

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence between intimate partners

1.1 *Short title*

Preventing and reducing domestic violence between intimate partners

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have been asked by the Department of Health (DH) to develop public health guidance on preventing and reducing domestic violence.
- b) Domestic violence is defined as: 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (Home Office 2005).
- c) This guidance will focus on interventions to identify, prevent, reduce and respond to domestic violence between adults and young people who are, or have been, intimate partners.
- d) Separate guidance will be produced after this piece of work to cover other aspects of the referral. Topics will include: honour-based violence, forced marriage, female genital mutilation (FGM), abuse of other family members (including frail older family

members and other vulnerable adults), and how to recognise and provide support for the victims of domestic violence in occupational settings. These separate pieces of guidance will have separate scopes.

- e) This guidance will support a number of related policy initiatives and documents including:
- 'Call to end violence against women and girls: action plan' (HM Government 2011).
 - 'Commissioning services for women and children who experience violence or abuse: a guide for health commissioners' (DH 2011).
 - 'Call to end violence against women and girls' (HM Government 2010).
 - 'Improving services for women and child victims of violence: action plan' (DH 2010).
- f) This guidance will provide recommendations for good practice based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and other professionals working within the NHS, social care, the police, local authorities and the wider public, private, voluntary and community sectors. It may also be of interest to people who are experiencing (or who have experienced) domestic violence, or know someone who may be affected by it.

This guidance will be developed using the NICE public health programme process. (For details see www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/developing_nice_public_health_guidance.jsp).

3 The need for guidance

- a) An estimated 1.2 million females and 677,000 males in England and Wales (8% and 4% respectively of the population as a whole) were victims of domestic violence in the year 2009/10. At least 29% of women and 16% of men in England and Wales (over 7.3 million adults) have experienced it (Home Office 2011). The most common type of domestic violence is non-sexual. It comprises 'non-physical' abuse (emotional or financial), threats and 'minor' or 'severe' force. Over 20% of women (22.6%) and 11.2% of men experience this non-sexual domestic violence during their lifetime (Home Office 2011). Over 4% (4.6%) of women and 2.6% of men reported having experienced it in the past year. These figures are likely to be an underestimate, as domestic violence is under-reported.
- b) Since 1995, approximately half of all female murder victims aged 16 or over in England and Wales were killed by their partner or ex-partner. In 2009/10 there were 94 such offences (accounting for 54% of all female homicides). Twelve per cent of male murder victims have been killed by their partner or ex-partner since 1995. In 2009/10 that figure reduced to 5% (21 offences) (Home Office 2011; Thompson 2010).
- c) Risk factors for becoming the victim of domestic violence include:
- being female
 - long-term illness or disability (women and men with a long-term illness or disability were almost twice as likely to experience domestic violence as others)
 - use of any drug in the last year
 - marital status (married people had the lowest risk, while those who had previously been married had the highest risk)

- age (women in younger age groups, in particular in those aged 16–24 years are at greatest risk)
 - alcohol consumption
 - frequent visitor to a nightclub (Home Office 2011)
 - pregnancy (the greatest risk is for teenage mothers and during the period just after a woman has given birth (Harrykisson et al. 2002)).
 - being in a lesbian, gay or bisexual relationship (Home Office 2010a).
- d) Between 4% and 19.5% of women attending healthcare settings in England and Wales may have experienced domestic violence in the past year. A high proportion of women attending accident and emergency, primary care, family planning, reproductive and sexual health settings are likely to have experienced domestic violence at some point (Alhabib et al. 2010; Feder et al. 2009).
- e) At least 750,000 children and young people are estimated to be exposed¹ to domestic violence every year in England (DH 2002). Approximately 75% of those living in households where domestic violence occurs are exposed to actual incidents (Royal College of Psychiatrists 2004). Many will be traumatised by what they witness – whether it is the violence itself or the emotional and physical effects the behaviour has on someone in the household (DH 2009). Domestic violence is also associated with an increased risk of abuse, deaths and serious injury for children and young people (DH 2009).
- f) Domestic violence cost the UK an estimated £15.7bn in 2008 (Wallby 2009). This included:
- just over £9.9bn in ‘human and emotional’ costs

¹ That is, the violence is not perpetrated on them directly, but they witness or experience it.

- over £3.8bn for the criminal justice system, civil legal services, healthcare, social services, housing and refuges
- over £1.9bn for the economy (based on time off work for injuries).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

This guidance will cover:

- adults and young people in intimate relationships who are experiencing, or have experienced, domestic violence
- those who are perpetrating domestic violence
- children who are exposed to domestic violence (that is, the violence is not perpetrated on them directly, but they witness or experience it)
- the general population (for the purposes of prevention generally).

