Domestic violence and abuse

NICE quality standard

Draft for consultation

May 2015

Introduction

This quality standard covers domestic violence and abuse in adults and young people aged 16 years and over. It covers adults and young people who are experiencing (or have experienced) domestic violence or abuse, as well as adults and young people perpetrating domestic violence or abuse. It also covers children and young people under 16 years who are affected by domestic violence or abuse that is not directly perpetrated against them. This includes those taken into care.

The term ‘domestic violence’ and abuse is used to mean any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage.

This quality standard does not cover violence and abuse perpetrated against children and young people under 16 years by adults (‘child abuse’). This will be covered in a future quality standard for child abuse and neglect.

For more information see the domestic violence and abuse topic overview.

Why this quality standard is needed

At least 1.4 million women and 700,000 men aged between 16 and 59 experienced domestic abuse in England and Wales in 2013/14 – 8.5% of women and 4.5% of men[1]. At least 29.9% of women and 17.0% of men in England and Wales have

[1] Office for National Statistics (2015) Crime Survey England and Wales, 2013-14

experienced domestic abuse at some time[2]. These figures are likely to be an underestimate, because all types of domestic violence and abuse are under-reported in health and social research, to the police and to other services.

Both men and women perpetrate and experience domestic violence and abuse, but it is more common for men to perpetrate violence and abuse against women. This is particularly true for severe and repeated violence and sexual assault.

A report from Lancaster University estimated the costs associated with domestic violence and abuse in the UK in 2008 to be £15.7 billion. This included over £9.9 billion in 'human and emotional' costs, more than £3.8 billion for the criminal justice system, civil legal services, healthcare, social services, housing and refuges, and more than £1.9 billion for the economy (based on time off work for injuries) .

Multi-agency partnership working at both an operational and strategic level is the most effective approach for domestic violence and abuse. Training and ongoing support from within an organisation are also needed for individual practitioners. Without training in identifying domestic violence and abuse and responding appropriately after disclosure, healthcare professionals may fail to recognise its role in a patient's condition and to provide effective and safe support.

The quality standard is expected to contribute to improvements in the following outcomes:

- identification of domestic violence and abuse.
- provision of training to health and social care practitioners in identifying domestic violence and abuse and responding appropriately to disclosure.
- provision of services for domestic violence and abuse.
- knowledge of support services for domestic violence and abuse.
- use of services for domestic violence and abuse.
- health and quality of life.

[2] Smith K (ed), Osborne S, Lau I et al. (2012) Homicides, firearm offences and intimate violence 2010/11: supplementary volume 2 to Crime in England and Wales 2010/11. London: Home Office

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- Public Health Outcomes Framework 2013–2016
- Adult Social Care Outcomes Framework 2015–16.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.11 Domestic abuse 1.12 Violent crime (including sexual violence)
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicator*** 2.23 Self-reported well-being

Table 2 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A The proportion of people who use services who feel safe ***Outcome measures*** **People are free from physical and emotional abuse, harassment, neglect and self-harm** **People are supported to plan ahead and have the freedom to manage risks the way that they wish** 4B The proportion of people who use services who say that those services have made them feel safe and secure *Placeholder 4C. Proportion of completed safeguarding referrals where people report they feel safe*

Service user experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to domestic violence and abuse.

Coordinated services

The quality standard for domestic violence and abuse specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people experiencing or perpetrating domestic violence and abuse.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality domestic violence and abuse service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and supporting people experiencing or perpetrating domestic violence and abuse should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on health and social care practitioners' training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

List of quality statements

Statement 1. People presenting to A&E departments with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Statement 2. Women presenting to maternity services with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Statement 3. People who disclose domestic violence or abuse have an assessment of their immediate safety.

Statement 4. People experiencing domestic violence or abuse are offered a referral to specialist support services.

Statement 5. People perpetrating domestic violence or abuse are offered a referral to specialist support services.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statements 1 and 2: Do these services reflect those who would mainly encounter people with possible indicators of domestic violence or abuse? If not what other services should be included?

Question 5 For draft quality statements 1 and 2: Are there specific ‘at risk’ groups who should be asked about domestic violence and abuse, for example, people with

certain indicators, a combination of indicators or a certain number of indicators from the long list in the definitions?

Question 6 For draft quality statements 1 and 2: Given that this population may involve vulnerable patients, in practice would a discussion always take place on a one-to-one basis?

