NICE National Institute for Health and Care Excellence

NICE Pathways

Domestic violence and abuse overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/domestic-violence-and-abuse
NICE Pathway last updated: 03 August 2017

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

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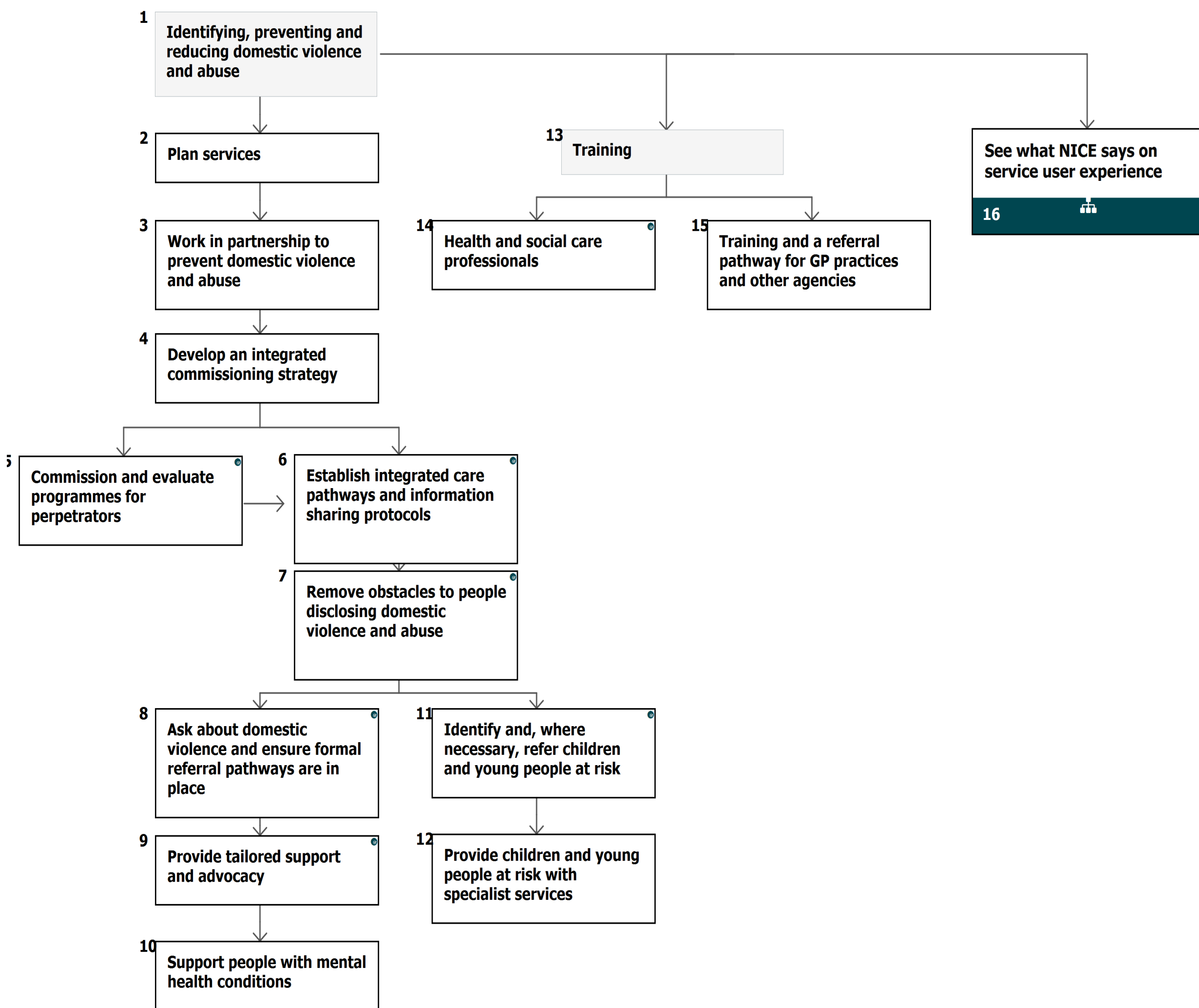

