NICE guidelines

Equality and health inequalities assessment (EHIA) template

Domestic abuse

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to:

DOMESTIC ABUSE

2024 Exceptional surveillance of Domestic Violence and abuse: multi-agency working (NICE guideline PH50)

STAGE 1. Surveillance review

Date of surveillance review: June 2024

Focus of surveillance review: Domestic violence and abuse: multi-agency working

Surveillance reviews can be found here CfG Information Hub - CfG In tray - Allocations

Completed by: Technical Analyst

Date: June 2024

Approved by NICE CFG topic hub senior topic adviser or associate director__________________

Date____________________

STAGE 2. Informing the scope

(to be completed by the topic team, and submitted with the draft scope for consultation, if this is applicable)

PH50 Domestic Violence and Abuse: Multiagency Working

Date of completion: 24 November 2025

Focus of guideline or update: Domestic Abuse

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

If no surveillance review exists, include a note to indicate this.

2.1 Check existing EIAs or EHIAs at the very beginning of scoping (during early preparation stages). Note any equality and health inequality issues identified.
NICE guideline PH50 Domestic Violence and Abuse: Multiagency Working (2014) identified key equality issues including barriers faced by minoritised communities, disabled people, LGBT+ individuals, and men in accessing domestic abuse services. These inequalities remain relevant and inform the current scope.

2.2 What additional approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
To explore the breadth of equality and health inequalities issues affecting domestic abuse we collated information from a range of sources which included: 1) Review of NICE Domestic Violence and Abuse 2024 surveillance activity and associated NICE prioritisation board health inequalities briefing; 2) NICE team members facilitated meetings with topic experts during pre-scoping activities (January-March 2025); 3) We consolidated and checked findings by searching for additional data on the key issues raised along with early discussions with NICE People and Communities Team. This approach provided intelligence and an overview with respect to equality and health inequalities and particularly highlighted that there are underserved groups (e.g.,

disabled men and women, LGBT+ people, minoritised ethnic people and communities).

2.3 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

New methods at Office for National Statistics (ONS) now consider the broad definition of domestic abuse established in the Domestic Abuse Act 2021. The ONS estimate that, in the year ending March 2025, 9.1% of women (2.2 million) and 6.5% of men (1.5 million) over the age of 16 had experienced domestic abuse. The ONS also estimate that 1 in 4 (25.8%) people aged 16 years and over have experienced domestic abuse since the age of 16 years, (equivalent to 12.5 million people). Split by sex, this includes 29.6% of women and 21.8% of men (equivalent to 6.9 million and 6.1 million individuals, respectively).

The health inequalities experienced by people in the UK population are influenced by protected characteristics, socioeconomic status, geographic location, and inclusion health factors. Intersectionality compounds disadvantage across all groups.

Protected Characteristics

With respect to gender, women are disproportionately affected by domestic abuse with nearly one in four experiencing domestic abuse in their lifetime, compared to one in sixteen men. Abuse against women can be more severe and repeated, this includes sexual violence.

For people who are male victims, the Home Office note that stereotyping, myths, and misconceptions can act as additional barriers to men and boys reporting domestic abuse or seeking help. Men and women disclose partner abuse to others at similar rates (79.2% vs. 81.8% respectively) but the proportion of men telling someone in an official position is lower than for women (28.0% men vs. 35.3% women, according to ONS). The difference is even greater when it comes to disclosing abuse to health professionals (6.4 men vs 18.4% women). A 2022 survey carried out on behalf of the Victims Commissioner found that awareness of the need for services for men was an issue. Only 5% of funded services are designed for men-only (compared to 36% for women-only), 63% of services were non sex or-gender specific (but with separate delivery for men and women) and 17% of services were delivered in mixed sex/gender spaces.

Evidence indicates that pregnancy can be a trigger for domestic abuse, with some studies showing that abuse often begins or escalates during pregnancy. Risks include physical harm to both the pregnant person and unborn baby, increased maternal mental health issues, and barriers to accessing antenatal care. Postnatal periods can also heighten vulnerability due to isolation, childcare responsibilities, and economic

dependence. Domestic abuse during pregnancy is associated with significant health inequalities, including adverse maternal and neonatal outcomes. Women experiencing abuse may avoid or delay antenatal appointments due to coercive control or fear of disclosure, exacerbating health risks.

Considering ethnicity, black and minoritised women report higher prevalence of domestic abuse and greater barriers to support, compounded by institutional racism and poorer access to culturally appropriate services. According to successive annual reviews by Vulnerability Knowledge and Practice Program, people of minority ethnic heritage may be disproportionately affected by domestic homicides and suspected victim suicides. A 2022 survey carried out on behalf of the Victims Commissioner highlights a gap between the proportion of people from various minority groups who wanted access to specialist culturally sensitive support and those who were able to access it. Specifically, the proportion of people who reported being able to access the services they wanted in the survey were: for black and minoritised people – 51%; LGBT+ people – 19%; disabled people – 7%; deaf people – 7%.

