

Increasing the uptake of domestic abuse support services in Kent

A project delivered by the Behavioural Insights Team for Kent County Council and the Local Government Association



In partnership with



Cabinet Office



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Introduction



The goal: Increase uptake of support services

- Domestic abuse (DA) causes **immeasurable harm** to victims and families. It also places a significant burden on public finances, with the total costs to public services estimated at £3.9bn in 2008 (Walby 2009).
- **The number of domestic abuse cases coming to the attention of the police is rising.** Nationally, police forces in England saw a 7% increase in cases between 2015/16 and 2016/17 from 1.03m to 1.10m incidents (ONS 2017). Kent has seen broadly similar increases, with 31,744 domestic abuse incidents recorded in 2015-16 (a 44% increase on the rate four years ago). Approximately 46% of cases which reach police forces involved a criminal offence.
- Nevertheless, **many domestic abuse incidents still appear to be unreported.** The Crime Survey for England and Wales finds that the number of people experiencing DA has broadly stayed stable since 2010, suggesting that increases in reported incidents mostly reflect changes in reporting behaviours rather than the real, underlying prevalence of DA (ONS 2017).
- Safeguarding mechanisms for high-risk victims have improved over the past decade, however there continues to be a need for **earlier identification of victims, preventative action** and more **victim-led service provision across all levels of risk.** To this end Kent County Council (KCC) and Kent Police commissioned an Integrated Domestic Abuse Service in April 2017, which aims to guarantee a consistent level of service in Kent and to prevent medium and standard risk victims becoming high risk.
- **KCC** applied to the **Local Government Association's** Behavioural Insights Programme to secure match-funding for a project in partnership with the **Behavioural Insights Team (BIT)**. This project **aimed to increase the number of victims of domestic abuse that access support.**



The approach: Applying BIT's TEST framework

BIT worked with KCC, Kent Police and Victim Support to try to increase the number of domestic abuse victims taking up support from Victim Support. The project ran from April 2017 to September 2018.

The project was delivered using BITs five stage **TESTS** methodology (**T**arget, **E**xplore, **S**olution, **T**rial and **S**cale)

Target & Explore

We used an iterative multi-method research approach to answer three main questions:

1. What are the barriers to victims taking up support?
2. Which touch point is most suitable for encouraging victims to take up support?
3. How could we evaluate any potential change using existing administrative data?

Solution

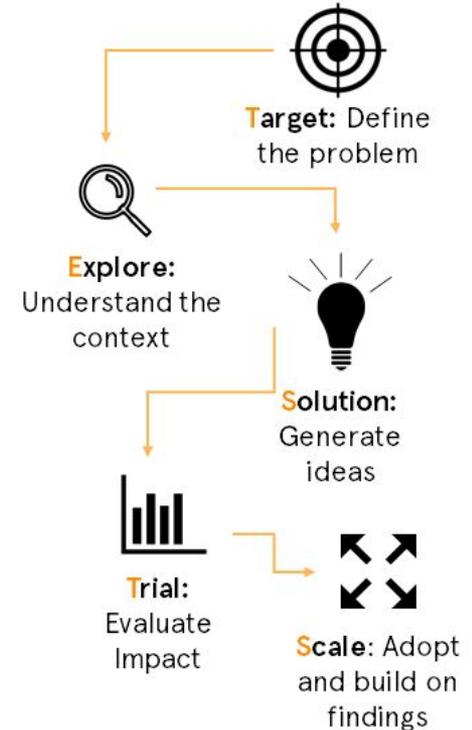
We drew on our research findings, and the broader behavioural science evidence base, to develop an intervention designed to improve uptake of Victim Support services. In designing this intervention we considered:

1. How will we reach people with our intervention?
2. How can we use behavioural science to encourage victims to take up support?

Trial & Scale

Finally, we evaluated our intervention using a randomised controlled trial (RCT). This allowed us to:

1. Rigorously measure the impact of our intervention.
2. Identify key lessons from the project, and how these could be applied in future work.





