

Putting NICE guidance into practice

Costing statement: Domestic violence and abuse

Implementing the NICE guidance on Domestic violence and abuse – how services can respond effectively (PH50)

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1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in '[Domestic violence and abuse: how services can respond effectively](#)' (NICE public health guidance 50).
- 1.2 Commissioning arrangements for domestic violence and abuse services vary across the country. Local authorities are likely to lead on services involving public health and social care, with clinical commissioning groups leading on clinical healthcare services. Others, such as the police and crime commissioners and organisations in the voluntary sector may also commission, as well as provide, services.
- 1.3 Implementing the guidance is likely to improve the use of resources in this area and may lead to fewer people experiencing domestic violence and abuse. It is unlikely there will be short-term savings and benefits, however, it may lead to long term savings and benefits to both health and social care.
- 1.4 A costing statement has been produced for this guidance because it is not possible to quantify with a reasonable degree of certainty what impact recommendations will have on resources nationally due to the variation in current practice across the country.
- 1.5 We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.

2 Background

- 2.1 The guidance is for health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse.

- 2.2 The recommendations cover the broad spectrum of domestic violence and abuse, including violence perpetrated on women, men and on those in same-sex relationships. It also includes domestic violence and abuse in intimate relationships between teenagers and abuse of parents by children.
- 2.3 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. It also includes 'honour'-based violence and forced marriage.
- 2.4 Much of the expertise and support for people who experience domestic violence and abuse lies in the voluntary and community sector, where funding and capacity is generally limited.
- 2.5 Available data on domestic violence 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 other services.
- 2.6 At least 1.2 million women and 784,000 men aged 16 to 59 in England and Wales experienced domestic abuse in 2010/11 – 7.4% of women and 4.8% of men. At least 29.9% of women and 17.0% of men in England and Wales have, at some point, experienced it (Smith et al. 2012).
- 2.7 Domestic violence and abuse cost the UK an estimated £15.7 billion in 2008 (Walby 2009). This included:
- more than £3.9 billion for the criminal justice system, civil legal services, healthcare, social services, housing and refuges
 - more than £1.9 billion for the economy (based on time off work because of injuries).

- just over £9.9 billion in ‘human and emotional’ costs, for example, the cost of domestic murders and attempted murders, threatening behaviour and the subsequent pain, suffering and fear caused.

2.8 There are likely to be different referral pathways into domestic violence and abuse services across the country. The Royal College of General Practitioners, together with Identification and Referral to Improve Safety (IRIS) and Co-ordinated Action Against Domestic Abuse (CAADA) have produced guidance for GPs to help them respond effectively to people experiencing domestic abuse.

3 Recommendations with potential resource impact

3.1 If the guidance is fully implemented, more people who experience or perpetrate violence and abuse may be identified and provided with support. This may increase short-term costs, in terms of existing workforce capacity and support services. But it may also lead to longer term savings for a range of organisations, including the NHS and criminal justice system. Potential costs or savings should be determined locally.

3.2 The following sections of the recommendations listed below may have specific cost implications.

- Commission integrated care pathways for identifying, referring and providing support to people who experience, and those who perpetuate domestic violence and abuse (recommendation 4)
- Provide specialist advice, advocacy and support, including outreach, advocacy and mental health where those experiencing domestic violence and abuse have a mental health condition (recommendation 12)
- Provide specific training for health and social care professionals in how to respond to domestic violence and abuse. Training provision should then be ongoing. (recommendation 15-17).

Potential costs

- 3.3 Establishing a comprehensive integrated referral care pathway for people who experience or perpetrate domestic violence and abuse may incur costs. Costs would be for training clinicians and administrative staff in GP practices on how to monitor disclosures of domestic violence and abuse and how to make referrals to specialist agencies. However, these costs may be reduced by working in partnership to develop training and referral pathways.
- 3.4 Research suggests domestic violence and abuse is currently under-reported, so a comprehensive mapping exercise to identify gaps in service provision may also result in the identification of more people who need help. Additional resources may therefore be required. For example, it costs an estimated £19,000 to £30,000 per annum to employ one independent domestic violence adviser (depending on local circumstances).
- 3.5 Support services for people who experience domestic violence and abuse can take various forms (that is, crisis, medium or long-term support). The aim could be to prevent or reduce domestic violence and abuse or to treat and support someone with a mental health condition caused by their experience of domestic violence and abuse. Mental health interventions may include cognitive behavioural therapy and medication, advocacy or skills building – all of which may have a cost implication.
- 3.6 Much of the expertise and support lies in the voluntary and community sector, where funding and capacity is generally limited. This suggests that if more people who experience or perpetrate domestic violence and abuse are identified, additional funding will be required so as to meet demand for services.
- 3.7 The guidance recommends providing different levels of training for staff (ongoing and regular supervision). A number of organisations (including local authorities, voluntary sector and education institutions) provide