Question 7 For draft quality statements 1 and 2: How should ‘private’ be defined within each setting?

Question 8 For draft quality statement 3: What should an ‘assessment of immediate safety’ involve?

Questions about potential additional quality statements

Question 9 The Quality Standards Advisory Committee recognised that multi-agency partnership working and an integrated strategy are important approaches for managing domestic violence and abuse.

What specific actions should be undertaken by this multi-agency partnership or outlines in integrated strategies to improve quality in this service?

Quality statement 1: Recognising domestic violence and abuse in A&E departments

Quality statement

People presenting to A&E departments with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Rationale

Some people who present to A&E departments have indicators of possible domestic violence or abuse. Private one-to-one discussions with trained healthcare professionals will help these people to feel safe so that they are more likely to disclose any past or current experiences of domestic violence or abuse.

Quality measures

Structure

a) Evidence of local arrangement to ensure that people presenting to A&E departments with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that healthcare professionals are trained to recognise indicators of possible domestic violence or abuse.

Data source: Local data collection.

Process

Proportion of people presenting to A&E departments with indicators of possible domestic violence or abuse who have a private one-to-one discussion.

Numerator – the number in the denominator who have a private one-to-one discussion.

Denominator – the number of people presenting to A&E departments with indicators of possible domestic violence or abuse.

Data source: Local data collection.

Outcome

Identification of domestic violence and abuse.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (secondary care services) ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse. They provide facilities to enable people presenting to A&E departments with indicators of possible domestic violence or abuse to have a private one-to-one discussion with a trained healthcare professional.

Healthcare professionals are trained to recognise indicators of possible domestic violence and abuse. They should make kind and sensitive enquiries as part of a private one-to-one discussion in an environment in which the person feels safe. The discussion should be documented.

Commissioners (clinical commissioning groups) commission services that ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse, make kind and sensitive enquiries as part of private one-to-one discussions and document these discussions.

What the quality statement means for patients and service users

People who experience domestic violence or abuse presenting to A&E departments can have a private talk with a healthcare professional trained in this area. This may help them to talk about their experiences, to know that they are not alone, that they will be believed and that their experiences are not unusual. They should be offered help and support.

Source guidance

- Domestic violence and abuse (2014) NICE guideline PH50, recommendation 6.

Definitions of terms used in this quality statement

Indicators of possible domestic violence and abuse

The following symptoms or conditions are indicators of possible domestic violence and abuse:

- symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
- suicidal tendencies or self-harming
- alcohol or other substance use
- unexplained chronic gastrointestinal symptoms
- unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- delayed pregnancy care, miscarriage, premature labour and stillbirth
- genitourinary symptoms, including frequent bladder or kidney infections
- vaginal bleeding or sexually transmitted infections
- chronic unexplained pain
- traumatic injury, particularly if repeated and with vague or implausible explanations
- problems with the central nervous system – headaches, cognitive problems, hearing loss
- repeated health consultations with no clear diagnosis
- intrusive 'other person' in consultations including partner or husband, parent, grandparent or an adult child (for elder abuse).

[Adapted from Domestic violence and abuse (NICE guideline PH50)]

Equality and diversity considerations

Healthcare professionals need to understand equality and diversity issues and ensure that assumptions about people's beliefs, values, gender identity or sexuality do not stop them from recognising and responding to domestic violence and abuse.

Some groups may find services for domestic violence and abuse harder to access. These include black and minority ethnic groups, people with disabilities, older people, transgender people, lesbian, gay or bisexual people, people with substance misuse, people with mental health problems, people working in prostitution, people who have had a child taken into care and people with no recourse to public funds.

When interpreters are needed for discussions, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions.

Question for consultation

Are there specific ‘at risk’ groups who should be asked about domestic violence and abuse, for example, people with certain indicators, a combination of indicators or a certain number of indicators from the long list in the definitions?

Given that this population may involve vulnerable patients, in practice would a discussion always take place on a one-to-one basis?

How should ‘private’ be defined within this setting?

Quality statement 2: Recognising domestic violence and abuse in maternity services

Quality statement

Women presenting to maternity services with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Rationale

Some women who present to maternity services have indicators of possible domestic violence or abuse. Private one-to-one discussions with trained healthcare professionals will help these women to feel safe so that they are more likely to disclose any past or current experiences of domestic violence or abuse.

Quality measures

Structure

a) Evidence of local arrangement to ensure that women presenting to maternity services with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that healthcare professionals are trained to recognise indicators of possible domestic violence and abuse.