Target & Explore



Target & Explore: What we did



Interviews

- Phone interviews with staff from Kent County Council (KCC) and from domestic abuse (DA) service providers.
- Two in-person fieldwork visits to interview staff at KCC, Kent Police and Victim Support



Service Mapping

- Mapped pathways through which victims can access support in Kent to help us identify barriers to taking up services and opportunities for intervention



Review the data

- Reviewed available data covering the prevalence of DA, the number of cases which come to the attention of public services (reports and referrals) and uptake of support services.



Secondary research

- Reviewed the evidence base (from academic and practitioner research) relevant to domestic abuse. This included DA-specific research as well as more general behavioural science literature.

See Appendix for references



Target: Mapping the system

Initially, we conducted interviews with KCC staff and service providers to understand what services are currently available in Kent. We found:

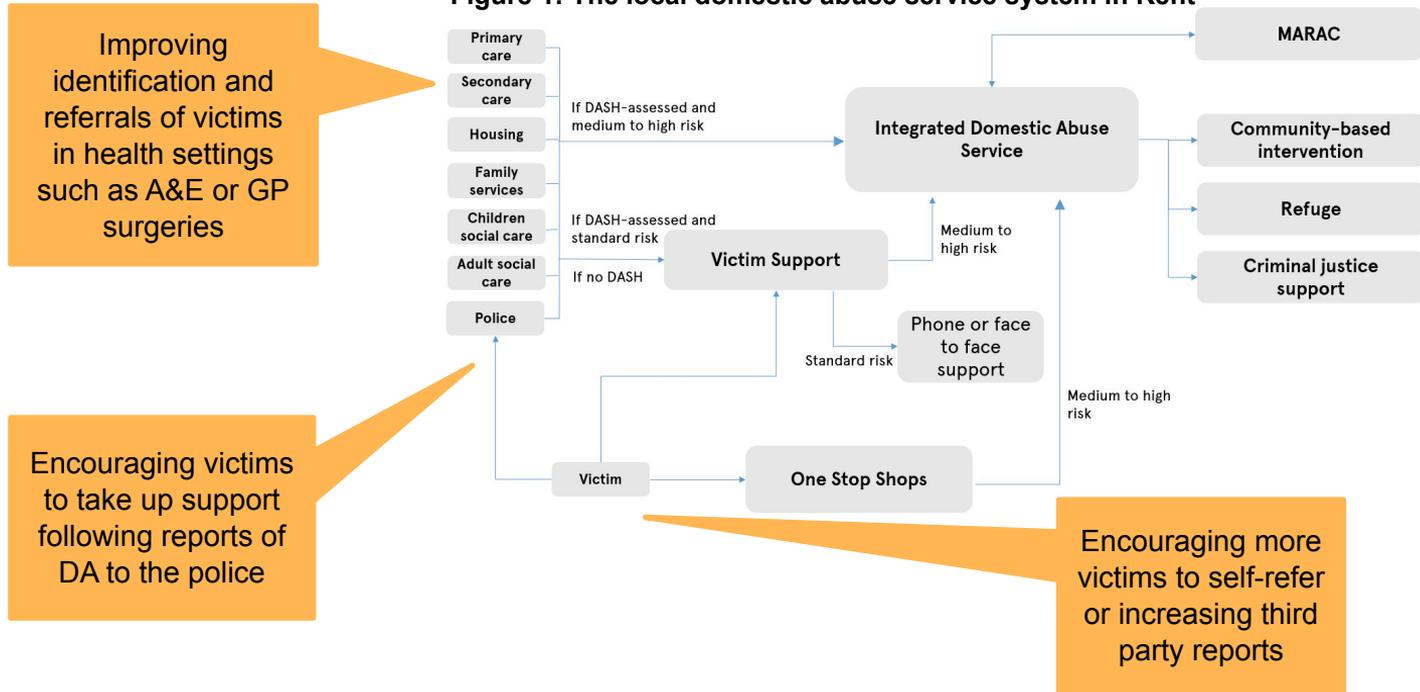
- Victims can either **self-refer** or be **referred** to support **by members of the public or public services**.
- The charity **Victim Support (VS)** run **Kent's Triage & Assessment service for DV**. If social services do not know how to risk-assess victims they should refer victims to VS.
- In addition, victims who have made a report of DA to Kent Police where a crime has been identified will receive a follow-up contact from Victim Support.
- Only **medium** and **high risk victims** are eligible to receive support from Kent's specialist **Integrated Domestic Abuse Service**.
- **Standard risk** victims can receive support from the charity Victim Support's **volunteer-led community support team**.



