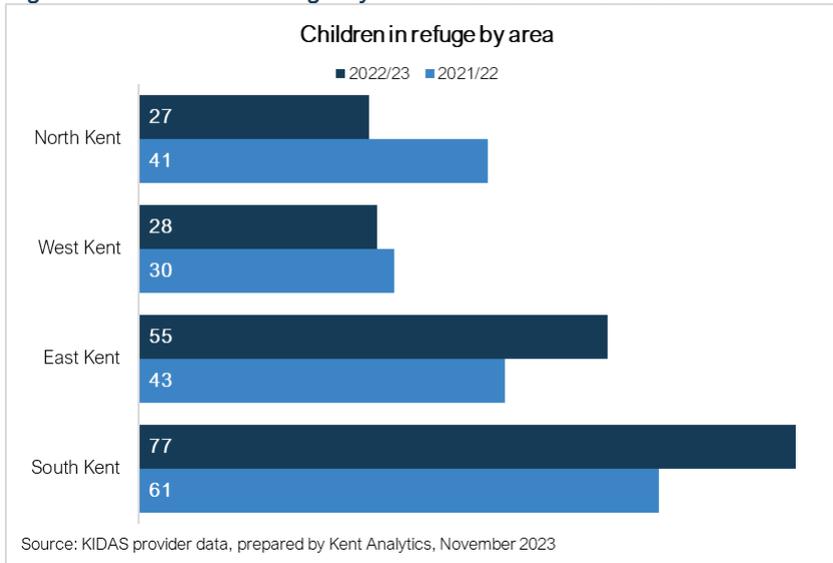


In 2022/23, there were 187 children in KIDAS refuges, an increase of 12 compared to the previous year (175 children). South Kent had the highest proportion (41.2% or 77 children) and North Kent the lowest (14.4% or 27 children), which is in line with the overall number of adult survivors in refuge for those areas. It is possible that South Kent had more children in refuge as this area has self-contained units which are more likely to be used by survivors and their accompanying children.

59% of the children in refuge were female and 41% were male. 51% were pre-school age (under 4), 36.5% were primary school age (4 to 11 years old) and 12.2% were secondary school age. East Kent had the highest proportion of pre-school age children (62.5% or 20 children). However, South Kent had the highest volume of this age (42 children).

¹⁰² www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

Figure 57 Children in refuge by area 2021/22 and 2022/23



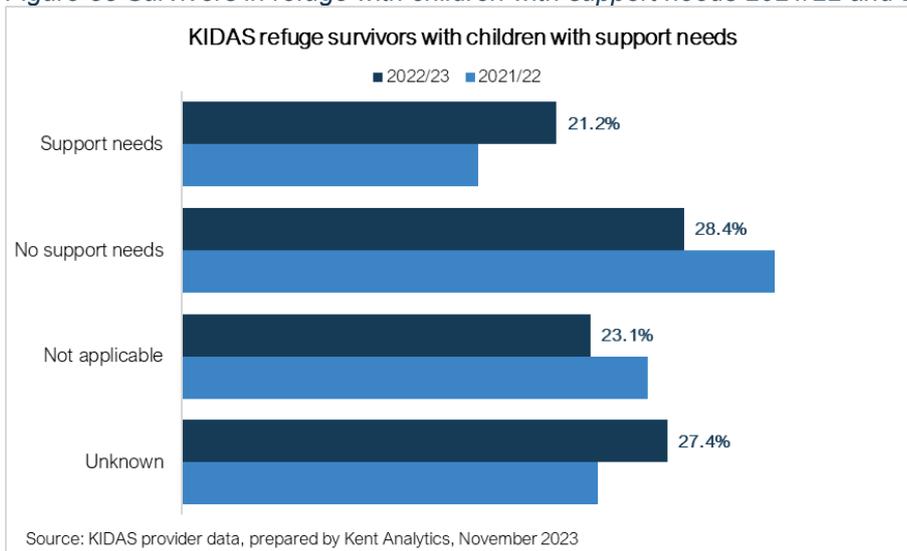
RECOMMENDATION:

Future data capture for safe accommodation to include the makeup of families (such as the number of children and their age/gender) to ensure potential gaps in provision can be identified.

5.3.14 Children in refuge with support needs

In 2022/23, 21.2% of survivors in KIDAS refuges had children with support needs¹⁰³, an increase compared to the previous year (16.7%). 28.4% had no support needs.

Figure 58 Survivors in refuge with children with support needs 2021/22 and 2022/23



¹⁰³ Identified by the parent at time of assessment

30 survivors accessing refuge already had support in place through Child Protection Safeguarding and 13 were referred for this support during their time in refuge.

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Inequitable support offer across the county for children residing in safe accommodation. Call for increased capacity within refuges to provide support for children.

To bridge the gap in support for children in refuge, KIDAS providers were given one-off funding and asked to develop an offer for children in their areas, in line with the Domestic Abuse Act guidance, including play therapy, child advocacy, and counselling. The table below details the offer that was available in each area in 2022/23.

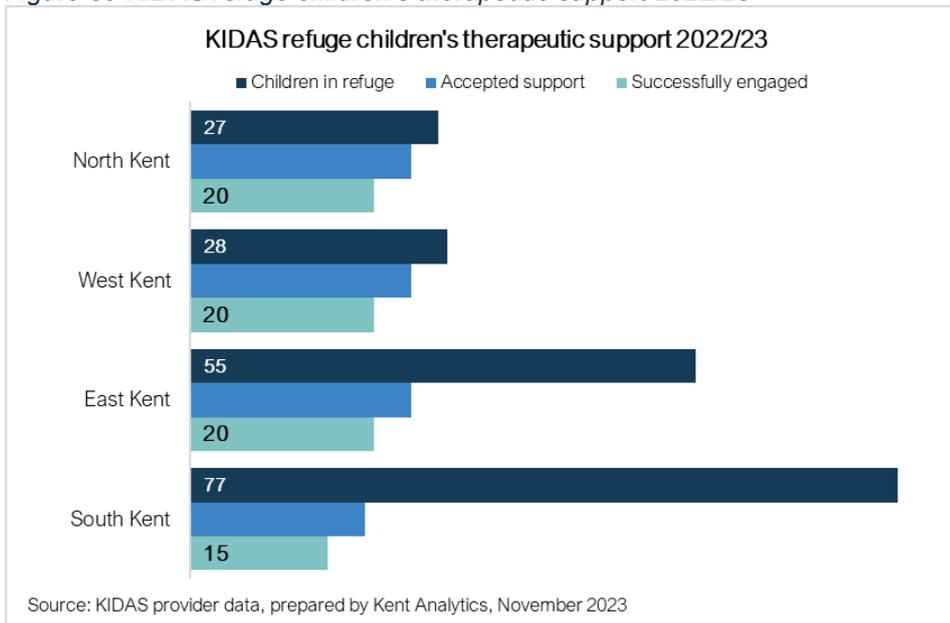
Table 18 Children's therapeutic support offer in refuge 2022/23

North Kent & South Kent	West Kent	East Kent
The provider subcontracted with Fresh Visions to deliver the Thrive Programme to children living in refuge.	A child worker was recruited to deliver play therapy and family support.	A 'Family Support Practitioner' was recruited to work with mum and children. Support was needs-led and individualised.

75 children successfully engaged with the support, 40.1% of the total children in refuge during 2022/23. Although North Kent and South Kent had the same offer of support, a greater proportion successfully engaged in North Kent (74.1%) compared to South Kent (19.5%).

However, as noted above, there was a greater number of pre-school age children in refuge in South Kent, suggesting a different type of support may have been more suited to that age range than offered.

Figure 59 KIDAS refuge children's therapeutic support 2022/23



To address this gap longer term, from June 2023, the Project Salus Group¹⁰⁴ were commissioned to deliver support to children residing in safe accommodation across Kent, known as the Safe Accommodation Support Service (SASS). This support is for those aged 18 and younger, and up to 25 years old for those with Special Educational Needs or Disabilities (SEND).

The service aims to improve the wellbeing of children and young people by supporting them to access activities that they have identified as beneficial to their emotional and mental wellbeing. This may be achieved through working with the participation and engagement worker or by accessing therapeutic support from a specialist support worker or identifying an external alternative therapy.

Support may be one-to-one or group based. It will be offered face-to-face or virtually, in spaces that children and young people feel most comfortable in, such as their homes, community settings, youth hubs and with agreement, in schools.

Outcomes will be relevant to each individual in line with a goals-based outcomes approach. However, the overarching aims are to better enable families to:

- Become more resilient
- Have better emotional health and wellbeing
- To develop more robust local support systems around them.

Delivery of this support started at the end of August 2023 and therefore data has not been captured in this Needs Assessment but will be included in future iterations.

¹⁰⁴ <https://salusgroup.org.uk/>

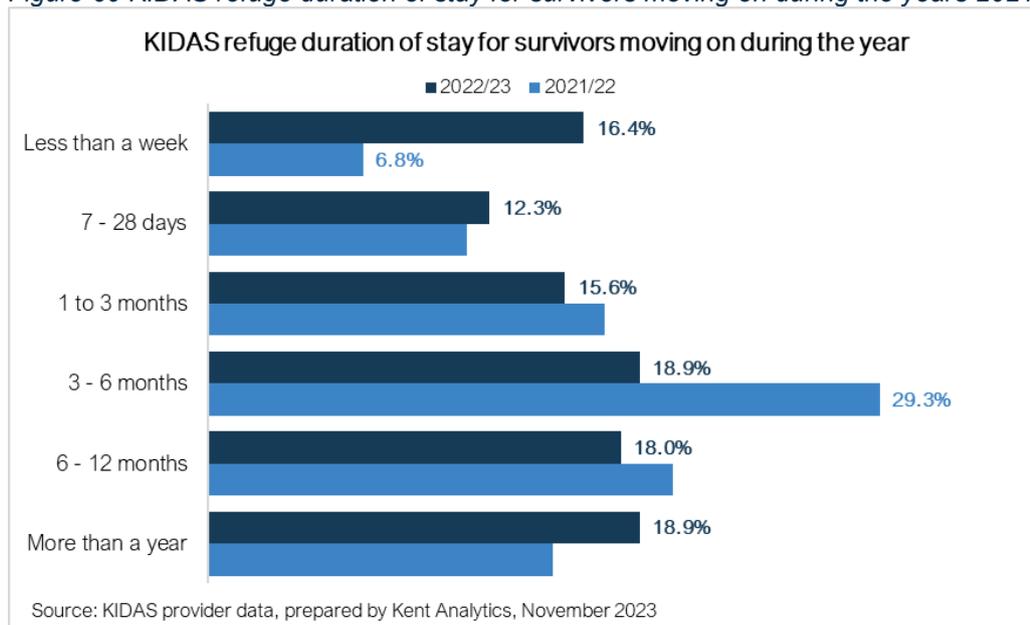
5.3.15 Duration of stay

In 2022/23, a higher proportion of stays for survivors in KIDAS refuges were for less than a week (16.4%) compared to the previous year (6.8%) and there was a lower proportion of stays of 3 to 6 months (18.9%) compared to the previous year (29.3%), indicating a faster move on for some survivors in 2022/23.

The average length of stay for the 122 survivors who left refuge in 2022/23 was 8 months, which was an increase compared to the previous year when the average stay was 6 months. However, one area had some long-term residents (who stayed for more than 4 years) leaving in 2022/23, which skewed the average.

These long-term residents may have had multiple or complex needs which would have required more intensive support and a longer stay in refuge. Looking at the median length of stay for each year, it was just over 4 months for both.

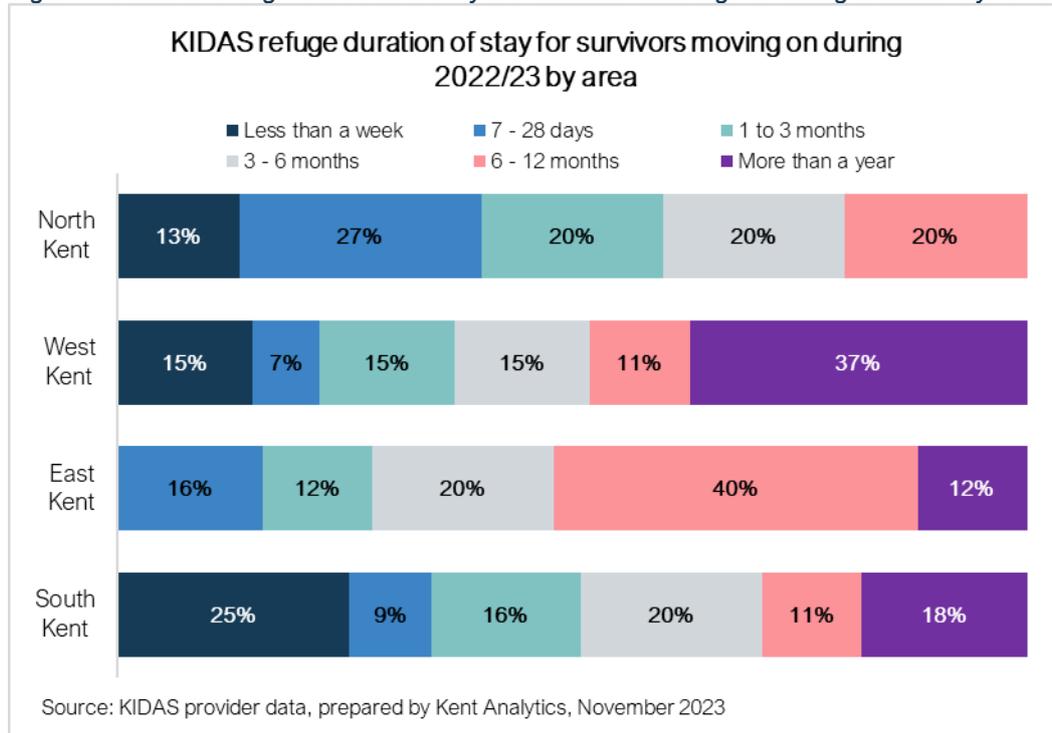
Figure 60 KIDAS refuge duration of stay for survivors moving on during the years 2021/22 and 2022/23



Across the four areas, North Kent (40%) and South Kent (35%) had a higher proportion of survivors moving on from refuge in less than a month. Longer stays were seen in West Kent and East Kent, where around 50% moved on after over 6 months in refuge.

It is worth noting that although there are differences in the length of stay across areas, these variances could be for several reasons, such as those with less complex needs being housed in communal refuges or more opportunities for move-ons in other areas. 92.6% of move-ons were done in a planned way, with 51.3% of survivors completing the service.