training on prevention and reduction of domestic violence and abuse online or face-to-face in groups. Some online courses are free, but face-to-face components or group courses may have a cost impact. For example, the cost per person for some courses ranges from £10 for a half day attendance to £200 for 2 days. Some accredited training courses for service managers cost up to £700 for a 2-day event.

3.8 Two interventions were selected for a separate economic analysis, one focusing on interventions that reduce the incidence of domestic violence and abuse and one focusing on reducing harm associated with domestic violence and abuse. The interventions were found to be cost effective. These were:

- The incident reduction model involving independent domestic violence advisers: adults experiencing domestic violence and abuse are given access to a range of services (Howarth et al. 2009)
- The harm reduction model; providing cognitive trauma therapy specifically post-traumatic stress disorder for women who have left an abusive relationship. (Kubany et al. 2003; Kubany, et al. 2004).

3.9 Based on the economic analysis for the guidance:

- The cost of support provided for one person by an independent domestic violence adviser is estimated at £4,300. Support per person lasts for a period of approximately 3 months.
- The cost per person of providing cognitive trauma therapy was estimated at £1,600. This includes 9 sessions of therapy by a psychologist.
- The costing tools for [Common mental health disorders](#) NICE clinical guideline 125, NICE (2011) [Anxiety](#) NICE clinical guideline 113 (2011) and [Depression in adults](#) NICE clinical guideline 90 (2009), all discuss the costs associated with psychological interventions for mental health problems.

Potential savings and benefits

- 3.10 A seamless, integrated response across the settings and services covered in this guidance would ensure a more efficient use of resources by reducing duplication.
- 3.11 Professionals not trained to identify domestic violence and abuse may mislabel and misdiagnose people's problems, leading to inappropriate plans or ineffective remedies. Relevant training may improve service delivery and also save money.
- 3.12 Early identification and prevention may also help stop domestic violence and abuse from escalating and, therefore, reduce future support and criminal justice costs.
- 3.13 The economic model for the guidance found that reducing domestic violence and abuse could save on the costs associated with:
- Treating and supporting someone who has experienced domestic violence and abuse. For example, hospital costs such as accident and emergency attendance plus medication
 - Treating and supporting someone who is experiencing post-traumatic stress disorder as a result of such violence and abuse (an estimated cost saving of £4700 per month per person that includes healthcare and social care costs).
- 3.14 Other savings will be associated with reduced costs to the criminal justice system and the economy (in terms of the person's employability and productivity).

4 Other Considerations

- 4.1 Establishing an integrated commissioning strategy for local strategic partnerships on domestic violence and abuse is key to successful implementation of this guidance. This is particularly true if services are tailored to the age, gender, culture, ethnic or religious group, gender, sexuality, disability, income or lifestyle. However, since commissioned

services are already in place it is unlikely that there would be significant costs.

- 4.2 Commissioning strategies and plans should identify gaps and priority areas and the right mix of service provision within existing services that deal with domestic violence. For example, consulting women, men and young people who have experienced domestic violence and abuse as part of the assessment will cost money. Communicating the results to all relevant services and the general public, for example, by publishing a directory of local and national services

5 Conclusion

Organisations are advised to assess the local resource implications of this guideline. Potential additional costs may be incurred as follows:

- by establishing an integrated care pathway for identifying, referring and providing services for people who experience, and those who perpetrate, domestic violence and abuse
- by providing support, including outreach, advocacy and mental health services(if there are indications that someone has substance misuse or mental health problems)
- by providing initial and ongoing training (see section 3.9).

Potential areas for savings locally are:

- cost savings associated with helping someone who has experienced, or is, experiencing domestic violence and abuse, including those with post-traumatic stress disorder
- reduced costs associated with the criminal justice system.

6 References

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About this costing statement

This costing statement is an implementation tool that accompanies NICE's guidance: Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively <http://guidance.nice.org.uk/PH50> (NICE public health guidance 50).

Issue date: February 2014

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with NICE's guidance. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, 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 guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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