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1 Identifying, preventing and reducing domestic violence and abuse

No additional information

2 Plan services

- Strategic partnerships should assess the need for domestic violence and abuse services as part of the joint strategic needs assessment. Consult with women, men and young people who have experienced domestic violence and abuse as part of this assessment. Commissioners of domestic violence and abuse services and related services should be aware of the importance of consulting communities that are rarely heard on this matter.
- Local commissioners of domestic violence and abuse services and related services should undertake a comprehensive mapping exercise to identify all local services and partnerships that work in domestic violence and abuse. (For example, this could include: ambulance services, housing, the police, health, criminal justice, education, probation, safeguarding and social care services. It could also include other specialist statutory, community and voluntary services, such as drug and alcohol services.) Map services against the Home Office-endorsed Coordinated Community Response Model and identify any gaps.
- Local commissioners (see above) should use the results of the needs assessment and mapping exercise to inform commissioning. They should develop referral pathways that aim to meet the health and social care needs of all those affected by domestic violence and abuse. This includes people with protected characteristics and those who face particular barriers trying to access domestic violence and abuse support services. (See 'Commission integrated care pathways' within establish integrated care pathways and information sharing protocols [See page 6] and 'Help people who find it difficult to access services' within remove obstacles to people disclosing domestic violence and abuse [See page 7]).
- Regional and national commissioners of domestic violence and abuse services and related services should work with local commissioners to ensure service support extends across local authority boundaries, where necessary, for services such as prisons that cover broader geographical areas.
- Regional and national commissioners (see above) should work with local commissioners to provide specialist services across local authority boundaries where there is not enough local need to justify setting them up within a particular local authority area. (This could include services to help prevent forced marriages, to help men, or lesbian, gay, bisexual or trans people affected by domestic violence, or for people subjected to 'honour' violence or stalking.)
- Strategic partnerships should use the results of mapping in the joint strategic needs assessment and other strategic planning tools. They should also make the results widely available to all relevant services and the general public – for example, by publishing a directory of local and national services.

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3 Work in partnership to prevent domestic violence and abuse

Local authorities, health services and their strategic partners (including the voluntary and community sectors) should:

- Ensure senior officers from the following services participate in a local strategic partnership to prevent domestic violence and abuse, along with representatives of frontline practitioners and service users or their representatives:
  - health services and the local authority (including the chairs of local safeguarding boards for adults and children)
  - public health
  - sexual violence services
  - housing
  - schools and colleges
  - police and crime commissioners
  - community safety partnerships
  - criminal justice agencies (including probation)
  - the Children and Family Court Advisory and Support Service
  - specialist voluntary, community and private sector organisations.
- Ensure health and social care practitioners are actively involved in both operational and strategic multi-agency initiatives (for example, multi-agency risk assessment conferences).
- Regularly review membership of the partnership to ensure it is relevant and inclusive.

4 Develop an integrated commissioning strategy

Local strategic partnerships on domestic violence and abuse and commissioners, including clinical commissioning groups and local authorities, should:

- Establish an integrated commissioning strategy. This should include input from domestic violence and abuse services, other relevant services and from people who have experienced domestic violence and abuse. The strategy should:
  - meet the health and social care needs of those who experience domestic violence and abuse (including young people)
  - meet the needs of children and young people who are affected by domestic violence and abuse
  - address the perpetrator's behaviour and health needs
  - meet the needs of all local communities.

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- Ensure the strategy is based on the following principles:
  - aligned or, where possible, integrated budgets and other resources
  - one partner takes the strategic lead and oversees delivery on behalf of the local strategic partnership
  - services address all levels of risk and all degrees of severity of domestic violence and abuse
  - services are based on evidence-based commissioning principles and the local needs assessment and mapping exercise (see plan services)
  - agencies work together to deliver services.
- Monitor implementation of the strategy and evaluate its effectiveness for different groups. Include both quantitative data on outcomes and qualitative data (such as feedback from service users).

