NICE National Institute for Health and Care Excellence

Surveillance proposal consultation document

2018 surveillance of Domestic violence and abuse: multi-agency working (NICE guideline PH50)

Proposed surveillance decision

We propose to not update the NICE guideline on domestic violence and abuse: multi-agency working.

Reasons for the proposal to not update the guideline

The 2018 surveillance review did not find evidence that would impact the recommendations in NICE guideline PH50.

See appendix A: summary of evidence from surveillance below for details of all evidence considered, with references.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in domestic violence and abuse: multi-agency working (NICE guideline PH50) remain up to date.

The surveillance process consisted of:

- Initial feedback from topic experts via a questionnaire.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations and deciding whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the decision with stakeholders (this document).
- Consideration of comments received during consultation and making any necessary changes to the decision.

For further details about the process and the possible update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 23 studies in a search for randomised controlled trials (RCTs) and systematic reviews published between 11 May 2012 and 16 April 2018.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 2 studies were assessed as having the potential to impact on recommendations; therefore we plan to check the publication status regularly, and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- ISRCTN17267204 - Can the 'Up2U' programme reduce violence by domestic abusers, and improve quality of life for victims?
- ISRCTN58027256 - Identification and treatment of children exposed or subjected to intimate partner violence or child abuse in Sweden

Intelligence gathered during surveillance

Views of topic experts

We sent questionnaires to 16 topic experts and received 6 responses. The topic experts either:

- participated in the guideline committee who developed the guideline
- were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty
- work at Public Health England with a specialty in domestic violence and abuse; or,
- were identified as a key voluntary or community sector organisation working with victims or perpetrators of domestic violence and abuse.

Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision was to not update the guideline, we are consulting on the decision.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified the following points in the recommendations that should be amended:

- Recommendation 10 in NICE guideline PH50 should make the following cross-referral:
  - For children and young people who have been exposed to domestic violence see NICE's guideline on Child abuse and neglect (NG76).
- Recommendation 15 in NICE guideline PH50 should make the following cross-referral:
  - For pregnant women who experience domestic abuse see NICE's guideline on Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (CG110).

Appendix A: Summary of evidence from surveillance

2018 surveillance of Domestic violence and abuse: multi-agency working (2014) NICE guideline PH50

Summary of evidence from 2018 surveillance

Studies identified in searches are summarised from the information presented in their abstracts.

Feedback from topic experts who advised us on the approach to this surveillance review, was considered alongside the evidence to reach a final decision on the need to update each section of the guideline.

2018 surveillance summary	Intelligence gathering	Impact statement
General guideline surveillance issues		
No relevant evidence was identified.	The surveillance review identified the following documents published since the development of NICE guideline PH50: ● Responding to domestic abuse: a resource for health professionals (March 2017), The Department of Health. ● Information guide: adolescent to parent violence and abuse (APVA) (April 2015), The Home Office.	The Department of Health have published Responding to domestic abuse: a resource for health professionals (March 2017) to support adults and young people who are experiencing domestic violence and abuse. The resource is based on NICE guideline PH50 and supports recommendations on responsibilities of commissioners and local strategic partnerships, responsibilities of service providers and service managers, practitioners responding to victims, and

2018 surveillance summary	Intelligence gathering	Impact statement
	A topic expert commented that services may find difficulty in implementing the recommendations. A topic expert commented that they are concerned that healthcare services have found it difficult to implement NICE guideline PH50 due to cuts in funding for domestic violence services and lack of backfill for time for training of staff. Topic experts highlighted that the Domestic Abuse Bill is currently in development and would need to be considered following publication - anticipated in 2018 - to assess any impact on recommendations. A topic expert commented that the current guidance does not consider the employer responsibilities within the NHS for staff enduring violence or perpetrating and this is a significant gap which should be addressed through any update with reference to the report by the Vodafone Foundation. Also, that Public Health England is developing a domestic violence toolkit for employers. Further topic expert comments suggested that digital domestic violence and abuse was not covered, but there is increasing concern about cyber bullying involving partners and ex-partners. A topic expert commented that the gender neutral terminology of the guideline is not helpful in enabling health professionals to see the reality of domestic abuse; men and women's experiences	commissioning services and responding to perpetrators of domestic abuse. The Home Office have published Information guide: adolescent to parent violence and abuse (APVA) (April 2015) which details the definition and prevalence of APVA. The guide also provides advice for multi-agencies on responding to cases of APVA along with examples of different therapeutic approaches. The information guide is in line with NICE guideline PH50 on providing collaborative partnerships to prevent and respond to domestic violence and abuse. Topic experts also noted that a Domestic Abuse Bill is being developed, following a consultation that ends in May 2018. It would be pertinent, as topic experts suggest, to await publication of the legislation before determining any impact on NICE guideline PH50. NICE will consider the Bill when it is published in 2018 for any impact on the guideline. Topic experts commented on the difficulty of implementing this guideline. It is acknowledged that recommendations across the guideline will be interpreted in a context of budgetary constraints and that will have an impact on implementation. However, no data are available on the uptake or implementation of NICE guideline PH50 to clarify the impact on the guideline.