Target: Identifying the touch point

Based on our research, and an initial review of the literature, we identified three potential approaches:

Figure 1: The local domestic abuse service system in Kent





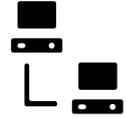
Target: Identifying the touch point

Following conversations with KCC and Kent Police, we jointly agreed to focus on increasing the number of victims who take up support services following contact with the police. This was because:

- Contact with the police is a key route into support for victims. Given both national research and initial conversations about the local situation, we believed that there was scope for improvement.
- Domestic abuse is a complex and sensitive area. We wanted to be able to evaluate any change proposed in this project as rigorously as possible. The large numbers of people referred to Kent Police gave us confidence that we would be able to run a rigorous, quantitative evaluation of any intervention we proposed.
- The other two potential goals were less suitable:
 - There are some existing, evidence-based strategies for increasing DA referrals from health settings and Kent County Council was already doing work in this area.
 - Community-based interventions which aim to increase self-referrals or third party reports are difficult to implement and to evaluate.



Explore: Customer journey map



Phone call

The most common way for a victim (or a witness) to report a case of DA is via a phone call.

Control room initial assessment

The caller will be connected with the control room and a call handler will assess the situation. If the incident is live, the next available patrol will be sent. Otherwise, a scheduled visit from an officer will be arranged.

Officer visit

When officers visit, they aim to establish what happened, conduct a risk assessment, give safeguarding advice to the victim and signpost them to local support. If they believe a crime has occurred they will also collect evidence.

Case transfer to Victim Support

At the end of each day, Kent Police automatically transfers data about all relevant crimes (including all cases of DA) to Victim Support.



Assessment and support

If the call goes ahead, Victim Support do another risk assessment to establish whether the victim is in need of support. If Victim Support feel the victim could benefit from further support, they will either just give safeguarding advice on the phone (if the victim prefers this) or refer to ongoing support.

Identification

If somebody picks up the phone the handler asks the person to identify themselves. If they don't confirm their name (and therefore that they are the victim), the handler has to end the call for safety reasons.

Call-back to victim

Victim Support then calls victims from a withheld number. Two attempts are made, the first within 48 hours and a second within five days.



Explore: What are the local barriers to service uptake?

We interviewed managers and frontline staff at both Kent Police and Victim Support to identify **barriers that may stop victims from taking up support**. We had hoped to shadow officers and interview victims, but due to safeguarding concerns this was not possible.

During our interviews we identified several factors that might discourage victims from accessing support services:

- **Poor rapport:** Officers don't always create sufficient rapport with victims, which can reduce their willingness to access support or support prosecutions. Victims sometimes feel like their needs are not being heard or taken seriously. Guidelines also sometimes require officers to arrest perpetrators against the victim's wishes. We learned that they do not always communicate this clearly enough to victims, which can harm the relationship between victim and police.
- **Highlighting follow-up contact and signposting:** Officers don't always signpost victims to local support (although this is required by guidance). There was also some indication that officers told victims about the Integrated Domestic Abuse Service, but did not tell them that they should expect a phone call from Victim Support.
- **Time constraints:** More generally, we were told that officers were often operating under serious time pressure and often had to rush off to the next incident.