[See page 3]

5 Commission and evaluate programmes for perpetrators

Health and wellbeing boards and commissioners who commission perpetrator interventions should:

- Commission robust evaluations of the interventions to inform future commissioning.
- Identify, and link with, existing initiatives that work with people who perpetrate domestic violence and abuse.
- Commission tailored interventions for people who perpetrate domestic violence and abuse in accordance with national standards and based on the local needs assessment (see plan services [See page 3]).
- Ensure interventions primarily aim to increase the safety of the perpetrator's partner and children (if they have any). Ensure this is monitored and reported. In addition, staff should report on the perpetrator's attitudinal change, their understanding of violence and accountability, and their ability and willingness to seek help.
- Link perpetrator services with services providing specialist support for those experiencing domestic violence and abuse (including children and young people). For example, link ongoing risk assessments of the perpetrator with safety planning and support provided by specialist services.

See also work in partnership to prevent domestic violence and abuse [See page 4], develop an integrated commissioning strategy [See page 4] and 'commission integrated care pathways' in establish integrated care pathways and information sharing protocols [See page 6].

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Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Referral to specialist services for people perpetrating domestic violence or abuse

6 Establish integrated care pathways and information sharing protocols

Commission integrated care pathways

Commissioners of health and social care services should:

- Ensure there are integrated care pathways for identifying, referring (either externally or internally) and providing interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it.
- Ensure people who misuse alcohol or drugs or who have mental health problems and are affected by domestic violence and abuse are also referred to the relevant health, social care and domestic violence and abuse services.
- Ensure all service pathways have consistent, robust mechanisms for assessing the risks facing adults who experience domestic violence and abuse and any children who may be affected. This includes ensuring all those affected by, and perpetrators of, the violence and abuse are kept separate from each other when receiving support.

Adopt clear protocols and methods for information sharing

Commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse should:

- Take note of the Data Protection Act and professional guidelines that address confidentiality and information sharing in health services. This includes guidelines on how to apply the Caldicott guardian principles to domestic violence, see Caldicott guidelines. It also includes guidelines on: seeking consent from people to share their information, letting them know when, and with whom, information is being shared, and knowing when information can be shared without consent.
- Develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse. Clearly define the range of information that can be shared and with whom (this includes sharing information with health or children's services on a perpetrator's criminal history.)
- Ensure protocols and methods encourage staff to:
  - Remember their professional duty of confidentiality.
  - Determine when the duty of confidentiality might have to be breached: information

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- - should be shared only with the person's consent unless they are at serious risk, and within agreed multi-agency information-sharing protocols.
  - Note that information sharing without consent risks losing trust and may endanger a person's safety.
  - Weigh the risks of sharing information or not by determining whether you are sharing with the aim of protecting someone. It is acceptable to share information if that is the case and you are not sharing data just to alert another agency to a problem.
  - Distinguish between anonymised data and personal data: the former does not need individual consent, but there should be a protocol in place for sharing such data.
  - Distinguish between situations that involve only adults and those where children are involved: information sharing without consent, or where consent is not given, is necessary when children's safety is at risk.
- Ensure information-sharing methods are secure and will not put anyone involved at risk.
- Ensure the protocols and methods are regularly monitored.
- Identify and train key contacts responsible for advising on the safe sharing of domestic violence and abuse-related information.
- Ensure all staff who need to share information are trained to use the protocols so that they do not decline to cooperate because of being overcautious or for fear of reprisal.
- Ensure any information shared is acknowledged by a person, rather than by an automatically generated response.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