Figure 61 KIDAS refuge duration of stay for survivors moving on during 2022/23 by area



5.3.16 Move on

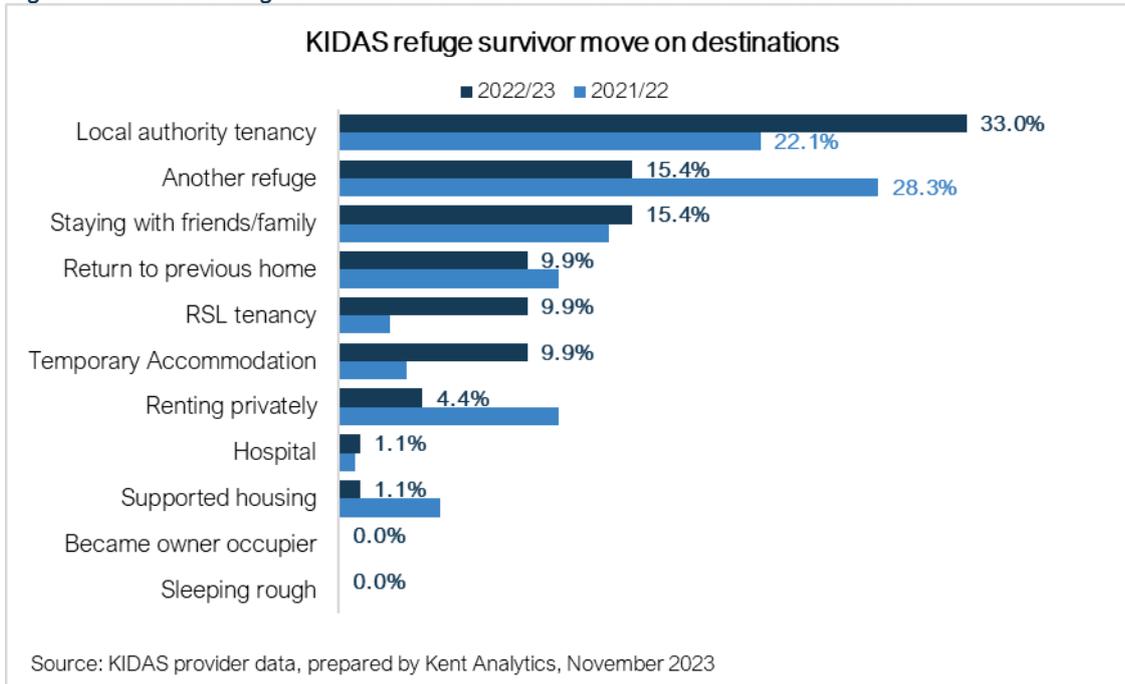
In 2022/23, 121 survivors moved on from refuge, 92.6% were planned exits from the service. 47.1% of those that moved on remained in Kent with the highest number in South Kent (28 survivors) and 38.8% reported residing out of county (including Medway) after leaving refuge.

Across the areas, South Kent had the highest proportion of move-ons (40%) and North Kent the lowest (12%).

In 2022/23, of those moving on (where the destination was known), a third (33% or 30 survivors) went into Local Authority housing, an increase compared to the previous year (22.1%). The proportion going into another refuge reduced from 28.3% in 2021/22 to 15.4% in 2022/23. Reasons for moving to another refuge could be a breach of location, to be closer to support networks or a change in need.

However, 1 in 4 (25.3%) moved in with friends/family or temporary accommodation, an increase compared to the previous year (17.7%). This could include occasions whereby a planned move-on has taken place due to challenges in the individual transitioning to refuge but could also indicate a need for more move-on accommodation after refuge.

Figure 62 KIDAS refuge survivor move on destinations 2021/22 and 2022/23



RECOMMENDATION:

Explore ways to improve move-on from refuge to settled accommodation.

5.3.17 Tenancy Support Workers

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Limited opportunities to move on from refuge. Commissioned services to increase opportunities and outcomes in relation to move on.

Since the introduction of the Domestic Abuse Act 2021, there has been 1 Tenancy Support Worker in each of the four areas (Lots) of the KIDAS contract across the county.

These workers aim to improve move-on opportunities for individuals leaving refuge by:

- building professional relationships with Local Authority housing teams and private landlords
- developing 'pathways' which improve opportunities for positive move-on from refuge
- assisting people to move on from refuge as soon as they are ready for independence.

In 2022/23, the Tenancy Support Workers provided direct support to 259 survivors. 176 survivors were assisted with applying for housing, 81 were provided with tenancy sustainment support, 88 were assisted to move on from refuge and 96 were helped with resettlement.

The evidence from [Section 5.3.15](#) and [5.3.16](#) above, shows there have been shorter stays in refuge in some areas, some long-term residents with complex needs have been assisted to move on and there has been an increase in the proportion of survivors going into Local Authority housing, which could be attributed to the specialist work of the Tenancy Support Workers.

5.3.18 Specialist IDVAs

Since the introduction of the Domestic Abuse Act 2021, there have been 2 Specialist Independent Domestic Violence Advisors (IDVAs) in each of the four areas (Lots) of the KIDAS contract across the county. The Specialist IDVAs provide intensive and specialist support to more complex cases and help to reduce barriers to accessing refuge for these survivors.

Their support is accessed via an internal referral when it is identified during the refuge assessment process that the survivor requires the service. Their aim is to:

- Support to better enable those with needs including substance misuse, alcohol misuse, mental health problems and offending behaviour to access refuge.
- Liaise with key organisations such as mental health services, substance misuse treatment services and criminal justice agencies to deliver consistency and positive outcomes for these vulnerable survivors.

In 2022/23, there were 312 survivors supported by Specialist IDVAs, a slight reduction of 1.9% (6 survivors) compared to the previous year. There was large variation across the four areas in the number of survivors accessing this support, with East Kent showing the highest proportion in both years (55.7% in 2021/22 and 62.8% in 2022/23).

Table 19 Survivors supported by Specialist IDVAs by area 2021/22 and 2022/23

Survivors supported by Specialist IDVAs	2021/22	2022/23
North Kent	41	33
West Kent	84	77
East Kent	177	196
South Kent	16	6
Total	318	312

RECOMMENDATION:

Explore the variance in Specialist IDVA uptake across Kent.

In 2022/23, 15 survivors were supported by a Specialist IDVA and were in refuge. Due to data recording nuances, it is difficult to identify which survivors were supported by a Specialist IDVA to subsequently access refuge.

Of the 312 survivors supported in 2022/23, 38.8% had mental health problems (121 survivors), 8% had alcohol misuse problems (25 survivors), 6.4% were offenders or at risk of offending (20 survivors) and 4.8% had drug misuse problems (15 survivors).

The link between domestic abuse as a driver of mental ill health is well documented. However, the narrative from KIDAS providers continues to be that many survivors still face barriers when accessing adequate mental health support.

RECOMMENDATION:

Continue to develop partnership working and practice development between domestic abuse services, the Integrated Care Board (ICB) and the Kent & Medway NHS and Social Care Partnership Trust (KMPT).

Table 20 Survivors characteristics supported by Specialist IDVAs 2022/23

Characteristic	Observation
Gender	89.7% were female and 9.3% were male (29 survivors). 1.9% were transgender.
Age	83.7% were aged between 20 and 54 (261 survivors). 0.6% aged 16 to 19. 1 in 8 aged over 55 (13.1% or 49 survivors).
Ethnicity	81.1% (253 survivors) were white British and 11.2% were ethnic minorities (35 survivors). 7.7% had unknown ethnicity (24 survivors).
Sexual orientation	4.4% (14 survivors) were from the LGB community.
Disability	24% (75 survivors) had a disability, an increase compared to last year (20.8%). Of those, 33.3% had a learning disability (25 survivors), an increase compared to last year (21.2%). 30.7% had a physical/sensory disability (23 survivors).
Children in household	58.7% (183 survivors) had children compared to 40.1% (125 survivors) who had no children.

5.3.19 Sanctuary

PREVIOUS NEEDS ASSESSMENT RECOMMENDATION:

Inconsistent offer of sanctuary provision across the county.

A Sanctuary Scheme is where following a property assessment, security or target hardening measures have been installed, enabling survivors to remain in their own homes safely if they choose to do so and where the perpetrator does not live. Under the Domestic Abuse Act, local authorities have a Duty to offer support to survivors (adults and children) residing in safe accommodation and a property under a Sanctuary Scheme is included within this remit.

The 2021 Needs Assessment, and 2022 refresh, identified that 5 of the 12 districts in Kent (Ashford, Dartford, Folkestone & Hythe, Maidstone and Swale) provided property assessments and security adaptations to survivors' homes. However, there was an inconsistent offer of sanctuary provision across the county. It was recommended that a countywide Sanctuary Scheme be developed to address this gap in statutory services and expand the council's offer of support within safe accommodation.

The Kent's Sanctuary Access for Eligible Residents Scheme (SAFER) has been developed to address this gap and includes 3 elements.

- A single point of access, delivered through the RAT service of KIDAS
- The property security service
- A support offer to adult survivors delivered through KIDAS and a support offer to children residing in the home through SASS

The Property Security element commenced on 1st December 2023 and data from this service will be included in future iterations of the Needs Assessment. It is anticipated the service will expand the offer of safe accommodation support and provide an option for those who are known to face barriers and are underrepresented in refuge, such as those with physical disabilities, male survivors and homeowners.

5.4 KIDAS community-based support services

The provision, and associated funding from the central Government, to deliver community-based support services does not fall under the remit of the Domestic Abuse Act 2021. These services include outreach support, provided to survivors assessed to be medium risk via a DARA/DASH and IDVA support for those assessed to be high-risk via a DARA/DASH.

Across the county, KIDAS are commissioned to deliver the majority of this support and this community-based support element is funded via the KIDAS funding partners.

However, in West Kent, there are separate commissioning arrangements in place and the Domestic Abuse Volunteer Support Service (DAVSS), is commissioned by the district and borough councils to provide community outreach support for medium-risk survivors. KIDAS deliver the refuge and IDVA services in West Kent. DAVSS data does not feature in this section of the report and can be found in [Section 5.5](#) and [Section 5.6](#) below with other community-based support.

Additionally, other community-based support services are commissioned through other forms of funding including via the Police and Crime Commissioner, National Lottery and Ministry of Justice to

deliver more specialised services to complement the core commissioned KIDAS service. This information is included in [Section 5.5](#) and [Section 5.6](#) below.

5.4.1 Referrals

In 2022/23, there were 3,438 referrals to KIDAS community-based support, a slight decrease of 1.9% (67 referrals) compared to the previous year. There was a 2.1% increase in outreach referrals (30 referrals) and a 4.7% decrease in IDVA referrals (97 referrals).

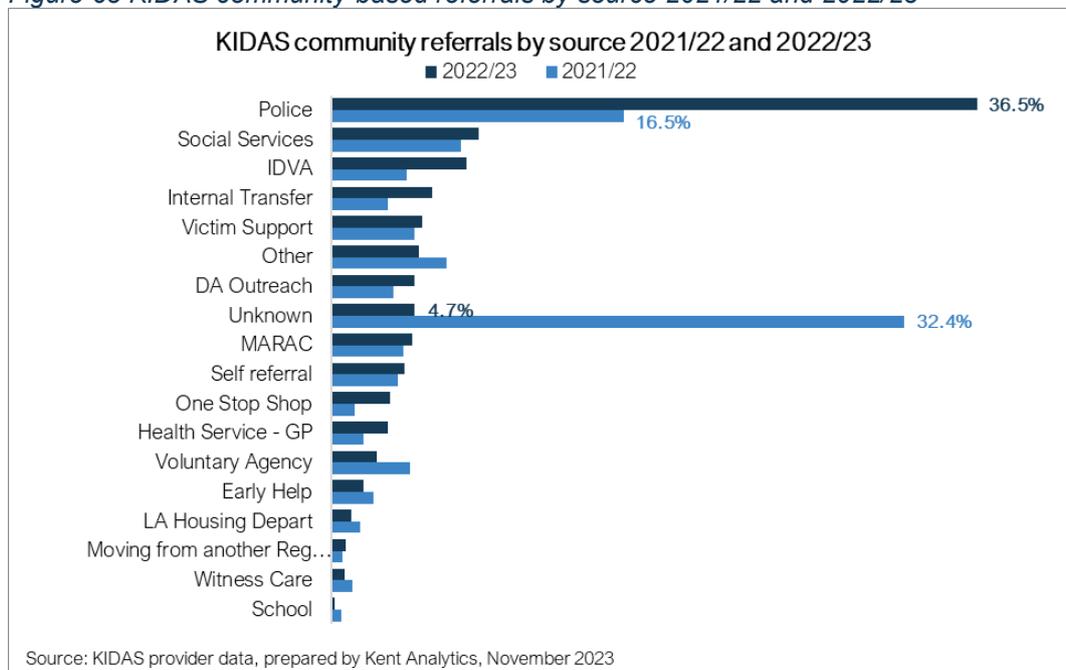
It should be noted that there were some referral data issues in North Kent for Quarter 1 2022/23 which will have affected the volume of referrals recorded.

Table 21 Referrals to KIDAS community-based support 2021/22 and 2022/23

Support type	2021/22	2022/23	% change
Outreach	1,446	1,476	2.1%
IDVA	2,059	1,962	-4.7%
Total	3,505	3,438	-1.9%

36.5% of referrals to KIDAS community-based support were from the police (1,256 referrals), which was a significant increase compared to the previous year when there were 579 police referrals. However, there was a notable improvement in the data quality of referrals, with 975 fewer 'unknown' sources.

Figure 63 KIDAS community-based referrals by source 2021/22 and 2022/23



In 2022/23, 56.4% of referrals were accepted (1,939 referrals). Of those not accepted, almost a third of referrals (32.1%) were rejected by the service and 10.3% (355 referrals) were declined by the survivor.

Across the four areas, South Kent had the highest proportion of referrals not accepted (58.1% for outreach and 63.8% for IDVA). Nationally, 50.4% of community-based referrals were rejected for any reason¹⁰⁵, which was higher than in Kent (42.5%).

