

# Domestic violence and abuse

Quality standard

Published: 29 February 2016

[nice.org.uk/guidance/qs116](https://www.nice.org.uk/guidance/qs116)

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This standard is based on PH50.

This standard should be read in conjunction with QS88, QS23, QS15, QS11 and QS128.

## 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 on [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<sup>[1]</sup>. At least 29.9% of women and 17.0% of men in England and Wales have experienced domestic abuse at some time<sup>[2]</sup>. 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<sup>[3]</sup>.

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 – [Cost of domestic violence up-date](#) – 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 addressing 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 contribution to a person's condition and to provide effective and safe support.

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

- harm from domestic violence and abuse
- mortality from domestic violence and abuse
- emergency attendances for domestic violence and abuse
- quality of life
- personal safety
- duration of domestic violence and abuse
- re-occurrence of domestic violence and abuse.

### *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 2013–16](#)
- [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, 2013–16**

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

**Table 2 The Adult Social Care Outcomes Framework 2015–16**

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

### *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.

Clear protocols and methods should be adopted within and between agencies for sharing information about people at risk of, experiencing, or perpetrating domestic violence and abuse. Protocols and methods should align with the Data Protection Act and professional guidelines that address confidentiality and information-sharing in health services, including how to apply the Caldicott guardian principles to 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.

## Role of families and carers

Quality standards recognise the important role families and carers have in supporting people experiencing domestic violence and abuse. However, health and social care practitioners need to speak to people alone to facilitate and support disclosures of domestic violence and abuse. When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends must not act as interpreters for enquiries or discussions.

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<sup>[1]</sup> [Office for National Statistics \(2015\) Crime Survey England and Wales, 2013–14.](#)

<sup>[2]</sup> Smith K (editor), 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.

<sup>[3]</sup> Official published Crime Survey for England and Wales data 'caps' the maximum number of incidents in a series at 5. Evidence suggests that once this cap is removed, domestic violence and abuse increases by 70% and this is mostly against women (Walby, Towers and Francis. [The decline in the rate of domestic violence has stopped: removing the cap on repeat victimisation reveals more violence](#), 2014).

## List of quality statements

Statement 1. People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.

Statement 2. People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.

Statement 3. People experiencing domestic violence or abuse are offered referral to specialist support services.

Statement 4. People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.

## Quality statement 1: Asking about domestic violence and abuse

### *Quality statement*

People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.

### *Rationale*

Some people who present to frontline health and social care practitioners have indicators of possible domestic violence or abuse. Services should ensure that they can provide a safe and private environment in which people feel able to disclose that they are experiencing domestic violence and abuse. In some healthcare settings (for example, mental health and drug or alcohol services, and sexual health services), more people will have indicators of possible domestic violence or abuse than in other settings.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that people presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.

**Data source:** Local data collection.

#### **Process**

Proportion of people presenting to frontline staff with indicators of possible domestic violence or abuse who are asked about their experiences in a private discussion.

Numerator – the number in the denominator who are asked if they have experienced domestic violence or abuse in a private discussion.

Denominator – the number of people presenting to frontline staff with indicators of domestic violence or abuse.

**Data source:** Local data collection. The Adult Social Care Outcomes Framework indicator 1.11 gives the number of domestic abuse incidents reported to the police per 1,000 population.

## Outcome

Incidence of domestic violence and abuse.

*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 health and social care practitioners are trained to recognise the indicators of possible domestic violence and abuse. They provide facilities which enable trained health and social care practitioners to ask people presenting with indicators of possible domestic violence or abuse about their experiences in private discussions.

**Health and social care practitioners** recognise indicators of possible domestic violence and abuse and respond appropriately. They make sensitive enquiries of people presenting with indicators of domestic violence or abuse about experiences as part of a private discussion and in an environment in which the person feels safe.

**Commissioners** (NHS England local area teams, clinical commissioning groups and local authorities) commission services that ensure that health and social care practitioners are trained to recognise the indicators of possible domestic violence and abuse, and to make sensitive enquiries about experiences as part of a private discussion with the person presenting with such indicators.