3. Referral to specialist support services for people experiencing domestic violence or abuse

4. Referral to specialist services for people perpetrating domestic violence or abuse

7 Remove obstacles to people disclosing domestic violence and abuse

Create an environment for disclosing that domestic violence is occurring

Health and social care service managers and managers of specialist domestic violence and abuse services and related services should:

- Clearly display information in waiting areas and other suitable places about the support on

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- offer for those affected by domestic violence and abuse. This includes contact details of relevant local and national helplines. It could also include information for groups who may find it more difficult to disclose that they are experiencing violence and abuse (see recommendation below).
- Ensure the information on where to get support is available in a range of formats and locally used languages. The former could include braille and audio versions and the use of large font sizes. There may also be more discreet ways of conveying information, for example, by providing pens or key rings with a helpline number.
- Take steps to ensure people who use the service are given maximum privacy, for example, by arranging the reception area so that people cannot be overheard.
- Establish a referral pathway to specialist domestic violence and abuse agencies (or the equivalent in a health or social care setting). This should include age-appropriate options and options for groups that may have difficulties accessing services, or are reluctant to do so (see recommendation below).
- Ensure frontline staff know about the services, policies and procedures of relevant local agencies in relation to domestic violence and abuse.
- Provide ongoing training and regular supervision for staff who may be asking people about domestic violence and abuse. This should aim to sustain and monitor good practice.
- Establish clear policies and procedures for staff who have been affected by domestic violence and abuse. Ensure staff have the opportunity to address issues relating to their own personal experiences, as well as those that may arise after contact with patients or service users.

Help people who find it difficult to access services

Commissioners and service providers in the statutory, private, voluntary and community sectors (see Who should help people access services?) should:

- Help people who may find domestic violence and abuse services inaccessible or difficult to use. This includes: people from black and minority ethnic groups or with disabilities, older people, trans people and lesbian, gay or bisexual people. It also includes people with no recourse to public funds.
- Identify any barriers people from these groups may face when trying to get help. Do this in consultation with local groups that have an equality remit (including organisations representing the interests of specific groups), and in line with statutory requirements.
- Introduce a strategy to overcome these barriers.
- Train staff in direct contact with people affected by domestic violence and abuse to understand equality and diversity issues. This includes those working with people who perpetrate this type of violence and abuse. Specifically:
  - Ensure assumptions about people's beliefs and values (for example, in relation to 'honour'), do not stop staff identifying and responding to domestic violence and abuse.

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  - Ensure staff know where to seek specialist advice, for example, for people with no recourse to public funds or for people with HIV.
  - Ensure staff are aware that lesbian, gay, bisexual and trans people are also at risk of forced marriage and that 'honour'-based violence might be triggered by someone's gender identity or sexuality.
  - Ensure interpreting services are confidential (often a concern in small communities where a minority language is spoken).
  - Ensure professional interpreters are used. Do not use family members or friends. In some areas this will mean using a national interpreting service or one based in another locality.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

3. Referral to specialist support services for people experiencing domestic violence or abuse

4. Referral to specialist services for people perpetrating domestic violence or abuse

8 Ask about domestic violence and ensure formal referral pathways are in place

Health and social care service managers and professionals should:

- Ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse. The enquiry should be made in private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner.
- Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends or family members may be colluding in the abuse).
- Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.
- Ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.
- Ensure all services have formal referral pathways in place for domestic violence and abuse.

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- These should support: people who disclose that they have been subjected to it; the perpetrators; and children who have been affected by it (see 'commission integrated care pathways' in establish integrated care pathways and information sharing protocols [See page 6]).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Asking about domestic violence and abuse

3. Referral to specialist support services for people experiencing domestic violence or abuse

4. Referral to specialist services for people perpetrating domestic violence or abuse

9 Provide tailored support and advocacy

Tailor support to meet people's needs

Managers and staff working in domestic violence and abuse services and staff in all health and social care settings (for details see Who should provide tailored support?) should:

- Prioritise people's safety.
- Refer people from general services to domestic violence and abuse (and other specialist) services if they need additional support.
- Regularly assess what type of service someone needs – immediately and in the longer term.
- Think about referring someone to specialist domestic violence and abuse services if they need immediate support. This includes advocacy, floating support and outreach support and refuges. It also includes housing workers, independent domestic violence advisers or a multi-agency risk assessment conference for high-risk clients.
- Think about referring someone to floating or outreach advocacy support or to a skill-building programme if they need longer-term support. Also explore whether they would like to be referred to a local support group.
- If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services (see support people with mental health conditions [See page 11]).