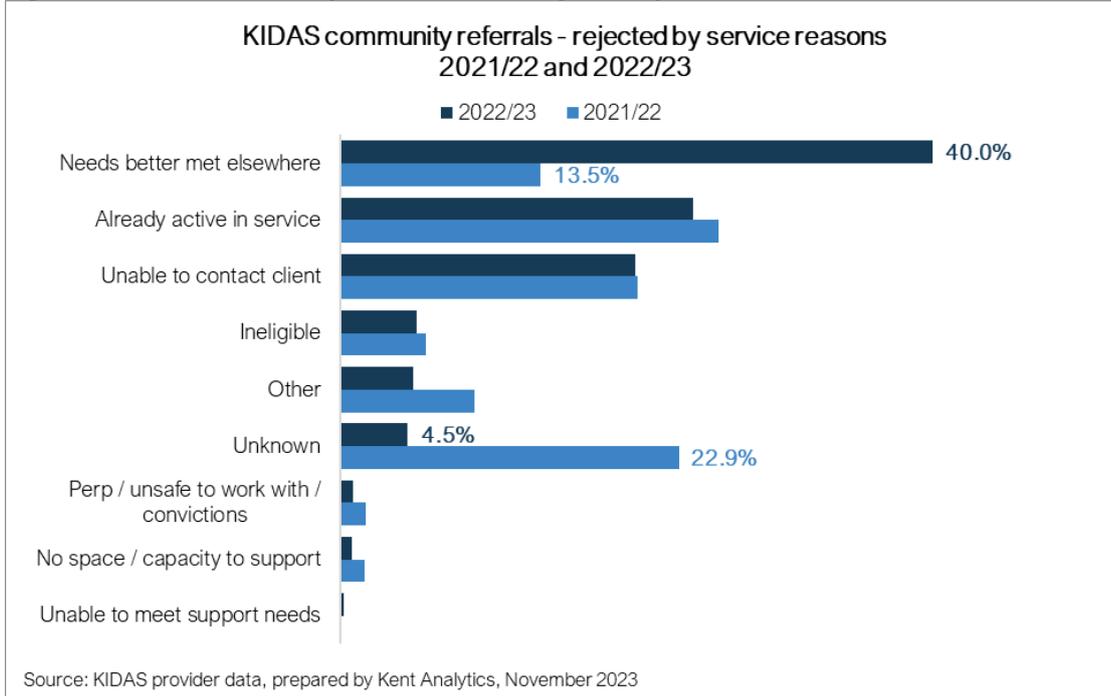
Of the 1,105 referrals rejected by the service in 2022/23, 40% were rejected as their needs were better met elsewhere, which was a significant increase compared to the previous year (13.5%). However, as with referral sources, the data quality for rejection reasons considerably improved in 2022/23 which could account for the increase.

Investigation into the reasons as to why needs may be better met elsewhere from the free text entry fields, completed by providers in their quarterly data returns, was inconclusive as information is only entered by North Kent and South Kent, and not always captured.

However, from what was provided, there was some indication that some survivors may be being referred to other services, such as High Support Needs IDVAs, which are not provided under the KIDAS community-based contract.

¹⁰⁵ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

Figure 64 KIDAS community-based referrals rejected by service reasons 2021/22 and 2022/23



RECOMMENDATION:

Further detail and closer analysis are needed to explore why survivors are being rejected for community-based services as their needs would be better met elsewhere.

5.4.2 Survivors supported by area

In 2022/23, 2,589 survivors received KIDAS community-based support, a reduction of 9% compared to the previous year (265 fewer survivors). The greatest reduction was for South Kent, with 34% fewer survivors accessing support. East Kent had a 19% increase in survivors accessing support or an additional 96 survivors.

It should be noted that some information for Quarter 1 2022/23 KIDAS community-based support data in North Kent for survivors who came into and left the service in that quarter will be affected as the information could not be retrieved from the provider’s systems.

Overall, in 2022/23, 93.3% of survivors were supported by KIDAS community-based support, when combined with the KIDAS safe accommodation support provided to the other 6.7% of survivors in refuge, which is a Statutory Duty under the Domestic Abuse Act 2021.

Table 22 Survivors supported by KIDAS community-based support by area 2021/22 and 2022/23

Area	Outreach 21/22	Outreach 22/23	% change	IDVAs 21/22	IDVAs 22/23	% change	Total 21/22	Total 22/23	% change
North Kent	334	293	-12%	451	464	3%	785	757	-4%
West Kent	n/a	n/a	n/a	485	515	6%	485	515	6%
East Kent	238	309	30%	272	297	9%	510	606	19%
South Kent	654	358	-45%	420	353	-16%	1,074	711	-34%
Total	1,226	960	-22%	1,628	1,629	0%	2,854	2,589	-9%

RECOMMENDATION:

As the majority of survivors are supported by community-based services (rather than in safe accommodation), there is a need for sustainable funding to continue to develop these services for adult survivors and children/young people.

5.4.3 Survivor characteristics

Table 23 Survivor characteristics supported by KIDAS community-based outreach/IDVAs 2022/23

Characteristic	Observation
Gender	94.4% were female and 4.1% were male (105 survivors). 4.4% were male for outreach support and 3.9% for IDVA. 0.3% were transgender, however, this was unknown for 9.3% of survivors.
Age	73.4% were aged under 45 (1,900 survivors). 1.8% aged between 16 and 19 (46 survivors). 1 in 10 survivors aged over 55 (9.8%)
Ethnicity	79.1% (2,048 survivors) were white British and 13.2% were ethnic minorities (342 survivors). 7.7% had an unknown ethnicity (199 survivors). There was a significant decrease in the proportion of ethnic minorities supported compared to the previous year (15.2%).
Sexual orientation	2.2% (58 survivors) were from the LBG community. However, this was unknown for 17% of survivors, mostly in West Kent.
Disability	17.4% (450 survivors) had a disability, similar to the previous year (17%). Of those, 19.3% had a learning disability (87 survivors), an increase compared to last year (17.3%). 37.3% had a physical/sensory disability (168 survivors), a

	decrease compared to last year (45.1%). 31.8% (823 survivors) had mental health problems. Nationally, 28.5% of survivors reported a disability ¹⁰⁶ .
Children in household	60.6% (1,567 survivors) had children compared to 34.5% (894 survivors) who had no children.

RECOMMENDATION:

Maximise opportunities for engagement in community-based support services for younger and older survivors.

5.4.4 Group work programmes

Psycho-educational groups provide a space for domestic abuse education, processing, and recovery. They provide a supportive setting for people to talk about their experiences whilst learning about the tactics used by people using abusive behaviour.

This can increase safety, understanding of trauma responses, awareness of warning signs as well as lessening isolation and establishing social bonds. Groups offer a safe and confidential place for people who would not normally have an outlet, validating each other in an empowering way.

In 2022/23, 294 survivors engaged in group work programmes, such as Phoenix or Own My Life, delivered by providers under the KIDAS contract. These therapeutic programmes are delivered across a period of up to 12 weeks to support recovery and explore how to stay safe in and out of abusive relationships.

Compared to the number of unique domestic abuse related crime victims in 2022/23 (detailed in [Section 4.2.6](#)), 3% of survivors accessed group work programmes.

RECOMMENDATION:

Explore the coordination and funding of group work programme delivery across the county and improve access for survivors to enable recovery.

¹⁰⁶ www.womensaid.org.uk/wp-content/uploads/2023/01/The-Domestic-Abuse-Report-2023-The-Annual-Audit-FINAL.pdf

5.5 Other community-based support services

The information in this section of the report has been gathered from organisations that provide community-based domestic abuse support (outside of the information collected in [Section 5.4](#) through the KIDAS community-based support contract).

The support provided by most of these organisations is to deliver against specific grant criteria and certain areas, as set out by their funding applications. Funding is often time-limited.

Although the information collated gives the best indication possible around service use in the community, it should be noted that not all organisations responded to the data request, and it is probable other organisations are providing domestic abuse support that we may not be aware of.

The following caveats should be taken into account when interpreting this data:

- Some organisations were unable to provide the information in the format requested (such as age groups etc) due to differences in data collection, system constraints or alternative funding reporting arrangements.
- Some services provide support in both Kent & Medway and the information could not be disaggregated.
- Support which is provided to survivors of both domestic abuse and sexual abuse and where the information for domestic abuse could not be disaggregated have not been included.
- Some survivors may have accessed more than one type of support or provider which could be duplicated in the data.

It is worth mentioning that providing the information to support this assessment was challenging for some providers due to the resource time taken in fulfilling the request and consideration of this should be kept in mind for any future requests. The organisations below were able to provide all, or some, of the information requested.

Dad's Unlimited – support for male survivors	Project Salus Group
Domestic Abuse Volunteer Support Service (DAVSS)	SATEDA
Fresh Visions	SignHealth – support for deaf survivors
HomeStart	Kent Office of the Police and Crime Commissioner (OPCC)
Kent Community Domestic Abuse Programme (CDAP)	Hourglass (via OPCC) – support for older survivors
Look Ahead Care and Support	Interventions Alliance (via OPCC)
New Leaf Support	Rubicon Cares (via OPCC)
Oasis Domestic Abuse Support Ltd	The Daisy Chain Project (via OPCC)
Rising Sun	

5.5.1 Type of support and funding

Of the 13 organisations that provided information, they reported to provide 38 interventions between them (excluding perpetrator programmes which are detailed in [Section 5.5.5](#) below).

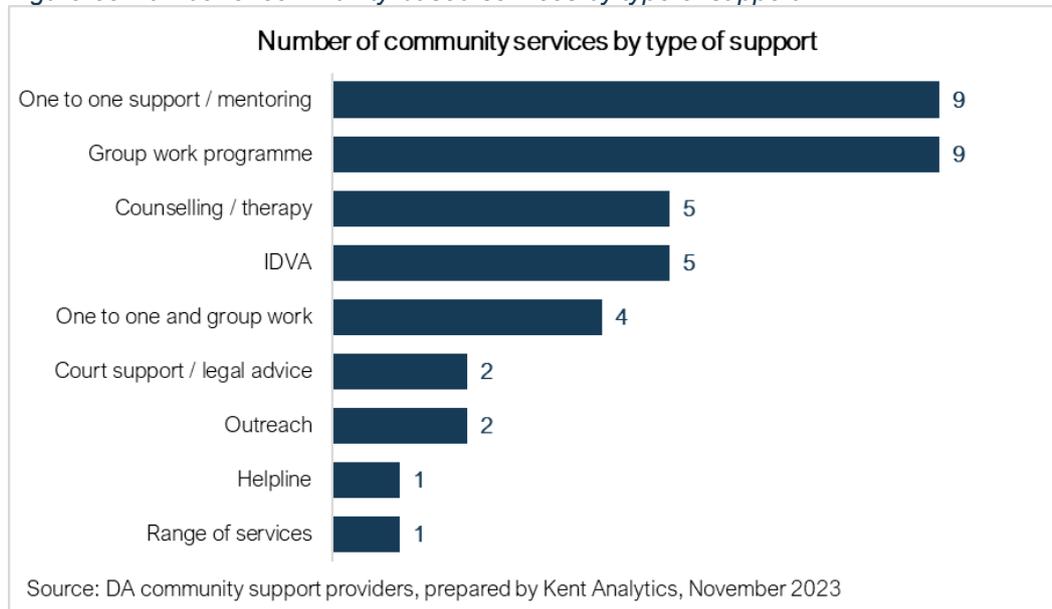
Half of the services were for adult survivors (19 services or 50%). 37% of services were for children and young people¹⁰⁷ (14 services).

Table 24 Community-based services by survivor type

Survivor type	Number of services (% of total)
Adult victims/survivors	19 services (50%)
Children & young people	14 services (37%)
All ages victims/survivors	3 services (8%)
Families	2 services (5%)

Grouping the services into types of support, the most reported were one-to-one support or mentoring (24% or 9 services) and group work programmes (24% or 9 services). Some services were for specific groups of survivors, such as men or younger/older survivors. 61% of services were delivered in face-to-face format (23 services).

Figure 65 Number of community-based services by type of support

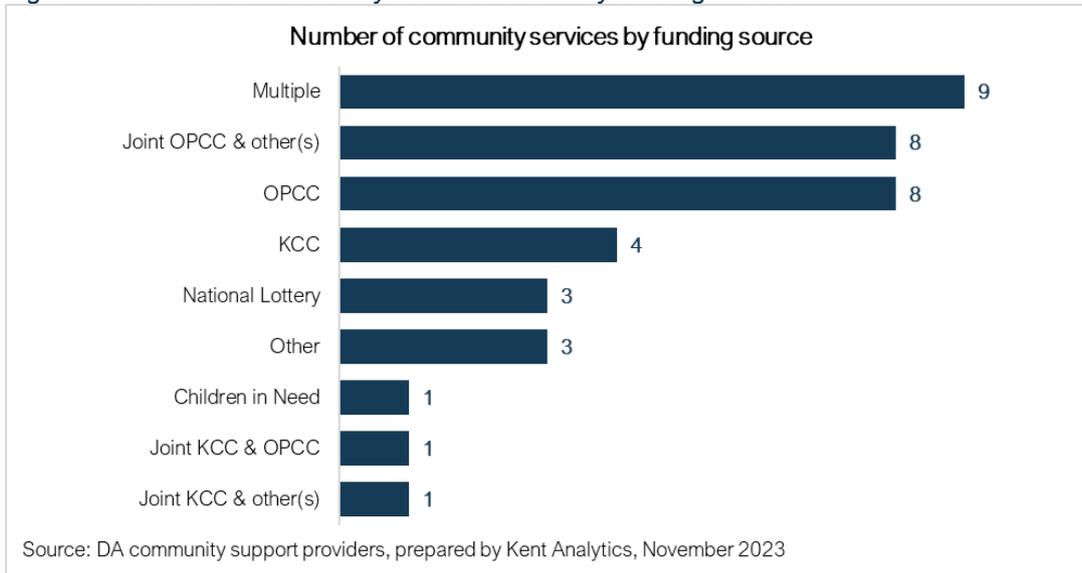


The funding sources providers gave were varied, and a number had multiple funders for some of their services. However, KCC (outside of the KIDAS contract) and the OPCC funded over half of services, either solely or jointly with each other, or others (22 services).

¹⁰⁷ Some services are offered to young people up to the age of 24

Providers reported that funding for two-thirds of their services (66%) would end in the next few years (by the end of 2026), with 55% ending in Spring/Summer 2025.

Figure 66 Number of community-based services by funding source



RECOMMENDATION:

Recognise that funding for other community-based support services is short-term and discretionary, and the impact this has on the sustainability of the market.

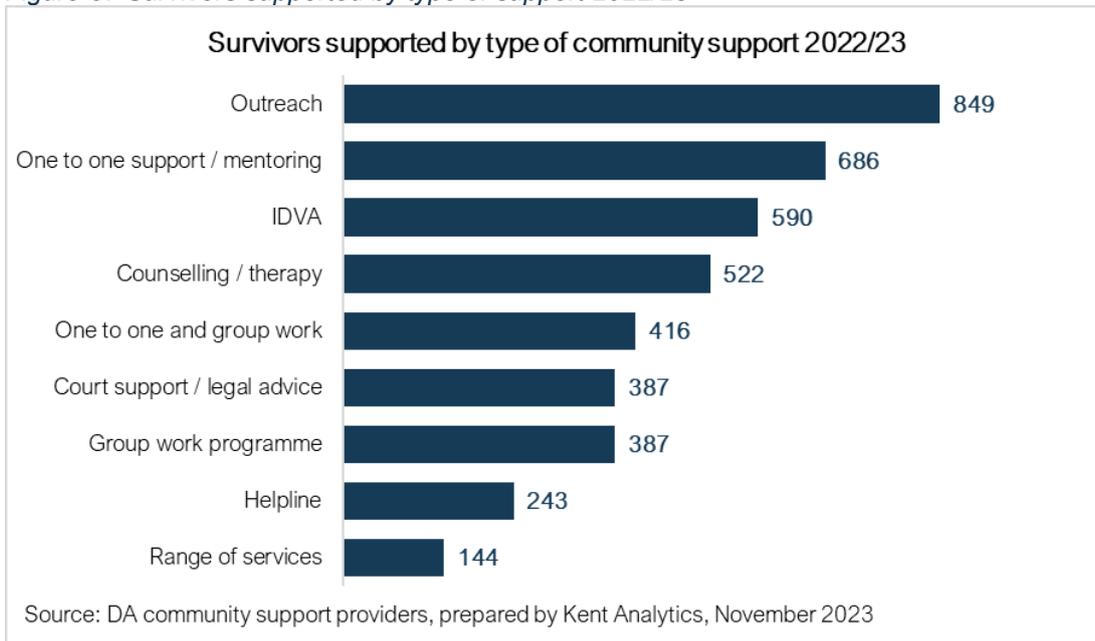
5.5.2 Support usage

In 2022/23, 4,224 survivors accessed community-based support delivered by the organisations that provided data. Of the types of support, most survivors were supported via outreach (849 survivors), which was provided by DAVSS in West Kent and SATEDA in Swale.