2018 surveillance summary	Intelligence gathering	Impact statement
	and help-seeking are different and gender neutral approaches are unhelpful for both genders but for men in particular. Comments from a key voluntary and community sector organisation suggest that the gender neutral nature of the guideline is a positive aspect and should be maintained.	Topic expert comments highlighted the need for more employer responsibilities to identify and respond to domestic violence. The report by the Vodafone Foundation contains a review of the literature on responding to domestic violence in the workplace. It contains summaries of interviews with experts on domestic violence. However, the report is not a systematic review, as such we have not included it in the evidence section. It would be pertinent to await the release of the Public Health England toolkit for employers before determining any impact on current recommendations. This surveillance review did not find any new evidence on digital domestic violence or cyber bullying. A topic expert commented that the guideline does not cover these areas, however, no new evidence was found to impact recommendations at this time. Topic expert comments highlight the need for gender specific approaches to meet people's needs. However, there is disagreement amongst expert comments on the utility of the gender neutral terminology within the guideline. During the development of the guideline, the committee noted that both men and women can experience domestic violence in heterosexual and same sex relationships. Also, recommendation 15, 'Provide specific training for health and social care professionals in how to respond to domestic

2018 surveillance summary	Intelligence gathering	Impact statement
		violence and abuse', acknowledges that training and practice should cover an awareness of diversity and equality issues. With appropriate training health and social care professionals should be equipped to support all people affected by domestic violence and abuse. The new evidence is unlikely to change the recommendations.
Recommendation 1 Plan services based on an assessment of need and service mapping		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Recommendation 2 Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Recommendation 3 Develop an integrated commissioning strategy		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.

2018 surveillance summary	Intelligence gathering	Impact statement
Recommendation 4 Commission integrated care pathways		
No relevant evidence was identified.	A topic expert commented that enabling health professionals to identify and refer cases of domestic violence is no longer a safe response as the referral pathways are at breaking point or have already disappeared.	A topic expert highlighted potential barriers to identify and refer cases of domestic violence. However, the surveillance review did not find any new evidence to further support topic expert comments on referral pathways. The new evidence is unlikely to change the recommendation.
Recommendation 5 Create an environment for disclosing domestic violence and abuse		
A systematic review and meta-analysis (1) of 6 RCTs found a significant increase in the rate of intimate partner violence disclosure in adult women using a computer-assisted screening tool compared to a written tool or face-to-face interview. A Cochrane systematic review (2) of 13 trials (n=14,959 women) found a significant increase in the identification of women experiencing intimate partner violence for screening in healthcare settings compared to a case finding strategy (screening not involving a healthcare professional). However, the review did not find any significant differences for referral rates, re-exposure to violence, health measures, or lack of harm arising from screening. It also did not find any difference in	Topic experts commented that victims of domestic violence may find difficulty in disclosing to services if they feel they are at risk from the perpetrator finding out. They also mentioned that new guidance for police to arrest the perpetrator should help with this.	There is some new evidence for screening strategies to increase disclosure of domestic violence and abuse, such as computer-assisted screening tools. However, this evidence is currently insufficient in volume and conclusive results to impact on recommendations at this time. Topic experts also highlighted that new guidance for the police on handling domestic abuse should help victims disclose instances of violence. The new evidence is unlikely to change the recommendation.