For guidance on assessment and interventions for alcohol and drug misuse see NICE's recommendations on alcohol-use disorders and drug misuse management in over 16s.

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Provide specialist advice, advocacy and support as part of a comprehensive referral pathway

Health and social care commissioners, health and wellbeing boards and practitioners in specialist domestic and sexual violence services (see Who should provide specialist advice, advocacy and support services?) should:

- Provide all those currently (or recently) affected by domestic violence and abuse with advocacy and advice services tailored to their level of risk and specific needs. This includes providing support in different languages, as necessary.
- Ensure practitioners are aware of how discrimination, prejudice and other issues, such as insecure immigration status, may have affected the risk that people using their services face.
- Ensure specialist support services meet national standards of good practice.
- Ensure specialist advice, advocacy and support forms part of a comprehensive referral pathway (see 'commission integrated care pathways' within establish integrated care pathways and information sharing protocols [See page 6]).
- Ensure the support is offered (although not necessarily delivered) in settings where people may be identified or may disclose that domestic violence and abuse is occurring. Examples include: accident and emergency departments, general practices, refuges, sexual health clinics and maternity, mental health, rape crisis, sexual violence, alcohol or drug misuse and abortion services.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Referral to specialist support services for people experiencing domestic violence or abuse

10 Support people with mental health conditions

Health, police and crime commissioners, health and social care providers and practitioners in primary, mental health and related care services (for details see Who should provide support for people with mental health conditions?) should:

- Where people who experience domestic violence and abuse have a mental health condition (either pre-existing or as a consequence of the violence and abuse), provide evidence-based treatment for the condition.
- Ensure mental health interventions are provided by professionals trained in how to address domestic violence and abuse. Interventions may include psychological therapy (for

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- example, trauma-focused cognitive behavioural therapy), medication and support, in accordance with national guidelines.
- Ensure any treatment programme includes an ongoing assessment of the risk of further domestic violence and abuse, collaborative safety planning and the offer of a referral to specialist domestic violence and abuse support services. It must also take into account the person's preferences and whether the violence and abuse is ongoing or historic.

11 Identify and, where necessary, refer children and young people at risk

Providers of services where children and young people affected by domestic violence and abuse may be identified and those responsible for safeguarding children (for details see Who should identify those at risk?) should:

- Ensure staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people.
- Ensure staff are trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly. The violence and abuse may be happening in their own intimate relationships or among adults they know or live with.
- Put clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs.
- Develop or adapt and implement clear referral pathways to local services that can support children and young people affected by domestic violence and abuse.
- Ensure staff know how to refer children and young people to child protection services. They should also know how to contact safeguarding leads, senior clinicians or managers to discuss whether or not a referral would be appropriate.
- Ensure staff know about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic violence and abuse.
- Involve children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.
- Monitor these policies and services with regard to children's and young people's needs.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

3. Referral to specialist support services for people experiencing domestic violence or abuse

4. Referral to specialist services for people perpetrating domestic violence or abuse

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12 Provide children and young people at risk with specialist services

Those responsible for safeguarding children, and commissioners and providers of specialist services for children and young people affected by domestic violence and abuse (for details see Who should provide specialist services for children and young people?) should:

- Address the emotional, psychological and physical harms arising from a child or young person being affected by domestic violence and abuse, as well as their safety. This includes the wider educational, behavioural and social effects.
- Provide a coordinated package of care and support that takes individual preferences and needs into account.
- Ensure the support matches the child's developmental stage (for example, infant, pre-adolescent or adolescent). Interventions should be timely and should continue over a long enough period to achieve lasting effects. Recognise that long-term interventions are more effective.
- Provide interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer. This may involve individual or group sessions, or both. The sessions should include advocacy, therapy and other support that addresses the impact of domestic violence and abuse on parenting. Sessions should be delivered to children and their non-abusive parent or carer in parallel, or together.
- Provide support and services for children and young people experiencing domestic violence and abuse in their own intimate relationships.

For guidance on identifying, assessing and treating children or young people who also have attachment difficulties, see NICE's recommendations on attachment difficulties in children and young people.

13 Training

No additional information

14 Health and social care professionals

Provide specific training in how to respond to domestic violence and abuse

Organisations responsible for training and registration standards and providers of health and social care training (for details see Who should provide specific training for health and social care professionals?) should provide different levels of training for different groups of professionals, as follows.

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- Training to provide a universal response should give staff a basic understanding of the dynamics of domestic violence and abuse and its links to mental health and alcohol and drug misuse, along with their legal duties. In addition, it should cover the concept of shame that is associated with 'honour'-based violence and an awareness of diversity and equality issues. It should also ensure staff know what to do next:
  - Level 1: staff should be trained to respond to a disclosure of domestic violence and 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 staff, 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, it will also be relevant for youth workers.
- Training to provide a specialist response should equip staff with a more detailed understanding of domestic violence and abuse and more specialist skills:
  - Level 3: staff should be trained to provide an initial response that includes risk identification and assessment, safety planning and continued liaison with specialist support services. Typically this is for: child safeguarding social workers, safeguarding nurses, midwives and health visitors with additional domestic violence and abuse training, multi-agency risk assessment conference representatives and adult safeguarding staff.
  - Level 4: staff should be trained to give expert advice and support to people experiencing domestic violence and abuse. This is for specialists in domestic violence and abuse. For example, IDVAs or independent sexual violence advisers, refuge staff, domestic violence and abuse and sexual violence counsellors and therapists, and children's workers.
- Other training to raise awareness of, and address misconceptions about, domestic violence and abuse issues and the skills, specialist services and training needed to provide people with effective support. This is for: commissioners, managers and others in strategic roles within health and social care services.

Organisations responsible for training and registration standards and providers of health and social care training should ensure:

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- The higher levels of training include increasing amounts of face-to-face interaction, although level 1 training can be delivered mostly online or by distance learning.
- Face-to-face training covers the practicalities of enabling someone to disclose that they are affected by domestic violence and abuse and how to respond.

Pre-qualifying training and continuing professional development

Organisations responsible for training and registration standards and providers of health and social care training (for details see Who should provide pre-qualifying training and continuing professional development on domestic violence and abuse?) should:

- Ensure training about domestic violence and abuse is part of the undergraduate or pre-qualifying curriculum, and part of the continuing professional development, for health and social care professionals who come into contact with service users. It should be delivered in partnership with local specialist domestic violence and abuse services and include face-to-face contact, even if it is mainly delivered online.
- Implement a rolling training programme that recognises the turnover of staff and the need for follow-up. The training strategy should:
  - be clear about the level of competency needed for each role (see recommendation above)
  - refer to existing accredited materials from specialist organisations working in domestic violence and abuse, if they are suitable
  - ensure the content on domestic violence and abuse is linked to child welfare, safeguarding and adult protection services, and vice versa
  - follow the recommended content for each level (see recommendation above).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Response to domestic violence and abuse]]

15 Training and a referral pathway for GP practices and other agencies

- NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse. This should include education for clinicians and administrative staff in GP practices on how to make it easier for people to disclose domestic violence and abuse. It should also include education for clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies.
- Managers of specialist domestic violence and abuse services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and

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- abuse.