2,898 adult survivors were supported across the community organisations, which equates to 26% of unique victims of domestic-abuse related crimes reported in 2022/23 (as detailed in [Section 4.2.6](#)).

820 children and young people were supported across the community organisations, which equates to 3% of children who may have witnessed a domestic abuse incident reported to the police in 2022/23 (as detailed in [Section 4.2.9](#)) and 10% of KCC Children’s Services Front Door requests for support where domestic abuse was the primary reason for support (as detailed in [Section 4.6.1](#)).

Figure 67 Survivors supported by type of support 2022/23



Of the services able to provide comparable data for both 2022/23 and 2021/22 (24 out of 38 services), the majority supported fewer survivors in 2022/23 compared to the previous year (58% or 14 services). 9 services (38%) supported more survivors in 2022/23 compared to the previous year.

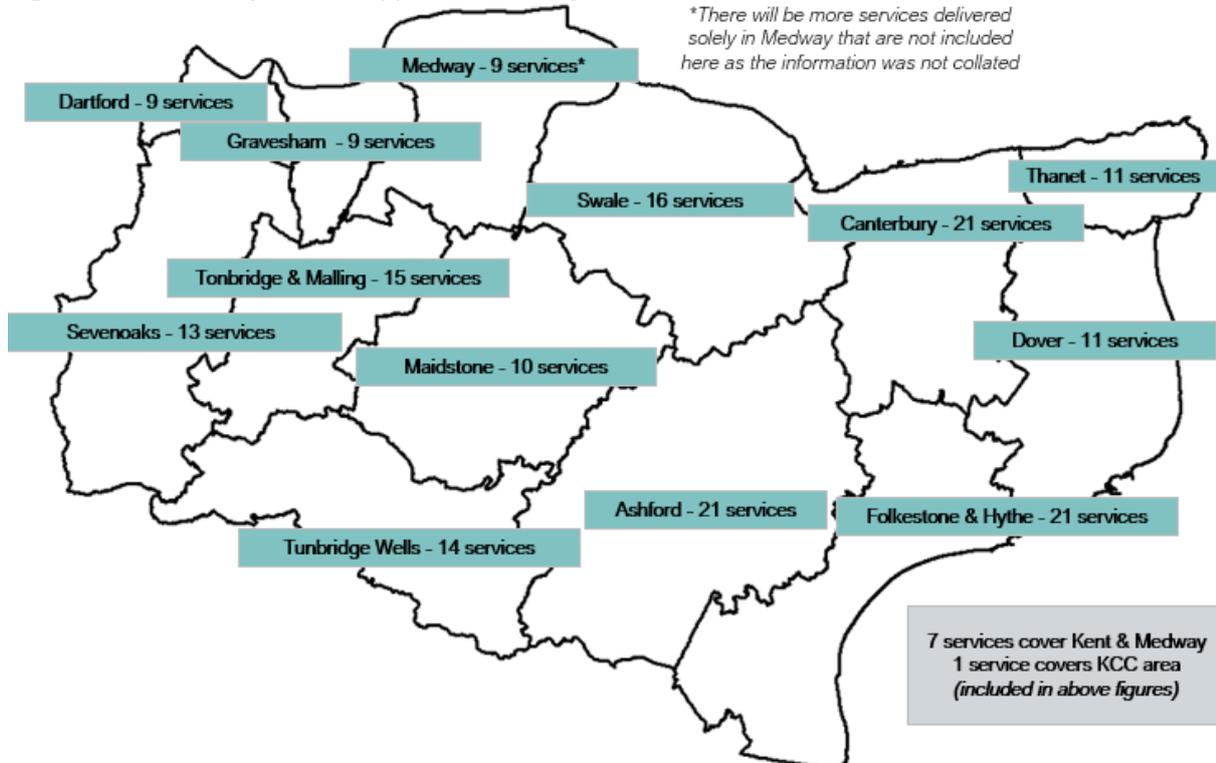
Looking at referrals compared to take up of support, 61% of the 18 services that were able to provide this information showed more demand through referrals than survivors reached through their services.

5.5.3 Support location

The greatest concentration of community-based services was in South Kent (Ashford, Canterbury and Folkestone & Hythe) due to the breadth of services provided by Rising Sun. However, it should be noted that some of these services are only available to certain age ranges, such as younger survivors aged under 25.

There is an inequitable offer of other community-based support across the county, particularly for children and young people. There is also a potential risk to the provision of support in some areas of the county due to the limited number of providers delivering support in those areas.

Figure 68 Community-based support services by district



Source: DA community support providers, prepared by Kent Analytics, November 2023

RECOMMENDATION:

There is an inequitable community-based provision for children & young people across the county and the level of demand, indicated through reported domestic abuse related crimes and KCC Front Door support requests, demonstrates the need for funding to develop more services.

5.5.4 Survivor characteristics

The table below shows the characteristics of the survivors accessing other community-based support in 2022/23, where this information was available. Some services were not able to provide the data in the required format, so it has been omitted. However, of the 4,224 total survivors, between 69% and 85% had information completed, which also includes data categorised as 'unknown'.

Table 25 Survivor characteristics supported by community-based organisations 2022/23

Characteristic	Observation
Gender	79% were female and 18.5% were male (667 survivors). Of the service types, IDVA and one-to-one support/mentoring had the highest proportion of males accessing support, 47.6% and 43.4% respectively, as they have male-specific support services. 1.0% were transgender (29 survivors), however, this was unknown for 40.5% of survivors.

Age	Data was only available in the required format for 58% of survivors, so analysis could not be conducted.
Ethnicity	64.4% (2,324 survivors) were white British and 21.3% were ethnic minorities (768 survivors). 14.3% had an unknown ethnicity (516 survivors). Across the service types, court support/legal advice had the greatest proportion of ethnic minorities (38.4%), followed by outreach (33.6%).
Sexual orientation	3.1% (112 survivors) were from the LGB community. One-to-one support/mentoring had the highest proportion (5.2%) from the LGB community across the service types.
Disability	17.7% (613 survivors) had a disability. 15.8% were unknown (546 survivors). Across the service types, IDVAs had the greatest proportion of disabled survivors (29.1%)

5.5.5 Perpetrator programmes

In 2022/23, there were 55 participants in perpetrator programmes delivered by the Kent Community Domestic Abuse Programme (Kent CDAP) and Interventions Alliance. These programmes have limited grant funding.

The majority of participants were aged between 20 and 44 years old (81.8%) and male (96.4%).

Whilst there have been some challenges since the perpetrator programme, delivered through Interventions Alliance commenced, such as the disengagement of some participants, there are signs that the intended outcomes are being achieved for those who have completed the programme.

There was a 79% improvement in offending rates for reported offences in the 6 months after the programme compared to the 6 months before the programme¹⁰⁸. Those taking part also detail positive benefits that they can adopt in their everyday lives and future relationships.

Compared to the volume of domestic abuse related crime suspects (15,488 in 2022/23), as detailed in [Section 4.2.6](#), there is low utilisation of these programmes.

RECOMMENDATION:

Explore potential reasons for low referral/access to perpetrator programmes and identify best practices from other areas in the country where they are being accessed.

¹⁰⁸ 23 out of 29 participants

5.5.6 IRIS

IRIS is a specialist domestic violence and abuse (DVA) training, support, and referral programme for General Practices. In Kent, it has been delivered by SATEDA since October 2021. At the time of launching IRIS, Covid was still very much the main focus for primary health, therefore SATEDA were unable to attend GP practices in person for the first 6 months and there was no availability to schedule training as this had been put on hold by primary health care.

Initially, delivery of training concentrated in Swale from March 2022, with this extending to Canterbury, Whitstable, and Maidstone areas from May 2023.

To date, training has been delivered to:

- Swale – 2 practices fully trained, and 3 practices partially trained
- Maidstone – 2 practices fully trained
- Whitstable – 3 practices fully trained and urgent care centre staff partially trained
- Canterbury – 3 practices fully trained, and 4 practices partially trained

This training has reached over 200 staff members, including receptionists, GPs and nurses.

Referrals for survivors to be supported through IRIS are not accepted until a practice has been trained. Training consists of one-off training for reception and admin staff and two separate sessions of training for clinical staff.

SATEDA accepted referrals for support from Summer 2022. However, regular referrals started in April 2023, due to the time taken to establish links with surgeries, deliver two sessions of training and set up referral pathways.

Since delivering IRIS, 49 survivors have been supported. Of those, 28% have been survivors aged over 65 and 30% were assessed as 'standard' risk via the DASH risk assessment. This indicates that IRIS is reaching survivors who may not usually reach out for support from specialist domestic abuse services or meet the level of risk to receive support.

RECOMMENDATION:

Improve the primary health care response to domestic abuse and work to promote a whole health approach.

5.6 Community-based services combined

In 2022/23, 2,840 survivors accessed outreach and IDVA support delivered by KIDAS and DAVSS. West Kent had the greatest volume (766 survivors). East Kent had the lowest volume (606 survivors) but the highest per 1,000 16+ population (2.9). North Kent had the lowest per 1,000 16+ population (1.7).

Table 26 KIDAS & DAVSS community-based support 2022/23

KIDAS & DAVSS	Outreach ¹⁰⁹	IDVAs	Total community support	% of total	Per 1,000 16+ population
North Kent	293	464	757	27%	1.7
West Kent	251	515	766	27%	2.6
East Kent	309	297	606	21%	2.9
South Kent	358	353	711	25%	2.1
Total	1,211	1,629	2,840	100%	2.2

By adding the additional outreach and IDVA services delivered in the community (through SATEDA, Rising Sun and Oasis) 3,734 survivors accessed support in 2022/23.

Table 27 KIDAS, DAVSS and other community-based support 2022/23

KIDAS & DAVSS & other community	Outreach ¹¹⁰	IDVAs ¹¹¹	Total community support	% of total	Per 1,000 16+ population
North Kent	891	464	1,355	36%	3.1
West Kent	251	633	884	24%	3.0
East Kent	309	309	618	17%	2.9
South Kent	358	519	877	23%	2.6
Total	1,809	1,925	3,734	100%	2.9

Comparing the proportion of outreach and IDVA community-based service use across the areas to domestic abuse related crimes shows some parity in North Kent (38% crimes vs 36% service use) and in South Kent (24% crimes vs 23% service use).

¹⁰⁹ West Kent outreach delivered by DAVSS

¹¹⁰ Additional outreach provided by SATEDA in Swale (North Kent)

¹¹¹ Additional IDVA services delivered by DAVSS in West Kent, Oasis in East Kent and Rising Sun in South Kent. Dad's Unlimited also have IDVA support but this is not included as the data could not be disaggregated

Whereas there appears to be a disparity in West Kent and East Kent. West Kent had greater community service use than crimes (16% crimes vs 24% service use) and East Kent had less service use than crimes (22% crimes vs 17% service use).

However, it should be noted that not all individuals affected by domestic abuse will want to report incidents to the police and support services are independent of the criminal justice system.

Table 28 DA related crimes and KIDAS, DAVSS and other community-based support 2022/23

	DA crimes 22/23	% of total	Per 1,000 16+ population	KIDAS & DAVSS & other community	% of total	Per 1,000 16+ population
North Kent	9,998	38%	22.8	1,355	36%	3.1
West Kent	4,343	16%	14.7	884	24%	3.0
East Kent	5,788	22%	27.4	618	17%	2.9
South Kent	6,492	24%	19.6	877	23%	2.6
Total	26,621	100%	20.9	3,734	100%	2.9

5.7 Multi-Agency Risk Assessment Conferences

A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest-risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, IDVAs, probation and other specialists from the statutory and voluntary sectors.

After sharing all the relevant information they have about a victim, representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan. The four aims of MARAC are to safeguard victims of domestic abuse, manage perpetrators' behaviour, safeguard professionals, and make links with all other safeguarding processes. All MARAC cases are referred to IDVA services for specialist domestic abuse support.

Since 2020, the meetings have taken place fortnightly in Kent. Across Kent & Medway there are 13 MARACs, one in each district. The information presented excludes Medway MARAC.

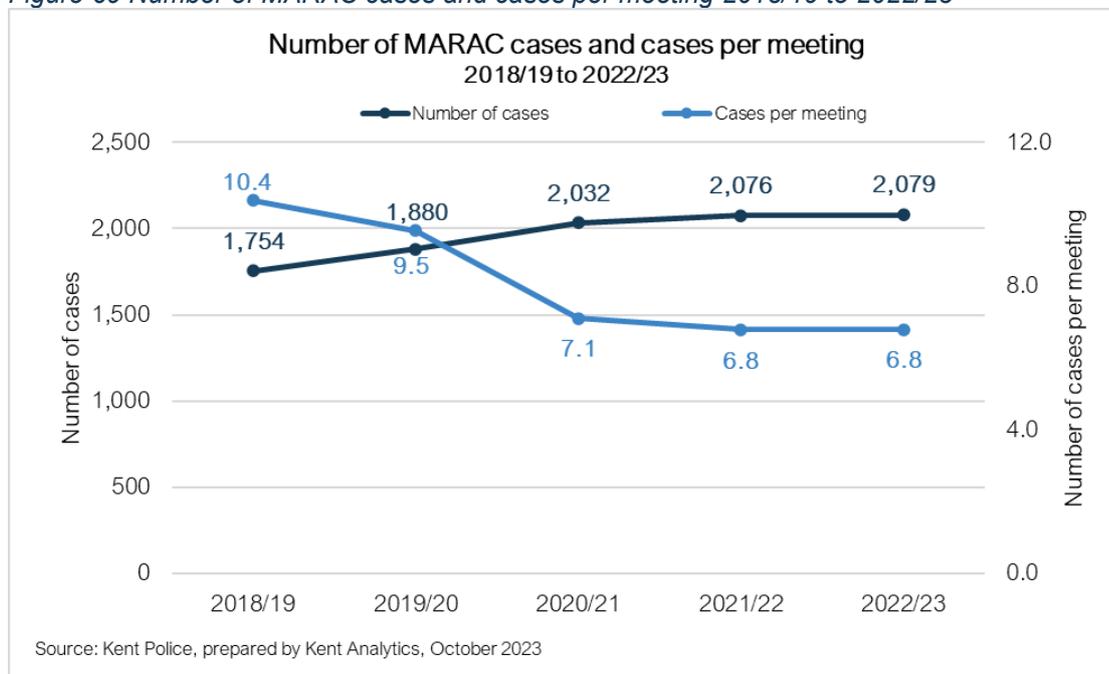
5.7.1 Meetings and cases

Over the past few years, since 2020/21, the number of cases discussed at MARAC has remained stable at just over 2,000 per year and around 7 cases were discussed per meeting. Nationally, there was a 2% reduction in the number of cases in 2022/23 compared to the previous year¹¹².