2018 surveillance summary	Intelligence gathering	Impact statement
detection rates between face-to-face screening and computer/written assessment. The systematic review concluded that there is insufficient evidence to justify screening in this population. An RCT (3) found no significant differences in domestic violence screening rates, disclosure or referrals when comparing a maternal and child health screening model with usual care. However, the intervention did significantly increase safety planning rates.		
Recommendation 6 Ensure trained staff ask people about domestic violence and abuse		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Recommendation 7 Adopt clear protocols and methods for information sharing		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Recommendation 8 Tailor support to meet people's needs		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.

2018 surveillance summary	Intelligence gathering	Impact statement
Recommendation 9 Help people who find it difficult to access services		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Recommendation 10 Identify and, where necessary, refer children and young people affected by domestic violence and abuse		
	Topic experts commented that there is a lack of funding and knowledge of services for children affected by domestic violence.	Topic experts' comments suggest that children's services are insufficiently funded and that there is a lack of knowledge on their availability. It is acknowledged that recommendations across the guideline will be interpreted in a context of budgetary constraints and will have an impact on services for children, young people and adults. NICE has also published the following guidance which advises on a comprehensive risk assessment in children to include, amongst other factors, experience of domestic violence and abuse: ● Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (November 2015) NG26.

2018 surveillance summary	Intelligence gathering	Impact statement
		• Antisocial behaviour and conduct disorders in children and young people: recognition and management (March 2013) CG158. • Self-harm in over 8s: long-term management (November 2011) CG133. The following NICE guidance advises on assessment, referrals and interventions for children and young people who have been exposed to domestic violence: • Child abuse and neglect (October 2017) NG76. NICE guideline NG76 already includes cross-referrals to NICE guideline PH50. Recommendation 10 in NICE guideline PH50 should cross-refer to NICE guideline NG76 for the assessment, referral and interventions for children and young people exposed to domestic violence.
Recommendation 11 Provide specialist domestic violence and abuse services for children and young people		
A Cochrane systematic review (4) of 38 studies found no significant differences between educational and skills-based interventions compared to control groups to prevent relationship and dating violence in adolescents and young adults.	No topic expert feedback was relevant to this section.	There is some new evidence on interventions for children and young people experiencing domestic violence and abuse in their own intimate relationships. However, the effectiveness of these interventions is mixed and there is no clear benefit of a particular service or strategy for this population.

2018 surveillance summary	Intelligence gathering	Impact statement
An RCT (5) (n=397, aged 14-18 years reporting past-year dating violence) found significant reductions in the frequency of moderate and severe dating violence and victimisation following a brief motivational interviewing intervention compared to a control group who received a brochure only. An cluster-RCT (6) (n=939, aged 14-19 years) found no significant differences in recognition of abuse, intentions to intervene and knowledge of resources between adolescents receiving relationship abuse education and counselling and those receiving standard care in school health centres.		The new evidence is unlikely to change the recommendation.
Recommendation 12 Provide specialist advice, advocacy and support as part of a comprehensive referral pathway		
A Cochrane systematic review (7) of 7 studies concluded that there was inadequate evidence to assess the effectiveness of interventions used to reduce or prevent the abuse of elderly people. Interventions included education, policies, legislation, detection programmes, and programmes targeted at perpetrators. Studies were included which assessed these interventions for elderly people in their own homes, organisational, institutional, and community settings.	Topic experts commented that the crisis in care homes and the growing population of frail elderly poorly served by local care services would be a concern and that this population is not specifically covered in the guideline.	Topic experts comment that guidance is needed for the prevention and intervention of abuse in an elderly population. However, the new evidence from a Cochrane review suggests inadequate evidence on the effectiveness of interventions to reduce or prevent the abuse of elderly people. Furthermore, abuse of elderly people by paid carers is not in the scope of NICE guideline PH50. The new evidence indicates mixed results for the effectiveness of interventions on advice, advocacy

2018 surveillance summary	Intelligence gathering	Impact statement
A Cochrane systematic review (8) of 10 RCTs concluded that there was inadequate evidence to assess the effectiveness of interventions used to reduce or prevent domestic violence against pregnant women. The abstract did not specify the types of interventions or the settings in which they were delivered. A Cochrane systematic review (9) of 13 trials suggests there is some evidence for the benefit of advocacy interventions, both brief and more intensive, in reducing intimate partner violence. However, the abstract noted heterogeneity between studies prevented pooling of trials leading to uncertainty in the results. A meta-analysis (10) of 10 studies found significant improvements in mental health outcomes, decreasing abuse, and improving social outcomes for women receiving interventions in shelters following intimate partner violence. No information was provided in the abstract on the nature of the interventions. An RCT (11) (n=136) found significant improvements in symptoms of PTSD and reduction in unmet care needs for abused women receiving critical time intervention in women's shelters compared to usual care. However, no differences were found between groups for quality of life, re-		and support for people experiencing domestic violence. Some new evidence is beginning to emerge for this recommendation. However, there are currently insufficient conclusive results to make changes to the guideline. The new evidence is diverse in content with a range of interventions being delivered for different populations and by a range of providers. The new evidence is unlikely to change the recommendation.

2018 surveillance summary	Intelligence gathering	Impact statement
abuse, depression, psychological distress, self-esteem, family support and social support. An RCT (12) (n=2364) found no significant improvements in quality of life in women either screened for partner violence and provided a resource list, provided a resource list only, or receiving neither screening or resource list in a primary care setting. An RCT (13) (n=2926) found that an education/counselling intervention did not reduce partner violence victimisation compared to usual care in women attending a family planning clinic. An RCT (14) (n=600) found no significant differences in the incidents of intimate partner violence when comparing a brief motivational intervention (20 minutes with follow-up call) to a (no contact) control group for women presenting to an emergency department with heavy drinking. An RCT (15) (n=239) found significant reductions in the incidents of intimate partner violence for women receiving enhanced perinatal home visits (structured abuse assessment and 6 home visitor-delivered empowerment sessions) compared with treatment as usual through home visits. An RCT (16) (n=460) found significant reductions in intimate partner violence victimisation and perpetration in pregnant women and young mothers following an intervention of usual care plus		

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home visits. The control group received usual care only and follow-up for both groups was up to 24 months after birth.		
Recommendation 13 Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition		
An RCT (17) (n=64) found treatment with cognitive behaviour therapy for insomnia significantly improved sleep, depression and post-traumatic stress disorder in people with experience of intimate partner violence, compared to treatment with attention control. An RCT (18) (n=63) found significant improvements in mental health and trauma symptoms in female survivors of interpersonal violence following 6-week meditation practice in breathing, loving kindness and compassion compared to a control group. A phase 1 RCT (19) (n=60) exploring the acceptability and feasibility of adding the Helping to Overcome PTSD through Empowerment (HOPE) treatment to standard shelter services for residents of women's shelters found significant improvements in symptoms of PTSD, depression, empowerment and resource gain.	No topic expert feedback was relevant to this section.	In line with current recommendations, the new evidence suggests efficacy of evidence-based interventions for the treatment of mental health conditions in people experiencing domestic violence and abuse. NICE has published Post-traumatic stress disorder: management (March 2005) CG26 which includes advice on recognising domestic violence as an example of trauma which may lead to PTSD. The new evidence is in line with the current recommendation. Advice on treatments for mental health conditions should be obtained from the relevant NICE guideline for the specific condition. The new evidence is unlikely to change the recommendation.

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Recommendation 14 Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse		
An RCT (20) (n=252) compared the effectiveness of an alcohol intervention (90 minutes) added to a perpetrator of domestic violence programme (40 hours) with a perpetrator programme alone in men. The combined intervention group showed significant improvements in reduced drinking and violence at the 3 month follow-up point but not at the 6 or 12 month follow-ups.	A topic expert commented that the parameters for the original evidence base were that the research must have taken place within a health setting. As health have historically (and arguably still are) been poor funders of domestic abuse services, this led to a recommendation which did not take account of research into the effectiveness of perpetrator interventions. In addition to research in other jurisdictions which existed at the time of the recommendations, there is now a UK evidence base showing that Respect accredited programmes produce positive outcomes.	The original guideline scope parameter includes health and social care settings. It also considered evidence for services which interface within these settings, such as; the police, criminal justice, education, early years and youth services. As such, research into perpetrator interventions were taken into account. The original guideline committee noted that: There is a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and abuse. The committee noted that some evaluations take account of the partner's health and wellbeing and include their perception of any changes in the perpetrator's behaviour. However, these tend to be small-scale, uncontrolled studies. Topic experts commented that there is now evidence for the effectiveness of interventions for perpetrators of domestic violence. However, the evidence search found only 1 RCT, eligible for inclusion, relevant to this recommendation. The results indicate a short-term benefit of an alcohol intervention added to a standard perpetrator programme.

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		This trial is unlikely to change the current recommendation which does not specify an intervention but suggests to commission and evaluate tailored interventions. The new evidence is unlikely to change the recommendation.
Recommendation 15 Provide specific training for health and social care professionals in how to respond to domestic violence and abuse		
No relevant evidence was identified.	Topic experts highlighted that the Coercive Control (2015) law has published since the development of NICE guideline PH50. Further topic expert comments suggested that risk in relation to certain groups and how this might apply to training should be considered. A topic expert commented that young pregnant women are particularly likely to have a higher prevalence of abuse than other pregnant women. A topic expert also commented that the initial momentum from maternity services to tackle domestic abuse appears to be lost. Topic experts commented that training should highlight the needs of vulnerable groups and how to manage disclosure of domestic violence. Comments suggest that this should also include	Topic experts have suggested the need for health and social care professionals' training on domestic violence to include current legislation and risk in vulnerable groups. The current recommendations advise on multiple levels of training with more intensive training for those staff working directly with people experiencing domestic violence and abuse. The recommendation references the content suggested by topic experts, such as risk identification and assessment and awareness of legal duties. The original guideline scope notes that NICE guideline PH50 supports, and should be read in conjunction with, related policies on safeguarding adults. NICE has published the following guidance which advises on a comprehensive risk assessment in

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	reference to NHS Safeguarding Adults, the Care Act 2014, and Mental Capacity Act 2005.	adults to include, amongst other factors, experience of domestic violence and abuse: ● Mental health of adults in contact with the criminal justice system (March 2017) NG66 which refers to the Multi-Agency Risk Assessment Conference (MARAC) risk assessment for domestic violence for this at risk population. ● Common mental health problems: identification and pathways to care (May 2011) CG123. ● Postnatal care up to 8 weeks after birth (July 2006) CG37. ● Alcohol-use disorders: prevention (June 2010) PH24. NICE has also published guidance on Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (September 2010) CG110 which has a section covering pregnant women who experience domestic abuse. Section 1.5 in CG110 supports recommendations in PH50 and provides specific advice for pregnant women experiencing domestic violence. Recommendation 15 in NICE guideline PH50 should cross-refer to section 1.5 in CG110 for

2018 surveillance summary	Intelligence gathering	Impact statement
		advice on domestic violence services and interventions for pregnant women. The Home Office have published Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework (December 2015) to provide guidance for the police and criminal justice agencies. The statutory guidance framework describes the new offence of controlling or coercive behaviour. NICE guideline PH50 does not currently specify controlling or coercive behaviour within the recommendations. The Department of Health have published Guidance for health professionals on domestic violence (June 2013) to support Health Visitors and School Nursing Programmes implement a service model for domestic violence and abuse. The guidance is complementary to recommendations in NICE guideline PH50 on training staff and providing specialist services. No further RCT or systematic review evidence was found in relation to this recommendation to warrant a change.

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Recommendation 16 GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse		
A cost-effectiveness analysis (21) of the Identification and Referral to Improve Safety (IRIS) training and support intervention – to improve the response of primary care to women experiencing domestic violence – across 24 GP practices found the programme to be cost-effective over 1 year compared to 24 GP practices who did not use the programme in the UK.	A topic expert commented that the guideline recommendations do not take into account the IRIS model.	The new evidence on the IRIS programme suggests it is a cost-effective strategy for women experiencing domestic violence. The current recommendation advises services to commission training and referral pathways but does not include specific programmes. Available evidence from the IRIS programme was considered during the development of NICE guideline PH50. Whether the IRIS programme is commissioned would be the decision of individual services as the evidence underpinning the intervention comes from trials specifically focused on responses to women experiencing domestic violence. The evidence from the IRIS programme supports the general advice that the recommendation provides on the commissioning of integrated training. The importance of maintaining gender neutral recommendations was discussed during the development of NICE guideline PH50. As the IRIS programme focusses on providing training and response to support women only, it is unlikely to be referred to as an example within the recommendation.

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		The new evidence is unlikely to change the recommendation.
Recommendation 17 Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Areas not currently covered in the guideline 1 **Bystander interventions**		
Two cluster RCTs in the US evaluated the effectiveness of the Green Dot bystander intervention, however, the study abstracts do not provide any details of the components of the intervention. Based on completed on-line survey data, the first study (22) found significant reductions in interpersonal violence victimisation and perpetration amongst university students following the bystander programme (n=2,979 in 1 campus) compared with students who did not receive any intervention (n=4,132 across 2 campuses). The second study (23) (n=89,707 across 26 schools) found significant reductions in sexual	A topic expert commented that although the political environment has changed and evolved since this guideline was published and there is stronger evidence now for interventions, such as bystander education programmes, which this guideline didn't take into account. Topic experts also commented that Public Health England have evaluated bystander intervention education programmes to reduce violence against women in higher education settings. However, the topic experts also commented that it should be recognised that the evidence is from non-healthcare settings and primarily from the US.	NICE guideline PH50 does not currently make any recommendations on bystander interventions. However, studies on bystander interventions were assessed during the development of the guideline and inconsistent evidence was found on their impact for the prevention of domestic violence. During surveillance, a topic expert commented that further evidence is now available for bystander interventions. The surveillance review found 2 studies on the effectiveness of the Green Dot bystander intervention programme. Topic experts also highlighted that Public Health England has published a literature review and toolkit on bystander programmes to reduce sexual and

2018 surveillance summary	Intelligence gathering	Impact statement
violence victimisation and perpetration amongst high school students following the bystander programme compared with students in a wait list control group.		domestic violence against women in university populations. The new evidence, although limited to 2 RCTs, demonstrates effective bystander programmes from studies conducted in the US. However, the intervention settings for these studies (school and university campuses) are outside of health and social services and as such are outside of the scope of this guideline. This reason for exclusion was also noted for the evidence on bystander interventions in schools found during the development of the guideline. New evidence in this area will be monitored and considered at the next surveillance review of NICE guideline PH50. The new evidence is unlikely to change guideline recommendations.
Research recommendation 1 **How effective are programmes that aim to prevent domestic violence and abuse from ever happening in the first place? This includes media-based public health awareness campaigns. It also includes social movements to establish people's rights, and community-building and primary prevention activities that tackle underlying assumptions in society. (Examples of the latter might include the role and status of women.)**		
Evidence was found for bystander interventions for the prevention of domestic violence and abuse.	Topic experts commented that there is now evidence for bystander intervention programmes.	The new evidence on bystander interventions for the prevention of domestic violence and abuse has been conducted in settings outside of the scope of

2018 surveillance summary	Intelligence gathering	Impact statement
See ‘areas not currently covered in the guideline’ section above.		this guideline. Further research in relevant settings in the UK are required to answer this research recommendation.
Research recommendation 2 **How effective are combinations of interventions to deal with domestic violence and abuse in the short, medium and long term? Are the outcomes sustainable and do they have a beneficial effect on quality of life and health in the longer term?**		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.

2018 surveillance summary	Intelligence gathering	Impact statement
Research recommendation 3 **How effective are the following interventions in the short, medium and long term, across various levels of risk and including diverse and marginalised groups:** • **advocacy** • **domestic abuse recovery programmes** • **perpetrator programmes** • **psychological or social interventions modified for domestic violence and abuse, including programmes for those who have suffered multiple forms of abuse and those who are still experiencing it** • **interventions for primary carers apart from mothers (for example, fathers, grandparents)** • **interventions for other family members?**		
Evidence was found for recommendation 12 regarding the effectiveness of interventions.	Topic experts commented that the crisis in care homes and the growing population of frail elderly poorly served by local care services would be a concern and that this population is not specifically covered in the guideline.	The new evidence on interventions is diverse in content, population, follow-up durations and settings. There are currently insufficient conclusive results to affect recommendations.

2018 surveillance summary	Intelligence gathering	Impact statement
Research recommendation 4 **What are the most appropriate ways to collect and manage data about domestic violence and abuse across the health, social care and criminal justice sectors? Is there value in collecting anonymised aggregate data, or is there a more useful method of data capture?**		
No relevant evidence was identified.	No topic expert feedback was relevant to this section.	No new evidence identified to change the recommendation.
Research recommendation 5 **What type of interventions (including training and referral pathways), in diverse health care settings, provide the most effective support for practitioners working with people who are experiencing, or have experienced, domestic violence and abuse?**		
Evidence was found for recommendation 16 regarding the cost-effectiveness of the IRIS training programme.	A topic expert commented that the guideline recommendations do not take into account the IRIS model.	Further evidence on training programmes is warranted to impact on recommendations at this time.

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