VAMHN Member Briefing: NICE Domestic Abuse Guideline Update – Scope & EHIA Consultation

January 2026

NICE is consulting on the draft scope and Equality and Health Inequalities Impact Assessment (EHIA) for its updated domestic abuse guideline. This is a critical stage: the scope will determine what evidence is reviewed and what the final guideline can meaningfully address.

VAMHN strongly encourages members to respond to the consultation. A wide range of aligned — but not identical — responses will help ensure that mental health perspectives are properly embedded in the final guideline.

Below we set out **key issues we believe NICE needs to hear from mental health, research, and practice communities**, and where members' input is particularly important.

1. Mental health must be central, not peripheral

The inclusion of NHS mental health settings is welcome and essential. However, responses should make clear that:

- Domestic abuse is **routinely encountered in mental health services**, often presenting through distress, crisis, trauma symptoms, self-harm, or suicidality rather than disclosure.
- Mental health should not be framed solely as an individual vulnerability or disability, but also as a **structural and service-level factor** that shapes identification, disclosure, and response.
- The guideline must explicitly speak to **secondary mental health care**, where prevalence is high and barriers to effective response are distinct.

Members are encouraged to emphasise how domestic abuse and mental ill-health intersect in everyday clinical, research, and service contexts.

2. Prevention and identification must go beyond "risk factors"

The draft scope refers to risk factors for prevention, but it is important that NICE:

- Avoids an overly individualised risk-factor approach that relies on disclosure or visible vulnerability.
- Addresses **service-level barriers** such as diagnostic overshadowing, risk-focused cultures, short appointments, lack of continuity, and limited privacy.
- Recognises that coercive control can actively inhibit disclosure, particularly in mental health settings.

Members should stress that effective prevention and identification require changes to **systems and practices**, not just better recognition of individual risk.

3. Interfaces with social care and specialist services must be explicit

While it is reasonable for NICE not to cover interventions delivered solely by social care, the guideline must:

- Set clear expectations for **referral pathways, shared working, and follow-up** between mental health services and specialist domestic abuse provision.
- Avoid positioning mental health services as responsible only for identification, with responsibility for outcomes sitting elsewhere.
- Reflect the reality that people with mental health needs often require **coordinated, multi-agency responses** to achieve safety and stability.

Members with experience of commissioning, multi-agency working, or service delivery should highlight what works - and what fails - at these interfaces.

4. Public mental health and population approaches should not be lost

Although this is an update of a previous public health guideline, public mental health approaches appear to be relatively limited in the draft scope. Members should consider emphasising that:

- Domestic abuse is highly prevalent in the general population, with low disclosure rates.
- Sole reliance on risk-based or disclosure-led models risks excluding large numbers of people.
- Public health and public mental health interventions (e.g. population-level awareness, prevention, and stigma reduction) remain essential.

5. Equality and inequalities: mental health as a driver of exclusion

The EHIA recognises multiple protected characteristics and inclusion health groups, but members should reinforce that:

- Mental ill-health and contact with mental health services are themselves **key mechanisms of inequality** in access to domestic abuse support.
- People in secondary mental health care face specific risks of being disbelieved, excluded, or deemed “too complex”.
- Groups requiring explicit attention include people with severe mental illness, psychosis, stigmatised diagnoses, those detained under the Mental Health Act, and perinatal mental health service users.

VAMHN

Members are encouraged to articulate how inequalities are produced **within services**, not only between population groups.

6. Additional issues NICE should address

Members may also wish to highlight the importance of:

- Domestic abuse identification and response in **inpatient, crisis, and emergency mental health settings**.
- The risks associated with **digital access routes** (online triage, digital front doors) for survivors experiencing coercive control or mental health-related barriers.
- Self-harm, suicidality, and trauma-related presentations as **common routes into mental health care** for people affected by domestic abuse.

Why member responses matter

This consultation is where NICE decides the **boundaries of action**. If mental health is not clearly framed now — as central to prevention, identification, response, and equality — it is unlikely to be adequately addressed later.

We strongly encourage VAMHN members to submit consultation responses grounded in their own evidence, practice experience, and expertise. Multiple consistent but independently framed responses will carry more weight than a single voice.