In 2022/23, the proportion of high-risk crimes across the four KIDAS areas was similar to the proportion of MARAC cases, with North Kent having the highest proportion of domestic abuse related crimes graded as high-risk (40%) and MARAC cases (38%).

In 2022/23, 31.4 cases were discussed at MARAC per 10,000 female 16+ population. Nationally, 47 were discussed per 10,000 population.

Figure 69 Number of MARAC cases and cases per meeting 2018/19 to 2022/23



The proportion of repeat cases discussed at MARAC has significantly increased over the past four years, from 28% in 2019/20 to 35.3% in 2022/23. This is in line with what SafeLives recommends (28%-40%) and above what was reported nationally in 2022/23 (33%).

The proportion of MARAC cases where the victim was aged between 16 to 17 years old has decreased from 1% in 2018/19 to 0.5% in 2022/23, however, there was no significant difference. On average over the past five years, 15 cases were discussed each year where the victim was 16 to 17 years old. Nationally, 1.3% were aged 16 to 17 in 2022/23.

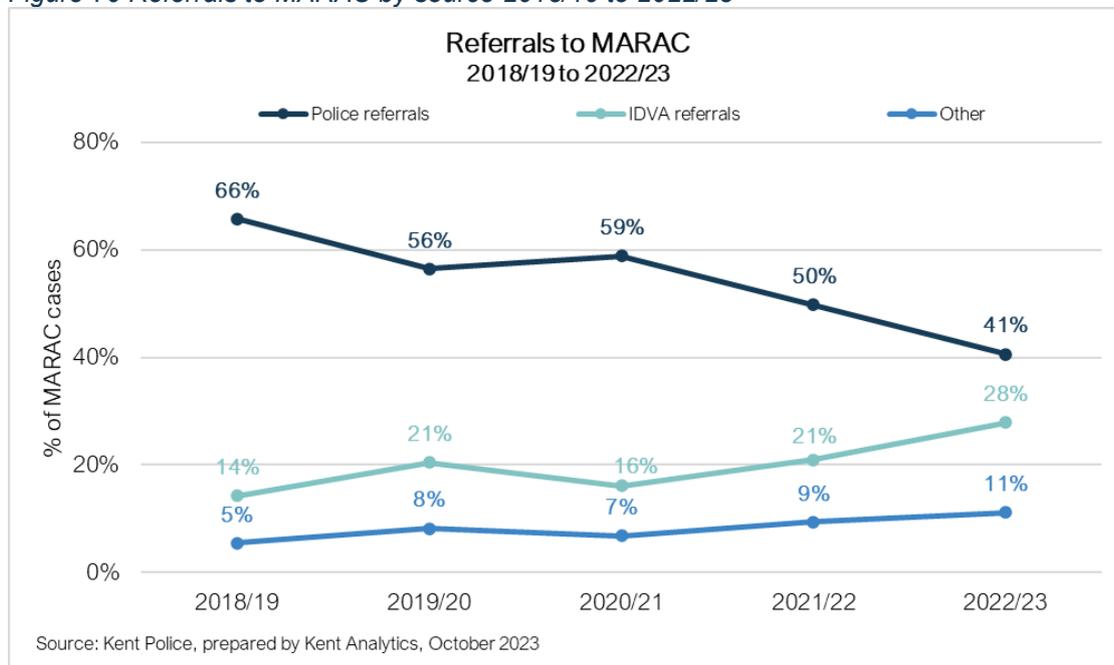
¹¹² <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

5.7.2 Referrals

The proportion of referrals from the police has significantly decreased over the past five years, from 66% in 2018/19 to 41% in 2022/23 and is now below the national level for 2022/23 (66%) and what SafeLives recommends (60-75%). As detailed in [Section 4.2.5](#), the proportion of domestic abuse related crimes assessed by the police as high risk has significantly reduced over recent years.

However, referrals are increasing from other agencies, such as IDVAs. There has also been an increase in the number of ‘other’ referrals, which are often moves from one MARAC to another MARAC, where a survivor may have moved to another district, or the referral has been received from outside Kent.

Figure 70 Referrals to MARAC by source 2018/19 to 2022/23



RECOMMENDATION:

Explore and address the reasons for low MARAC referrals from Kent Police.

5.7.3 Protected characteristics and children

The rate of MARAC cases for those in the LGBT community and disabled victims has been below the SafeLives recommended rate consistently for the past 5 years. However, information captured about the victim’s protected characteristics is reliant on completion at the point of referral.

With the introduction of the new MARAC Hub and associated Case Management System (CMS), it is anticipated that this information will be more robustly captured.

Table 29 Proportion of cases by victims' protected characteristics

% of cases	18/19	19/20	20/21	21/22	22/23	SafeLives recommends	22/23 nationally	Kent 16+ population
Black & min ethnic	9.4%	8.4%	11.1%	9.5%	8.3%	11%	16.0%	15.8%
LGBT	1.3%	0.7%	0.9%	1.3%	1.4%	2.5%-5.8%	1.5%	2.7%
Disabled	2.7%	3.7%	2.3%	6.1%	5.8%	19%+	9.1%	20.2%
Male	3.6%	3.5%	4.6%	5.4%	4.3%	5%-10%	6.2%	48.1%

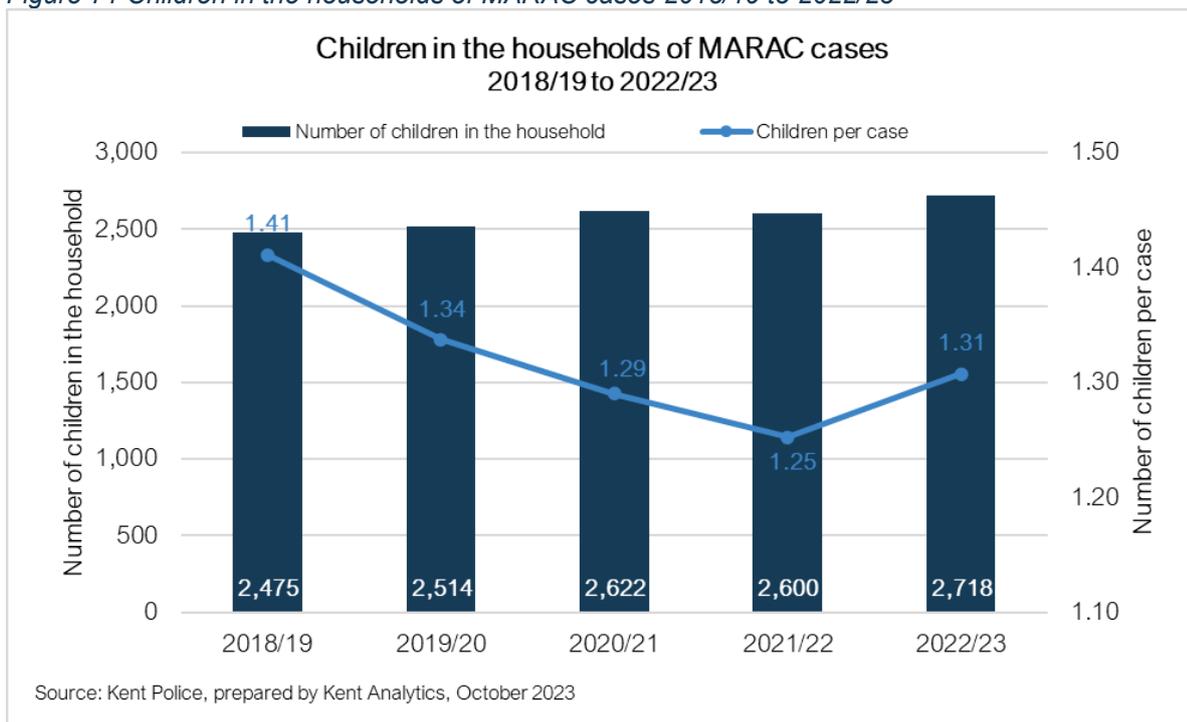
Source: Kent Police, SafeLives, Prepared by Kent Analytics, October 2023

RECOMMENDATION:

Explore how MARAC and Adult Safeguarding interact and support survivors.

The number of children in households discussed at MARAC has remained relatively stable, at around 2,600 per year over the past five years. In 2022/23, there were 1.31 children per case, compared to 1.26 nationally.

Figure 71 Children in the households of MARAC cases 2018/19 to 2022/23



5.8 Hospital Independent Domestic Violence Advisors

Hospital Independent Domestic Violence Advisors (HIDVAs) are specialist domestic abuse staff who are embedded in hospital teams with the key aims being to:

- Offer immediate support, advice, safety planning and onward referral to other services for survivors of abuse within the hospital.
- Develop close links with key departments.
- Provide training and skills to NHS staff around domestic abuse.
- Act as a link between the hospital and core community services.

There are 8 HIDVAs across Kent. The table below details the areas they cover and the different funding streams.

Table 30 HIDVA areas, Trusts, bed spaces, funding streams and posts

Area	NHS Trust / beds / Kent population ¹¹³	Hospitals	Funding/posts
North Kent	Dartford & Gravesham NHS Trust (470 beds) (289,042 residents)	Darent Valley Hospital Dartford	2 HIDVAs Funded by the Integrated Care Board (ICB)
West Kent	Maidstone & Tunbridge Wells NHS Trust (654 beds) (485,526 residents)	Maidstone Hospital Pembury Hospital (Tunbridge Wells)	1 HIDVA Funded by Look Ahead
Thanet and South Kent Coast	East Kent Hospitals University NHS Foundation Trust (949 beds) (650,621 residents)	Queen Elizabeth The Queen Mother Hospital (QEQM) Margate	1 HIDVA Funded by Oasis
Ashford, Canterbury Coastal	East Kent Hospitals University NHS Foundation Trust (949 beds) (650,621 residents)	William Harvey Hospital (Ashford) Kent & Canterbury Hospital (Canterbury) Buckland Hospital (Dover)	3 HIDVAs Funded by the Integrated Care Board (ICB)

¹¹³ Office for Health Improvement & Disparities: NHS Acute (Hospital) Trust Catchment Populations 2022 Rebase Experimental Statistics

<https://app.powerbi.com/view?r=eyJrIjojODZmNGQ0YzltZDAwZi00MzFhLWE4NzAtMzVmNTUwMTMhMTVlIiwidCI6ImVINGUxNDk5LTRhMzUtNGlyZS1hZDQ3LTVmM2NmOWRIODY2NiIsImMiOjhh9>

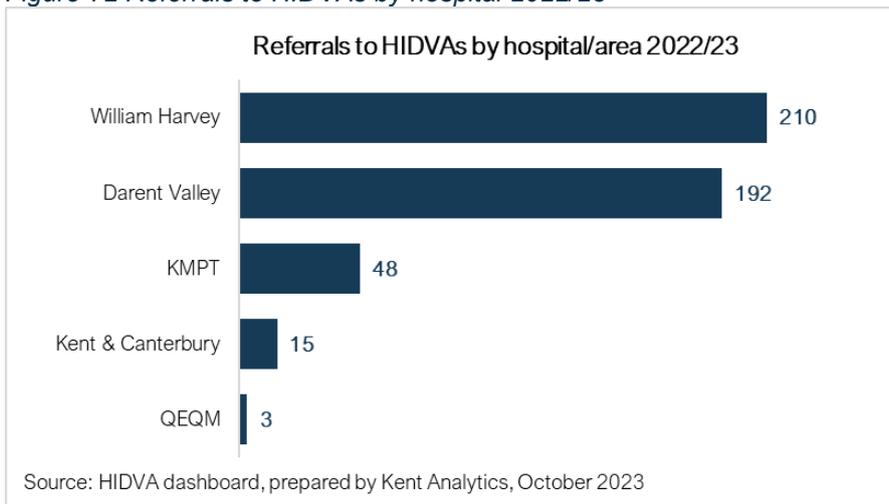
Kent & Medway NHS and Social Care Partnership Trust (KMPT)	<p style="text-align: center;">n/a</p>	St Martin’s Hospital (Canterbury) Littlebrook Hospital (Dartford) Priority House (Maidstone)	<p style="text-align: center;">1 HIDVA Funded by the Office of the Police and Crime Commissioner (OPCC)</p>
---------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

The 2022/23 data below is for Darent Valley Hospital, William Harvey Hospital, Kent & Canterbury Hospital, and the areas covered by KMPT. There is no data for West Kent or Thanet and South Kent Coast as HIDVAs were not in post until after 2022/23.

5.8.1 Referrals

In 2022/23, there were 468 referrals to HIDVAs across Kent. William Harvey Hospital and Darent Valley Hospital account for the majority of those referrals (86% or 402 referrals).

Figure 72 Referrals to HIDVAs by hospital 2022/23



The majority of referrals at the Acute Hospitals came from Accident & Emergency (99 referrals) or Adult Safeguarding (93 referrals)

5.8.2 Survivor characteristics

In 2022/23, 513 survivors were supported by the HIDVAs.

Table 31 Survivor characteristics supported by HIDVAs 2022/23

Characteristic	Observation
Gender	87.9% were female and 11.7% were male (60 survivors).
Age	Over half of survivors supported by the acute trust HIDVAs were aged between 25 and 55 (55.2% or 228 survivors). For KMPT, 83.3% of survivors were aged between 25 and 54 (40 survivors). 8.5% of survivors were aged 75+.
Ethnicity	71.6% (346 survivors) were white and 7.2% (35 survivors) were Asian or Asian British. However, 13.9% had unknown ethnicity. In the Acute Trusts, 64.8% were white British and 19.8% ethnic minorities.
Sexual orientation	3.3% (16 survivors) were from the LGB community.
Disability	17.9% (86 survivors) had a disability.

