

Domestic violence and abuse

Quality standard

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This standard is based on PH50.

This standard should be read in conjunction with QS88, QS23, QS15, QS11, QS189, QS174, QS166, QS165 and QS179.

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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: multi-agency working. NICE guideline PH50 (2014), 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 [NICE's guideline on domestic violence and abuse](#)]

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 [NICE's guideline on domestic violence and abuse](#), 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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: multi-agency working. 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 [NICE's guideline on domestic violence and abuse](#)]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 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.

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: multi-agency working. 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. [[NICE's guideline on domestic violence and abuse](#)]

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. [[NICE's guideline on domestic violence and abuse](#)]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 different audiences

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 ensure that referral pathways and a full range of specialist services are in place for people perpetrating domestic violence or abuse.

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: multi-agency working. 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. [[NICE's guideline on domestic violence and abuse](#)]

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 [NICE's guideline on domestic violence and abuse](#), recommendation 14]

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.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

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.

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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 \(RCN\)](#)
- [The ManKind Initiative](#)
- [Women's Aid](#)