16 See what NICE says on service user experience

See Service user experience in adult mental health services

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Glossary

advocacy

in general, advocacy for people who have experienced domestic violence includes: legal, housing and financial advice; access to and use of community resources such as refuges, emergency housing and psychological interventions; and safety planning advice. The activities may differ according to the level of risk facing the person. Crisis advocacy involves working with **someone** for a limited period of time (they may then be referred on to more specialised agencies). Practitioners providing advocacy can also provide ongoing support and informal counselling. The intensity of the advocacy provided may vary. It may last for a year – or longer, if the person is particularly vulnerable

commissioners and service providers

health, social care, education, criminal justice, probation and voluntary and community sector commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse

disclose

any occasion when an adult or child who has experienced or perpetrated domestic violence or abuse informs a health or social care worker or any other third party

disclosure

any occasion when an adult or child who has experienced or perpetrated domestic violence or abuse informs a health or social care worker or any other third party

domestic violence and abuse

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. For the purposes of this pathway, it does not include female genital mutilation

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floating support

a housing service designed to prevent tenancy breakdowns. Floating support can also provide help with: keeping safe and security measures; accessing legal advice and options; welfare benefits; budgeting and debts; life skills; resettlement or re-housing; accessing community services; form filling; pre-tenancy support; training, education and employment.

forced marriage

a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage but are forced into it using physical, psychological, financial, sexual or emotional pressure. ('Handling cases of forced marriage', HM Government 2008). It is distinct from an arranged marriage that both partners enter into freely

forced marriages

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health and social care service managers and managers of specialist domestic violence and abuse services and related services

health and social care service managers in the statutory, voluntary, community and private sectors; specialist domestic violence and abuse services and related services. The latter includes: criminal justice, early years and youth services, housing, the police, prison and probation services, schools and colleges, and services for older people

'honour' violence

a crime or incident committed (or possibly committed) to protect or defend the perceived 'honour' of a family or community. Often this term is enclosed in quote marks, or prefaced with 'so-called', to emphasise that the concept of honour in these cases is contested and that it is generally invoked as a means of power and control

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'honour'-based violence

a crime or incident committed (or possibly committed) to protect or defend the perceived 'honour' of a family or community. Often this term is enclosed in quote marks, or prefaced with 'so-called', to emphasise that the concept of honour in these cases is contested and that it is generally invoked as a means of power and control

IDVAs

independent domestic violence advisers, also known as independent domestic violence advocates, work primarily with people at high risk of domestic violence and abuse, independently of any one agency, to secure their safety and the safety of their children. Serving as the primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the options and develop plans that address their immediate safety, as well as longer-term solutions. In many areas they are funded by the local community safety partnership. In some areas they are funded by the police or local authorities

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multi-agency risk assessment conference

a regular meeting at which information about people experiencing domestic violence or abuse and who are at high risk (those at risk of homicide or serious harm) is shared between local agencies. Whenever possible, the person who experiences the violence is represented by an independent domestic violence adviser or advocate (IDVA). Participants aim to draw up a coordinated safety plan to support the person. In many areas they are funded by the local community safety partnership. In some areas they are funded by the police or local authorities

multi-agency risk assessment conferences

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organisations responsible for training and registration standards and providers of health and social care training

Royal colleges and professional organisations responsible for setting training and registration standards for relevant clinical, social workers and social care staff; heads of health, social care and related services; universities and other providers of health and social care training for professionals who come into contact with services users, including interpreters

no recourse to public funds

a term used for people who are not entitled to welfare benefits, home office asylum support, public housing and other public funds and services. The term derives from the 'no recourse to public funds' condition applied to certain immigration statuses. 'Public funds' refers to a range of benefits including housing support, carer's allowance, child benefit, disability living allowance, housing benefit, income support and social fund payments

refuge

a residential service – a safe house – provided for adults (usually women) and children who are experiencing domestic violence and abuse

refuges

residential services – safe houses – provided for adults (usually women) and children who are experiencing domestic violence and abuse

risk identification and assessment

this process is undertaken with people who have disclosed that they are the victims of domestic violence and abuse. The aim is to evaluate their risk of further harm. Practitioners with level 2 training assess their immediate safety, for example, whether it is safe for the person to go home. Practitioners with level 3 training identify the risks faced in more detail to inform safety planning, referrals to specialist support services and to aid any police investigation. Almost all police