Some of these findings echo a report by Her Majesty's Inspectorate of Constabulary (HMIC) from 2014, which found issues with first response officers not treating victims seriously enough, poor evidence collection and not appropriately signposting victims to support services in police forces across the UK.



Explore: What barriers are highlighted in the literature?

Barrier	Description
Lack of awareness	Victims may not recognise that their partner's behaviour is abuse.
Lack of self efficacy	Self-efficacy is a person's belief that they can achieve difficult tasks or cope with challenges. This can be eroded by abuse and other traumatic experiences.
Lack of perceived support	Perceived support is about whether a victim feels that they are adequately supported by people around them, and may or may not reflect the actual support that is available to them.
Financial dependence	Some victims feel unable to establish a future life without a secure source of income.
Fear of retribution by the perpetrator	Many victims fear the consequences to themselves and their children of seeking help if the perpetrator finds out that they are accessing external support.
Feared loss of children	Victims are often afraid that children's social services will become involved if they seek help.
Not wanting to end the relationship	Many victims believe that in order to get help from an agency or the police they must be prepared to end the relationship, and they may not be willing to do so.
Stigma	Victims can worry about what others will think of them if their abuse becomes known. They may also start to believe negative stereotypes about those who experience abuse.



Explore: Review of the data

We also reviewed anonymised case level data from Kent Police and Victim Support to understand the ‘flow’ through the system - how many referrals are there, how many victims do services successfully contact and how many people subsequently receive follow-up support.

We found that:

- **38.6% of victims** were **contacted** successfully.
- **14.1%** of victims had a **service delivered**, i.e. received advice over the phone and/or were referred to receive ongoing support.

This exercise also allowed us to confirm that it was possible to merge data from the police and Victim Support using Crime Reference Numbers (CRNs). Kent Police merged and anonymised the data before sharing it with BIT. We describe this process in greater detail in the Trial section.

Table 1: Cases referred from Kent Police to Victim Support (January - February 2018)

	High risk	Medium risk	Standard risk	Total
Total referrals	477	1,746	2,560	4,783
Victim was successfully contacted	306	687	852	1,845
Cases with a service delivered	151	274	254	679
Cases with immediate support	107	203	203	513
Cases requiring ongoing support	43	66	33	142



Solution



Solution: Designing our intervention

During the Solution phase we identified behavioural interventions that would help address some of the barriers we identified during our Explore phase. As there is no existing evidence base on how to increase uptake of DA support services, we relied on a review of effective behavioural interventions in other domains to design an approach.

We identified three potential ways of reaching victims with a behavioural intervention: text messages sent after an incident, printed materials handed out by officers during the incident or changes in the interactions between officers and victims during incidents. Our partners considered text messages too risky from a safeguarding perspective, whereas printed materials were considered slightly more safe as it is easier for the victim to hide these. Changing the way officers interact with victims would have required training, which was not feasible as part of this project. In addition, we felt that victims would benefit from written information as they are likely to be agitated during call outs and unable to remember everything they have been told.

We therefore decided on an intervention with two main parts:

- **Printed materials** for victims, which would be handed out when officers attended an incident
- A light-touch **behaviourally informed briefing** for officers to explain the new process

In addition to this we also designed briefing packs for all Chief Inspectors as well as templates for reminder emails to be sent out in advance of a station going live.



Solution: Printed materials for victims

We designed a **two-sided business card** for victims. The small size meant that victims could stow it away safely (which was important from a safeguarding perspective). From a behavioural angle, we felt its simplicity compared to a standard leaflet was also desirable. The business card had the following features:

- It provided a **clear call to action** and explanation of next steps, i.e. that Victim Support will call from a withheld number, etc.
- It visually **suggested** that the victim had already **taken the first step** and were closer to accessing support.
- It **set out Kent's support offer in simple language** without mention of 'domestic abuse' (as the literature shows some victims do not see themselves as victims of domestic abuse).
- It provides **social proof** by highlighting that receiving support from VS is common.

