

National Institute for Health and Clinical Excellence

PUBLIC HEALTH PROGRAMME GUIDANCE – PREVENTING AND REDUCING DOMESTIC VIOLENCE BETWEEN INTIMATE PARTNERS

Consultation on the Draft Scope from
25 October – 22 November 2011
Comments on the Draft Scope to be submitted
no later than 5pm on 22nd November 2011

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
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Name:	Daniel Dumoulin -Policy and Research Officer Daniel.dumoulin@mungos.org
Organisation:	St Mungo's
General	<p>The draft scope overlooks homeless people who have experienced domestic violence. It should be amended to be more inclusive and to ensure that homeless people have equal opportunities to engage with services and support.</p> <p>A number of the risk factors identified on page three of the draft guidance are more prevalent in the homeless population than the general population, including-long term illness or disability, use of drugs, alcohol consumption and being a lesbian, gay or bisexual man or woman.¹</p> <p>A recent St Mungo's report found that 35% of women who sleep rough were made homeless by domestic violence.² Other evidence shows that homeless women, and men, are considerably more likely than the non-homeless population to have experienced domestic violence.³</p> <p>It is important that clinical and non-clinical professionals are aware that homeless people are more likely to have experienced domestic violence. It is also important that they are aware that those who have experienced domestic violence may have accompanying needs around homelessness or a risk of homelessness. Both those working with homeless people and those working in domestic violence services need to have a wide understanding of the needs of their clients, as well as the skills and knowledge to make referrals to other services that can provide appropriate support. This is vital if a seamless whole systems approach is to be achieved.</p>

¹ St Mungo's Client Needs Survey 2011, n = 1518 (more data available on request)

² St Mungo's (2011) *Battered, broken, bereft - why people are still sleeping rough*

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<p>Question 1: What types of intervention or approach are effective and cost effective in preventing domestic violence from ever occurring?</p>	<p>Emergency refuge accommodation has to be available to those who have experienced or feel they are at risk of domestic violence. No person should feel that they must make a choice between their personal safety and homelessness. This provision should be supported by outreach services that help those in need into appropriate services and prevent future experiences of domestic violence.</p> <p>Refuges can provide a stepping stone for individuals to address their problems and create stable plans for the future. Without this type of support people can remain trapped in violent situations or seek radical alternatives such as sleeping rough. The quicker an individual can be supported away from domestic violence and not become trapped in situations where their problems are entrenched, the better for both the public purse and the individual.</p> <p>These services provide a safe place for people to go to and access other services, they can also help to raise awareness of domestic violence. The provision of services creates a place in a community where individuals can seek support, makes clear that domestic violence is not tolerated and demonstrates that people can be supported away from situations of domestic violence. High profile local services have an inherent value.</p> <p>These types of services are currently being reduced due to cuts in funding. Cuts to local authorities' Supporting People budgets are resulting in services closing or being asked to do more with less, meaning that people either cannot access services at all or that they receive limited support. It is crucial that investment in these services is maintained by local authorities and partner organisations.</p>
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³ St Mungo's Client Needs Survey 2011, Crisis, (2007) *Homeless women: Homelessness careers, homelessness landscapes*

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<p>Question 3: What types of intervention or approach are effective and cost effective in responding to domestic violence in various settings. This includes interventions and approaches to improve someone's safety, reduce the risk of harm, support their recovery and prevent a perpetrator reoffending. It may include collaborative partnerships and advice and information-sharing protocols.</p>	<p>An individual who has experienced domestic violence often has a set of multiple needs. It is common for needs relating to homelessness, physical and mental health, substance use and employment to accompany domestic violence.</p> <p>These needs are most often complex, as they are interrelated and can be more effectively dealt with if addressed simultaneously. For example, engaging with support to address recognised risk factors such as problematic drug use and long term illness could reduce the likelihood of additional experiences of domestic violence.</p> <p>Interventions in any setting therefore need to be holistic, supporting those who have experience of domestic violence to make a sustained recovery through addressing other problems that are likely to have led to, and have been exacerbated by, experiences of domestic violence.</p> <p>We therefore welcome the focus on partnerships between agencies contained within this guidance. There are particular areas where domestic violence interventions need to be improved:</p> <ul style="list-style-type: none">• Access to refuges for people with problematic substance use - there has historically been a shortage of emergency accommodation available for people who have experienced domestic violence and who also use substances problematically. This situation is getting worse as funding is cut. People in this group are often excluded from mainstream refuges and there is not enough specialist accommodation available. Investment needs to be maintained in services that are able to engage with this group who are often left with no option apart from rough sleeping.⁴
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⁴ St Mungo's (2011) *Battered, broken, bereft - why people are still sleeping rough*
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- **Local authority housing advice and options services** - there is evidence to suggest that some local authority housing services interpret their legal duty to provide accommodation to those made vulnerable by experiencing domestic violence as minimally as possible. In addition housing advisors are sometimes dismissive of those who claim to have experienced domestic violence. Better advice and assistance needs to be available from local authority housing advice services.⁵

Domestic violence and homelessness are closely linked, we are concerned that the draft guidance makes no mention of homelessness. Exposure to/histories of violent relationships are significantly over-represented among homeless people. It is important that people made homeless, including those sleeping rough, who have experienced domestic violence have access to appropriate and effective services and support.

Counselling and psychotherapy can be effective interventions for victims of domestic violence, working with them to help them end the cycle of violent relationships (many go from violent partner to violent partner, or return to the same violent partner). Counselling and psychotherapy can also be effective to help perpetrators of domestic violence to end cycles of repeat violence.

⁵ St Mungo's (2011) *Battered, broken, bereft - why people are still sleeping rough*
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<p>Question 4: What types of intervention and approach are effective and cost effective in identifying and responding to children who are exposed to domestic violence in the various settings identified? (That is, the violence is not perpetrated on them directly but they witness or experience it.) Interventions could include collaborative partnerships and advice and information-sharing protocols.</p>	<p>A disproportionate number of people who become homeless witnessed domestic violence in early life, and their fragile sense of 'home' (which is often perceived as a dangerous place, not somewhere desirable or safe) is a significant factor in chronic and repeat homelessness. Counselling and psychotherapy can be effective therapies for children who have been exposed to domestic violence.</p>
<p>Question 5: What are the most effective and cost-effective types of partnership and partnership approaches for assessing and responding to domestic violence?</p>	<p>An effective collaborative approach would include strong local relationships, written protocols and, where necessary, joint funding around domestic violence between housing and homelessness services, specialised domestic violence services, offender services, the police and health services including substance misuse and mental health.</p>

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