5.8.3 Staff training

HIDVAs deliver training to new hospital staff as part of inductions and provide regular updates to all staff on the dynamics of domestic abuse, relationships with others, signs and symptoms, making a safe enquiry and how to respond and refer for support.

Between 2021/22 and 2022/23, there were 65 training sessions, reaching 1,115 staff across the hospitals, including emergency and maternity departments. 872 of those staff completed and returned an evaluation form with all reporting an increased awareness and/or confidence following the completion of the training.

RECOMMENDATION:

Seek sustainable funding opportunities to ensure an equitable offer of support within Acute Hospitals across the county and promote a whole health approach.

5.9 One Stop Shops

One Stop Shops (OSS) are a multiagency endeavour to help victims of domestic abuse in local communities across Kent. They offer access to free specialist advice and information from a range of available agencies through one access point.

During Covid and the lockdowns, OSSs were closed, however, several areas began offering virtual support. After the pandemic, a range of delivery models were adopted, some face-to-face, some delivering hybrid support and one area solely virtual. The majority of OSSs are located in either a community centre or a children's centre.

The most recently published report, and data presented below, focus on visits to OSSs between July 2021 to June 2022.

5.9.1 Visits

In 2021/22, there were 552 visits to OSS in Kent (28% or 157 visits were virtual). This was an increase of 380 survivors compared to the previous year. However, the number of visits was low in comparison to historical visits, when there were around 2,500 visits recorded per year (in 2017/18 and 2018/19).

Across the areas, Canterbury had the highest proportion of visits in 2021/22 (27% or 148 visits). Dover & Thanet, which now delivers the OSS virtually, had 20% of the total (112 visits).

21% (114 visitors) attended the OSS more than once in 2021/22.

Table 32 Visitors to OSS by location from 2017/18 to 2021/22

OSS location	2017/18	2018/19	2019/20	2020/21	2021/22
Ashford	472	500	324	23	97
Canterbury	568	570	191	9	148
Dartford	143	134	100	6	33
Dover & Thanet	369	474	234	57	112
Folkestone	325	306	209	63	92
Gravesham	58	114	108	4	14
Herne Bay	n/a	n/a	102	0	23
Lydd, Romney Marsh	n/a	20	n/a	n/a	n/a
Maidstone	240	272	171	10	25
Sheerness	73	n/a	n/a	n/a	n/a
Sittingbourne	164	64	55	0	2
Tonbridge	63	104	41	0	6
Total visits	2,475	2,558	1,535	172	552

A recent analysis of the 2022/23 data showed there were 967 visits to Kent OSSs. Whilst this was a 75% increase compared to the previous year (415 more visits), it is below the number of visitors pre-Covid, when there were around 2,500 visits per year.

5.9.2 Survivor characteristics

Table 33 Survivor characteristics supported by OSSs 2021/22

Characteristic	Observation
Gender	94.3% were female and 5.7% were male (31 survivors).
Age	74.1% were aged between 26 and 54 years old (410 survivors). 10.7 % were aged 25 and under (59 survivors).
Ethnicity	73.2% (346 survivors) were white British and 19.3% were ethnic minorities (107 survivors). 7.4% were unknown (41 survivors).
Sexual orientation	1.6% (16 survivors) were from the LGB community.
Disability	Of those responding, 88 survivors had mental health needs (15.9%), 8.9% (49 survivors) had a physical disability and 3.8% (21 survivors) had a learning disability.
Children in household	There were 676 children in the households of the survivors visiting the OSSs (1.2 children per visitor). 29.7% were aged 0 to 4 years old and 62.4% were aged 5 to 15 years old.

5.10 Civil orders and disclosure schemes

5.10.1 Domestic Violence Protection Notices and Orders

Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) were rolled out across all 43 police forces in England & Wales from 8 March 2014.

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police to a perpetrator when attending to a domestic abuse incident. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support they require in such a situation.

DVPOs are a civil order that fills a “gap” in protecting victims by enabling the police and magistrates’ courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions.

Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates’ court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days.

Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim. Perpetrators in breach of a DVPN/DVPO can be arrested, however it is not a criminal or recordable offence if in breach¹¹⁴.

Table 34 DVPNs and DVPOs issued in Kent 2021/22 and 2022/23

Kent (including Medway)	2021/22	2022/23	% change
DVPNs	213	317	48.8%
DVPOs	203	290	42.9%

Overall, there was a 45.9% increase in the number of DVPNs and DVPOs issued in Kent (including Medway) between 2022/23 and 2021/22 (191 notices/orders).

Nationally, there were 21,503 DVPNs and DVPOs issued in 2021/22, of which 1.9% were in Kent¹¹⁵.

5.10.2 Non-molestation orders

Victims of domestic abuse can apply for a non-molestation order which is a court order that protects the victim and their child(ren) from being harmed or threatened by the person who abused them. The person named on the order can be arrested if they breach it and it is a criminal offence if breached. They usually last between 6 to 12 months, depending on the circumstances and it is possible to extend the order.

In 2021/22, there were 8,034 non-molestation orders in the South East¹¹⁶, an increase of 7.6% compared to 2019/20. Nationally, there was an 11.3% increase between the same periods¹¹⁷.

Table 35 South East non-molestation orders 2019/20 to 2021/22

South East	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
Non-molestation orders	7,469	8,746	8,034	7.6%

¹¹⁴ www.gov.uk/government/publications/domestic-violence-protection-orders/domestic-violence-protection-notices-dvpns-and-domestic-violence-protection-orders-dvpos-guidance-sections-24-33-crime-and-security-act-2010

¹¹⁵ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

¹¹⁶ Data not available at Police force level

¹¹⁷ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

5.10.3 Occupation orders

Victims of domestic abuse can apply for an occupation order which is a court order that decides who can live in the family home or enter the surrounding area. They usually last between 6 to 12 months and a power of arrest can be attached to an occupation order in certain circumstances.

In 2021/22, there were 500 occupation orders in the South East¹¹⁸, a decrease of 29.9% compared to 2019/20. Nationally, there was a 14% decrease between the same periods¹¹⁹.

Table 36 South East occupation orders 2019/20 to 2021/22

South East	2019/20	2020/21	2021/22	Change 21/22 vs 19/20
Occupation orders	713	674	500	-29.9%

5.10.4 Prohibited Steps Orders

This forbids someone from taking your child away from your care and control. This order is particularly appropriate when the person threatening to take away your child(ren) is ordinarily allowed to have the care and control of them.

There is no power of arrest attached though police may assist informally. It is also enforceable in the County Court as contempt of court. It does not necessarily prevent all contact between the child(ren) and the respondent if appropriate in the circumstances¹²⁰.

5.10.5 Domestic Violence Disclosure Scheme (Clare's Law)

The police have common law powers to disclose information, broadly where there is a pressing need to protect people. In this context, these powers form the basis of disclosures under the Domestic Violence Disclosure Scheme (DVDS), also known as Clare's Law. This means in practice that information can be shared about a person's known history of violence or abuse, normally relating to previous convictions or charges, to members of the public where there is a pressing need for disclosure of the information to prevent further crime.

The principal aim of the DVDS is to introduce recognised and consistent procedures for the exercise of this power in this context, to enable the police to disclose information where it would protect a member of the public who may be at risk of harm from domestic abuse.

¹¹⁸ Data not available at Police force level

¹¹⁹ www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

¹²⁰ www.ncdv.org.uk/domestic-abuse-violence-protection-orders/

There are two procedures for disclosing information:

- **Right to ask** is triggered by a member of the public applying to the police for a disclosure.
- **Right to know** is triggered by the police making a proactive decision to disclose information to protect a potential victim(s)¹²¹

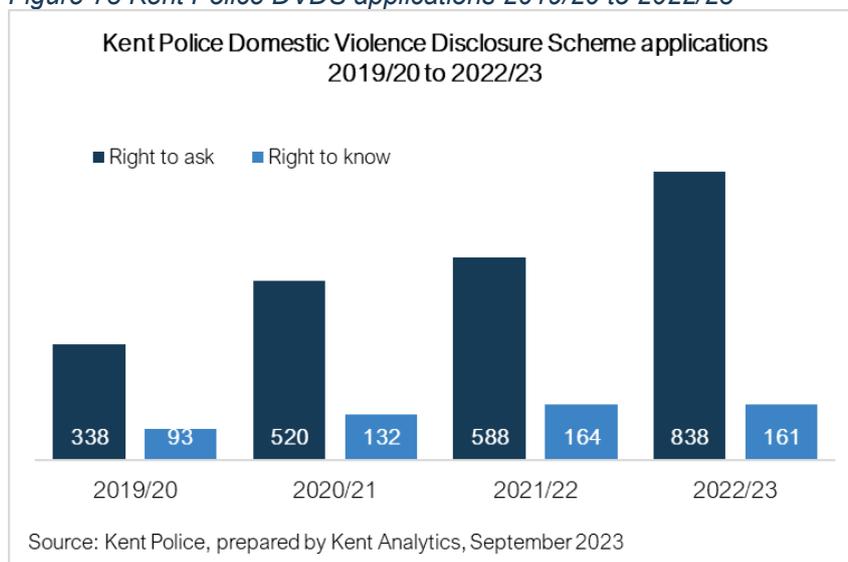
In 2022/23, there were 838 ‘Right to Ask’ applications in Kent (excluding Medway). The number of applications has been steadily increasing since 2019/20 when there were 338. Nationally, there were 22,435 applications in 2021/22, of which Kent made up 2.6%¹²².

There was a large variance in the number of applications across the 12 districts in 2022/23. Thanet had the highest proportion (11.8%) and Tunbridge Wells had the lowest (3.9%).

In 2022/23, there were 161 ‘Right to Know’ applications in Kent (excluding Medway). These applications have also been steadily increasing since 2019/20, however not at the same rate as ‘Right to Ask’ applications. Nationally, there were 16,011 applications in 2021/22, of which Kent made up 1.0%.

There was a large variance in the number of applications across the 12 districts in 2022/23. Maidstone had the highest proportion (16.8%) and Ashford had the lowest (2.5%).

Figure 73 Kent Police DVDS applications 2019/20 to 2022/23



RECOMMENDATION:

Raise awareness and increase take up and use of Clare’s Law (DVDS).

¹²¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1162788/Domestic_Violence_Disclosure_Scheme.pdf

¹²²www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2022

6 Need and use of services

This section of the report aims to compare estimated need, police-reported incidents and service use by area and also explores variations in service utilisation by survivors' protected characteristics.

6.1 Areas

As already detailed in [Section 4.2.10](#) above, across the four areas the greatest difference between the estimated modelled prevalence per 1,000 16+ population and the rate of domestic abuse related incidents per 1,000 16+ population was in West Kent (44.1 vs 23.4), suggesting potential underreporting to the police in this area. The least difference was for East Kent (50.1 vs 43.5).

In 2022/23, there were 12.8 domestic abuse related crime victims per 1,000 16+ population in Kent. East Kent had the highest rate of domestic abuse related crime victims per 1,000 16+ population (16.2). South Kent had the lowest (10.8).

Table 37 Estimated prevalence, DA incidents, and DA victims 2022/23 per 1,000 16+ population by area

Area	2021 Census 16+ pop	Est. prevalence in Kent	Est. prevalence per 1,000 16+ pop	DA incidents (22/23)	DA incidents per 1,000 16+ pop	DA crime victims (22/23)	DA crime victims per 1,000 16+ pop
North Kent	439,385	20,900	47.6	15,657	35.6	5,761	13.1
West Kent	294,536	13,000	44.1	6,883	23.4	3,522	12.0
East Kent	211,537	10,600	50.1	9,199	43.5	3,422	16.2
South Kent	331,098	16,600	50.1	10,272	31.0	3,590	10.8
Total	1,276,556	61,100	47.9	42,011	32.9	16,295	12.8

In 2022/23, 3,109 survivors were supported by KIDAS refuge, community-based support and Specialist IDVAs¹²³, which equates to 2.4 survivors per 1,000 16+ population. Compared to the estimated prevalence, 1 in 20 survivors were supported by KIDAS (5.1%) and almost 1 in 5 survivors who reported crimes were supported (19.1%).

North Kent had the lowest KIDAS service use per 1,000 16+ population (1.9) and the smallest proportion of estimated prevalence (3.9%), domestic abuse incidents (5.3%) and domestic abuse crime victims (14.5%) going into their services. East Kent had the highest service use.

¹²³ There may be some duplication of survivors supported by more than one service

Table 38 KIDAS service use per 1,000 16+ population by area 2022/23

Area	2021 Census 16+ pop	KIDAS survivors supported ¹²⁴	KIDAS per 1,000 16+ pop	% est. prevalence going to KIDAS	% DA incidents going to KIDAS	% DA crime victims going to KIDAS
North Kent	439,385	824	1.9	3.9%	5.3%	14.3%
West Kent	294,536	641	2.2	4.9%	9.3%	18.2%
East Kent	211,537	843	4.0	8.0%	9.2%	24.6%
South Kent	331,098	801	2.4	4.8%	7.8%	22.3%
Total	1,276,556	3,109	2.4	5.1%	7.4%	19.1%

In 2022/23, 7,333 survivors were supported by KIDAS and all other community organisations (that provided information), which equates to 5.7 survivors per 1,000 16+ population. However, care should be taken when using this figure as there may be duplication of survivors supported across services.

Table 39 KIDAS & other community-based service use per 1,000 16+ population 2022/23

Area ¹²⁵	KIDAS & other community survivors supported	KIDAS & other comm per 1,000 16+ pop	% est. prevalence going to KIDAS & other comm	% DA incidents going to KIDAS & other comm
Kent	7,333	5.7	12%	17.5%

6.2 Survivor characteristics by service

6.2.1 Gender/sex

Compared to the 2021 Census, estimated prevalence and domestic abuse related crime victims, males are underrepresented in all services. Other community-based services had the highest proportion of male survivors in their services (18.2% or 720 survivors) as this included some male specific services.

Table 40 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by gender/sex

Gender/sex	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
Male	614,402 (48.1%)	17,700	4,969 (30.5%)

¹²⁴ Includes KIDAS refuge, community-based support, and Specialist IDVA survivors supported in 2022/23

¹²⁵ Data for other community-based support cannot be disaggregated into areas as some services cover multiple areas

Female	662,154 (51.9%)	43,800	11,326 (69.4%)
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Table 41 Service use by gender/sex 2022/23

Gender/sex	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
Male	0 (0%)	105 (4.1%)	29 (9.3%)	667 (18.5%)	60 (11.7%)
Female	208 (100%)	2,444 (94.4%)	280 (89.7%)	2,851 (79%)	451 (87.9%)
Unknown	0 (0%)	37 (2.1%)	3 (1%)	78 (2.1%)	0 (0%)

6.2.2 Gender identity

Although there are relatively low volumes of survivors identifying as transsexual in domestic abuse support services, compared to the Kent population, a significantly higher proportion are supported by KIDAS Specialist IDVAs (1.9%) and in other community-based services (1.0%).