### *What the quality statement means for service users*

**People who go to health or social care services with signs of possible domestic violence or abuse** are offered a private discussion about their experiences. This may help them to talk about any domestic violence or abuse, to know that they are not alone, to feel that they will be believed and that their experiences are not unusual. They will be offered help and support.

## Source guidance

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

## *Definition of terms used in this quality statement*

### **Indicators of possible domestic violence or abuse**

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

- symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
- suicidal tendencies or self-harming
- alcohol or other substance misuse
- 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 spouse, parent, grandparent or an adult child (for elder abuse).

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

### **Frontline staff**

Frontline staff include:

- nurses
- accident and emergency doctors

- adult social care staff
- ambulance staff
- children's centre staff
- children and family social care staff
- GPs
- mental health professionals
- midwives
- health visitors
- paediatricians
- obstetricians and gynaecologists
- health and social care practitioners in education (including school nurses)
- prison staff
- alcohol and drug misuse workers
- youth workers.

[Adapted from [Domestic violence and abuse](#) (NICE guideline PH50) recommendation 15]

### *Equality and diversity considerations*

Health and social care practitioners should 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.

When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

## Quality statement 2: Response to domestic violence and abuse

### *Quality statement*

People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff.

### *Rationale*

People experiencing domestic violence or abuse should expect staff to respond consistently and appropriately. Training staff to respond to disclosure (level 1) and how to ask about domestic violence and abuse (level 2) is essential for safe enquiry about experiences of domestic violence and abuse and a consistent and appropriate response. People experiencing domestic violence or abuse should be questioned sensitively and responded to with empathy and understanding. Private discussion with trained staff should allow assessment of the person's immediate safety in order to prevent further incidents.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that staff are trained to level 1 or 2 to respond to domestic violence and abuse.

*Data source:* Local data collection.

#### **Process**

Proportion of people experiencing domestic violence or abuse who receive a response from level 1 or 2 trained staff.

Numerator – the number in the denominator who receive a response from level 1 or 2 trained staff.

Denominator – the number of people who disclose or are asked if they are experiencing domestic violence or abuse.

*Data source:* Local data collection.

## Outcome

Safety of people experiencing domestic violence and abuse.

*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 frontline staff are trained to provide a level 1 or 2 response appropriate to their role. They should work in partnership with voluntary and community agencies to develop training. Training should be provided by qualified trainers, use accredited materials where possible and include face-to-face contact, as well as online content.

**Health and social care practitioners** are trained to provide a level 1 or 2 response to disclosures of domestic violence or abuse. They should ask about domestic violence in a way that facilitates disclosures, in a private discussion, in a sensitive manner and in an environment in which the person feels safe. They should respond sensitively to disclosures in a way that ensures the person's safety; they should offer referral to specialist services. They should document discussions, agreed actions and outcomes.

**Commissioners** (NHS England local area teams, clinical commissioning groups and local authorities) ensure that they commission services in which frontline staff are trained to provide a level 1 or 2 response at a level appropriate to their role and document discussions. Services should raise awareness and address misconceptions about domestic violence and abuse. They should ensure that frontline staff have the skills and training to provide effective support.

### *What the quality statement means for service users*

**People who experience domestic violence or abuse** are helped to talk about their experiences by trained staff. They know that they are not alone, that they can get help and support, that their experiences are not that unusual and that they will be believed.

### *Source guidance*

- [Domestic violence and abuse \(2014\) NICE guideline PH50, recommendation 15.](#)



## *Definitions of terms used in this quality statement*

### **Response**

Frontline staff should be trained and able to respond to disclosures of domestic violence and abuse to a level appropriate to their role.

**Level 1** staff should be trained to respond to a disclosure of domestic violence or abuse sensitively and in a way that ensures people's safety. They should also be able to direct people to specialist services. This level of training is for physiotherapists, speech therapists, dentists, youth workers, care assistants, receptionists, interpreters and non-specialist voluntary and community sector workers.

**Level 2** staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for nurses, accident and emergency doctors, adult social care staff, ambulance staff, children's centre staff, children and family social care practitioners, GPs, mental health professionals, midwives, health visitors, paediatricians, health and social care professionals in education (including school nurses), prison staff and alcohol and drug misuse workers. In some cases, this level of training will also be relevant for youth workers.

[Adapted from [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.

When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

## Quality statement 3: Referral to specialist support services for people experiencing domestic violence or abuse

### *Quality statement*

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

### *Rationale*

It is important that people who disclose that they are experiencing domestic violence or abuse can access appropriate support. This should include support for any children in their family who are affected. Specialist support services can help to address the emotional, psychological, physical and sexual harms arising from domestic violence and abuse. They can offer advice, help to develop plans for the future and increase the safety of those affected.

### *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 people who disclose that they are experiencing domestic violence or abuse who are referred to specialist support services.

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

Denominator – the number of people who disclose that they are experiencing domestic violence or abuse.

*Data source:* Local data collection.

## Outcome

Satisfaction with specialist support 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 and criminal justice agencies) 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 local area teams, 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 specialist community based advocacy services.

### *What the quality statement means for service users*

**People who experience domestic violence or abuse** are offered referral to specialist support services, such as refuges. 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 and 10.

## *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 (under 16s) who are affected by domestic violence or abuse.

[[Domestic violence and abuse](#) (NICE guideline PH50)]

### **Specialist support services**

Specialist support services for domestic violence and abuse aim to improve the safety and well-being of those affected. Services include advocacy, advice, floating support, outreach support, refuges and provision of tailored interventions for victims and their children. 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.

Services should provide support in different languages and be accessible to people with additional needs such as physical, sensory or learning disabilities. When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

## Quality statement 4: Referral to specialist services for people perpetrating domestic violence or abuse

### *Quality statement*

People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.

### *Rationale*

People who disclose that they are perpetrating domestic violence or abuse should be able to access evidence-based specialist services. Health and social care practitioners should identify available local services and know how to access these. Providing support for perpetrators can reduce the incidence of domestic violence and abuse.

### *Quality measures*

#### **Structure**

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

*Data source:* Local data collection.

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

*Data source:* Local data collection.

#### **Process**

Proportion of people who disclose that they are perpetrating domestic violence or abuse who are referred to specialist services.

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

Denominator – the number of people who disclose that they are perpetrating domestic violence or abuse.

*Data source:* Local data collection.

## Outcome

Reduction in repeated domestic violence and abuse.

*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 criminal justice agencies) 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 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 services.

**Commissioners** (NHS England local area teams, 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.

### *What the quality statement means for service users*

**People who are violent towards or abuse people close to them** are offered referral to specialist 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)]

### **Specialist services for people perpetrating 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, evidence based, 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.

[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.

Services should provide support in different languages and be accessible to people with additional needs such as physical, sensory or learning disabilities. When interpreters are needed for discussions, these should be professional interpreters who are impartial and have a duty to maintain confidentiality. Family members or friends should not act as interpreters for enquiries or discussions.

## 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.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

### *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*

- [Personality disorders: borderline and antisocial](#) (2015) NICE quality standard 88
- [Drug use disorders in adults](#) (2012) NICE quality standard 23
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15
- [Alcohol-use disorders](#) (2011) NICE quality standard 11

### *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:

- Child abuse and neglect
- Drug misuse prevention
- Out of hours care
- 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**

Associate Director for Psychological Professions, 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**

Head of Measures Development, National Peer Review Programme, NHS England

**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

**Dr 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, Options Group, Alcester Heath, Warwickshire

**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**

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Lead Technical Analyst

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Project Manager

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## 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](#).

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ISBN: 978-1-4731-1689-4

### *Endorsing organisation*

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)



## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Obstetricians and Gynaecologists](#)
- [Royal College of Nursing](#)
- [Broken Rainbow UK](#)
- [The ManKind Initiative](#)
- [Women's Aid](#)