Take the call from Victim Support

We have arranged for Victim Support to call you. Many people in your situation find a quick call with them useful.



What happens next?

- ✓ Reported incident to the police.
- Victim Support to call you within 2 to 3 days from a withheld number.
- Pick up the phone and confirm your name when asked.

What can Victim Support do for you?

- **Provide** advice and security items to help you and your family stay safe
- **Introduce** you to other services, such as counselling and financial advice
- **Listen** to you in confidence

Victim Support is an independent charity. They provided support to over 814,000 people last year.

They can also be reached on: 0808 168 9276 Mon – Fri 8am-8pm and Sat 9am-5pm; or 0808 1689111 outside these hours.



Solution: Behaviourally-informed officer briefing

Alongside the introduction of the new business card for victims, we introduced a short, behaviourally-informed briefing for officers to explain the new process.

During their **shift briefings**, officers were reminded to tell victims to expect a follow up call from Victim Support. They were also asked to hand out the new business cards to victims.

The slide used to deliver the briefing had the following behaviourally-informed features:

- It provided a **clear call to action**.
- It **made compliance** with the initiative **attractive** by suggesting this could reduce repeat calls.
- It also suggested that the initiative is **supported by senior officers** and that **compliance** will be **monitored**.

DA Pilot – Signposting victims to Victim Support

Half of all DA cases are repeat calls.
We want to reduce these by helping victims to access support.

We are piloting and monitoring a new approach.
This has the support of chief officers.
This is a phased roll out across the force with mandatory compliance.

Margate District will be implementing this change from

Late Turn Monday 11th June 2018

until further notice.

Op Unity

Remember

RARA:

- Remove the risk
- Avoid the risk
- Reduce the risk
- Accept the risk

What do YOU need to do?

In cases where crimes have occurred (**not DASI reports**):

Tell the victim that they will get a call from Victim Support in the next few days.
This will normally be from a withheld number.

Hand out the Victim Support card to the victim (again, **not for DASI reports**).

Don't hand out the card if the perpetrator isn't aware of police involvement.

Please take **5 cards** per officer (initially) and stock up as required.



Kent Police

Protecting and serving the people of Kent



Trial



Trial: Experimental design

- We tested our intervention across the whole of Kent, including Medway. The intervention was rolled out to policing teams consisting of response officers.
- We evaluated the intervention through a **stepped wedge cluster randomised control trial**. This is essentially a **phased roll-out** across the **12 main police stations**, where the order of roll-out is randomly chosen (order shown in table). In order to make implementation as straightforward as possible we grouped stations with the same Chief Inspector (CI) together and randomised at the CI level.

Station	CI	Briefing date	Go live date	Week number																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Maidstone	Gardner	21.05.2018	28.05.2018	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Margate	Adley	04.06.2018	11.06.2018	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue									
Ashford	Somerville	11.06.2018	18.06.2018	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue								
Folkestone	Somerville	18.06.2018	25.06.2018	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue							
Canterbury	Weller	25.06.2018	02.07.2018	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue						
Dover	Weller	02.07.2018	09.07.2018	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Medway	Marsh	09.07.2018	16.07.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Northfleet	Gadd	16.07.2018	23.07.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Tonbridge	Steenhuis	23.07.2018	30.07.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Tunbridge Wells	Steenhuis	30.07.2018	06.08.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue
Sittingbourne	McNeill	06.08.2018	13.08.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue
Swanley	Dyer	13.08.2018	20.08.2018	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue



Trial: Rollout approach

Date	Activity
w/c 7 May	BIT printed the cards, packaged them in separate parcels ready for distribution to each station and then sent them to Kent Police HQ. BIT also shared the shift briefing slide as well as other briefing materials (briefing pack for CIs and reminder email template) with Kent Police HQ.
w/c 14 May	HQ briefed all Chief Inspectors (CIs) at their divisional weekly management meetings and distributed the briefing packs.
w/c 21 May	On Monday, HQ posted the parcel of cards to the PA of the CI of the station to go live the following week (Maidstone) and sent the CI the reminder email. During the week, HQ contacted the divisional intelligence briefing team to ensure that the briefing slide would be uploaded during shift briefings starting the following Monday.
w/c 28 May	The first station went live during the Monday afternoon shift. In advance the cards were placed in the briefing room by the shift inspector. The briefing slides were uploaded and stayed on during briefings for two weeks. On Tuesday HQ contacted the CI to check if everything went to plan.
...	The same process was repeated for all other stations.



Trial: Data merging process (1)

- To measure the impact of our intervention, we needed to link two sets of data:
 - **Outcome data from Victim Support.** This data told us whether contact was successfully made with the victim and whether they took up support.
 - **Police data on the attending officer and date of incident.** In order to know if a victim received our new intervention, we needed to know the **date of the incident** and which station the **attending police officer** was from. We could then use this information to determine if the new approach had been rolled out in that station by the date of the incident.
- Whilst Kent Police and Victim Support already had a data sharing agreement with each other, we signed an additional agreement between our three organisations covering the data we needed (see next slide). We also ensured that the data BIT received was completely anonymised. This would not have been required if the project had been entirely implemented and evaluated by Victim Support and the police (i.e. if no data was shared with an outside organisation).
- The process and content of the dataset we agreed is set out on the following slide.



Trial: Data merging process (2)

Step 1

At the end of the trial period, Victim Support sent a dataset to Kent Police including all DA cases referred to them by the police during the trial. This included:

- **Crime reference number (CRN)**
- **The date VS received the case**
- **The risk status of the victim**
- **Outcome 1: Contact Y/N**
(Was contact made?)
- **Outcome 2: Support Y/N**
(Was support taken up?)



Step 2

Using CRNs Kent Police then merged this data with incident data from their own systems. Using station staffing lists, the names of the attending officers recorded in the data were replaced with station names. To the previous data set Kent Police added:

- **The date of the incident**
- **The attending station**

In order to **completely anonymise** the dataset Kent Police also removed CRNs and replaced these with random unique IDs.



Step 3

Kent Police then sent this completely anonymised dataset to BIT. As an additional precaution the file was password protected and the password was shared over the phone. The final data set included:

- **Anonymous case ID**
- **The date of the incident**
- **Attending police station**
- **The risk status of the victim**
- **Outcome 1: Contact Y/N**
(Was contact made?)
- **Outcome 2: Support Y/N**
(Was support taken up?)



Trial: Data challenges

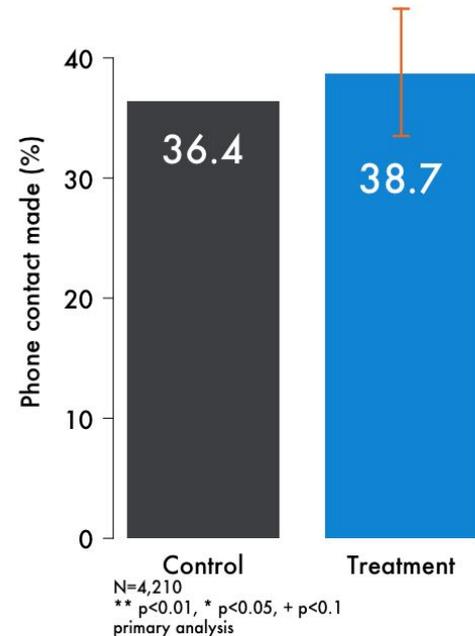
- In our test data merge (see Slide 14) **around a third of cases had no officer (and hence station) recorded.** This could happen for one of several reasons:
 - Non-emergency cases often aren't attended by routine response officers, but by other more specialised teams (e.g. the specialist Vulnerability Investigation Team) at a later date. Alternatively, the victim may be asked to come to the police station to see an officer in person at a later date.
 - A routine response officer may have attended, but this was not recorded due to human error.
- In situation 1, the victim is very unlikely to have received our intervention (which was only rolled out to routine response officers). However, in situation 2 they may have done. As we can't distinguish between these situations, **all cases where no attending officer was recorded had to be excluded from our analysis.**
- This meant our sample was smaller than it could have been and **reduced our ability to accurately detect the effect of our intervention** (known as our statistical power). Before the trial, we calculated (given missing information) that we would need to **increase the baseline contact rate by 5.3 percentage points** and the **baseline service delivery rate by 4 percentage points** to be confident that it was our intervention which caused the effect.
- In reality, during the trial even more cases lacked a recorded attending officer (almost half). However, this was counteracted by an overall increase in the level of incidents which meant our sample size remained almost the same.