Table 42 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by gender identity

Gender identity	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
Trans (man/woman)	2,122 (0.2%)	Not available	Not available
Unknown	65,294 (5.1%)	Not available	Not available

Table 43 Service use by gender identity 2022/23

Gender identity	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
Trans (man/woman)	(s) ¹²⁶ (0.5%)	(s) (0.3%)	(s) (1.9%)	29 (1.0%)	Not available
Unknown	10 (4.8%)	242 (9.3%)	24 (7.7%)	1,184 (40.5%)	Not available

¹²⁶ Suppressed due to low figures

6.2.3 Age

As mentioned in [Section 4.2.10](#) above, compared to the estimated prevalence, there are significantly fewer survivors aged over 55 reporting domestic abuse related crimes to the police.

Younger survivors (aged 16 to 19) are significantly less represented in most services compared to the Kent population and estimated prevalence.

Older survivors (aged 55+) are also significantly less represented in most services compared to the Kent population and estimated prevalence. Proportionally, more older survivors (aged 75+) were supported by HIDVAs (8.5%) compared to the other services and through the IRIS programme (28% aged over 65).

Table 44 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by age

Age	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
16 – 19	69,562 (5.4%)	5,200	1,226 (7.5%)
20 – 24	83,408 (6.5%)	8,600	1,787 (11%)
25 – 34	191,293 (15%)	9,700	4,557 (27.9%)
35 – 44	197,108 (15.4%)	11,200	3,866 (23.7%)
45 – 54	212,957 (16.7%)	9,800	2,405 (14.7%)
55 – 59	109,720 (8.6%)	4,600	828 (5.1%)
60 – 74	262,468 (20.6%)	8,700	1,064 (6.5%)
75+	150,056 (11.8%)	3,200	460 (2.8%)
Unknown	0 (0%)	n/a	99 (0.6%)

Table 45 Service use by age 2022/23

Age	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
16 – 19	(s) ¹²⁷ (2.9%)	46 (1.8%)	(s) (0.6%)	Not available	Not available
20 – 24	35 (16.8%)	191 (7.4%)	32 (10.3%)	Not available	Not available
25 – 34	72 (34.6%)	932 (36%)	114 (36.5%)	Not available	Not available
35 – 44	55 (26.4%)	731 (28.2%)	73 (23.4%)	Not available	Not available
45 – 54	26 (12.5%)	379 (14.6%)	42 (13.5%)	Not available	Not available
55 – 59	(s) (2.9%)	101 (3.9%)	12 (3.8%)	Not available	Not available
60 – 74	(s) (2.4%)	100 (3.9%)	21 (6.7%)	Not available	Not available
75+	(s) (0%)	52 (2%)	(s) (2.6%)	Not available	35 (8.5%)
Unknown	(s) (1.4%)	57 (2.2%)	(s) (2.6%)	Not available	0 (0%)

6.2.4 Ethnicity

As detailed in [Section 5.3.5](#) and [Section 5.3.11](#) above, there were significantly more ethnic minority survivors in KIDAS refuges compared to the Kent population, which is likely due to over half of the survivors coming to Kent refuges from more diverse areas outside of Kent.

Ethnic minority survivors were significantly less represented in KIDAS community-based services (13.2%) compared to the Kent population, particularly Asian/Asian British survivors (2.6%) and Black/Black British survivors (1.2%).

KIDAS Specialist IDVAs also supported significantly fewer ethnic minority survivors (11.2%) compared to the Kent population.

¹²⁷ Suppressed due to low figures

Although there were significantly more ethnic minority survivors represented in other community-based services (21.3%) compared to the Kent population, Asian/Asian British survivors were underrepresented (3.1%).

A service where Asian/Asian British survivors had significantly more representation compared to the Kent population was for HIDVAs (7.2%).

RECOMMENDATION:

Explore and address potential barriers in accessing community-based support for ethnic minority survivors, particularly Asian or Black survivors.

Table 46 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by ethnicity

Ethnicity	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
White British	1,075,162 (84.2%)	Not available	Not available
Ethnic minority	201,406 (15.8%)	Not available	Not available
White	1,157,446 (90.7%)	Not available	Not available
Mixed	19,770 (1.5%)	Not available	Not available
Asian or Asian British	54,506 (4.3%)	Not available	Not available
Black or Black British	29,542 (2.3%)	Not available	Not available
Other ethnic group	15,304 (1.2%)	Not available	Not available
Unknown	n/a	Not available	Not available

Table 47 Service use by ethnicity 2022/23

Ethnicity	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
White British	133 (63.9%)	2,048 (79.1%)	253 (81.1%)	2,324 (64.4%)	282 (64.8%)
Ethnic minority	66 (31.7%)	342 (13.2%)	35 (11.2%)	768 (21.3%)	86 (19.8%)
White	147 (70.7%)	2,209 (85.3%)	268 (85.9%)	2,701 (74.9%)	346 (71.6%)
Mixed	18 (8.7%)	58 (2.2%)	(s) (1.6%)	115 (3.2%)	11 (2.3%)
Asian or Asian British	16 (7.7%)	68 (2.6%)	11 (3.5%)	113 (3.1%)	35 (7.2%)
Black or Black British	(s) ¹²⁸ (3.4%)	31 (1.2%)	(s) (1%)	82 (2.3%)	16 (3.3%)
Other ethnic group	11 (5.3%)	24 (0.9%)	(s) (0.3%)	81 (2.2%)	(s) (1.7%)
Unknown	(s) (4.3%)	199 (7.7%)	24 (7.7%)	516 (14.3%)	67 (13.9%)

6.2.5 Disability

A significantly lower proportion of disabled survivors are represented in KIDAS community-based services (17.4%), and other community-based services (17.7%) compared to the Kent population. However, this information is not always routinely collated, so there may be higher representation than reported.

Table 48 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by disability

Disability	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
Disabled	258,122 (20.2%)	24,100	Not available
Not disabled	1,018,442 (79.8%)	36,900	Not available

¹²⁸ Suppressed due to low figures

Table 49 Service use by disability 2022/23

Disability	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
Disabled	39 (18.8%)	450 (17.4%)	75 (24%)	613 (17.7%)	86 (17.9%)
Not disabled	164 (78.8%)	1,800 (69.5%)	207 (66.3%)	2,305 (66.5%)	394 (82.1%)
Unknown	5 (2.4%)	339 (13.1%)	30 (9.6%)	546 (15.8%)	0 (0%)

6.2.6 Sexual orientation

A significantly higher proportion of lesbian, gay and bisexual survivors are represented in KIDAS refuges (6.3%) compared to the Kent population.

Table 50 Census 2021 16+ population, estimated prevalence, and DA related crime victims in 2022/23 by sexual orientation

Sexual orientation	2021 Census 16+ pop (% of total)	Est. prevalence in Kent	DA related crime victims 22/23 (% of total)
Straight or Heterosexual	1,156,388 (90.6%)	Not available	Not available
Gay or Lesbian	16,912 (1.3%)	Not available	Not available
Bisexual	14,521 (1.1%)	Not available	Not available
All other sexual orientations	3,598 (0.3%)	Not available	Not available
Unknown	85,147 (6.7%)	Not available	Not available
LBG+	35,031 (2.7%)	Not available	Not available

Table 51 Service use by sexual orientation 2022/23

Sexual orientation	KIDAS refuge (% of total)	KIDAS community- based (% of total)	KIDAS Specialist IDVA (% of total)	Other community- based (% of total)	HIDVA (% of total)
Straight or Heterosexual	176 (84.6%)	2,092 (80.8%)	246 (78.8%)	2,457 (68.1%)	354 (73.8%)
Gay or Lesbian	(s) ¹²⁹ (3.8%)	27 (1%)	(s) (1.9%)	49 (1.4%)	11 (2.3%)
Bisexual	(s) (2.4%)	24 (0.9%)	(s) (2.6%)	55 (1.5%)	(s) (1%)
All other sexual orientations	0 (0%)	(s) (0.3%)	0 (0%)	(s) (0.2%)	0 (0%)
Unknown	19 (9.1%)	439 (17%)	52 (16.7%)	1,037 (28.8%)	110 (22.9%)
LBG+	13 (6.3%)	58 (2.2%)	14 (4.4%)	112 (3.1%)	16 (3.3%)

RECOMMENDATIONS:

The protected characteristics of survivors should be routinely captured across all support services.

Where possible, the collation of protected characteristics data across support services should be aligned to national datasets, such as the CSEW and Census, to ensure accurate and meaningful comparisons can be made to identify gaps.

¹²⁹ Suppressed due to low figures

7 Appendices

7.1 Appendix A – Census by district

7.1.1 Overall population

In 2021 Maidstone was the most populous area at 175,781. Maidstone accounts for 11.2% of the total population of Kent. Maidstone also experienced the highest increase in absolute terms in the total population where the population rose by 20,638 between 2011 and 2021. This is the largest increase of all twelve districts and equates to a 13.3% increase.

Dartford saw the highest percentage increase with 19.9% or 19,383 people. Tunbridge Wells experienced the smallest increase in population between the 2011 and 2021 Census, rising by 269 people or a 0.2% increase.

Gravesham has the smallest population at 106,905 which accounts for 6.8% of the total population of Kent.

District	2011	2021	Number change	% change	% of total
Ashford	117,956	132,752	14,796	12.5%	8.4%
Canterbury	151,145	157,417	6,272	4.1%	10.0%
Dartford	97,365	116,748	19,383	19.9%	7.4%
Dover	111,674	116,400	4,726	4.2%	7.4%
Folkes & Hythe	107,969	109,757	1,788	1.7%	7.0%
Gravesham	101,720	106,905	5,185	5.1%	6.8%
Maidstone	155,143	175,781	20,638	13.3%	11.2%
Sevenoaks	114,893	120,519	5,626	4.9%	7.6%
Swale	135,835	151,679	15,844	11.7%	9.6%
Thanet	134,186	140,589	6,403	4.8%	8.9%
Ton & Malling	120,805	132,205	11,400	9.4%	8.4%
Tunbridge Wells	115,049	115,318	269	0.2%	7.3%
Kent	1,463,740	1,576,077	112,337	7.7%	-

7.1.2 Sex

Canterbury has the greatest proportion of females to males (52% female compared to 48% male). The difference is smallest in Swale with 50.3% female compared to 49.7% male.

2021	Total persons	Male	%	Female	%
Ashford	132,752	64,593	48.7%	68,159	51.3%
Canterbury	157,417	75,576	48.0%	81,841	52.0%
Dartford	116,748	57,155	49.0%	59,593	51.0%
Dover	116,400	56,796	48.8%	59,604	51.2%
Folkes & Hythe	109,757	53,574	48.8%	56,183	51.2%
Gravesham	106,905	52,229	48.9%	54,676	51.1%
Maidstone	175,781	86,964	49.5%	88,817	50.5%
Sevenoaks	120,519	58,212	48.3%	62,307	51.7%
Swale	151,679	75,311	49.7%	76,368	50.3%
Thanet	140,589	67,657	48.1%	72,932	51.9%
Ton & Malling	132,205	64,353	48.7%	67,852	51.3%
Tunbridge Wells	115,318	55,949	48.5%	59,369	51.5%
KCC	1,576,070	768,369	48.8%	807,701	51.2%

7.1.3 Age

Dartford has the highest proportion of under 16 year olds (23.3%) and the lowest proportion of the population aged over 65 (13%). Canterbury has the lowest proportion of under 16 year olds (15.7%) and the highest proportion of 16 to 40 year olds (34.2%).

2021	Under 16	16-40	41-65	Over 65	Under 16 %	16-40 %	41-65 %	Over 65 %
Ashford	25,976	39,082	43,098	24,596	19.6%	29.4%	32.5%	18.5%
Canterbury	24,651	53,817	46,486	32,463	15.7%	34.2%	29.5%	20.6%
Dartford	26,054	39,787	35,786	15,121	22.3%	34.1%	30.7%	13.0%
Dover	20,277	31,450	38,288	26,385	17.4%	27.0%	32.9%	22.7%
Folkes & Hythe	18,201	28,655	36,812	26,089	16.6%	26.1%	33.5%	23.8%
Gravesham	22,347	33,555	33,628	17,375	20.9%	31.4%	31.5%	16.3%
Maidstone	33,648	53,726	56,669	31,738	19.1%	30.6%	32.2%	18.1%
Sevenoaks	23,916	31,210	40,749	24,644	19.8%	25.9%	33.8%	20.4%
Swale	29,679	46,159	48,536	27,305	19.6%	30.4%	32.0%	18.0%
Thanet	25,175	38,567	45,271	31,576	17.9%	27.4%	32.2%	22.5%
Ton & Malling	26,677	36,971	44,534	24,023	20.2%	28.0%	33.7%	18.2%
Tunbridge Wells	22,913	31,484	39,621	21,300	19.9%	27.3%	34.4%	18.5%
KCC	299,505	464,463	509,487	302,622	19.0%	29.5%	32.3%	19.2%

7.1.4 Ethnicity

The ethnic minority population in Dartford has nearly doubled since 2011 and is the highest proportion across the 12 districts at 32.7%.

The ethnic minority population in Dover has seen the least change between 2011 and 2021. Dover also has the lowest ethnic minority population across the 12 districts at 9.7%.

District	2011 White British	2011 Ethnic minority	2021 White British	2021 Ethnic minority	Change in ethnic minority proportion
Ashford	89.4%	10.6%	82.6%	17.4%	6.8
Canterbury	87.5%	12.5%	82.5%	17.5%	5.0
Dartford	82.6%	17.4%	67.3%	32.7%	15.4
Dover	93.0%	7.0%	90.3%	9.7%	2.7
Folkes & Hythe	90.8%	9.2%	88.0%	12.0%	2.8
Gravesham	77.1%	22.9%	68.3%	31.7%	8.8
Maidstone	89.1%	10.9%	82.0%	18.0%	7.1
Sevenoaks	91.0%	9.0%	85.6%	14.4%	5.4
Swale	92.9%	7.1%	88.6%	11.4%	4.3
Thanet	90.4%	9.6%	87.3%	12.7%	3.1
Ton & Malling	92.4%	7.6%	88.3%	11.7%	4.1
Tunbridge Wells	89.6%	10.4%	84.2%	15.8%	5.5
KCC	89.1%	10.9%	83.2%	16.8%	5.9

7.1.5 Place of birth

Dartford has the highest proportion of non-UK born residents across the 12 districts at 19.7% and has shown the largest increase since 2011 (+109.2% or 11,995 people).

The non-UK born population in Dover has seen the least change between 2011 and 2021. Dover also has the lowest non-UK born population across the 12 districts at 8.4%.