Data source: Local data collection.

Process

Proportion of women presenting to maternity services with indicators of possible domestic violence or abuse who have a private one-to-one discussion.

Numerator – the number in the denominator who have a private one-to-one discussion.

Denominator – the number of women presenting to maternity services with indicators of possible domestic violence or abuse.

Data source: Local data collection.

Outcome

Identification of domestic violence and abuse.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (secondary care services) ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse. They provide facilities to enable women presenting to maternity services with indicators of possible domestic violence or abuse to have a private one-to-one discussion with a trained healthcare professional.

Healthcare professionals are trained to recognise indicators of possible domestic violence and abuse. They should make kind and sensitive enquiries as part of a private one-to-one discussion in an environment in which the woman feels safe.

Commissioners (clinical commissioning groups) commission services that ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse, make kind and sensitive enquiries as part of private discussions and document these discussions.

What the quality statement means for service users

Women presenting at maternity services who experience domestic violence or abuse can have a private talk with a healthcare professional trained in this area. This may help them to talk about their experiences, to know that they are not alone, that they will be believed and that their experiences are not unusual.

Source guidance

- Domestic violence and abuse (2014) NICE guideline PH50, recommendation 6.

Definitions of terms used in this quality statement

Indicators of possible domestic violence and abuse

The following symptoms or conditions are indicators of possible domestic violence and abuse:

- symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
- suicidal tendencies or self-harming
- alcohol or other substance use
- unexplained chronic gastrointestinal symptoms
- unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- delayed pregnancy care, miscarriage, premature labour and stillbirth
- genitourinary symptoms, including frequent bladder or kidney infections
- vaginal bleeding or sexually transmitted infections
- chronic unexplained pain
- traumatic injury, particularly if repeated and with vague or implausible explanations
- problems with the central nervous system – headaches, cognitive problems, hearing loss
- repeated health consultations with no clear diagnosis
- intrusive 'other person' in consultations including partner or husband, parent, grandparent or an adult child (for elder abuse).

[Adapted from Domestic violence and abuse (NICE guideline PH50)]

Equality and diversity considerations

Healthcare professionals need to understand equality and diversity issues and ensure that assumptions about people's beliefs, values, gender identity or sexuality do not stop them from recognising and responding to domestic violence and abuse.

Some groups of women may find services for domestic violence and abuse harder to access. These include women from black and minority ethnic groups, women with disabilities, lesbian, or bisexual women, women with substance misuse, women with mental health problems, women working in prostitution, women who have had a child taken into care and women with no recourse to public funds.

When interpreters are needed for discussions, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions.

Question for consultation

Are there specific ‘at risk’ groups who should be asked about domestic violence and abuse, for example, people with certain indicators, a combination of indicators or a certain number of indicators from the long list in the definitions?

Given that this population may involve vulnerable patients, in practice would a discussion take place on a one-to-one basis?

How should ‘private’ be defined within this setting?

Quality statement 3: Assessment of immediate safety in people disclosing domestic violence and abuse

Quality statement

People who disclose domestic violence or abuse have an assessment of their immediate safety.

Rationale

When a person has disclosed domestic violence or abuse, health and social care practitioners should assess the person's immediate safety in order to prevent further incidents. This may mean that the person is separated from the person perpetrating the domestic violence or abuse while receiving support.

Quality measures

Structure

Evidence of local arrangements to ensure that protocols are in place for health and social care practitioners to respond to disclosures of domestic violence or abuse by assessing a person's immediate safety.

Data source: Local data collection.

Process

Proportion of people who disclose domestic violence or abuse who have an assessment of their immediate safety.

Numerator – the number in the denominator who have an assessment of their immediate safety.

Denominator – the number of people who disclose domestic violence or abuse.

Data source: Local data collection.

Outcome

People who experience domestic violence or abuse report feeling safe.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) ensure that protocols are in place for health and social care practitioners to respond to disclosures of domestic violence or abuse by assessing a person's immediate safety.

Health and social care practitioners follow protocols by assessing a person's immediate safety when a disclosure of domestic violence or abuse has been made.

Commissioners (NHS England, clinical commissioning groups and local authorities) commission services that ensure that health and social care practitioners follow protocols by assessing a person's immediate safety when a disclosure of domestic violence or abuse has been made.

What the quality statement means for patients and service users

People who reveal that they have experienced domestic violence or abuse are treated kindly and with understanding. They have a check of their immediate safety.