Disabled people face both increased risk and unique barriers to leaving abuse, particularly where they are dependent on carers who may be abusers. The charity Women's Aid describe refuge spaces for wheelchair users as being "incredibly scarce": just 0.7% of the total number of available spaces in 2023-24.

Deaf people experience disproportionately high rates of domestic abuse, with some studies indicating prevalence up to two to three times higher than among hearing populations. Forms of coercive control include withholding or damaging hearing aids or communication devices, restricting access to interpreters, and preventing the use of sign language. Barriers to support include limited availability of British Sign Language accessible services, reliance on family members (including children) for interpretation, and systemic bias (audism) within health systems. Language deprivation and cultural isolation can further hinder recognition and disclosure of abuse. Specialist provision for Deaf victim-survivors appears to be limited, creating gaps in equitable access to support.

Sexual orientation/gender reassignment influences population risk of domestic abuse. LGBTQ+ and especially trans people can be at higher risk of domestic abuse and may be less likely to have inclusive services available. Further, there are also disparities between age groups which add to issues of intersectionality, for example older adults (age 60+) account for one in four domestic homicide victims and there are comparably few LGBTQ+ specialist services for older people. Across all groups discussed the younger adults in populations can experience high rates of intimate partner violence.

Socioeconomic Deprivation

People living in poverty and in the most deprived areas are significantly more likely to experience domestic abuse and can face greater barriers to escaping abuse linked to

financial dependence, housing insecurity, or limited social support. Economic domestic abuse is now recognised under UK law, it can be a key barrier for victim-survivors, limiting their ability to leave abusive relationships. For people who seek support, those in deprived communities can have less access to specialist support and legal advice; funding for services may not match local need.

Geographical Area Variation

Home office data covering the year to September 2023 demonstrate that there is a greater likelihood of domestic homicide in predominantly rural areas where the victim is either familial or an intimate partner. Variations by region and household structure are also found in ONS data, though the ONS caution that variations could be attributable to reporting differences or changes made as a response to abuse.

There are regional inequalities in domestic abuse prevalence and service provision. There are suggestions that prevalence is lower in London (1.8%) than elsewhere in England and Wales (5.1–7.2%); however, minority and migrant populations may be undercounted in official data. Survivors in the Northwest and East midlands report the greatest difficulty accessing help.

Rural and coastal communities can lack specialist provision, while urban areas may face overstretched services. Variation in regional funding and policy support exacerbates inequalities, with victim-survivors' experiences differing according to location.

Inclusion Health and Vulnerable Groups

Children who witness domestic abuse are now formally recognised as victims, with one in five affected in the UK. This can lead to mental health, academic, and behavioural impacts that can be carried into adulthood.

Migrant people, people with insecure immigration status, homeless people, and those with substance misuse issues experience compounded disadvantage and may be excluded from mainstream services, especially where eligibility criteria exist or interpreters are unavailable. Barriers for these groups include lack of awareness, fear of authorities, restricted eligibility for support, and isolation from mainstream services.

It has been noted that sex workers can experience a high prevalence of domestic abuse, but stigma, systemic discrimination, and fear of authorities limit access to support. Similarly, Gypsy, Roma and Traveller communities may have distrust of authorities, with a lack of culturally sensitive services which create barriers.

Young people leaving care and victims of trafficking may have limited support networks exacerbating risk of domestic abuse. Care leavers are at heightened risk of domestic abuse due to prior trauma, disrupted attachments, and limited support networks. Vulnerabilities include homelessness, poverty, and exploitation, which increase

exposure to abusive relationships. Barriers to support include lack of targeted services and insufficient transition planning from care to independence. Evidence indicates that early intervention, housing stability, and trauma-informed support are critical to reducing risk and improving outcomes for this group.

Victims of trafficking may experience domestic abuse alongside other forms of coercion and exploitation. Tactics used by traffickers can mirror those of domestic abusers, including isolation, threats, and financial control. Immigration status, fear of authorities, and language barriers can restrict access to help.

Domestic abuse is a common reason why homeless people seek housing from local authorities according to the Ministry of Housing, Communities, & Local Government. Recent (2025) data from the Ministry demonstrate wide variations in the number of individuals supported in domestic abuse safe accommodation across the different regions of England. In 2024-25, 46,100 (60%) of supported individuals were women, 2,140 (3%) were men, 500 (1%) were trans or non-binary adults, and 28,110 (37%) were children. The same report flags that, between April 2024 and March 2025, local authorities knew of 28,190 households that were referred to safe accommodation services but that could not be supported. The report outlines that capacity constraints were the most cited reason for a lack of support, followed by the inability to meet the person's needs, including issues around accommodating mental health conditions, disabilities, or family size. There were 450 specialist domestic abuse services commissioned across England for Black and minoritised, disabled or LGBTQ+ survivors and other specialist groups, however these are not evenly distributed, with 210 of the 450 being recorded in the Northwest, Yorkshire and the Humber.

