

Domestic violence and abuse: how services can respond effectively

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on domestic violence and abuse. It is relevant to a range of services, voluntary sector bodies and professionals. This includes: lead members of adult and children's social services, health and wellbeing boards, local safeguarding boards for children and adults and members of local crime and disorder reduction partnerships.

For the purposes of this briefing, the term 'domestic violence and abuse' is used to mean: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members. This includes:

- psychological, physical, sexual, financial and emotional abuse
- stalking
- so-called 'honour'-based or 'honour' violence and forced marriage (as defined in 'Domestic violence and abuse – how services can respond effectively' NICE public health guidance 50)
- female genital mutilation (see information from the Home Office).

Women and men can experience domestic violence and abuse in heterosexual and same-sex relationships. But women are more likely to experience repeated – and more severe – abuse by

their partners ([Homicides, firearm offences and intimate violence 2010/11: supplementary volume 2 to Crime in England and Wales 2010/11](#) Home Office 2012). On average, 2 women a week are killed by their partner or ex-partner in England and Wales.

Domestic violence and abuse between parents is the most frequently reported form of trauma for children ([The mental health of children who witness domestic violence](#) Meltzer et al. 2009). Children and young people may, for example, fear, hear or see it within their families, or worry about its effects on someone else. They can also experience it within their own intimate relationships.

Young people may also be violent or abusive towards their parents or carers.

Key messages

- Domestic violence and abuse is a significant public health problem. People of all ages, from all sectors of society, may experience it. The effects can last a long time after the final incident. For example, childhood exposure can disrupt social, emotional and cognitive development. This can lead to the adoption of risky behaviours such as alcohol misuse or illicit drug use which, in turn, can cause poor health, disease, disability and early death ([Adverse childhood experiences study](#) Centers for Disease Control and Prevention).
- Multi-agency partnerships are needed, with clear, open communication channels and jointly agreed policies and procedures. (Examples include [local safeguarding boards](#) for children and adults, [Safe Network](#) and [Multi-agency risk assessment conferences](#), see NICE public health guidance 50.) They should offer long-term generic and targeted services as part of a 'whole system' response. Local authorities are uniquely placed to coordinate and support this response.
- Services that should respond to domestic violence and abuse include:
 - health (all levels and types of service)
 - specialist providers (such as alcohol and drugs services and sexual assault referral centres)
 - social care (for adults and children)
 - housing and refuges

- criminal justice (including the police and probation services)
 - civil legal support
 - education (primary, secondary and further education).
- All health and social care staff need training to identify and respond sensitively to a [disclosure](#) (see definition in NICE public health guidance 50) of domestic violence and abuse. This includes being able to ensure people's safety and being able to direct people to specialist support services.

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see [About this briefing](#).

What can local authorities achieve by investing in domestic violence and abuse services?

Reduce the rate of domestic violence and abuse

Increase uptake by, and availability of services for, people affected

Higher rates of reporting to the police and other services ([Crime in England and Wales 2010/11](#) Home Office 2011) and a coordinated response from public health, social care and non-statutory services have helped reduce rates of domestic violence and abuse. But they still remain high, with at least 7.4% of women and 4.8% of men aged 16 to 59 in England and Wales reporting that they experienced it in 2010/11. (Note: these figures are likely to be an underestimate.).

By improving the mechanisms for identifying people affected and educating frontline staff to be alert and responsive to their needs, local authorities can work towards the 5 domains of [The education outcomes framework](#) (Department of Health 2013).

This framework aims to help health and social care workers meet the outcomes set out in the Department of Health's [NHS](#), [public health](#) and [adult social care](#) outcomes frameworks. It is relevant to all organisations delivering publicly funded care.

Deliver a range of interventions to reduce the risk

Local authorities and their partners (such as the police) are ideally placed to reduce the risk of domestic violence and abuse by carrying out local prevention activities. Interventions could include: parenting programmes, relationship training and advice, school education programmes, family interventions and public awareness campaigns. (For examples see the World Health Organization's [Preventing intimate partner and sexual violence against women: taking action and generating evidence](#) 2010.)

Local authorities can also reduce the risks by encouraging inter-agency collaboration to ensure children and adults can be referred to safeguarding staff for safety planning. For details see:

- [Working together to safeguard children](#) (2013) and [Keeping children safe in education](#) (2014) (Department for Education)
- [No secrets: guidance on protecting vulnerable adults in care](#) (2000) (Department of Health)
- [Adoption and Children Act 2002](#).

Reduce health inequalities

Background

One of the 4 objectives set out in the Department of Health's [Public health outcomes framework 2013 to 2016](#) is to improve the wider factors that affect health and wellbeing and health inequalities. This includes tackling domestic violence and abuse (see indicators 1.11 and 1.12).

Domestic violence and abuse is a complex issue and may coexist with other health or social problems, for example, poverty, drug and alcohol misuse or mental health problems.

People who find services difficult to use

Targeted interventions may be needed to reach those who find services inaccessible or difficult to use. This may include:

- people from black and minority ethnic groups
- people with disabilities

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- older people
 - trans people and lesbian, gay or bisexual people
 - people with no recourse to public funds (that is, who are not entitled to welfare benefits, home office asylum support, public housing or other public funds and services).

Action may be needed to tackle:

- forced marriages (HM government's [The right to choose: multi-agency statutory guidance for dealing with forced marriage](#) 2014)
- so-called 'honour'-based violence (see the Association of Chief Police Officers' [Honour based violence strategy](#) 2008)
- female genital mutilation (see the Home Office's 2014 [statement](#) opposing female genital mutilation).

Or it might involve providing specialist services for children and young people. See Stanley's [Children experiencing domestic violence: a research review](#) 2011.

People who will not use services

It is likely that some people will not use services at all. In such cases, the police have an important role to play in identifying those who experience or perpetrate domestic violence and abuse. Local authorities, working in partnership with the police, can ensure people who need help have their safety planning needs met.

Also see NICE's 2014 local government briefing on [improving access to health and social care services for people who do not routinely use them](#).

Reduce the public service costs of domestic violence and abuse by intervening with perpetrators

Local authorities can tackle the public service costs and reduce the rate of domestic violence and abuse by working with perpetrators to help prevent further incidences. They can do this in partnership with health, social care, the police and voluntary sector organisations.

The interventions needed can be identified via the joint strategic needs assessment – which should include consultation with women, men and young people who have experienced domestic violence and abuse. (For more ideas, also see Respect's [Domestic violence perpetrators: working with the cause of the problem](#) 2011.)

What NICE says

NICE recommendations

This section highlights the type of activities that NICE's recommendations on domestic violence and abuse published up to September 2014 cover. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on domestic violence and abuse will help you make the best and most efficient use of resources to improve people's health and wellbeing.

Note: NICE has not made recommendations directly relevant to female genital mutilation. In addition, due to a lack of evidence, we have not made recommendations on [primary prevention](#) (see definitions from the Institute for Work and Health) or on the content needed for programmes aimed at perpetrators. (For further details, see the [Considerations](#) section of NICE's 'Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively')

Recommendations

Working in a multi-agency partnership, both at an operational and strategic level, is the most effective approach. Initial and ongoing training and organisational support is also needed.

As arrangements will vary locally, the following recommendations are suggested as a checklist for the lead partner responsible for commissioning and planning domestic violence services. The recommendations all appear in NICE's pathway on [Domestic violence and abuse](#).

- [Plan services](#) based on an assessment of need and service mapping.

- Work in partnership to prevent domestic violence and abuse – the lead partner should develop an integrated commissioning strategy.
- Establish integrated care pathways and information sharing protocols.
- Remove obstacles to people disclosing domestic violence and abuse.
- Ask about domestic violence and ensure formal referral pathways are in place.
- Provide tailored support and advocacy.
- Support people with mental health conditions who experience domestic violence and abuse.
- Commission and evaluate programmes for perpetrators.
- Identify and, where necessary, refer children and young people at risk.
- Provide children and young people at risk with specialist services.
- Provide pre-qualifying training and continuing professional development on domestic violence and abuse for health and social care professionals.
- Provide training and a referral pathway for GP practices and other agencies.

Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to help identify and respond to domestic violence and abuse in your local population.

Assessing opportunities to identify and respond to domestic violence and abuse	Links to NICE recommendations
1. Is the need for domestic violence and abuse services assessed as part of the joint strategic needs assessment?	<u>Plan services</u> <u>Commission and evaluate programmes for perpetrators</u>

<p>2. Is there a local strategic partnership to prevent domestic violence and abuse? Does it include senior representatives from all relevant sectors and representatives of frontline practitioners and service users?</p>	<p><u>Work in partnership to prevent domestic violence and abuse</u></p>
<p>3. Does the commissioning strategy for domestic violence and abuse services address the needs of those who experience, and are affected by it, as identified in the joint strategic needs assessment? Is the behaviour of perpetrators and their health needs also addressed?</p>	<p><u>Develop an integrated commissioning strategy</u> <u>Identify and, where necessary, refer children and young people affected by domestic violence and abuse</u> <u>Commission and evaluate programmes for perpetrators</u></p>
<p>4. Are there integrated care pathways for identifying, referring and providing interventions to support people of all ages and backgrounds who experience, or are affected by, domestic violence and abuse. Are there pathways to manage those who perpetrate this violence and abuse?</p>	<p><u>Plan services</u> <u>Develop an integrated commissioning strategy</u> <u>Identify and, where necessary, refer children and young people affected by domestic violence and abuse</u> <u>Commission and evaluate programmes for perpetrators</u></p>
<p>5. Are there clear protocols and methods for sharing information (both within and between agencies) about people at risk of, experiencing, or perpetrating domestic violence and abuse?</p>	<p><u>Adopt clear protocols and methods for information sharing</u></p>

<p>6. Do services provide a supportive environment for disclosing domestic violence and abuse?</p>	<p><u>Create an environment for disclosing that domestic violence is occurring</u></p> <p><u>Ask about domestic violence and ensure formal referral pathways are in place</u></p>
<p>7. Are all those currently (or recently) affected by domestic violence and abuse provided with <u>advocacy</u> and advice services tailored to their level of risk and specific needs?</p>	<p><u>Provide specialist advice, advocacy and support as part of a comprehensive referral pathway</u></p>
<p>8. Is a coordinated package of care and support provided for children and young people affected by domestic violence and abuse? Specifically, does it:</p> <ul style="list-style-type: none"> • Address the emotional, psychological and physical harms, and their safety? • Match the child's developmental stage? • Aim to strengthen the relationship between the child or young person and their non-abusive parent or carer? 	<p><u>Provide children and young people at risk with specialist services</u></p> <p><u>Identify and, where necessary, refer children and young people affected by domestic violence and abuse</u></p>
<p>9. Is support tailored to address any barriers that may prevent people using domestic violence and abuse services?</p>	<p><u>Tailor support to meet people's needs</u></p> <p><u>Help people who find it difficult to access services</u></p> <p><u>Support people with mental health conditions</u></p>

10. Are staff trained in how to identify and respond to disclosures of domestic violence and abuse? Does this include staff in services where children and young people affected by domestic violence and abuse may be identified?

Provide specific training for health and social care professionals in how to respond to domestic violence and abuse

Training and a referral pathway for GP practices and other agencies

Pre-qualifying training and continuing professional development should include domestic violence and abuse

Create an environment for disclosing that domestic violence is occurring

Ask about domestic violence and ensure formal referral pathways are in place

Adopt clear protocols and methods for information sharing

Help people who find it difficult to access services

Identify and, where necessary, refer children and young people affected by domestic violence and abuse

Costs and savings

The economic and social costs of domestic violence and abuse are so significant that even marginally effective interventions are cost effective.

The table below (based on Walby's [Cost of domestic violence: up-date 2009](#)) shows that, despite an increase in the cost of services aimed at tackling domestic violence and abuse, the overall costs for business and wider society have declined. This is probably because the people affected are using public services more. The different estimates for 2001 and 2008 also reflect adjustments due to inflation and to growth in gross domestic product.

	Costs 2001 £million	Costs 2008 £million
Total service costs	3111	3856
• criminal justice system	1017	1261
• civil legal services	312	387
• healthcare	1396	1730
• housing and refuges	158	196
• social services	228	283
Economic output (based on time off work for injuries)	2672	1920
Human and emotional costs. This is based on research and cost–benefit models used by the Home Office (Economic and Social Costs of Crime 2000) and Department for Transport (Transport analysis guidance: WebTAG 2013). The models reflect the notion that people would pay something to prevent these injuries	17,086	9954
Total	22,869	15,730

In 2009, domestic violence cost an estimated £62 million (at least) for Manchester City Council and £30 million for Brighton and Hove City Council. This did not include the human and

emotional costs. (See Against Violence and Abuse's [Costs of domestic violence per local area](#) for estimates of costs by local authority area.)