Source guidance

- Domestic violence and abuse (2014) NICE guideline PH50, recommendation15.

Definitions of terms used in this quality statement

Disclosures of domestic violence and abuse

A disclosure is defined as any occasion when a person who has experienced domestic violence or abuse informs a health or social care worker or any other third party of their experiences. [Domestic violence and abuse (NICE guideline PH50)]

Equality and diversity considerations

Health and social care practitioners need to understand equality and diversity issues and ensure that assumptions about people's beliefs, values, gender identity or

sexuality do not stop them from recognising and responding to domestic violence and abuse.

Some groups may find services for domestic violence and abuse harder to access. These include people from black and minority ethnic groups, people with disabilities, older people, transgender people, lesbian, gay or bisexual people, people with substance misuse, people with mental health problems, people working in prostitution, people who have had a child taken into care and people with no recourse to public funds.

When interpreters are needed for discussions, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions.

Question for consultation

What should an ‘assessment of immediate safety’ involve?

Quality statement 4: Referral to specialist support services for people experiencing domestic violence or abuse

Quality statement

People experiencing domestic violence or abuse are offered a referral to specialist support services.

Rationale

It is important that people experiencing domestic violence or abuse can access appropriate support if they need it. Specialist support services can help to address the emotional, psychological and physical harms arising from domestic violence and abuse. They can offer advice, help to develop plans for the future and increase the safety of those experiencing domestic violence or abuse.

Quality measures

Structure

a) Evidence of local referral pathways to ensure that people experiencing domestic violence or abuse are referred to specialist support services.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that specialist support services are available for people experiencing domestic violence or abuse.

Data source: Local data collection.

Process

Proportion of reported cases of domestic violence or abuse which are referred to specialist support services.

Numerator – the number in the denominator referred to specialist support services.

Denominator – the number of reported cases of domestic violence or abuse.

Data source: Local data collection. The Adult Social Care Outcomes Framework indicator 1.11 provides the number of domestic abuse incidents reported to the police per 1000 population.

Outcome

Referrals of people experiencing domestic violence or abuse to domestic violence and abuse services.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) work with commissioners to design local referral pathways for domestic violence and abuse and ensure that health and social care practitioners offer referrals to these specialist support services to people who need them.

Health and social care practitioners are aware of local referral pathways for domestic violence and abuse and offer referrals to specialist support services to people who need them.

Commissioners (NHS England, clinical commissioning groups and local authorities) ensure that referral pathways and a full range of specialist support services are in place for people experiencing domestic violence and abuse. These include community based domestic violence and abuse advocacy services. Commissioners may wish to adopt a multi-agency approach and work with health and wellbeing boards and local strategic partnerships on domestic violence and abuse.

What the quality statement means for service users

People experiencing domestic violence or abuse are offered a referral to specialist support services, such as refuges and services offering legal, housing and financial advice, safety planning advice and psychological help. This will mean that they can get the help and support that they need.

Source guidance

- Domestic violence and abuse (2014) NICE guideline PH50, recommendations 4, 5, 6, 8 and10.

Definitions of terms used in this quality statement

People experiencing domestic violence or abuse

This refers to those aged 16 and over who are experiencing or have experienced domestic violence or abuse and to children who are affected by domestic violence or abuse. [Domestic violence and abuse (NICE guideline PH50)]

Referral to specialist support services

Formal referral pathways to specialist support services that aim to meet the health and social care needs of all those affected by domestic violence and abuse should be in place. All service pathways should have consistent, robust mechanisms for assessing the risks facing adults who experience domestic violence or abuse and any children who may be affected. This includes ensuring those affected and those perpetrating domestic violence or abuse are kept separate when receiving support. Specialist advice, advocacy and support should form part of a comprehensive referral pathway. [Domestic violence and abuse (NICE guideline PH50)]

Specialist support services

Specialist services for domestic violence and abuse have no agenda beyond the safety and well-being of those affected by domestic violence or abuse. Services include advocacy, advice, floating support, outreach support, refuges and provision of tailored interventions. They also include housing workers, independent domestic violence advisers and multi-agency risk assessment conferences for those at high risk. Services should be tailored to the level of risk and specific needs of people experiencing domestic violence or abuse. [Domestic violence and abuse (NICE guideline PH50)]

Equality and diversity considerations

Services should be tailored to address the specific needs of people experiencing domestic violence or abuse. Services should include those to help prevent forced

marriages, to help men, and lesbian, gay, bisexual or transgender people affected by domestic violence or abuse, and to help people subjected to 'honour' violence or stalking.

