

Appendix B: Stakeholder consultation comments table

2018 surveillance of [Domestic violence and abuse: multi-agency working \(2014\)](#)

Consultation dates: Friday 22 June to Thursday 5 July 2018

Do you agree with the proposal to not update the guideline?			
Stakeholder	Overall response	Comments	NICE response
Public Health England	Yes	Public Health England is aware of research by King's College London in the treatment of male perpetrators of intimate partner violence in substance misuse settings - King's College London - ADVANCE programme and the Department for Work and Pensions' Reducing Parental Conflict Hub , which might be considered under future surveillance reviews.	Thank you for your comments. As the ADVANCE programme research is currently ongoing we will monitor the studies and consider published results at the next surveillance review. The Reducing Parental Conflict Hub is an information resource not currently endorsed by NICE. As such, it is unlikely to be referred to within the recommendations. However, it will be noted for future surveillance reviews to consider.
University Hospital Southampton	Yes	We agree that there has been no updated, significant research that would influence the current guidance. As such we would agree with their decision not to update at this time.	Thank you for your comments. We will continue to schedule routine surveillance of NICE guideline PH50 in order to monitor and assess new evidence in relation to domestic violence and abuse.

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Royal College of Nursing	Yes	The views seem reasonable and evidence based.	Thank you for your comments.
University of Bristol	Yes	Although there is new evidence, including systematic reviews and trials that your surveillance missed, on balance I don't think there is sufficient to warrant an update of the guidelines now. Having said that, there are highly relevant primary studies and systematic reviews in the pipeline (somehow missed by your surveillance of ongoing research), so I recommend repeating this exercise in 18 months.	<p>Thank you for your comments. The surveillance review process included a search of the evidence published since the guideline development along with a request for important studies from topic experts in the topic area. The surveillance summary of evidence contains the references of all included studies but does not reference excluded studies that were deemed out of scope.</p> <p>Thank you for providing the following references:</p> <p>Zaher et al. (2014). Effect of domestic violence training. <i>Can Fam Physician</i> 60, 618-624</p> <p>Bair-Merritt et al. (2014). Primary care-based interventions for intimate partner violence. <i>Am J Prev Med.</i> 46(2), 188-194</p> <p>Arango et al. (2014). Interventions to prevent or reduce violence against women and girls. <i>Women's voice, agency, and participation research series; number 10</i></p> <p>Hegarty et al. (2013). Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. <i>The Lancet.</i> 382, 249-258</p> <p>We reviewed the new evidence provided and determined that they had already been identified by our search process. The studies had been excluded as the abstracts did not contain adequate statistical data as required by the surveillance review process to determine impact on the guideline.</p>

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			Any ongoing studies provided will be added to the surveillance event tracker to monitor their progress and for consideration at the next surveillance review when results publish.
The ManKind Initiative	Yes	<p>We agree with the proposal not to update the guideline – the issue as ever remains is its application by the health community, especially at A&E and GP settings, and, the policies of CCGs.</p> <p>It was interesting to note that the Surveillance Summaries (Cochrane systematic reviews) only found information on female victims which shows there continues to be much more work needed on information and reviews that include men. Whether this was because the surveillance was only asked to look at female victims or there were no studies available on male victims is worth knowing the answer to.</p>	<p>Thank you for your comments. Regarding the issue of application of the guideline, there currently is no data available to ascertain the level of implementation or any evidence on how to improve uptake. However, the NICE website includes shared learning resources that provide examples of how NICE guideline PH50 has been used in practice.</p> <p>The surveillance review considered evidence for all victims of domestic violence and abuse. However, it is recognised that most of the evidence relates to male violence against women and children in heterosexual relationships. Although the guideline maintains a gender-neutral approach to the recommendations, future surveillance reviews would consider new evidence to determine whether gender-specific recommendations are warranted.</p>
Association for Family Therapy and Systemic Practice in the UK	No	We consider this to be a crucial area of practice where the skills of systemic therapists should be recommended because of the family and other relationships issues, complexity and conflict in relationships and communication and the balancing of risk and possibilities of reparation.	Thank you for your comments. The surveillance review did not find any evidence with specific reference to the use of systemic therapy for domestic violence and abuse. This area of intervention will be considered again at the next surveillance review.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Public Health England	No	No comments provided.	Thank you for your response.