Trial: Results – Victims contacted

- **38.7%** of victims who received our intervention (the ‘treatment’ group) were successfully contacted.
- This compared to **36.4%** of victims who were receiving business as usual (‘control’).
- This is a **2.3 percentage point** or **6.3%** increase.
- However, although these results are promising they are not statistically significant.

Proportion of victims successfully contacted by Victim Support

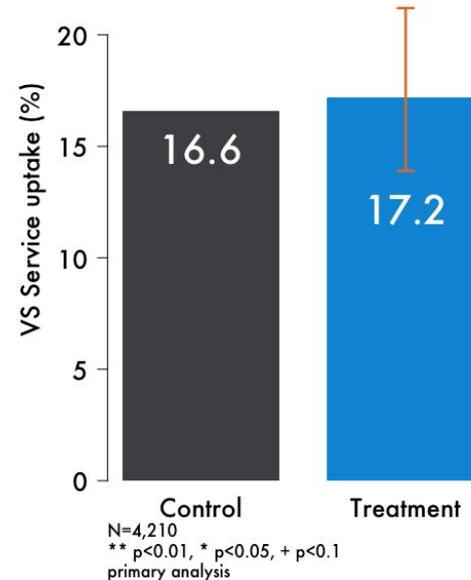




Trial: Results – Victims receiving a service

- Likewise, **17.2%** of victims who received the intervention had a service delivered,
- This compared to **16.6%** of victims receiving a service in the business as usual group.
- This is a **0.6 percentage point** or **3.6%** increase.
- However, these results are again promising but not statistically significant.

Proportion of victims who received a service from Victim Support





Discussion

- Although the results are directionally positive we did not reach statistical significance. This means we cannot be sure that they are not due to chance variation.
- We needed to achieve a big change in behaviour to reach statistical significance; to shift the **contact rate** by **5.3 percentage points** and the **service delivery rate** by **4 percentage points**. Encouraging victims to take up support is a difficult challenge. Although not impossible, shifting this behaviour by that magnitude was an ambitious target.
- Nevertheless, **we think the results are promising and good enough for Kent to continue with the intervention**. There is no evidence of a backfire (i.e. it making the problem worse), it is reasonably cheap, and it is not difficult for officers to implement. However, any roll-out should be accompanied by a **longer term evaluation** with a **larger sample** to help gain absolute clarity about the intervention's effectiveness.
- It is also worth noting that the intervention was rolled out by Kent Police with no direct involvement from BIT. Sometimes research studies can overestimate the real world effect of interventions because researchers are closely involved in delivery. This involvement can lead to compliance (likelihood of the intervention happening) and fidelity (how closely real delivery matches the plan) being very high. However, both compliance and fidelity tend to drop over time. As this intervention was delivered with no direct involvement from BIT, we believe our result is closer to measuring the **true effect of the intervention** that other police forces implementing such an approach could expect.



Appendix: References



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