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forces in England and Wales use the DASH (domestic abuse, stalking and harassment and 'honour'-based violence) risk identification tool and guidance. A multi-sectoral version, CAADA-DASH, is used by independent domestic violence advisers, some domestic violence advocates and support workers, other specialist domestic abuse services and some health and social care practitioners

safety planning

an intervention to help people judge their risk of violence, identify the warning signs and develop plans on what to do when violence is imminent or is happening

strategic partnerships

include, for example, health and wellbeing boards, local domestic violence partnerships and community safety partnerships

therapy

a structured psychological or psychiatric treatment delivered by professional clinicians, such as psychologists. Therapeutic interventions may be delivered in an individual or group format

trans people

trans is an umbrella term which includes cross-dressers, transgender and transsexual people as well as anyone else who is in any way gender-variant

who should identify those at risk?

this includes: local safeguarding children boards and other local partnerships with a responsibility for safeguarding children; providers of services where children and young people who are affected by domestic violence and abuse may be identified in the public, community and voluntary sectors. The latter includes: accident and emergency departments, child and adolescent mental health services, dental services, GP practices, health visiting, maternity services, sexual health services and other health services; early years services, schools and colleges, school nursing services; social care; specialist paediatric services for child safeguarding and looked after children; alcohol and drug misuse services; youth services; youth justice services

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who should provide support for people with mental health conditions?

this includes: clinical commissioning groups and specialist commissioners; police and crime commissioners; health and wellbeing boards; providers of primary care and mental health care services in the private, voluntary and community sectors. The latter includes: health and social care professionals working in alcohol and drug misuse services, detention centres and criminal justice settings

who should provide specialist services for children and young people?

this includes: local safeguarding children boards and other local partnerships with a responsibility for safeguarding children; commissioners and providers of specialist services for children and young people who are affected by domestic violence and abuse in the public, community and voluntary sectors. The latter includes: child and adolescent mental health, health visiting, sexual health, social care and specialist paediatric services for child safeguarding and looked after children, and youth services

who should provide tailored support?

this includes: managers of domestic violence and abuse services; staff in all health and social care settings, including the public, voluntary and community sectors, and those they work with. The latter includes: criminal justice, including prisons, early years and youth services, housing, the police, schools and colleges, and services for older people

who should help people access services?

this includes: health and social care commissioners and service providers in the public, voluntary and community sector; managers and commissioners of interpreting services

who should provide specialist advice, advocacy and support services?

this includes: health and social care commissioners (including clinical commissioning groups, local authority commissioners and police and crime commissioners); health and wellbeing boards; frontline practitioners in specialist domestic and sexual violence services (for example, domestic violence and abuse advisers, people working in refuges or outreach services)

who should provide specific training for health and social care professionals?

this includes: Royal colleges and professional organisations responsible for setting training and

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registration standards for clinical, social workers and social care staff; commissioners; Health Education England; heads of health, social care and related services; universities and other providers of health and social care training, including interpreting

who should provide pre-qualifying training and continuing professional development on domestic violence and abuse

this includes: Royal colleges and professional organisations responsible for setting training and registration standards for relevant clinical, social workers and social care staff; heads of health, social care and related services; universities and other providers of health and social care training for professionals who come into contact with service users, including interpreters

Sources

Domestic violence and abuse: multi-agency working (2014) NICE guideline PH50

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable

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health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful

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discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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