Some groups may find services for domestic violence and abuse harder to access. These include people from black and minority ethnic groups, people with disabilities, older people, transgender people, lesbian, gay or bisexual people, people with substance misuse, people with mental health problems, people working in prostitution, people who have had a child taken into care and people with no recourse to public funds. Services should provide options for these groups and for people who are reluctant to access services.

Services should provide support in different languages. When interpreters are needed for discussions, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions.

Quality statement 5: Referral to specialist services for people perpetrating domestic violence or abuse

Quality statement

People perpetrating domestic violence or abuse are offered a referral to specialist support services.

Rationale

People perpetrating domestic violence or abuse should be able to access support if they need it. In many areas there are no services for these people outside of the criminal justice system. This means that the support that health and social care practitioners can offer to people perpetrating domestic violence and abuse is often limited.

Quality measures

Structure

a) Evidence of local referral pathways to ensure that people perpetrating domestic violence or abuse are referred to specialist support services.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that specialist support services are available to support people perpetrating domestic violence or abuse.

Data source: Local data collection.

Process

Proportion of people known to perpetrate domestic violence or abuse who are referred to specialist support services.

Numerator – the number in the denominator who are referred to specialist support services.

Denominator – the number of people known to perpetrate domestic violence or abuse.

Data source: Local data collection.

Outcome

Referrals of people perpetrating domestic violence and abuse to specialist services.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) work with commissioners to design local referral pathways for domestic violence and abuse and ensure that health and social care practitioners offer referrals to these specialist support services to people perpetrating domestic violence or abuse.

Health and social care practitioners are aware of local referral pathways and offer people perpetrating domestic violence or abuse referrals to specialist support services.

Commissioners (NHS England, clinical commissioning groups and local authorities) ensure that referral pathways and a full range of specialist services are in place for people perpetrating domestic violence or abuse. They may wish to adopt a multi-agency approach and work with health and wellbeing boards and local strategic partnerships on domestic violence and abuse.

What the quality statement means for service users

People perpetrating domestic violence or abuse are offered a referral to specialist support services that can help them to change their views and understand more about violence. These specialist services can make it easier for them to get the help and support that they need to change their behaviour.

Source guidance

- Domestic violence and abuse (2014) NICE guideline PH50, recommendations 4, 5, 6, 10 and 14.

Definitions of terms used in this quality statement

People who perpetrate domestic violence or abuse

People aged 16 or over who are violent towards or try to control, coerce, threaten or abuse family members or people who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage. [Domestic violence and abuse (NICE guideline PH50)]

Referral to specialist support services

Formal referral pathways to specialist support services that aim to meet the health and social care needs of all those affected by domestic violence should be in place. All service pathways should ensure that those affected and those perpetrating violence or abuse are kept separate when receiving support. Specialist advice, advocacy and support should form part of a comprehensive referral pathway. [Domestic violence and abuse (NICE guideline PH50)]

Specialist services for people who perpetrate domestic violence or abuse

Specialist services for people who perpetrate domestic violence or abuse might include initiatives and interventions to deal with their behaviour and any related issues. Interventions should be tailored, meet national standards and be based on the local needs assessment. Interventions should primarily aim to increase the safety of the person's partner and children (if they have any). Health and social care practitioners should report on the person's attitudinal change, their understanding of violence and accountability, their ability and willingness to seek help, and the safety of their partner (or ex-partner) and children. These interventions, when commissioned, should include robust evaluation to determine their effectiveness in relation to improved outcomes for people experiencing domestic violence and abuse. [Adapted from Domestic violence and abuse recommendation 14 (NICE guideline PH50)]

Equality and diversity considerations

Services should be tailored to address the specific needs of people perpetrating domestic violence and abuse.

Some groups may find services harder to access. These include people from black and minority ethnic groups, people with disabilities, older people, transgender people, lesbian, gay or bisexual people, people with substance misuse, people with mental health problems, people working in prostitution, people who have had a child taken into care and people with no recourse to public funds. Services should provide options for these groups and for people who are reluctant to access services.

Services should provide support in different languages. When interpreters are needed for discussions, these should be professional interpreters who maintain confidentiality. Family members or friends should not act as interpreters for discussions.