4.1.2 Groups that will not be covered

- Children who are violent to adults or siblings.
- People who abuse children.

- Family members or paid carers who abuse vulnerable older people².
- People who endorse, or carry out, female genital mutilation³.
- People involved in honour-based violence⁴.
- People who endorse, or who are involved, in a forced marriage⁵.

4.2 Activities

4.2.1 Activities/measures that will be covered

The guidance will cover interventions and systems that specifically aim to prevent, identify and respond to domestic violence. This includes supporting the recovery of victims and preventing re-offending by perpetrators.

It will focus on the following settings:

- Emergency, primary, secondary and tertiary healthcare settings.
- Local authority, private, community and voluntary social care settings.
- Specialist domestic violence services including refuges, crisis support settings and support services in both the statutory and voluntary sectors.

The guidance will focus on a whole-systems approach to provide a seamless response across the above settings and services. It will also include services which may interface with them, for example, the police, criminal justice and education sectors.

4.2.2 Activities/measures that will not be covered

- Interventions and activities that do not involve the NHS or social services

² This group will be covered in future NICE guidance.

³ This group will be covered in future NICE guidance.

⁴ This group will be covered in future NICE guidance.

⁵ This group will be covered in future NICE guidance.

- Interventions and activities that focus on the prevention of female genital mutilation, violence related to 'honour' and linked to forced marriage.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed, along with some examples of the outcomes that would be considered as evidence of effectiveness:

Question 1: What types of intervention or approach are effective and cost effective in preventing domestic violence from ever occurring?

Expected outcomes: Qualitative and quantitative outcomes include: raised awareness of domestic violence, reduced incidence of domestic violence, attitudinal change, knowledge of support services and reporting.

Question 2: What types of intervention or approach are effective and cost effective in helping professionals safely identify, and intervene to prevent, domestic violence? This may include collaborative partnerships and advice and information-sharing protocols.

Expected outcomes: Qualitative and quantitative outcomes including increased detection of domestic violence and increased reporting of it among professionals.

Question 3: What types of intervention or approach are effective and cost effective in responding to domestic violence in various settings. This includes interventions and approaches to improve someone's safety, reduce the risk of harm, support their recovery and prevent a perpetrator reoffending. It may include collaborative partnerships and advice and information-sharing protocols.

Expected outcomes:

Quantitative outcomes include: improved referral mechanisms, increased use of services, a reduction in domestic violence, improved health and quality of life outcomes.

Qualitative outcomes include: victims and survivors feeling safe and in control, improvements in their psychological health and respectful and/or improved relationships.

Question 4: What types of intervention and approach are effective and cost effective in identifying and responding to children who are exposed to domestic violence in the various settings identified? (That is, the violence is not perpetrated on them directly but they witness or experience it.) Interventions could include collaborative partnerships and advice and information-sharing protocols.

Expected outcomes:

Quantitative outcomes include: improved behavioural, developmental, educational and mental health outcomes.

Qualitative outcomes for victims and survivors may include: improved self-confidence and better long-term outcomes for children (being healthy, keeping safe, improved school attendance, developing positive behaviours).

Question 5: What are the most effective and cost-effective types of partnership and partnership approaches for assessing and responding to domestic violence?

Expected outcomes: Improved levels of coordination between services, increased numbers of appropriate referrals, comprehensive communication strategies.

4.4 Status of this document

This is the draft scope, released for consultation on 25 October 2011 until 22 November 2011. Following consultation, the final version of the scope will be available at the NICE website in January 2012.

5 Further information

The public health guidance development process and methods are described in 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)' available at www.nice.org.uk/phprocess and 'Methods for development of NICE public health guidance (second edition, 2009)' available at www.nice.org.uk/phmethods

6 Related NICE guidance

Common mental health disorders. NICE clinical guideline 123 (2011).

Available from www.nice.org.uk/guidance/CG123

Psychosis with coexisting substance misuse. NICE clinical guideline 120 (2011). Available from www.nice.org.uk/guidance/CG120

Alcohol dependence and harmful alcohol use. NICE clinical guideline 115 (2011). Available from www.nice.org.uk/guidance/CG115

Pregnancy and complex social factors. NICE clinical guideline 110 (2010). Available from www.nice.org.uk/guidance/CG110

Looked-after children and young people. NICE public health guidance 28 (2010). Available from www.nice.org.uk/guidance/PH28

Alcohol-use disorders: preventing harmful drinking. NICE public health guidance 24 (2010). Available from www.nice.org.uk/guidance/PH24

When to suspect child maltreatment. NICE clinical guideline 89 (2009).
Available from www.nice.org.uk/guidance/CG89

Antisocial personality disorder. NICE clinical guideline 77 (2009). Available
from www.nice.org.uk/guidance/CG77