District	2011 UK	2011 Non-UK	2021 UK	2021 Non-UK	Change in non-UK proportion
Ashford	90.7%	9.3%	86.6%	13.4%	4.1
Canterbury	89.0%	11.0%	87.1%	12.9%	1.9
Dartford	88.7%	11.3%	80.3%	19.7%	8.4
Dover	92.7%	7.3%	91.6%	8.4%	1.1

Folkes & Hythe	90.8%	9.2%	89.5%	10.5%	1.2
Gravesham	85.9%	14.1%	80.8%	19.2%	5.2
Maidstone	90.7%	9.3%	86.0%	14.0%	4.7
Sevenoaks	91.8%	8.2%	89.0%	11.0%	2.9
Swale	94.3%	5.7%	92.0%	8.0%	2.3
Thanet	91.4%	8.6%	90.2%	9.8%	1.2
Ton & Malling	93.1%	6.9%	91.0%	9.0%	2.1
Tunbridge Wells	90.1%	9.9%	86.5%	13.5%	3.6
KCC	90.9%	9.1%	87.7%	12.3%	3.2

7.1.6 Main language

Gravesham has the highest proportion of residents across the 12 districts where English is not their main language (11.9%), with the second most spoken language being Panjabi.

2021	English main language	Other main language	2nd most spoken main language
Ashford	93.2%	6.8%	Nepalese
Canterbury	94.6%	5.4%	Romanian
Dartford	90.7%	9.4%	Romanian
Dover	96.4%	3.6%	Polish
Folkes & Hythe	95.2%	4.8%	Nepalese
Gravesham	88.1%	11.9%	Panjabi
Maidstone	92.2%	7.8%	Nepalese
Sevenoaks	96.6%	3.4%	Polish
Swale	96.2%	3.8%	Romanian
Thanet	95.3%	4.7%	Polish
Ton & Malling	96.9%	3.1%	Polish
Tunbridge Wells	94.7%	5.3%	Polish
KCC	94.2%	5.8%	Polish

7.1.7 Qualifications

Tunbridge Wells has the highest proportion of residents with a Level 1 qualification or above across the 12 districts (84%). Swale had the lowest proportion (75.1%).

2021	No qualifications	Other qualifications	Level 1 or above
Ashford	17.6%	2.9%	79.5%
Canterbury	16.2%	2.7%	81.1%
Dartford	16.2%	2.8%	81.0%
Dover	19.5%	3.0%	77.5%
Folkes & Hythe	19.4%	3.2%	77.4%
Gravesham	20.3%	3.5%	76.2%
Maidstone	17.4%	2.9%	79.6%
Sevenoaks	15.6%	2.4%	81.9%
Swale	22.0%	2.9%	75.1%
Thanet	21.7%	3.1%	75.2%
Ton & Malling	15.5%	2.6%	82.0%
Tunbridge Wells	13.5%	2.5%	84.0%
KCC	18.0%	2.9%	79.2%

7.1.8 Disability

Thanet has the highest proportion of people who consider themselves disabled across the 12 districts (22.9%). Dartford has the lowest proportion (14%).

2021	Disabled	Not disabled
Ashford	17.1%	82.9%
Canterbury	19.6%	80.4%
Dartford	14.0%	86.0%
Dover	21.2%	78.8%
Folkes & Hythe	21.8%	78.2%
Gravesham	16.4%	83.6%
Maidstone	15.9%	84.1%
Sevenoaks	15.0%	85.0%
Swale	19.5%	80.5%
Thanet	22.9%	77.1%

Ton & Malling	15.3%	84.7%
Tunbridge Wells	15.0%	85.0%
KCC	17.9%	82.1%

7.1.9 Sexual orientation

Canterbury has the highest proportion of the population who identify as gay or lesbian, bisexual, or another sexual orientation across the 12 districts (4.5%) and Sevenoaks the lowest (1.9%).

2021	Straight or Heterosexual	Gay or Lesbian	Bisexual	All other sexual orientations	Not answered	LGB
Ashford	90.9%	1.3%	1.0%	0.3%	6.5%	2.6%
Canterbury	87.5%	1.8%	2.2%	0.5%	8.0%	4.5%
Dartford	91.2%	1.2%	0.9%	0.2%	6.5%	2.3%
Dover	90.2%	1.6%	1.1%	0.2%	6.8%	3.0%
Folkes & Hythe	90.5%	1.5%	1.1%	0.3%	6.7%	2.8%
Gravesham	91.0%	1.1%	1.0%	0.3%	6.6%	2.4%
Maidstone	91.2%	1.2%	1.0%	0.3%	6.4%	2.4%
Sevenoaks	91.8%	1.0%	0.7%	0.2%	6.3%	1.9%
Swale	91.4%	1.4%	1.0%	0.3%	6.0%	2.6%
Thanet	89.6%	1.7%	1.3%	0.3%	7.0%	3.4%
Ton & Malling	92.0%	0.9%	0.9%	0.2%	6.0%	2.0%
Tunbridge Wells	90.6%	1.2%	1.1%	0.3%	6.9%	2.5%
KCC	90.6%	1.3%	1.1%	0.3%	6.7%	2.7%

7.1.10 Religion

Swale has the highest proportion of the population who have described themselves as Christian across the 12 districts (45.3%). Sevenoaks has the highest Christian population (51.8%) and Gravesham has the highest proportion with religions other than Christianity (13.5%).

2021	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	Not answered
Ashford	40.7%	47.6%	1.0%	2.0%	0.1%	1.6%	0.1%	1.2%	5.7%
Canterbury	42.0%	46.6%	0.6%	0.8%	0.2%	1.8%	0.2%	0.7%	7.0%
Dartford	36.5%	48.1%	0.6%	3.8%	0.1%	3.5%	1.7%	0.4%	5.3%
Dover	42.4%	49.6%	0.5%	0.6%	0.1%	0.6%	0.1%	0.6%	5.5%
Folkes & Hythe	41.8%	48.0%	1.0%	1.5%	0.1%	1.0%	0.0%	0.9%	5.7%
Gravesham	32.1%	49.2%	0.3%	1.4%	0.1%	3.1%	8.0%	0.6%	5.2%

Maidstone	40.1%	49.3%	0.8%	1.4%	0.1%	1.9%	0.2%	0.6%	5.7%
Sevenoaks	39.5%	51.8%	0.4%	0.7%	0.2%	0.9%	0.2%	0.3%	5.9%
Swale	45.3%	47.2%	0.3%	0.4%	0.1%	1.0%	0.1%	0.4%	5.1%
Thanet	44.1%	46.7%	0.4%	0.6%	0.2%	1.5%	0.1%	0.6%	5.8%
Ton & Malling	42.8%	48.7%	0.3%	0.9%	0.1%	1.0%	0.2%	0.4%	5.6%
Tun Wells	40.3%	49.7%	0.4%	1.0%	0.2%	1.7%	0.1%	0.5%	6.3%
KCC	40.9%	48.5%	0.6%	1.2%	0.1%	1.6%	0.8%	0.6%	5.8%

7.1.11 Unpaid carers

Dover, Folkestone & Hythe and Thanet have the highest proportion of the population with unpaid carers (10.4%). Tunbridge Wells has the lowest 7.9%.

District	2011	2021
Ashford	10.7%	8.9%
Canterbury	10.8%	8.9%
Dartford	10.2%	8.0%
Dover	12.0%	10.4%
Folkes & Hythe	12.1%	10.4%
Gravesham	10.9%	9.0%
Maidstone	10.7%	8.6%
Sevenoaks	11.1%	8.8%
Swale	11.2%	9.7%
Thanet	12.3%	10.4%
Ton & Malling	10.7%	8.7%
Tunbridge Wells	9.8%	7.9%
KCC	11.0%	9.1%

7.1.12 Dependent children

Dartford has the highest proportion of households with dependent children (36.2%) and has shown the most increase across the 12 districts since 2011 when 32.4% of households had dependent children.

Folkestone & Hythe has the lowest proportion of households with dependent children (24.3%) and showed the most decrease across the 12 districts since 2011 when 26% of households had dependent children.

District	2011	2021
Ashford	32.2%	30.9%
Canterbury	26.0%	24.8%
Dartford	32.4%	36.2%
Dover	26.4%	25.3%
Folkes & Hythe	26.0%	24.3%
Gravesham	32.6%	33.5%
Maidstone	30.6%	30.6%
Sevenoaks	29.9%	30.9%
Swale	31.4%	30.5%
Thanet	27.1%	26.0%
Ton & Malling	32.8%	31.9%
Tunbridge Wells	30.1%	30.2%
KCC	29.6%	29.4%

7.1.13 Housing tenure

Sevenoaks has the highest proportion of households who own their home (71.5%). Thanet has the lowest (61.4%) and the highest proportion of private renters (26.3%). Gravesham has the highest proportion of social renters (17.4%).

2021	Owner	Social renter	Private renter
Ashford	66.4%	14.0%	17.7%
Canterbury	64.8%	12.2%	22.0%
Dartford	65.6%	13.8%	18.1%
Dover	66.2%	13.9%	19.0%
Folkes & Hythe	65.8%	10.9%	22.5%
Gravesham	62.2%	17.4%	19.1%
Maidstone	67.4%	13.4%	17.3%
Sevenoaks	71.5%	13.2%	13.4%
Swale	67.0%	13.3%	18.4%
Thanet	61.4%	11.9%	26.3%
Ton & Malling	70.0%	15.4%	12.5%
Tunbridge Wells	65.1%	14.6%	19.2%
KCC	66.1%	13.6%	18.9%

7.1.14 Economic activity

Dartford has the highest proportion of economically active residents (68.2%). Canterbury has the lowest (53.8%), however, they have a high student population not in work (11.4%). Folkestone & Hythe has the highest retired population (28.6%), closely followed by Dover (28%) and Thanet (27.9%).

2021	Total economically active	Employee	Self employed	Unemployed	Student (+eco active)
Ashford	62.5%	47.4%	10.8%	2.4%	1.7%
Canterbury	53.8%	37.2%	9.6%	2.3%	4.7%
Dartford	68.2%	53.2%	10.3%	2.9%	1.7%
Dover	56.2%	42.3%	9.7%	2.8%	1.4%
Folkes & Hythe	55.4%	41.1%	10.0%	2.8%	1.5%
Gravesham	62.7%	47.3%	10.3%	3.3%	1.8%
Maidstone	63.5%	48.7%	10.9%	2.3%	1.6%
Sevenoaks	60.8%	44.9%	12.5%	2.1%	1.2%
Swale	59.9%	46.0%	9.7%	2.8%	1.4%
Thanet	54.9%	39.5%	10.7%	3.2%	1.5%
Ton & Malling	63.5%	49.0%	10.9%	2.1%	1.5%
Tunbridge Wells	63.1%	46.5%	13.0%	2.3%	1.3%
KCC	60.2%	45.1%	10.7%	2.6%	1.8%

2021	Total economically inactive	Retired	Student	Looking after home/ family	Long-term sick/ disabled	Other
Ashford	37.5%	22.5%	3.7%	5.1%	3.4%	2.8%
Canterbury	46.2%	24.8%	11.4%	3.9%	3.7%	2.4%
Dartford	31.8%	17.1%	4.2%	4.9%	2.8%	2.8%
Dover	43.8%	28.0%	3.6%	4.6%	4.8%	2.9%
Folkes & Hythe	44.6%	28.6%	3.3%	4.7%	5.0%	3.0%
Gravesham	37.3%	20.6%	4.2%	5.5%	3.7%	3.3%
Maidstone	36.5%	22.3%	3.5%	4.7%	3.2%	2.9%
Sevenoaks	39.2%	25.0%	3.9%	5.3%	2.5%	2.4%
Swale	40.1%	22.5%	3.5%	5.5%	4.5%	4.0%
Thanet	45.1%	27.9%	3.6%	5.1%	5.4%	3.1%
Ton & Malling	36.5%	22.9%	3.9%	4.7%	2.8%	2.2%
Tunbridge Wells	36.9%	22.5%	4.3%	4.9%	2.8%	2.4%
KCC	39.8%	23.8%	4.6%	4.9%	3.7%	2.9%

7.2 Appendix B – Safe accommodation case studies

Names and some details have been changed to protect the identity of the survivors.

7.2.1 No Recourse to Public Funds

Background

Clara had no recourse to public funds, was living in refuge and was unable to apply for social housing or benefits.

Support provided

The Tenancy Support Worker liaised with the National Homelessness Advice Service and specialist immigration lawyers.

Outcome

She was able to gain settled status and to be accepted by a Local Authority for housing and receive benefits. She chose to move to an area to attend a good university to undertake courses that would convert her existing midwifery qualifications and allow her to practice in the UK.

7.2.2 Younger survivor (16-24 years old) with child

Background

After finding the courage to flee an abusive relationship, Violet found out that she was pregnant. Having secured a privately rented flat, she felt she was safe. Soon after, Violet was served her 28 days' notice to leave the property after being deemed too small for human habitation. Violet quickly became overwhelmed with the lack of support from her local council and found herself on the brink of being street homeless, whilst pregnant.

Support provided

After learning about the support through a friend, Violet made a self-referral when she was 7 weeks pregnant, and within two weeks she had moved into the specialist accommodation provided for young mothers. Violet engaged immediately with the services, receiving support with finances, benefits & housing applications, nutrition, and further education and attended invaluable antenatal and postnatal groups.

After the birth of her child, Violet's location became insecure, and she needed to move quicker than expected. The team and her IDVA created a safe exit plan and liaised with the council to have her housing prioritised due to the domestic abuse she's experienced. The team supported Violet in securing a council property near her support network and financial grants to furnish the flat.

Outcome

Violet is now settled in independent living, in a safe home, surrounded by her loved ones, with all of the practical and parenting skills acquired to thrive.

7.2.3 High support needs

Background

Paula came into the refuge last year. She suffers from anxiety, depression, and panic attacks along with ADHD and reports being on the spectrum for Autism. She struggles in social settings and also finds budgeting difficult.

Support provided

When Paula was creating her support plan, the focus was on counselling services and setting small goals for her to attend events within the refuge. She also wanted to bid to access her own accommodation in the community. A referral was made to the High Needs Support Officer (HNSO) to enable Paula to access further support and encourage her to meet outside of her flat.

Paula was struggling with cleaning her flat and budgeting to pay her weekly service charge. She was supported to create her own daily cleaning plan and to break down her weekly tasks into smaller jobs so she would not feel overwhelmed. A payment plan was set up for her to pay small regular payments towards her arrears and future service charge payments. Paula joined an Art Therapy group and has been a regular attendee.

Outcome

Art Therapy was an absolute game-changer for Paula. She showed a real flair for art and has been asked by the group facilitator to supervise other residents attending the group. Paula engages extremely well with counselling and has developed a good relationship with her counsellor. She uses her daily tasks cleaning plan and feels more in control of her home surroundings.

Since setting up the payment plan, Paula has paid regular monthly payments to her service charge and decreased her arrears by a considerable amount. Paula engages more with staff and residents and is a happier, confident person. She has a viewing of a property and is extremely likely to be offered her own place.

Further Information

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