NICE's recommendations will initially incur costs. But, based on our costing statement [Domestic violence and abuse – how services can respond effectively](#), they are also likely to lead to long-term savings for social care, healthcare services, education and the criminal justice system. Other savings will be made by improving people's chances of being employed, and in human and emotional terms.

Facts and figures

Below are other facts and figures on domestic violence and abuse.

The risk of domestic violence and abuse is higher for:

- women aged 16–24 years or men aged 16–19 years
- women who are separated, particularly around the time they leave their partner
- women who are pregnant or have recently given birth can be at increased risk of domestic violence and abuse.
- people with a long-term illness or disability
- people with a mental health problem.

At least 29.9% of women and 17% of men have experienced domestic violence and abuse. ([Homicides, firearm offences and intimate violence 2010/11: supplementary volume 2 to Crime in England and Wales 2010/11](#) Home Office 2012.) In 2012/13, approximately half of all women aged 16 or older who were murdered in England and Wales were killed by their partner or ex-partner, the figure for men was 4% ([Chapter 2 of Crime statistics, focus on violent crime and sexual offences, 2012/13](#) Office for National Statistics 2014).

Lesbian and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators (see Hunt and Fish's [Prescription for change: lesbian and bisexual women's health check](#) 2008). Just under 50% of gay and bisexual men have experienced at least 1 incident of domestic violence and

abuse since the age of 16 from a family member or partner ([Gay and bisexual men's health survey](#) Stonewall 2011). This compares with 17% of men in general.

In the UK in 2009, 72% of girls and 51% of boys aged 13 to 16 reported emotional violence in an intimate partner relationship; 31% of girls and 16% of boys reported sexual violence; and 25% of girls and 18% of boys experienced physical violence. ([Partner exploitation and violence in teenage intimate relationships](#) University of Bristol and the NSPCC 2009.)

The prevalence of forced marriages in England up to the end of 2008 was estimated at between 5000 and 8000. Of these, in 41% of incidences reported to local organisations the person forced to marry was under 18 ([Forced marriage – prevalence and service response](#) Department for Education 2009).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available from the [Centre for Public Scrutiny](#) and via NICE's [Into practice](#).

Other useful resources and advice

The following organisations also provide advice and resources that may be useful.

Health

- The Department of Health: [Domestic violence and abuse: professional guidance](#); the Responsibility Deal [pledge](#) for organisations wanting to help staff who face domestic violence; and [Safeguarding girls at risk of female genital mutilation](#).
- The World Health Organization: guidance and facts on [violence against women](#).

- The Royal College of General Practitioners: [resources](#) on commissioning and responding to domestic violence and abuse.

Criminal justice system

- The Home Office: resources include [ending violence against women and girls](#) (this includes the Domestic Violence Disclosure Scheme or 'Clare's Law'); guidelines on [forced marriage and female genital mutilation](#); and advice generally on how to address [domestic violence and abuse](#) (using, for example, [multi-agency working and information sharing approaches](#)).
- The [Association of Chief Police Officers](#): details the role and responsibilities of the police and other agencies. Note: the police mainly use the 2009 [DASH](#) (domestic abuse, stalking and harassment and 'honour'-based violence) screening tool. ([CAADA-DASH](#) is the multi-sector version, developed by Co-ordinated Action Against Domestic Abuse [CADA].)

Voluntary, community sector and other networks

- National charities such as [Co-ordinated Action Against Domestic Abuse](#) and [Women's Aid](#). These provide practical help for organisations and the public.
- The NSPCC (National Society for the Prevention of Cruelty to Children) information on [how domestic violence and abuse affects children and what can be done to protect them](#).
- Alcohol Concern: [children, families and domestic abuse project](#).
- Work with Perpetrators of Domestic Violence in Europe network: provides [resources](#) for practitioners, researchers and decision makers.

About this briefing

This briefing is based on NICE guidance published up to September 2014 about domestic violence and abuse (see the [NICE website](#) for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This

includes directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to council scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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