Antenatal care. NICE clinical guideline 62 (2008). Available from
www.nice.org.uk/guidance/CG62

Antenatal and postnatal mental health. NICE clinical guideline 45 (2007).
Available from www.nice.org.uk/guidance/CG45

Postnatal care. NICE clinical guideline 37 (2006). Available from
www.nice.org.uk/guidance/CG37

Post-traumatic stress disorder (PTSD).NICE clinical guideline 26 (2005).
Available from www.nice.org.uk/guidance/CG26

Appendix A Referral from the Department of Health

The Department of Health asked NICE and the Social Care Institute for Excellence (SCIE) to:

'Produce public health programme guidance for the police⁶, social services and health services on interventions for the prevention and reduction of domestic violence.'

⁶ The police will be covered in these pieces of guidance as one of the agencies who work closely with health and social care on domestic violence issues.

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues:

- Whether the definition of domestic violence used in this scope is appropriate for this guidance
- Whether 'incidents' are an appropriate way to measure and respond to domestic violence in health and social care.
- Role of individuals and organisations in healthcare, social care, local authority, police, criminal justice and specialist settings. Specifically, the action they should take to prevent, reduce or respond to domestic violence, at what level, with whom, how often and for how long.
- Limitations of available evidence and information, both in terms of the under-reporting of domestic violence and in terms of effective interventions for perpetrators.
- The fact that domestic violence cuts across social class, economic status, ethnicity and cultural background and has a social, financial and health impact on victims.
- The needs of specific groups of victims, in particular:
 - people with a long-term illness or disability
 - frail older people
 - people with a mental health problem
 - pregnant and postnatal women
 - refugees and asylum seekers
 - young adults (aged up to 24 years)
 - people in a lesbian, gay or bisexual relationship.

- The effectiveness and cost effectiveness of different interventions and activities aimed at victims (including children experiencing domestic violence) and perpetrators, and whether this varies according to:
 - the diversity of the population (for example, in terms of age, gender, sexual orientation or ethnicity)
 - the status of the person delivering it and the way it is delivered
 - its frequency, length and duration
 - where it takes place and whether it is transferable to other settings
 - its intensity.
- The impact of the guidance on equity and the extent to which it promotes equality and diversity.
- The perceived barriers to, benefits of, and opportunities for implementing the guidance (including the capacity of the existing workforce).
- Any adverse or unintended effects of interventions or activities.
- The accessibility and acceptability of interventions and approaches for the victims and perpetrators of domestic violence and for those who deliver them.

Appendix C References

Alhabib S, Nur U, Jones R (2010) Domestic violence against women: systematic review of prevalence studies. *Journal of Family Violence* 25: 369–82

Department of Health (2002) *Women's mental health: into the mainstream*. London: Department of Health

Department of Health (2009) *Improving safety, reducing harm: children, young people and domestic violence. A practical toolkit for front-line practitioners*. London: Department of Health

Department of Health (2010) *Improving services for women and child victims of violence: action plan*. London: Department of Health

Department of Health (2011) *Commissioning services for women and children who experience violence or abuse: a guide for health commissioners*. London: Department of Health

Feder G, Ramsay J, Dunne D et al. (2009) How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technology Assessment* 13 (16)

Harrykisson SD, Vaughn IR, Wiemann CM (2002) Prevalence and patterns of intimate partner violence among adolescent mothers during the postpartum period. *Archives of Paediatrics and Adolescent Medicine* 156: 325–30

HM Government (2010) *Call to end violence against women and girls* [online]. Available from www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/

HM Government (2011) Call to end violence against women and girls: action plan [online]. Available from www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/

Home Office (2010) Homicides, firearm offences and intimate violence 2009/10: Supplementary volume 2 to crime in England and Wales 2008/09 [online]. Available from <http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/pdfs10/hosb0110.pdf>

Home Office (2011) Homicides, firearm offences and intimate violence 2009/10: Supplementary volume 2 to crime in England and Wales 2009/10 data tables [online]. Available from www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb0111/

Metropolitan Police (2004) Getting away with it: a strategic overview of domestic violence, sexual assault and 'serious' incident analysis. London: Metropolitan Police Service

Royal College of Psychiatrists (2004) Domestic violence: its effects on children, Factsheet for parents and teachers [online]. Available from www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/domesticviolence.aspx

Thompson G (2010) Domestic violence statistics[online]. Available from www.parliament.uk/briefing-papers/SN00950.pdf

United Nations Population Fund (2000) The state of the world population. London: House of Commons Library

Wallby S (2009) The cost of domestic violence: up-dates 2009 [online]. Available from www.lancs.ac.uk/fass/sociology/profiles/34/