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University Hospital Southampton	No	No comments provided.	Thank you for your response.
Royal College of Nursing	Yes	<p>We consider many aspects of prevention of domestic abuse to be within the public health domain and this makes for a health – local authority divide. Additionally many health visiting services are under local authority control and services are not standardised.</p> <p>Many potential perpetrators have early involvement with Attention Deficit Hyperactivity Disorder (ADHD), childhood behavioural programmes and general practitioner (GP) consultations regarding depression where anger, violence and relationships are not explored and addressed.</p>	<p>Thank you for your comments. The surveillance review did not find any evidence directly related to the settings in which prevention measures can take place. However, a multi-agency approach to the prevention of domestic violence is advised in recommendation 2 and other areas of NICE guideline PH50; this would include health services and the local authority.</p> <p>The surveillance review did search for evidence of a link between unresolved issues or behaviours and perpetration of domestic violence. However, identifying risk factors for potential perpetration of domestic violence is beyond the scope of the guideline as the guideline is focussed on responding to domestic violence.</p>
University of Bristol	Yes	I think exclusion of non-health or non-social/3 rd sector care is still a valid decision.	Thank you for your comments.
The ManKind Initiative	No response provided	The key issue remains the application of the Guidance and also that it is inclusive (male and LGBT+ victim friendly).	Thank you for your comments. NICE guideline PH50 maintains a gender-neutral approach to recommendations in order to remain inclusive.
Association for Family Therapy and Systemic Practice in the UK	Yes	<p>We would want to argue strongly for the skills of Family and Systemic therapists for training and intervention purposes. Family systemic therapist skills are recognised in the assessment of domestic violence, the developmental impact on children of living with violence, and their intervention skills in helping to stop the violence, and to help family members repair relationships, and reunite when supported by the family courts.</p> <p>Jane E. M. Callaghan, Joanne H. Alexander, Judith Sixsmith (2018) Beyond “Witnessing”: Children’s Experiences of</p>	Thank you for your comments. Although the surveillance review did not find any evidence on the use of systemic therapy for either victim or perpetrator of domestic violence and abuse, we reviewed the references you provided. The referenced studies are not RCTs or systematic reviews of the evidence as required by the guideline protocol. Also, as the surveillance process only considers information from the abstracts, the provided studies do not include sufficient detail of the methods or results to ascertain any impact on

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		<p>Coercive Control in Domestic Violence and Abuse. <i>Journal of Interpersonal Violence</i> Volume: 33, issue: 10, pp. 1551-1581 https://doi.org/10.1177/0886260515618946</p> <p>Bowyer,L., Swanston J., & Vetere, A. (2015) ‘Eventually you just get used to it’: An interpretative phenomenological analysis of 10–16 year-old girls’ experiences of the transition into temporary accommodation after exposure to domestic violence perpetrated by men against their mothers. <i>Clinical Child Psychology and Psychiatry</i>. Volume: 20 issue: 2, page(s): 304-323. https://doi.org/10.1177/1359104513508963</p> <p>Daniel Moss (2016). De-centered and Influential Practice in Men's Behavior Change Programs: Possibilities and Challenges. <i>Journal of Systemic Therapies</i>: Vol. 35, No. 3, pp. 1-14. https://doi.org/10.1521/jsyt.2016.35.3.1</p> <p>Jenkins, A. (2018) Understanding and managing intractable conflicts: A critical assessment of the “system dynamics” approach. <i>Negotiations</i> No. 29 pp. 39-58.</p>	<p>the guideline. This area of expertise will be considered again at the next surveillance review.</p>
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Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
Public Health England	No	No comments provided.	Thank you for your response.
University Hospital Southampton	No	No comments provided.	Thank you for your response.
Royal College of Nursing	No	No comments provided.	Thank you for your response.

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University of Bristol	Yes	Gender-neutrality was never a principle of the guidelines. We chose to <i>extend</i> recommendations from the evidence of effectiveness (which pertains almost exclusively to women survivors and male perpetrators), to include male victims and female perpetrators, hence the gender-neutral recommendations. But in future there may be evidence that some interventions are more appropriate for one gender than the other gender or trans-gender people. In that case, recommendations would be gender-specific.	Thank you for your comments. NICE guideline PH50 maintains a gender-neutral approach to recommendations in order to remain inclusive. Any new evidence will be assessed at the next surveillance review to determine the effectiveness of gender-specific interventions.
The ManKind Initiative	No response provided	There are two areas of general comment: We were very pleased that Recommendation 16 recognises that the IRIS programme is not inclusive as it only focusses on providing training and responses to support women only. We are pleased that it is unlikely to be referred to as an example within the recommendation. We are in fact concerned that it IRIS has not been expanded still to be fully inclusive as the use of it continues to be a barrier to equality and inclusivity. In practice it means that a male victim with the same need/risk as a female victim is not receiving the same recognition or support if IRIS, and its training of, does not include male victims.	Thank you for your comments. NICE guideline PH50 maintains a gender-neutral approach to recommendations in order to remain inclusive. Although the initial IRIS programme evidence was used to inform the development of the guideline, the recommendations allow for services to commission training and interventions according to local needs. This is likely to include services for both male and female victims. As such, the IRIS programme is unlikely to be referred to in the recommendations as a specific example. In future, there may be sufficient evidence to support gender-specific recommendations. At that time a decision will be made based on the available evidence and views of topic experts and stakeholders.
Association for Family Therapy and Systemic Practice in the UK	Yes	Digital abuse, including porn revenge, is an area of relationship abuse which has not been mentioned much but which perhaps should fall under the scope of this guidance. This is likely to affect proportionately more younger people due to the nature of social media usage patterns.	Thank you for your comments. The surveillance review did not find any new evidence on digital domestic violence and abuse or cyber bullying. Although the guideline recommendations do not specifically cover these areas, no new evidence on prevention activities was found to impact recommendations at this time. This is

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			an area that will continue to be considered at the next surveillance review to determine the impact of any new evidence.
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Additional Comments

Department of Health and Social Care

The Department of Health and Social Care has no substantive comments to make, regarding this consultation.

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