Status of this quality standard

This is the draft quality standard released for consultation from 16 June to 14 July 2015. It is not NICE's final quality standard on domestic violence and abuse. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 14 July 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from September 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health and social care practitioners and people who experience or perpetrate domestic violence and abuse is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who experience or perpetrate domestic violence and abuse should have access to a professional interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Domestic violence and abuse (2014) NICE guideline PH50

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2015) Call to end violence against women and girls: progress report 2010 to 2015
- Department of Health (2014) Fundamental standards for health and social care providers
- Home Office (2014) A call to end violence against women and girls: action plan 2014
- Social Care Institute for Excellence (SCIE) Safeguarding and quality in commissioning care homes: Legislative and policy framework
- Home Office (2013) Briefing on ending violence against women and girls
- Home Office (2012) Domestic violence disclosure scheme guidance
- Home Office (2011) Supporting high risk victims of domestic violence
- Department of Health (2011) Safeguarding adults: the role of health services
- Department of Health (2011) Domestic violence protection orders
- Home Office (2010) Teenage relationship abuse
- Department of Health (2010) Improving services for women and child victims of violence; The Department of Health Action Plan
- Home Office (2010) Call to end violence against women and girls: strategic vision

Definitions and data sources for the quality measures

- Domestic violence and abuse (2014) NICE guideline PH50

Related NICE quality standards

Published

- Alcohol: preventing harmful alcohol use in the community (2015) NICE quality standard 83
- Head injury (2014) NICE quality standard 74
- Depression in children and young people (2013) NICE quality standard 48
- The health and wellbeing of looked-after children and young people (2013) NICE quality standard 31
- Drug use disorders (2012) NICE quality standard 23
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Alcohol dependence and harmful alcohol use (2011) NICE quality standard 11

In development

- Personality disorders (borderline and antisocial) Publication expected May 2015

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Acute medical admissions in the first 48 hours
- Child abuse and neglect
- Community engagement: effective strategies for behaviour change
- Drug misuse prevention
- Early years: promoting health and well-being in the early years, including those in complex families
- Fractures (excluding head and hip)
- Major trauma
- Out of hours care
- Readmission to ICU within 48 hours
- Resuscitation following major trauma and major blood loss
- Suicide prevention
- Trauma services

- Urgent and emergency care

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

Dr Gita Bhutani
Professional Lead, Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock
Lay member

Dr Helen Bromley
Consultant in Public Health, Cheshire West and Chester Council

Dr Hasan Chowhan
GP, NHS North East Essex Clinical Commissioning Group

Ms Amanda de la Motte
Service Manager/Lead Nurse Hospital Avoidance Team, Central Nottinghamshire Clinical Services

Mr Phillip Dick
Psychiatric Liaison Team Manager, West London Mental Health Trust

Ms Phyllis Dunn
Clinical Lead Nurse, University Hospital of North Staffordshire

Dr Ian Manifold
Consultant Oncologist, Quality Measurement Expert, National Cancer Action Team

Mr Gavin Maxwell

Lay member

Mrs Juliette Millard

UK Nursing and Health Professions Adviser, Leonard Cheshire Disability

Hazel Trender

Senior Vascular Nurse Specialist, Sheffield Teaching Hospital Trust

Dr Hugo van Woerden

Director of Public Health, NHS Highland

Professor Bee Wee (Chair)

Consultant and Senior Clinical Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust and Oxford University

Ms Karen Whitehead

Strategic Lead Health, Families and Partnerships, Bury Council

Ms Alyson Whitmarsh

Programme Head for Clinical Audit, Health and Social Care Information Centre

Ms Jane Worsley

Chief Operating Officer, Advanced Childcare Limited

Dr Arnold Zermansky

GP, Leeds

The following specialist members joined the committee to develop this quality standard:

Ms Lori Busch

Lay member

Professor Gene Feder

Professor of Primary Health Care, University of Bristol

Ms Davina James-Hanman

Independent Consultant

Ms Maureen Noble

Independent Consultant

Professor Nicky Stanley

Professor of Social Work, University of Central Lancashire

NICE project team

Nick Baillie

Associate Director

Karen Slade

Consultant Clinical Adviser

Rachel Neary-Jones

Programme Manager

Stephanie Birtles

Technical Adviser

Laura Hobbs

Lead Technical Analyst

Esther Clifford

Project Manager

Jenny Mills

Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard will be incorporated into the NICE pathway on domestic violence and abuse.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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