Intersectionality and Cumulative Disadvantage

Barriers and inequalities may be exacerbated when people face multiple, overlapping disadvantages. The extent of intersectionality may be hidden or not recognised due to poor data collection/disaggregation, masking the true extent of service gaps and unmet need. For example, issues of inequality can be particularly prevalent for women, ethnic minorities, disabled people, LGBTQ+ individuals, those in deprived areas or marginalised communities, and inclusion health groups but data collection related to inequalities can be single focus in nature. Inclusion health groups frequently face compounded disadvantage (e.g., sex workers who are migrants, Gypsy, Romany, Traveller (GRT) women with disabilities). Further, service variation, compounded by these intersectional disadvantages, creates barriers both to identification and support. Pregnancy related abuse may intersect with other vulnerabilities, for example, migrant women with insecure immigration status may fear deportation and avoid maternity services.

ONS data on victim characteristics show a higher prevalence of domestic abuse among:

- Younger people (under 24) compared to older age groups.
- Gay men compared to bisexual and heterosexual men.
- Lesbians compared to heterosexual women.
- Bisexual women compared to both heterosexual women and lesbians.
- Disabled compared to non-disabled people.
- Separated or divorced people compared to those who were married, single or cohabiting.
- Trans-identified people compared to cisgender people.

There is higher prevalence of domestic abuse among women, disabled people, and LGBT+ individuals; men and boys who experience domestic abuse are underrepresented in service provision; and all victims in deprived areas face greater barriers to accessing support; with limited access to specialist domestic abuse services in rural/coastal areas and certain regions (e.g., Southwest, Northeast).

Migrant people, people experiencing homelessness, neurodivergent people, people with learning disability and those in contact with the criminal justice system can also face compounded risks and access barriers.

2.4 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?
The approach to update the guideline, with 1) the use of review questions and committee development, 2) the advice of domestic abuse topic advisors, clinical consultant and social worker consultant advisors, 3) stakeholder consultations, will enable us to remain vigilant to issues of equitable access and services for the UK populations and specifically pay attention to underserved and minoritised groups. The topic team intend to review evidence on interventions for domestic abuse, this may be tailored for people and may include for example (but not limited to) Disabled People, LGBT+ communities, Men, Sex Workers, Gypsy, Roma and Traveller communities, Care leavers, and Trafficking Survivors. We will explore the use of real-world data for example findings from domestic abuse-related death reviews (including legacy Domestic Homicide Reviews) thematic reports related to healthcare. The guideline committee may also consider making research recommendations to address gaps in evidence

2.5 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
We will review the stakeholder list for this topic with a focus on equality and health inequalities assessment; the current list includes organisations representing disabled people, LGBT+ communities, minoritised ethnic groups, and male survivors. We will identify gaps (e.g., stakeholders representing Gypsy, Roma and Traveller communities, older people, babies, children and young people, people experiencing homelessness) and act to address those gaps during scoping phase. For example, by targeted outreach with the support of NICE people and communities team. We will also seek feedback from the current stakeholder member organisations during draft scope consultation.

2.6 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?
We will try to ensure that the committee constitution will reflect the diversity of people in the UK. This will depend on the applicants to join the committee, and we will adapt processes accordingly to support the recruitment of a diverse committee. For example, we will work with the people and communities team and the topic advisers to ensure adverts reach appropriate groups and individuals. We will ensure recruitment adverts are accessible in their format and will also ensure trauma-informed engagement and support for professional and lay (expert by experience) members throughout development. We propose that we will have four lay members on the guideline committee. We may include expert testimony from victim-survivor people representing diverse groups. The committee constitution that we plan includes a specific member of the committee with focus on Equality, Diversity, Inclusion related to domestic abuse. If it becomes apparent during the consultation phases (scoping and development) that there are gaps in engagement from the breadth and depth of the populations affected by domestic abuse, then we will proactively seek out further representation, for example we may need to work closely with specific groups including those who might be considered underserved populations. In addition to engagement and recruitment activities, it is proposed to include two qualitative evidence syntheses in the guideline, ensuring that the views and experiences of our whole population will inform the development of recommendations.

2.7 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
1. Considering the scope of the NICE guideline update, does the draft EHIA consider the range of barriers faced by minoritised and underserved groups? 2. Are there additional equality or health inequalities issues we should consider?

2.8 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
The guideline will not include population groups at risk of, or who have experienced, female genital mutilation. The guideline will not include children and young people up to the age of 18 years who have experienced abuse that is covered in NICE guideline Child abuse and neglect | Guidance | NICE It will not include population groups experiencing abuse from paid health and/ or care workers. If structural/methodological exclusions arise e.g., limitations of evidence or lack of evidence, then this will be noted in the guideline rationales including consideration of any potential impact and seek to avoid exacerbating inequalities.

Completed by topic team: Domestic Abuse Guideline

Date: 24 November 2025

Approved by committee chair:

Date:

Approved by NICE CFG topic hub senior topic adviser or associate director:

Date: