Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Adfam	1.11	14	In this section on young people's services and important area of service provision is missing – perpetrator programmes. The current conceptual framework around domestic violence and perpetrator programmes assumes in the perpetrator a level of experience in adult relationships. Although some perpetrators of CPV are grown adults with experience of adult relationships many are not, and those aged 21 and under may have very different characteristics and therefore need a different type of programme to work on challenging and reducing the violence they perpetrate. Respect are currently running a pilot in the North West and North East of England for children aged 11-14 who use violence against their parents. This work is to be encouraged and will be followed with interest.	Thank you. The PDG found limited evidence to support the use of perpetrator programmes and therefore could only make a very general recommendation about them.
Adfam	1.13	16	Adfam welcomes the highlighting of mental health as a key 'route in' to working with victims of domestic violence and to accessing domestic violence services. We think that drug and alcohol use should be mentioned in this recommendation, given its significant connection with mental health issues. The relationship between the two is notoriously complex but there is undoubtedly a large overlap between the issues – and when they do overlap they can have a potentially profound effect on domestic violence in terms of the behaviour of the perpetrator and the vulnerability of the victim.	Thank you. We have added this.
Adfam	1.16	20	GPs should be encouraged to refer patients to appropriate voluntary sector organisations, as these often have a high level of expertise in dealing with specialist issue. Adfam's research indicates that victims of CPV find family support groups to offer a highly effective response to their experiences. This form of peer support enables and	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			empowers those people who are going through these issues every day to help their peers who share their experience. Family support groups are typically both efficient and effective – often created and led by experts by their own experience who are motivated to help others going through these issues, they are credible for victims of violence and offer value for money for those commissioning services.	
Adfam	1.3	6	The importance of developing a good strategy for commissioning domestic violence service is of course essential. Adfam recommends specific mention be made of including voluntary and community sector (VCS) organisations in this strategy. These organisations can provide effective support, often offering significant value for money. It's therefore important that the tendering and funding processes are open to all services regardless of size or business acumen. To some small organisations with few members of staff (some of whom may be working voluntarily, and without any formal training in marketing, fund-raising or bid writing) the committing of a large amount of time to a tendering process will not be possible, and consequently the local expertise of the service may not be safeguarded to help victims (or sometimes, perpetrators).	Thank you. The Local strategic partnership 'who should take action' contains voluntary and community organisations (see rec 2)
Adfam	1.5	8	We welcome the point about clearly displaying information in waiting areas etc to encourage disclosure. We would add that child-parent violence (CPV) as an emergent and under-recognised form of domestic abuse is specifically mentioned in these materials. The narrative of experience needs to be widened within society so parental victims of this form of abuse know that domestic violence services are open and accessible to them.	Thank you. The PDG were not able to find any evidence relating to child to parent violence and so were unable to make recommendations about it.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Encouraging disclosure of CPV is essential. Parents affected by the issue may have taken a long time to come to terms with, let alone to the extent of saying the words out loud to a stranger and 'making it real'. Parents need to be given hints and non-verbal messages that the services they access are safe places where they can disclose CPV. Putting up a poster in the waiting room which says that visitors are entering a safe place where they will be believed and supported, and can talk about abuse, can be useful. Making female staff available for mums and male staff for dads is another measure that may encourage disclosure, especially if the CPV has a sexual element.	
Adfam	2	23	When alcohol use by the perpetrator is here mentioned as a risk factor we believe alcohol use by the victim should also be mentioned. Research has found that as many as 97% of victims have used alcohol at some point to self-medicate or numb the pain of the abuse (11 Op.cit Humphreys. Et al. (2005)) and the Yale trauma study (Stark, E. and Flitcraft, A. (1996) Women at risk (London: Sage)) estimated victims to be fifteen times more likely to use alcohol and nine times more likely to use drugs than others). This isn't to suggest victims cause the abuse through their alcohol consumption, but it may make them more vulnerable – and excessive alcohol consumption should be looked out for as a potential sign of domestic abuse.	This has been noted in the text.
Adfam	2	26	The section on abuse of parents by child is welcome. Adfam suggests that drug and alcohol use are specifically mentioned here. Although there is a lack of a significant UK evidence base specifically on the role substance use plays in child-parent violence, research such as *Adolescent Violence Towards Parents* (Australian Domestic and Family Violence Clearing House, 2004) highlight a possible link.	Thank you for your comment. Given the limited evidence we don't feel able to expand beyond what is already written.
Adfam	Gaps	0	From limited (small sample and qualitative) research at Adfam, we discovered	Noted. Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that child to parent domestic abuse is a feature of the behaviour of drug using young people; we believe that this is an area of domestic abuse which warrants further investigation	
Adfam	General	0	We would support the document and believe it will contribute to better services and outcomes for victims and survivors of domestic violence; this could be included as a consideration	Thank you.
Adfam	General	0	Although the links between substance misuse and domestic violence are non-causal, there are nonetheless aligned and we would have expected to see more reference to substance misuse throughout the document	Thank you. We have made the links to substance misuse more explicit in the guidance.
Adfam	General	0	We suggest that the document *Information for Local Areas on the change to the Definition of Domestic Violence and Abuse* (available atwww.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf) is linked to in this document. It fully articulates how the change in definition of domestic violence impacts on local areas, and will be of use to those partnerships responsible for commissioner services.	Thank you. Because of the scope of this guidance, it was necessary for the PDG to use a definition that differs slightly from the new cross governmental definition. The definition used can be found in the glossary in the guidance document.
Adfam	Introduction	5	This section creates a polarity between adults who 'experience' domestic violence and children who 'witness' it. The recent update to the cross-departmental definition of domestic violence lowered the age gap in the definition from 18 to 16, bringing 16 and 17 year olds under the definition for the first time, as both victims and perpetrators. 16 and 17 year olds are children under most legal understandings, and should be therefore considered possible victims and perpetrators under this definition.	Thank you. The type of guidance you are referring to as 'child abuse' is not within the remit for this guidance. We have clarified this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			It's also worth noting that children aged under 16 also experience a form of domestic violence – one that's usually socially and legally characterised as child abuse.	
Adfam	Rec 13	16	Offer referral to a specialist substance misuse service; people with mental health problems often have co-existing addiction problems	Thank you. We have added this.
Adfam	Rec 2	6	Include substance misuse services	Thank you. Substance misuse services would be included in health and local authority services
Adfam	Rec 5	8	Include people with substance misuse problems	Thank you for your comment.
Association for Improvements in the Maternity Services	GENERAL	0	Our area of activity concerns mostly women experiencing maternity care, and our remarks will cover largely this group	Thank you. We welcome your comments.
Association for Improvements in the Maternity Services	Abuse of older people	25	*Care of elderly* Most carers for the elderly are elderly themselves, also with health problems. Both they, and younger carers, are often without adequate support or respite care. It is possible that stress and exhaustion may contribute to some cases of "abuse". We would like to suggest that the supportive Alternative social work approach we outline above, would be more constructive than the "witch hunting" attitude which is encouraged, and would – as with children – offer both better protection and a better chance of identifying those at more serious risk.	Thank you for your comments.
Association for Improvements in the Maternity Services	Abuse of parents by children	23	*Parent abuse* ***(not necessarily by adults)*** We have had contact with a number of parents who report this, and agree that	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			single mothers are particularly at risk. The commonest category in our experience is one you do not mention: parents who are caring for an older child or young adult who has mental illness, a behavioural disorder, or some other form of handicap. They have a duty to care (and are expected to do so) but find themselves caught in a trap as violence becomes more frequent and worsens. This can happen too with the demented elderly who may become violent and whose carers are of similar age. Once children are adult (or classed as Gillick competent) professionals will refuse to share clinical information which carers need. Often parents of problem children have had a long history of battling services to get appropriate care, and have lost trust in professionals – and may also be resented by them. Another potentially abusive group is children (especially sons) whose fathers left, and whose mothers are, perhaps sub-consciously, blamed for not keeping them. Abusive behaviour seems commonly reported in this group. All the above problems are seldom reported. *The guidance says nothing about what steps professionals are supposed to take to help these parents; At present they are just left to get on with it, and sometimes their very lives are at risk. Their mental and physical health certainly is, and not only the abusive child, but non-abusive siblings, may be left with the temporary or permanent loss of their sole remaining parent*	
Association for Improvements in the Maternity Services	Adverse effects contd.	8	*Create an environment for disclosing domestic violence* This is impossible because for pregnant women the child safeguarding emphasis has made ante-natal care increasingly baby-centric, despite the murders reported in Maternal Death enquires, whereas attention to her risk and needs would also protect the child. At present it is impossible to create this environment in maternity care	Thank you. This guidance is not responsible for the policy of midwives to screen women for domestic violence and abuse.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			because of the policy of reporting women to social services, and the interventions which are likely to follow. The policy of midwives "screening' all pregnant women for DV is having many adverse effects. Firstly this 'screening' meets no accepted standards or criteria for screening by the National Screening Standards Committee. It is in, effect, 'screening' without knowledge or consent for potential risk to unborn children, not risks to women, and as a result maternity care has become less woman-centred and more baby-centric, with adverse consequences for all the family Admission of DV – past or present – results in automatic referral to social services, again for which there is no evidence of benefit, and considerable evidence from a large randomised trial or multiple adverse effects from the present style of social work compared with supportive social work, (1)(2) There is also evidence that **this supportive approach works better in cases of DV**– protecting the woman, protects the child, and the aim is to increase, not reduce, her autonomy, (3) Because our helpline promises confidentiality, women tell us that they are concealing DV in their responses to questions. Those who revealed it, having seen the results, are advising others not to do so.. Both effectiveness of screening and outcomes depend on the social and climate in which it takes place, the action or inaction which is likely	

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			to follow, and women's assessment of consequences of revelation. **The many references in the Evidence Review of effectiveness and outcomes do not apply in the current context of NHS maternity care, where admission of past or present DV results in automatic report to social services, unborn children designated as being at risk and liable to removal at birth** . Women know that government policy is to increase adoptions: newborn infants and young children are those most likely to be removed. (not on grounds of harm, but of potential harm) and their number is continuing to increase. Whilst it may be argued that babies are not removed on grounds of DV alone, cases are well known on local and national grapevines, .and are numerous in our case files. Moreover once they embark on the assessment process, social workers seek other factors, and victims of domestic violence are also likely to have a history of drugs or alcohol to cope. They are more likely to suffer mental illness (depression and PTSD). These these too are concealed for the same reason.(4) (5), so women are not effectively treated. These problems are the result of the DV, *(1) L Anthony Loman & Gary K. Siegel (2004) Minnesota Alternative Response Evaluation Final Report Executive Summary Institute of Applied Research, Missouri* *http://www.iarstl.org/papers/ARFinalExecSum.pdf.* *(2) L. Anthony Loman et al. Ohio Alternative Response Evanluation: Final*	

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Report. Institute of Applied Research, Missouri *http://www.supremecourt.ohio.gov/Boards/familyCourts/ARPilot/Section2.pdf* *(3) Robert Sawyer, Suzanne Rorbach.(2005) Integrating Domestic Violence Intervention into Child Welfare Practice. Protecting Children. American Humane Association Vol 20 nos. 2 & 3 62-77* *http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-20-2-3pdf.pdf* *(4) J. Shakespeare (2002) Health Visitor screening for post natal Depression using the EPDS: a process study. Community Practitioner 25 (10) 381-4* *(5) J Shakespeare et al (2003) A qualitative study of the acceptability of screening of postnatal women using the Edinburgh Post Natal Depression Scale. Br. Journ. General Practice 53 614-9* \(5) J Shakespeare et al (2003) A qualitative study of the acceptability of screening of postnatal women with the Edinburgh Postnatal Depression Scale. British Journal of General Practice 53 614-9.	
Association for Improvements in the Maternity Services	**Para 3.13**	28	*Continuation of abuse* This is a particularly important section, since so much emphasis is put on woman and children separating from violent man We are constantly in touch with women who report contact (now almost universal for 'fathers' rights') being used to continually harass the mother, especially when the protestations of young children are not believed. Mothers are having to deal with the fear, return to bedwetting,etc. The the fact that they and the child have to comply with the Court order (or lose custody to the father) is part of his triumph and continuing demonstration of control.	Thank you for your comments.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We receive complaints from both mothers and older children of being stalked online. Abusive partners (including paedophiles) are often skilled manipulators and run rings round CAFCASS officers and social workers . They also emerge from parenting classes with flying colours. **Even young children have a right to say no, and if their word is doubted, their body language should be observed at handover and after their return. We have done so in a few cases and found it immensely distressing**	
Association for Improvements in the Maternity Services	Recommendation 13	16	*Treatment for mental health conditions* Because our national help line provides total confidentiality, we learn much which is not shared with professional services Many women, despite a clear need, are unwilling to cooperate with diagnosis or referral. because evidence of mental health problems arising from abuse is used by both by social services and fathers to gain custody of children. Women with past experience, or those who know someone who has it, are reluctant to take part in a process (however necessary) which may be used in proceedings to deprive them of their children. *We have found that those who have had private care, with records not accessible without consent, are at a considerable advantage.* Moreover, women examined at a time when they have all the manifestations of battered woman syndrome, are even more likely to wrongly diagnosed as having personality disorders, and labelled as permanently unfit mothers. Women who want referrals outside their own district to specialists in eg post rape trauma, or PTSD, are being denied such referrals on cost grounds by Trusts And the shortage of mother-and-baby units where they could remain safely	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			with their babies causes many to shun or delay treatment.	
Association for Improvements in the Maternity Services	Recommendation 4:	7	*An Integrated care pathway* This suggests one pathway to follow. Those who have experienced DV have been disempowered by their abusers and are lacking in self-esteem. Raising self-esteem and self efficacy is the first step. We would like to suggest that – as in clinical NICE maternity guidelines – they are given information and choices, rather than being told what is good for them.	Thank you. A care pathway simply means that organisational links exist between various services. It does not imply that people will be forced to follow a specific pathway against their will.
Association for Improvements in the Maternity Services	Recommendation 6	9	*Tailor Support* This refers to MARAC referral for serious cases. May we point out that women have no right to refuse referral to MARAC if their case has been assessed as serious by a voluntary agency or any other group involved. If children are thought to be at risk, consent is dispensed with. We have had a number of complaints about this, some with serious consequences. Issues are (a) referrals on basis of misinterpreted and inaccurate information (b) about women's lack of right to participate in MARAC conferences, so that inaccurate reports are not quickly corrected and are widely distributed (c) failures to keep women informed, (d) loss of confidentiality and privacy Incidentally we are also concerned about the rights of alleged abusers. Although we have never knowingly handled such a case, theoretically false accusations could be passed on and data from the original source is not checked. For all these problems, there seems to be no built-in MARAC process to deal with complaints or to correct widely distributed faulty records, since the responsibility is that of the original referring agency and their procedures vary. It seems to us that, once again, victims of DV are treated paternalistically,	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			further disempowered, and infantilised., The fact that many women so referred are not dissatisfied – and particularly grateful that housing issues, eg. are dealt with – does not abolish these questions of process and principle. Research which confirms our complainants' experiences, and deficits in the process, is found in the work of Coy and Kelly (1) - not quoted in your evidence review *(1)* Maddy Coy & Liz Kelly.(undated) Islands in the Stream. An Evaluation of four London independent domestic advocacy schemes. Final Report. London Metropolitan University http://www.henrysmithcharity.org.uk/documents/IslandsintheStreammainreport2011.pdf See pp 76-7, 92, Chapter 7 pp 95 et sec and conclusions p. 113.	
Association for Improvements in the Maternity Services	Recommendation 7	10	*Information Sharing* As we have already pointed out in consultations and evidence on child safeguarding, much of the data shared is "grey" data, which may be inaccurate and misinterpreted. It is now swiftly and widely distributed beyond recall or correction and can re-surface at many points in the life of a family. And on the basis of inaccuracies or misunderstandings, an institutional oral history is created and is beyond correction. This can affect them and their progeny far into the future. We have seen serious, and even life-threatening, incidents in families as a result. (*eg midwife reported as "domestic violence" a pregnant woman's remark that her husband had felt so cross he had hit a table. They were booked for a home birth. When they called for a midwife she said that they had to wait for a*	Thank you. In the first bullet point of the recommendation we say that "This includes seeking consent from people to share their information and letting them know when, and with whom, information is being shared." We believe this addresses your concern in the context of this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			police escort. The husband then had to deliver his own baby, unattended, leaving shocked new parents. They were then further traumatised by the visit of a senior social worker (at which I was present) who told them he was there to decide whether or not they would be allowed to take their baby home from the hospital.. The resulting trauma to an otherwise delightful family is long lasting and we are still involved in support) Despite the Data Protection Act, and pleas to the Information Commissioner, attempts by a number of families for destruction of written or computerised records proven to be inaccurate have failed. In addition, the training, knowledge base, research base and internal culture of each agency is different, so that communication between them becomes a game of Chinese whispers which families are powerless to affect or control. We have seen many examples of this between midwifery, social services and the police. The fact that there is now no-one – not even support groups for battered women – who can be trusted as a confidential source, gives a number of victims a sense of yet more betrayal. We know we have no hope of halting, or slowing, the "multi agency" policy (the advantages of which we understand) *but at least we want acknowledgement of the problems and a warning of risks*. ***All agencies should be up front BEFORE women share information, and tell them what the policy is on "confidentiality" It would not give women control, but may at least reduce their sense of betrayal***	
Association for Improvements in the Maternity Services	Recommendation 8	11	*Ask about domestic violence* This section, needs a strong reminder about use of interpreters. (as appears in Recommendation 9)	Thank you. As you note, the information is in recommendation 9.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			The most recent report on maternal deaths (1) highlighted a case where a woman was murdered by the very husband who had accompanied her to all her ante-natal visits and had acted as interpreter throughout. (Annex 12.1 Domestic Abuse pp 146-8 *(1) Gwyneth Lewis (2011) Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer 2006-8. RC0G*	
British Association for Adoption and Fostering (BAAF)	General	0	This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence. Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people.	Thank you. We welcome comments from BAAF.
British Association for Adoption and Fostering (BAAF)	General	0	Given the information in 'section 2 - Domestic violence and abuse between parents', that domestic violence is the most frequently reported form of trauma for children, as well as the acknowledged high prevalence in the backgrounds of looked after children, the guidance would be considerably strengthened by explicit inclusion of this population in various places as detailed below. While professionals from a wide variety of services are often aware of acute	Thank you. This is beyond the remit of this guidance, however NICE has produced guidance on looked after children http://guidance.nice.org.uk/PH28

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			safeguarding issues, they are often much less aware of the needs and issues of these same children once they become looked after. NICE guidance therefore offers an opportunity for widespread awareness raising concerning this vulnerable group.	
British Association for Adoption and Fostering (BAAF)	general	0	The following resources may be helpful. "Voice Against Violence" DVD made by 8 children who survived DV, with Scottish Government's support, available at:www.voiceagainstviolence.org Dr Naoimh Kenny and Dr Ailis ni Riain (2008) Domestic Violence: A guide for general practice, Quality in Practice Committee	Thank you for this reference.
British Association for Adoption and Fostering (BAAF)	Introduction and General	4	We welcome the acknowledgment that training and supervision are needed for maximum effectiveness, and the specific references in various recommendations. Given the significant financial and resource implications it is very helpful that the guidance addresses this.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 11	14	We welcome the acknowledgment that interventions should continue over a long enough period to achieve lasting effects, given the general trend to shorter interventions and short term cost savings. Truly reducing the inter-generational prevalence of domestic violence will take sustained long term effort and offering evidence based support and interventions which may be relatively long term.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 12	15	Paediatric services in general are notably lacking from the list of settings where support should be offered; they should be added along with health services for LAC.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 13	16	There are well recognised difficulties with access to CAMHS for LAC, as well as recognition that mental health practitioners require both a good understanding of the inequalities experienced by this population and	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			specialised training in order to deliver effective services. Additionally, the interventions which are effective with LAC are often different than those which work with the general child population. These issues are likely to be relevant to domestic violence and will need to be addressed for practitioners delivering interventions for domestic violence. It would be helpful to address these issues in the guidance.	
British Association for Adoption and Fostering (BAAF)	Recommendation 15	18	We welcome the specific attention to training, and note recommendation 17. Nevertheless, it would be useful to include paediatricians, and particularly paediatricians such as those involved with child protection and LAC, in the staff levels. Additionally, carers (including foster carers, residential staff, adoptive parents and kinship/family and friends carers) should be specified as a group require training and support, given the significant numbers of looked after children affected by domestic violence who will have both short and long care needs.	Thank you. We have added paediatricians.
British Association for Adoption and Fostering (BAAF)	Recommendation 4	7	We welcome the recommendation to ensure that resources are available, as this is crucial to effective implementation, and to addressing the needs of different groups which may require tailored services rather than a 'one size fits all' approach.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 5	8	It would again be helpful in raising awareness if looked after children were added to the list of those with difficulties accessing services. Both the nature of being separated from their families and moves within the care system may make it more difficult for this group to access services. Additionally their needs may be different from the others in this list, which should be highlighted.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 6	9	This should be strengthened to address the needs of children in general. For looked after children often the most effective support is that provided by foster carers and staff in residential homes, and this type of support should be	Thank you. This is beyond the remit of this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recognised as a service. Delivery of this support requires good training of carers as well as good support/supervision on an ongoing basis, and this should be acknowledged and included in training strategies and interventions. This should be specified in recommendations 11.	
British Association for Adoption and Fostering (BAAF)	Recommendation 7	10	We welcome the statement that it should be a person who acknowledges receipt of shared information, for while this should be common sense, it must be stressed.	Thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 8	11	It would again be helpful in raising awareness if both children in need and looked after children were included in the list where enquiries about domestic violence should be routinely made, as this is a significant background factor for many children on the edge of care and for those who become looked after.	Thank you. Please see the NICE guidance on looked after children and young people.
British Association for Adoption and Fostering (BAAF)	Recommendation 9	12	Including looked after children in the list of those who may have difficulty accessing services would raise awareness with commissioners and service providers of the specific needs of this group. Looked after children experience different barriers related to placement moves and this is particularly true for children in out of area placements.	Thank you. It is not a list, it is a few examples. It is clearly marked 'for example'
British Association for Adoption and Fostering (BAAF)	Recommendations 10 and 11	13 - 14	Paediatric services including specialist services for child protection and looked after children should be included in the list of providers in recommendation 10. Looked after children should be specifically identified for the purposes of both these recommendations, given the high prevalence of domestic abuse and violence in their families, the recognised high incidence of mental health difficulties in LAC, and the acknowledged difficulties with access to CAMHS. Their particular needs should be considered in both identifying domestic abuse and in developing specialist services.	Thank you. We have added this
British Association for Adoption and Fostering (BAAF)	Recommendations 3 and 4	6 and 7	It would improve effectiveness to specifically mention looked after children (LAC) as a particularly vulnerable group for which an integrated commissioning strategy and care pathway are essential. It is essential to raise	Thank you. Looked after children are beyond the remit of this guidance unless they are

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			awareness of looked after children as they tend to be included within safeguarding yet often their needs are marginalised relative to those children requiring acute child protection. Additionally their needs are often different from other children and require development of tailored services in order to be effective.	witnessing domestic violence in their foster care.
British Association for Counselling & Psychotherapy	Introduction	2	On page two the document states that "*The majority of this violence and abuse is perpetrated by men on women and girls, although men can also experience domestic violence and abuse".* Government statistics state (Smith et al., 2012): "*Seven per cent of women and five per cent of men were estimated to have experienced domestic abuse in the last year, equivalent to an estimated 1.2 million female and 800,000 male victims" (p.83).* These figures suggest that 60% of the abuse is perpetrated by men and 40% by women. The comment that men can also experience domestic violence and abuse suggests it is a small number, when in fact 800,000 male victims are significant. It would be better to quote figures than to make general statements which could lead to misinterpretation. In addition, it would be better to say that men "do" experience domestic violence, rather than "can" which could infer there is some doubt.	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
British Association for Counselling & Psychotherapy	Introduction	4	On page four of the document is states that "*Men are more likely than women to perpetrate this type of violence and abuse (particularly sexual and more severe violence)."* According to Smith (2012*) "While women were more likely to experience partner abuse than men, there was no statistically significant difference*	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			between male and female partner abuse victims for some types of partner abuse" (p92). The data from Smith (2012) suggests that a third of men and women who experienced domestic violence suffered from stalking and around 38% suffered from minor or severe force with no statistical differences between the degree of force used between the two groups. However, women were more likely to suffer from threats and sexual assault from men. As such the statement above is misleading. If the comment is related to the frequency of abuse, then the point has already been made as part of the main introduction (see above).	domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
British Association for Counselling & Psychotherapy		4	On page four it all states that "*Given the lack of evidence on men who experience domestic violence and abuse, most of the recommendations are primarily for women".* There is a growing body of literature in the USA and UK which shows that men experience domestic abuse, and that they also suffer as a result of that experience (Vivian and Langhinrichsen-Rohling, 1994, Coker et al., 2002, Reid et al., 2008, Calder et al., 2010). Given that this is a very new research area, with most research being completed in the last 10 years, and the level of service provision in the UK being embryonic, there is little data available. However, research from the UK suggests that services,	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			such as a combination of advocacy and counselling, would be beneficial to male victims (Sweet, 2010, Debbonaire and Panteloudakis, 2013). As men who have experienced domestic violence may also need to access housing and court action, it is unclear why the recommendations that follow are primarily for women. They seem to work well for all those who have experienced violence.	
British Association for Counselling & Psychotherapy	Recommendation 9	12	There are a number of papers which disclose the barriers to seeking help well (Beaulaurier et al., 2008, Rose et al., 2011). However, for many individuals who have suffered psychological and emotional abuse, an additional barrier is simply that they find it difficult to define and ask for what they need (Williams and Mickelson, 2008). This may also be the case for those who had left their relationship some time ago. The need for time to explore what is wrong and what is needed may be essential and if it could be built into guidance in some way, helpful.	Thank you. We are aware that time is a key factor, especially in primary care services.
British Association for Counselling & Psychotherapy	Recommendation 12	16	It may be worth considering including urology and testicular clinics for men as these are among the most common reasons for men to consult with GP's.	Thank you.
British Association for Counselling & Psychotherapy	Introduction	22	On page 22 it states that *"Although both men and women may perpetrate or experience domestic violence and abuse, it is more commonly inflicted on*	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			women by men. This is particularly true for severe and repeated violence and for sexual violence". The introduction already covered the number of men and women affected. This doesn't add anything to the argument and it could be removed. In terms of increased risks, it would be worth adding that there is an increased risk of men being victimised if their partner has suffered childhood or sexual abuse or has suffered previous partner violence (Swan et al., 2008).	
British Association for Counselling & Psychotherapy	Introduction	24	On page 24 it states that "*Men are less likely to report abuse to the police, and more likely to say this is because they consider it too trivial or not worth reporting (Smith et al. 2010)".* Men are less likely than women to report the matter to anyone. They are more likely to talk to family or friends at home or work than anyone else, and more likely to go to a counsellor or therapist about the abuse than any other professional person or group (Smith et al., 2012, Douglas and Hines, 2011). There is evidence that mental health, rather than physical, consequences can be severe for men (Sweet, 2010) which would align with their choice of professional support. In the next paragraph it is worth pointing out that the number of females killed by male partners is 93, compared with 21 men killed by female partners to ensure the data is matched.	Thank you for your comment.
British Association for Counselling & Psychotherapy	Recommendation 13	16 and 17	It is important to note that this recommendation is referred to under section 4, relating to longer term issues, or support after leaving the relationship.	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Therefore the third point should appear first on the list to reinforce the need for safety in conjunction with any therapeutic intervention where there are ongoing relational difficulties. Secondly, there is significant qualitative evidence that working with someone who understands the nature and dynamics of abuse is very helpful to recovery from mental health issues (Seeley, 2002, Day, 2008, Grealy, 2008, Oswald et al., 2010, Farmer et al., 2013, Roddy, 2013). These studies have also highlight the negative impact of working with someone who does not understand these issues. BACP would suggest this recommendation should be second as this is a significant and differentiating point for mental health issues related to domestic violence.	
British Association for Counselling & Psychotherapy		16 and 17	It is also worth noting there has been some recent evidence that prescribing some medications may have a detrimental impact on this client group in the longer term (Blasco-Ros et al., 2010, Gilbert et al., 2011). The difficulties of post-traumatic symptom diagnosis have been noted before (Schwecke, 2009) and it may be worth suggesting therapy where there has been a history of domestic violence. Finally, there is some evidence to suggest that an integrated treatment plan with one therapist may be more beneficial than multiple psychological services (Morrissey et al., 2005). This could be related to the attachment and trust issues often associated with this client group and could be considered alongside treatment planning.	Thank you

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association for Counselling & Psychotherapy	Evidence statement 13	54	Although this is evidence for brief therapeutic interventions, two of the studies referred to (Reed and Enright, 2006, Johnson et al., 2011) were more extensive. Although Johnson reported an average number of sessions taken at just over 6, the programme ran for up to 12 sessions, and those women remaining in the shelter had an average of over 10 sessions. The programme ran for a maximum of 8 weeks, each session lasted 1-1.5 hours, suggesting as much as 12-18 hours worth of intervention. This paper may be better included in evidence statement 13. Reed's programme had an average intervention time of 8 months (range 5-12 months) with a one hour session given per week. This suggests between 20 and 50 hours of treatment. All of the therapy was provided by one individual, and therefore it could be a reflection of her skill as a therapist, rather than a process driven outcome. In addition, the concept of forgiveness is one to be handled with care.	Thank you for your comment – the focus of this evidence statement is on brief psychological interventions.
British Association for Counselling & Psychotherapy	Evidence base 14	55	It might be worth putting the McWhirter (2006) paper in with the short therapeutic interventions as they only lasted 5 sessions. As noted earlier, the evidence for psychotherapeutic intervention does not	Thank you

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			appear to include much on the process side of intervention. The list of papers provided earlier on qualitative methodology under recommendation 13, including two from the UK in 2013 (Farmer et al., 2013, Roddy, 2013), offer some additional evidence for appropriate treatment approaches based on client feedback which could be incorporated into guidance. In addition, Farmer (2013) provided an extensive literature review as part of the European project on domestic violence and mental health papers which could be of interest.	
Cambridgeshire Domestic Abuse and Sexual Violence Partnership	General	0	Information sharing – the document does not provide clear guidance around the legal framework to share information around high risk cases of DV without the consent of the victim. In cases of immediate risk of significant harm - particularly where there are no children in the household – there is no legislation to fall back on.	Thank you. The PDG felt that the protocols for information sharing were best developed at local levels. See recommendation 7
Cambridgeshire Domestic Abuse and Sexual Violence Partnership	General	0	Overall, there is a lack of definitive guidance on many of the key issues for discussion, especially regarding commissioning of services and best practice for GPS, HWB, etc. It is unclear from the guidance what the contribution to DV is supposed to be from commissioners/strategic managers.	Thank you. The guidance sets the expectation for commissioners to commission the services that are outlined in the recommendations (in particular 1 to 4). Commissioners are highlighted in the 'who should take action?' section of many of the recommendations.
Cambridgeshire Domestic	General	0	There seems to be nothing re empowering the victim to involve the Police and	Thank you. The focus of this

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Abuse and Sexual Violence Partnership			a understanding as to what action the Police would take	guidance is on health and social care rather than criminal justice, however discussions about whether or not to inform the police would take place as part of safety planning and risk assessment.
Cambridgeshire Domestic Abuse and Sexual Violence Partnership	General	0	The document seems fairly aspirational for example working with perpetrators. How would this be enforced? An awareness for Social Care and the Health Service of what the criminal justice system can do ie Restraining Orders is vital so these people can inform victims what can be done	Thank you. NICE guidance is often seen as aspirational as it is based on the best available evidence. We hope that in the process of moving towards delivering the services set out in the guidance that local areas will improve the services they deliver.
Cambridgeshire Domestic Abuse and Sexual Violence Partnership	Recommendation 2	6	Community Safety Partnerships have been left out of the list of agencies to which Health should send a representative, CSPs have a statutory duty	Thank you. These have been added.
Cheshire and Wirral Partnership NHS Foundation Trust		0	The draft guidance well rounded and particularly mindful of specific groups who may find it more difficult to disclose or access services. One of its other strengths is that it is very practical without being too prescriptive	Thanks you. We hope we have achieved that balance.
Cheshire East Council	General	0	Guidance is welcome and reflects the Commissioning process on which we are locally embarked. We welcome the clear recommendations on the roles of Public Health, Health and Wellbeing Boards and LSCBs.	Thank you. We welcome your comments.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cheshire East Council	General	0	There appears to be little reference to the roles of other Commissioners/sectors in ensuring appropriate partnership provision e.g. Police and Crime Commissioner. It would be very helpful locally if the intersection between the health and social care commissioning and the justice/community safety sector were stronger. Domestic abuse and sexual violence always sit at this intersection as 'complex issues' as the Introduction acknowledges.	Thank you. We recommend that police and crime commissioners form part of the local domestic violence prevention partnership in recommendation 2 (and consequently in rec 3).
Cheshire East Council	General	0	There is a regrettable lack of reference to Vulnerable Adults in the Recommendations. We appreciate that the Recommendations are based on evidence of effectiveness and the Guidance acknowledges a gap in this area. However, the Guidance is likely to be influential in commissioning and Commissioners need to be aware of their responsibilities in this area and of the significant intersection of vulnerability and domestic abuse. The recent ADASS Guide* does not appear to be referenced and could be drawn to Commissioners' attention as a source of information together with a recommendation to be linked to the Local Safeguarding Adults Board. *http://www.local.gov.uk/c/document_library/get_file?uuid=27325734-7521-44cf-a1e7-431a3e1f2ea9&groupId=10171	Thank you. We recommend that the chair of the local safeguarding adults board forms part of the local domestic violence prevention partnership in recommendation 2 (and consequently in rec 3).
Cheshire East Council	Recommendation 12	15	Advocacy – it would be helpful to draw some distinction between advocacy and other forms of 'support'. In the DV sector advocacy most usually refers to the role of an Independent Domestic Violence Advocate whose role is based on the level of risk. I think at present this section is slightly confusing and it may be more helpful to present the types of service needed by risk level rather than by type of support. This would then make sense of the recommendation that advocacy support meets national standards of good practice because as	Thank you. We define what we mean by advocacy in the glossary.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			far as I'm aware these only exist in respect of IDVAs.	
Cheshire East Council	Recommendation 4	7 to 8	The final paragraph talks about 'robust mechanisms for assessing risks'. We think it would be helpful to commend local systematic use of a shared risk measurement tool. There are some national leaders such as the DASH (Domestic Abuse Stalking and Harassment) but essentially any local authority area should agree use by all agencies of a consistent tool so that the level of risk and need can inform service pathways. It is really important that there is shared understanding, language, thresholds in addition to any other service specific risk tool that a service may employ e.g. alcohol or drug harm screening tools.	Thank you. There is some reference to tools in the glossary entry for risk assessment, however, because the PDG did not examine individual tools, they were unable to recommend their use.
Cheshire East Council	Recommendation 8	11	As per comment on Recommendation 4 it is not enough just to 'ask' – you have to have protocol and procedure on what to do with the answer. Formal referral pathways will depend on level of risk and so a shared risk indicator tool must be employed on disclosure, particularly to trigger a proactive response in relation to high risk.	Thank you. All of this is covered within the recommendations.
Cheshire East Council	Section 10 Gaps	72	There appears to be no reference to the related issues of sexual violence and sexual exploitation. Again this may be due to a lack of evidence but the 2 issues are increasingly being acknowledged as important associated factors and it might be helpful to mention them in the Gaps section. The same is true for stalking and harassment.	Thank you for your comment.
Cheshire East Council	Section 3 Prevention	30	Wholeheartedly concur with the recognition that this is an important area for the future and should extend not just to education but to community and business settings. A Co-ordinated Community Response should include empowering communities to stand against violence and abuse and help friends/neighbours/colleagues to be safe and to recover	Thank you for your comment.
Chester Women's Aid	general	0	The document is a good summary of most of the important research and information that should input into a local integrated domestic abuse response.	Thank you. We welcome your comments. We did not find

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We applaud the recognition of the need to grade responses according to risk and the need to have specialist domestic abuse services due to the complexity of the issues faced by families. The document also highlights the need for responses to all members of the family including perpetrators, survivors and children and young people. It is imperative that agencies understand that initial work may need to be done separately and individually with family members due to the levels of risk and that perpetrators do not easily recognise and take responsibility for their behaviour which can be the root cause of problems for the family. The most important audience for this document are the commissioners and historically lack of comprehensive data has hampered the ability of commissioners to recognise the importance of maintaining and improving the services which meet the needs of this wide ranging client group. Health in particular is an extremely important partner developing effective local responses. We would welcome some greater acknowledgement of the importance of refuges and maintaining the national network of such to ensure that where risks dictate, escape is possible.	substantial evidence relating to refuges; however the PDG felt they were important enough that they are referenced in 3 recommendations.
Chester Women's Aid	Recommendation 1	5	It would be beneficial to see clearer guidance on ensuring that agencies agree a comprehensive, consistent and shared format of data sets which can inform commissioners' decisions. Currently some agencies have the discretion not to collect data and others collect it in incomprehensible formats	Thank you for your comment.
Chester Women's Aid	Recommendation 12	16	Safety planning should be a recommendation throughout the document	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chester Women's Aid	Recommendation 14	17	More detail about who might commission such programmes and what measures might be indicators for 'success' would be welcome. The recent research by Nicole Westmarland and Liz Kelly suggested that outcome measures discussed with the partners of perpetrators might be more fruitful	Thank you.
Chester Women's Aid	Recommendation 16	20	An acknowledgement of the IRIS project might be cited as an example of good practice	Thank you. The PDG chose not to refer to any specific project by name but does draw on its principles. Specific examples can be used in the implementation of the guidance.
Chester Women's Aid	Recommendation 17	20	We welcome the emphasis on training in Recommendations 15, 16 and 17	Thank you.
Chester Women's Aid	Recommendation 2	6	It would be useful to state the expected seniority of agency staff who would be members of the partnership. A designated domestic abuse co-ordinator would appear to be essential to keep the partnership on track in monitoring partners' performance. A recognition that Housing has many sectors and responsibilities would be beneficial, incorporating statutory LA responsibilities, local Registered Providers, Homelessness services and the private rented sector. The potential negative impact of benefit changes, the 'bedroom tax' and the short length of private tenancies are all relevant factors in local responses. We welcome the recommendation that chairs of safeguarding boards are members of the partnership	Thank you. We believe these decisions are best made at a local level to reflect the diversity of services around the country.
Chester Women's Aid	Recommendation 3	7	We welcome the acknowledgement that services need to respond across all levels of risk	Thank you.
Chester Women's Aid	Recommendation 7	11	It is extremely important that information sharing is treated sensitively and all concerned ensure that information sharing will not put anyone involved at risk.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chester Women's Aid	Recommendation 8	11	For ensuring disclosure we would recommend substituting 'empathetic and non – judgemental' instead of 'kind and sensitive' Any element of health services can support disclosure – not just the important areas listed. (e.g. the woman on a general hospital ward admitted for abdominal pain who disclosed sexual abuse by her husband)	Thank you. We try to produce our guidance in easy to understand language.
Chester Women's Aid	Recommendations 10 and 11	13	We welcome the emphasis on ensuring support is available for children (witness recent reports on the child killed by his mother and step father where school and other agencies allegedly did not talk to the child to investigate the abuse he was suffering. There had been approx. 28 incidents of domestic abuse reported to police but connections were not made) and young people who may be entering their first relationship without an understanding of equality in relationships	Thank you.
Chester Women's Aid	Section 1 and Section 9	4 and 47	We would recommend that the following papers are relevant to the guidance and provide useful information to enhance the quality of the guidance: 'Why extending measurements of 'success' in domestic violence perpetrator programmes matters for social work' – Nicole Westmarland & Liz Kelly 'In Search of Excellence' by Standing Together IRIS project, supporting GP practices to improve their responses is an example of good practice	Thank you for your comment and the list of references..
Chester Women's Aid	Section 4 and 10	32 and 72	Current research focusses quite rightly on women experiencing domestic abuse. However there is also a lack of research into men experiencing domestic abuse	Thank you for your comment.
CIS'ters		5	Paragraph at top of the page titled Benefit. I strongly disagree with the final	Thank you. It is not our

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sentence. It should not say and all children who are exposed to it. It appears to suggest that only adults and young people are victims; and children mere witnesses. Children who live within a home that is toxic from domestic abuse are victims of domestic abuse. PLUS children are often themselves direct victims of abuse from the same offender or from another person – and that includes all forms of abuse, not just violence. Our agency provides emotional support for adult women who experienced rape and/or sexual abuse as a female child/teen by a member of their immediate/extended family. At a minimum 50% of our service users were living in a home containing DV at that time – so to consider that children are 'witnesses' and see that they are a victim themselves, at a minimum of emotional distress, but more likely also a victim of much more.	contention that children are not victims of family violence, but rather that this guidance does not address the evidence of this. The guidance does not cover violence and abuse perpetrated on children by adults. We have tried to clarify this.
CIS'ters		7	Same again as above – children being treated as mere witnesses without any consideration that they might also be a victim of emotional abuse or much more than that. Unless it is spelled out in the document it will once again get over looked and children will remain invisible.	Thank you. Two whole recommendations deal with providing services to young people. Please see rec 10 and 11.
CIS'ters		8	As in the case of Al A Teens – why can't there be a national helpline for children who are experiencing domestic abuse. At the moment the whole agenda is towards adults reporting; rather than children – and yet we know that many children do in fact ring the police during crisis.	Thank you for your comment
CIS'ters		14	This does include identifying the needs of children – so I suppose what I only am asking for – above – is that the document has an earlier 'sense' and 'intention' that children are a victim, rather than an observer. A much more powerful and visible statement than it is now – earlier – in the document.	Abuse perpetrated directly on children is outside the remit of this guidance.
CIS'ters		15	But here we are again where the document talks about children being exposed to domestic abuse. It somehow softens the whole thing – rather than	Thank you. We have changed it to experienced, though we must

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			saying what it should, that children have been a victim of domestic abuse. Softening it means that there is less importance and therefore less funding – when the reality is that it is going to be more cost effective to deliver child focused services – every time – that keep the child at the centre of domestic abuse, rather than on the edge and slightly out of focus	be clear that this does not refer to violence perpetrated directly on the child.
CIS'ters		15	Again – there should be 'freedom' programmes for children.	Thank you.
CIS'ters		15	Recommendation 14 – often young people act out what they see adult role models do – so it is not only about adult offender treatment programmes; but also for YP where they are seen to have DV offending behaviours. These need to be robust and followed up.	Thank you.
CIS'ters		18	Why have you not included specialist agencies from within the voluntary sector as 'trainers'. Our agency, amongst others, has special insight into such issued as can readily ensure that workers in other sectors/professions better understand core issues.	Thank you. We have not included anybody as trainers. The recommendation is aimed at those people responsible for setting training standards rather than actually training people.
CIS'ters		22	Research has also indicated (time and time again) that if someone was a victim of child sexual abuse; that they are more vulnerable to abuse in later life ie as a YP and/or adult. This should be highlighted here.	See comment above.
CIS'ters		24	There is an acknowledgement that children are victims – but this is an under estimate – plus the perpetrator of sexual abuse might often be an elder sibling who is acting out a power struggle etc.	Thank you for your comment.
CIS'ters		37	Lets consider the impact of refuge refusing to allow male children stay in them or having an age barrier. Why should that be ? A child is a child and needs to be in a safe place with the remainder of their family – by not allowing this it	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sets them aside and labels them etc	
CIS'ters		38	Interesting that you are restricting therapy to be that delivered by psychologists and similar professions – for decades and decades freedom programmes (and similar) have been delivered by those with life experiences – why are you writing them out of the picture. This is a critical area – because where are the role models of can do – if all the individual sees are professionals. This is a backward step.	We have identified therapy in this instance as that which is delivered by a trained psychologist or psychiatrist.
CIS'ters	3.11	28	Again – underplays the impact on children – within a home that contains DV/A – all children are victims – not witnesses. The docment – with some exceptions – appears to suggest that the emotional abuse that an adult experiences from their partner (as part of DV/A) is more abusive; then the emotional abuse a child suffers directly or indirectly – including at the hands of the 'non' abusive parent/partner.	Thank you for your comment.
CIS'ters	4.3	32	Lets consider children as a marginalised group	Thank you for your comment.
College of Emergency Medicine	Children who experience DV	28	This is an area of concern for many 'front line' health care workers; both identifying DV in relationships when there are children, and disclosing this; especially when the children may not be the patient; clear guidance is required for this area.	Thank you for your comment.
College of Emergency Medicine	Evidence statements	49	The evidence regarding health care interventions relate to the A&E setting; given that this is a common setting for DV presentation; it might be suitable to have separate healthcare sections; for screening in acute settings and non-acute settings	Thank you for your comment.
College of Emergency Medicine	Identifying DV or abuse	29	Given that this guidance relates to identification of DV, clearer recommendations regarding screening/ routine enquiry in high risk areas, and targeting questioning in lower risk areas; and the methods for these should be	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			considered	
College of Emergency Medicine	Recommendation 16	20	Given the high prevalence in those attending A&E; possibly this section should also include A&Es in terms of specifying training and clear referral pathways	Thank you. While this is likely to be true, the evidence behind this recommendation was specific to GP surgeries.
College of Emergency Medicine	Title and introduction	2	States guidance is for GPs...and those working in health and social care.. GPs work in health care, so it is redundant to mention GPs specifically	Thank you. We have corrected this.
County Durham and Darlington NHS Foundation Trust	1 Recommendation 4	8	Final bullet point mentions assessing risk – suggest including 'consistent' somewhere in this to avoid individual agencies / services developing their own tools / methods of assessing and grading risk when there are existing tools available such as the DASH and the Barnardos matrix	Thank you. We have added this.
County Durham and Darlington NHS Foundation Trust	1 Recommendation 8	11	There is a clear and appropriate focus on young people / women / reproductive and sexual health services – but this slant towards 'women of child bearing age' may risk overlooking older age groups	Thank you. The evidence suggests that the settings and services mentioned in the recommendation are those where domestic violence and abuse are commonly recognised.
County Durham and Darlington NHS Foundation Trust	1 Recommendation 8	11	Why is this section only pertinent to health and social care?	This guidance is about health and social care.
County Durham and Darlington NHS Foundation Trust	1 Recommendation 8	12	Bullet point 2 should also specify health visitors and school nurses.	
County Durham and Darlington NHS Foundation Trust	1 Recommendation	18	Fully agree with recommendations regarding training and like the parallels to the Royal Colleges Intercollegiate Document for safeguarding children training	Thank you. NICE public health guidance is not mandatory.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	15		but suggest including the word 'mandatory' to ensure compliance	
County Durham and Darlington NHS Foundation Trust	1 Recommendation 15	19	Cost and resourcing issues will be a barrier for some agencies rolling out a comprehensive training package for domestic abuse	Thank you.
County Durham and Darlington NHS Foundation Trust	1 Recommendation 16	20	Section on 'action to take' only asks general practice staff to 'monitor' disclosures and make referrals. 'Making referrals' needs to be more explicit in terms of their duty of care and professional responsibility to assess risk to adults and children and take appropriate safeguarding steps in respect of both adults and children (eg MARAC / child protection)	Thank you. We believe this is made explicit in recommendations 4 and 7.
County Durham and Darlington NHS Foundation Trust	1 – Recommendation 2	6	How will this incorporate educational settings / providers who are not associated with the local authority?	This is a matter for local partnerships to address
County Durham and Darlington NHS Foundation Trust	2	37	MARAC – would it be better to use the term 'homicide' than 'murder'?	Thank you for your comment.
Department of Health	General	0	I think that this is an excellent guideline and one that will be widely used. I strongly support the recommendations.	Thank you.
Department of Health	General	0	I was surprised that there isn't more in the guideline on the role of MARACs, though I appreciate that this might be because the evidence for them is limited.	As you say the evidence on MARACS is currently limited although the existing evidence is promising. The PDG noted that currently MARACS only work with the highest risk groups and were concerned that the guidance speak more

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				broadly to people experiencing all forms of domestic violence.
Department of Health	General	0	Would it be possible to include a definition of "sanctuary schemes" somewhere?	The PDG did not consider any evidence of sanctuary schemes.
Department of Health	General	0	Would it be possible to mention safety planning earlier in the document, as it is so important and does not really stand out?	Thank you. The PDG discussed this but did not find an appropriate place to mention it in the earlier recommendations.
Department of Health	Recommendation 1	5	What action should they take? I would like to see a reference to mapping needs rather than just mapping services.	Thank you. We have added this.
Department of Health	Recommendation 10	13	What action should they take? Suggest the second and third bullet points are combined.	Thank you. This has been reworded.
Department of Health	Recommendation 11	15	Not sure about the use of the term multi-component, sounds like jargon.	Thank you.
Department of Health	Recommendation 14	17	What action should they take? There is a reference to recommendation 1 but, as stated in my earlier comment, this doesn't really cover needs assessment (but should do in my view).	Thank you.
Department of Health	Recommendation 15	18	There should be some reference to Health Education England.	Thank you. We have added them.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health	Recommendation 5	10	Are floating support and advocacy services defined?	Yes. The guidance contains a hyperlinked glossary. Any of the terms underlined in blue are hyperlinks to a definition.
Department of Health	Recommendation 7	10	What action should they take? First bullet point: I would like to see some reference to the need for an explanation of the limitations and when to share without consent, since this is one of the most significant problems, especially where children are involved. It would be helpful to refer to the public interest test and explain what this means, and give some explanation of the threshold (note that the Government response to Caldicott is to be published very soon. Second bullet point: could something be said about children here, and perhaps a reference to children's services as well as health services?	Thank you. This is a legislative matter and beyond the remit of NICE. We have added children's services.
Department of Health Science, University of York		2	A further document should be circulated which summarises the approach and is accessible online to all.	Thank you. All NICE public health guidance is produced online in the form of a pathway which is a more accessible document.
Department of Health Science, University of York		6	Under recommendation 2, again education is missed out here.	Thank you. Education would be included under this recommendation as a strategic partner.
Department of Health Science, University of York		8	Second point under 'what action..' could include stickers in female toilets	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health Science, University of York		9	Special services need to be made available for young people to access.	Thank you. There are two recommendations that deal with the needs of young people.
Department of Health Science, University of York		10	Under 'what action should they take'. This should include a protocol that lays out the steps. Currently this is very vague. This document should give CLEAR guidance. i.e this information should be shared with all agencies with the obvious caveat of not putting people at further risk of harm.	Thank you. The PDG felt this was a matter for local agreement since local frameworks differ.
Department of Health Science, University of York		11	Education staff should also be encouraged to ask about DV and abuse and be trained to handle referral on/follow protocols etc.	Thank you. Education staff are outside the remit of this guidance.
Department of Health Science, University of York		20	Training. This should include teachers also.	Teachers are outside the remit of this guidance.
Department of Health Science, University of York		22	The introduction here could be stronger to include figures on deaths of women and children worldwide as a result of DV. This is the most common form of murder for women; being killed by their partner or ex partner.	Thank you. The document is relevant to the English context only and have therefore not included global figures.
Department of Health Science, University of York		30	Should have included interventions in educational and other settings.	Please see considerations section 3.23.
Department of Health Science, University of York		13 and 14 and 15	Good but needs to ensure that the document is a practical manual and not just a wish list. It would be useful to say what a support service would look like, good examples/case studies. Give people some idea about how to deliver best practice.	Thank you. NICE implementation team will build a best practice database after the publication of the

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				guidance
Department of Health Science, University of York	3.24	31	This doesn't make sense. If you didn't find any effectiveness studies, how did you measure cost effectiveness?	When there is insufficient evidence in the published literature, NICE undertake an economic analysis based on modelling. The modelling report is available on the NICE website.
Department of Health Science, University of York	4	32	These sections are quite vague and need clarifying. You again have missed out education interventions.	Education interventions are beyond the remit of this guidance.
Department of Health Science, University of York	Front page	1	The age should include those under 16. Intimate partner violence should be included between adolescents.	Thank you. The reviewers looked for evidence in this area but they were unable to find sufficient evidence for the PDG to make a recommendation.
Department of Health Science, University of York	General	0	The whole document needs to be tightened up to make it useful guidance. The 'evidence' needs to go in an appendix and tables could be use more effectively to present the data. Otherwise, well done for getting this all together. It is a daunting task!	Thank you. We hope you feel that the guidance has been tightened up following revisions based on stakeholder comments. Standard templates are used to produce NICE guidance with the relevant evidence is published in a separate document that is

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				available on the NICE website, as is the full evidence review.
Department of Health Science, University of York	General and	4	The approach does not include education colleagues and I feel that this is a great oversight. Some of the most effective interventions have been conducted in high schools. This kind of early intervention needs to be encouraged.	Thank you. This guidance is focussed on health and social care and education interventions would only have been considered if delivered by a health or social care professional.
Department of Health Science, University of York	Rev the evidence	43	This review was too narrow. I have evidence of effectiveness from a school-based review I conducted with colleagues.	Thank you for your comment.
Domestic Violence Training Ltd	3.26	31	Inclusion of economic modelling is critical given the reduction and threat to funding to domestic violence services.	Thank you for your comment.
Domestic Violence Training Ltd	General	0	Domestic Violence Training Ltd (DVT Ltd) Welcomes the NICE guidance on domestic violence and abuse identification and prevention. We are delighted to support the recommendations.	Thank you. We value your support.
Domestic Violence Training Ltd	Recommendation 13	16 - 17	DVT Ltd welcomes the guidance that mental health professionals are trained to address domestic violence and abuse and the traumatic effects thereof. We recommend the phrase “psychological trauma” is replaced by “the psychological impacts of domestic violence and abuse including PTSD, depression, suicidality and substance misuse”.	Thank you. The PDG have reworded this.
Domestic Violence Training Ltd	Recommendation 13 – 15	17 ,19	DVT Ltd agrees with the importance of differentiating between current and historic abuse. However, placing mental health practitioners training needs at level 3 does not recognise that healthcare professionals need to address the impacts of historic abuse. Domestic violence services are rarely able to	Thank you for your suggestion.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			provide counselling for any other than victims at current high risk. IRIS identified a group of victims with mental health needs that were not being met by domestic or mental health services. The evidence shows heightened risk of repeat victimisation of people exposed to abuse. DVT Ltd therefore believes the scope of preventing domestic violence should include addressing the psychological impacts of historic abuse by statutory mental health professionals. As such, the training needs of mental health professionals are not covered by level 3 training need to address historic abuse. We suggest that this is included in 'other training' or as 'level 4 training'.	
DrugScope	General	0	DrugScope is the UK's leading independent centre of expertise on drugs and drug use, and the national membership organisation for the drug and alcohol field, with around 450 member organisations. The DrugScope website is at www.drugscope.org.uk DrugScope has recently completed a four-year project on domestic violence and substance misuse, which focused on the development of a cross-sectoral network bringing together domestic violence and drug and alcohol services in London, to facilitate the sharing of good practice and expertise and encourage collaboration and partnership. The final report of the project is available here. Additionally, with AVA (Against Violence and Abuse), we have recently published *The Challenge of Change: Improving services for women involved in prostitution and substance use*, which looks at policy and practice to address the drug and alcohol treatment needs of women involved in street-based prostitution. Many of the women interviewed for this report had experienced or were experiencing violence and abuse from a partner. The report is available here.	Thank you for these references.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
DrugScope	General	0	We welcome the guidance's recognition of the links between domestic violence (DV) and substance use. While there are many good services working with those experiencing DV and substance misuse, historically, services have not always worked together effectively to address these links. This guidance has an important role to play, therefore, in helping commissioners and services to address existing gaps.	Thank you. The PDG had many discussions relating to this topic.
DrugScope	Recommendation 13: Mental health interventions	16 to 17	We fully recognise the importance of providing mental health interventions for those experiencing DV. We would also point to the importance of providing support in this area that is accessible to those who are experiencing mental health and substance use problems – those with a 'dual diagnosis'.	Thank you.
DrugScope	Recommendation 14: Commissioning programmes for people who perpetrate domestic violence and abuse	17	We acknowledge the lack of consistent evidence on the effectiveness of programmes for people who perpetrate DV. However, we feel it is important to recognise the links between the perpetration of DV and substance misuse in the commissioning of programmes in this area, including for young people who are perpetrating child to parent violence.	Thank you.
DrugScope	Recommendation 5: Services – Create an environment for disclosing domestic violence and abuse	8 to 9	1. Displaying relevant information in waiting and other areas within services about support available has an important role to play in creating an environment for disclosing DV. We would highlight, too, the particular importance of displaying information appropriate to particular groups – for instance, those from the LGBT community, or adults experiencing child to parent violence. 2. Establishing referral pathways to specialist domestic violence and abuse agencies for a range of groups is also crucial. To the list of groups that may	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			find accessing services difficult, or are reluctant to do so, we would also add those experiencing DV and substance misuse, who may also, as we have highlighted above, have a range of additional needs.	
DrugScope	Recommendation 9: Equality and Diversity – Overcoming barriers to accessing services	12 to 13	We agree with the list provided of particular groups that may find accessing services difficult. In addition, we would highlight the difficulties that those with multiple needs – including women with drug and/or alcohol problems who are experiencing DV, as well as women involved in prostitution who are in violent and abusive relationships, and who may also be using substances – may experience in accessing services. Our report on women involved in prostitution and substance use, for instance, highlighted the importance of low threshold services (including the use of drop-in access to support) for women living 'chaotic' lives, to ensure accessibility and foster engagement.	Thank you. The list has been expanded, but is only a list of examples. It does not purport to be exhaustive.
DrugScope	Recommendations 3 and 4: Commissioning – Develop an integrated strategy and establish an integrated care pathway	6 to 8	We are pleased to see the focus on developing an integrated strategy and establishing an integrated care pathway for those affected by DV. We would also suggest that, alongside the importance of services joint working, there is a real value, too, in the provision of holistic, integrated services for those experiencing DV and substance use. Many women who have drug and/or alcohol problems and who are experiencing DV will have a range of other needs, which may include, for instance, housing issues, or mental health problems. Our report with AVA highlighted the importance of 'one-stop-shop' provision for women with multiple needs, particularly for those with 'chaotic' lives, who may find it difficult to engage with a range of different services in different locations.	Thank you.
Durham County Council	1 Recommendation 11	15	"provide interventions that strengthen the relationships between the child or young person…" not clear what this point is trying to say – could this be re-worded to provide clarity.	We are not sure what is unclear?
Durham County Council	1	20	Who should take actions – NHS England commission primary care therefore	Thank you. This has been

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Recommendation 16		they should be identified within this recommendation	added.
Durham County Council	1 Recommendation 2	6	"Health services and the local authority (including the chairs of the local safeguarding boards for adults and children),…" this should include a reference to public health also.	Thank you. We have added this.
Durham County Council	1 Recommendation 6	9	"Staff in all health and social care settings…" should also include reference to GPs, A&E, maternity.	All of those are health settings and are therefore covered.
Durham County Council	1 Recommendation 6	10	"For those in need of long terms support (e.g. following the end of long term relationship)…" this should include reference to referrals to local target hardening scheme to ensure that families avoid homelessness due to the threat of domestic abuse.	Thank you. The PDG did not consider any evidence relating to this.
Durham County Council	1 Recommendation 8	11	"Trained staff in services where domestic violence and abuse are…" include reference to primary care	Thank you. The evidence does not support this.
Durham County Council	1 Recommendation 9	13	"Train staff who have direct contact with people affected by domestic violence and abuse…" include age as an issues in its own right. Domestic abuse is often unrecognised when the victim and perpetrator and within an older age group.	Thank you. This is included in the training recommendations.
Durham County Council	2	26	Abuse of parents by children is highlighted in this section but not mentioned in the guidance. This needs including in the guidance section of the document.	Thank you. Unfortunately there was a dearth of evidence in this area that prevented the PDG from making recommendations.
Durham County Council	General	0	The evidence provided is described as weak and moderate in most places yet	Thank you. A weak or moderate

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations are made based on this. We need to look to building a stronger evidence base in this area in the future. The guidance doesn't specify clearly how you should work in a certain way, not enough detail is provided within the document. Nothing in the recommendations around improving data collection to support the case for an improved evidence base. Across the document relevant frontline services and service providers are not consistently identified.	evidence base is not unusual in public health and this is why we use an expert committee to interpret and extrapolate the evidence. The guidance document highlights the current gaps in the evidence and makes research recommendations that are used to inform research funding from all of the relevant UK research councils so that the evidence base improves.
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	Recommendation 1 and Recommendation 2	5.	It is evident that the draft guidance has been compiled to ensure the Health Service, Social Care and those that they work with are able to take action to identify, prevent and reduce domestic violence and abuse. The guidance is commended for its aim to transcend professional silos and promote an integrated response to domestic violence. In Dyfed Powys Police we recognise the importance of partnership working to tackle this problem and, to this end, will always engage with other agencies. It is agreed that any partnerships will require the engagement of senior staff from agencies, which will ensure leadership for any proposals at a strategic level. In our area, we do have well established processes of dealing with domestic violence; for example, through Multi Agency Risk Assessment Conferences (MARAC) and Local Safeguarding Children Boards. It is important that the Health Service recognise the importance of these services so that we can	Thank you. We agree.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			maximise their safeguarding capability. In Dyfed Powys Police we will be implementing a Multi-Agency Safeguarding Hub, with partners co-located in one building. This will foster close relationships and enhance our response to safeguarding issues.	
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	**Recommendation 11**	14	It is agreed that children who are experiencing domestic abuse, whether physically or emotionally, should receive specialist services. In Wales, the All Wales Child Protection Procedures provide a framework to help children who are suffering, or at risk of harm. It is recommended that the final guidance produced by NICE recognises the importance of the procedures in Wales.	Thank you.
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	**Recommendation 14**	17	The development of programmes to prevent offenders from committing domestic abuse in the future is very important. Such programmes should take into account unique characteristics of offenders, which could include mental health issues and substance misuse. Specialist services should be obtained to deal with such problems, thereby maximising the prospects of delivering a successful programme and improving public safety.	Thank you.
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	**Recommendation 4**	7	**Recommendation 4** requires *'an integrated care pathway for identifying, referring and providing support for both people who experience, and those who perpetrate domestic violence and abuse.'* It is critical that services are in place to assist both victims and offenders. Perpetrators of domestic violence can often experience problems associated with mental health issues and substance misuse. Accordingly, intervention through the Health Service and Social Care is required to deal with such issues and help minimise the prospects of re-offending. As you will be aware, our MARAC process is designed to protect the wellbeing	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of victims. We are currently exploring ways to put measures in place so that the behaviour of offenders and the reasons for it can be addressed to preventing re-offending.	
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	**Recommendation 5**	8	In **Recommendation 5** it is advocated that information should be clearly displayed in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse, as well as help line numbers. It must be recognised that victims of domestic abuse are vulnerable and sometimes reluctant to report incidents to professionals face to face. Clearly displaying helpline numbers will notify them of the opportunity to speak to people in confidence and, hopefully, enable victims to acquire the confidence to formally report abuse or take action to prevent further harm. In Wales, such information should be displayed bilingually to ensure that the messages are received by the Welsh speaking members of our community.	Thank you.
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	**Recommendation 7 and Recommendation 8**	10	Effective information sharing between agencies is absolutely critical if we are to optimise our capability of protecting people from domestic violence and abuse. The Health Service should ensure front line practitioners are conversant with their ability and responsibility to share information with partners such as the police where people are at risk. In the draft guidance, the existence and importance of MARACs are recognised. It is possible for health professionals to report directly to this	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			forum and any training should include an input on this reporting mechanism. **Recommendation 8** acknowledges the importance of Health and Social Care professionals being able to ask questions of people suspected of suffering domestic abuse. It is essential that staff from the said agencies can do this effectively; obtaining the confidence of victims and getting them to speak openly will prove invaluable in helping to safeguard them. Staff should receive training in speaking to victims and identifying the signs of domestic abuse- this should apply equally to children and adults.	
EAST CHESHIRE NHS TRUST	GENERAL OVERVIEW	0	The document is a good summary of most of the important research and information that should input into a local integrated domestic abuse response. The document refers to the recognition of the need to grade responses according to risk and the need to have specialist domestic abuse services due to the complexity of the issues faced by families. The document effectively highlights the need for responses to all members of the family including perpetrators, survivors and children and young people. It is imperative to ensure that all agencies active in undertaking initial routine work with individuals as part of core service provision and that commissioners recognise the importance of maintaining and improving existing services to meet the needs of this wide ranging client group. Health in particular is an extremely important partner agency in developing effective local services.	Thank you. We value your support.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
EAST CHESHIRE NHS TRUST	Recommendation 1	5	It would be beneficial to see clearer guidance on ensuring that agencies agree a comprehensive, consistent and shared format of data sets which can inform commissioning. Currently some agencies have the discretion not to collect data and others collect it in incomprehensible formats	Thank you for your comment.
EAST CHESHIRE NHS TRUST	Recommendation 12	16	Safety planning needs to emphasised in the guidance	Thank you.
EAST CHESHIRE NHS TRUST	Recommendation 14	17	More detail about commissioning programmes and what measures might be indicators for 'success' would be welcome.	Thank you. The recommendations on commissioning provide a framework for more detailed commissioning work at local level as these might ill vary from area to area.
EAST CHESHIRE NHS TRUST	Recommendation 17	20	The emphasis on training in Recommendations 15, 16 and 17 is good and should be re inforces	Thank you.
EAST CHESHIRE NHS TRUST	Recommendation 2	6	It would be useful to state the expected seniority of agency staff who would be members of the partnership. A designated domestic abuse co-ordinator would appear to be essential to keep the partnership on track in monitoring partners' performance. A recognition that Housing has many sectors and responsibilities would be beneficial, incorporating statutory LA responsibilities, local Registered Providers, Homelessness services and the private rented sector. The potential negative impact of benefit changes, the 'bedroom tax' and the short length of private tenancies are all relevant factors in local responses. We welcome the recommendation that chairs of safeguarding	Thank you. We believe these decisions are best made at a local level to reflect the diversity of services around the country.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			boards are members of the partnership	
EAST CHESHIRE NHS TRUST	Recommendation 3	7	We welcome the acknowledgement that services need to respond across all levels of risk	Thank you.
EAST CHESHIRE NHS TRUST	Recommendation 7	11	It is extremely important that information sharing is treated sensitively and all concerned ensure that information sharing will not put anyone involved at risk.	Thank you.
EAST CHESHIRE NHS TRUST	Recommendation 8	11	Health service staff in all areas should be trained to ask about domestic violence routinely and should have a good knowledge of indicators of domestic violence.	Thank you. The evidence does not support this view.
EAST CHESHIRE NHS TRUST	Recommendations 10 and 11	13	The emphasis on ensuring support is available for children and young people in health service settings is important and should be linked to stat /mand health training. Health providers should be asked to identify workplace champions for D.V	Thank you.
EAST CHESHIRE NHS TRUST	Section 4	7 to 8	There is a need to properly resource an integrated pathway particularly for perpetrators. IRIS project, supporting GP practices to improve their responses is an example of good practice	Thank you. The principles of IRIS are all included in the recommendations.
EAST CHESHIRE NHS TRUST	Section 4 and 10	32 and 72	Current research focusses quite rightly on women experiencing domestic violence but more evidence is required about men in DV situations.	Thank you for your comment.
FPA and Brook	1.	10	**Information Sharing** Information should only be shared when there is significant reason to believe that a vulnerable adult or young person is being abused. Information should not be shared solely because a vulnerable adult or young person is sexually active. People have the right to make their own decisions even when someone	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			else might think they are unwise decisions.	
FPA and Brook	1.	18	**Youth Services** Youth services can also empower young people and provide them with the skills and emotional competence to avoid influences that might otherwise attract them, and to make informed decisions about their sexual health and relationships. The nature of the youth service means it can often be a space where young people have the opportunity to discuss, explore and challenge values and attitudes on gender, equality, power and relationships. In collaboration with the National Youth Agency, FPA has developed a training course on the Core Competencies in Sexual Health for Youth Workers (http://www.fpa.org.uk/course/core-competencies-sexual-health-youth-workers). The seven-day course is accredited by Staffordshire University at Level 3, 30 credits. It is aimed at equipping youth workers to engage in sexual health promotion and sex and relationships work with young people. It ensures that those working with young people are aware of, can access and can work within the latest policy and guidance.	Thank you.
FPA and Brook	1.	18 to 21	**Education 2** The document currently only recommends specialist training for healthcare professionals. However it is important to recognise the whole range of people working with young people, not least teachers, who do not currently have the skills or the confidence to deliver comprehensive PSHE education and SRE including discussions around emotions and relationships.	Thank you for your comments.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Indeed, a 2010 report on parents, teachers' and governors' views of SRE found that 80 per cent of schools' leaders did not feel trained and confident to deliver SRE (*Sex and Relationships Education; views from parents, teachers and governors*, October 2010). As the 2010 Ofsted report into PSHE education also found; teachers often felt uncomfortable in delivering SRE (*Personal, social, health and economic education in schools*, Ofsted (July 2010)). Cont.	
FPA and Brook	1.	18 to 21	**Education 2 Cont:** This training should give teachers the skills to address issues around abusive relationships in a safe way within the classroom and the knowledge of how to deal with any disclosures young people may make about themselves or their families, including being able to signpost them to suitable support agencies. The accreditation scheme for PSHE education for teachers and school nurses will have an important role to play in this but the training must be available to all teachers who may be delivering or supporting this work as young people may not necessarily discuss this issue only with the teacher who taught the class. Both Brook and FPA deliver such courses.	Thank you for your comments.
FPA and Brook	2.	24	**Definitions 1** Through FPA's community work with young people and Brook's information and outreach work with young people, it is clear that the current definition of	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			domestic violence does not always fit with young people's experiences. Coercive control encapsulates a pattern of domestic violence that young people may be experiencing that they themselves do not recognise as domestic violence. While we recognise that most people would understand what was meant by domestic violence we believe that further work could be done on whether the term 'relationship abuse' could be used instead. Many people, particularly young people, see domestic violence as something that happens in the home between adults who are in relationships or married and not necessarily relevant to them even if they are experiencing domestic violence in their relationships.	
FPA and Brook	General	0	**<u>Definitions 2</u>** Brook and FPA believe that the government's definition of domestic violence should be extended to include all those under-18 years old. Through Brook and FPA's work with young people we know that young people under the age of 18 years old are experiencing domestic violence, and also abuse within their relationships. We know that young people experience physical abuse, forced sex and emotional abuse in their early relationships and that this is not confined to those aged 16-17 years old. It is important for these young people to be recognised as experiencing domestic violence. It is equally important that they are able to access support services when required. If the definition of domestic violence was changed to include all those under-18 years old it would be vital to ensure that appropriate	Thank you. NICE is not able to influence the governments definition of domestic violence.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			services which are integrated between transitional ages between youth and adulthood, are made available nationally.	
FPA and Brook	General	0	**Education 1** Brook and FPA believe that sex and relationships education (SRE) should be a statutory entitlement for all children and young people within the broader personal, social, health and economic (PSHE) education. A high-quality SRE programme would cover issues like sexual consent and key relationship skills such as communication, respect and negotiation. Specifically SRE could be used to teach young people as follows: **1**- To address sexual consent and sexual coercion. **2**- To manage situations where they are feeling pressured into sex. **3**- What is acceptable and unacceptable in terms of sexual advances. **4**- What is not only acceptable and unacceptable, but also legal and illegal in terms of 'sexting' (the act of sending sexually explicit messages and/or photographs, primarily between mobile phones). **5**- To be respectful, particularly in the context of widespread availability of pornography, which raises unrealistic expectations. **6**- How unacceptable it is to engage in violence against women who refuse sex.	Thank you. PSHE is beyond the remit of this guidance.
FPA and Brook	General	0	**Education 3** Brook and FPA are concerned that proposals to enable faith based schools to teach PSHE education through the ethos of their faith could lead to confusion or mixed messages on some of the topics that would need to be discussed to bring an end to violence against women and girls. For example, some faith based teaching could have the potential to undermine efforts to address 'honour' based violence. It is vital that there are not any inconsistencies in schools' messages about violence against women and girls, gender equality	Thank you. This is beyond the remit of this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and healthy relationships.	
Gloucestershire Care Services NHS Trust	Recommendation 17	21	Through the implementation of this recommendation, all health and social care professionals will graduate with a good knowledge base regarding how to recognise domestic abuse; how to provide therapeutic interventions; how to escalate their concerns and how to make appropriate referrals to all agencies who work with victims and perpetrators of domestic abuse.	Thank you.
Gloucestershire Care Services NHS Trust	3.14	29	Reference is made within this section to the length of interventions and that it would appear that long term interventions are more effective. However, there is no allusion to the timeliness of the intervention and that early involvement and assessment may reduce the need for lengthy ineffective interventions.	Thank you.
Gloucestershire Care Services NHS Trust	3.8	28	Within this section reference is made to the "toxic trio" of substance misuse, mental health and domestic abuse. It is also recognised that there are cases which are more complex and where the outcomes for these families are more likely to be worse. However, an overriding omission within the guidelines is the lack of acknowledgement to the social triggers of domestic abuse such as education, economic inequality, employment, housing and the impact of the media. Socioeconomic status is referred to, but is not explored in significant detail. Although the guidance states that it is going to explore the epidemiology of	Thank you for your comment. It is not possible within the context of the guidance to give an exhaustive analysis.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			domestic violence, there is lack of evidence an depth relating to this within the document. There should be more emphasis placed upon why perpetrators display the propensity to be violent, although, it is identified that children growing up in violent households are at increased risk of displaying anti-social behaviour.	
Gloucestershire Care Services NHS Trust	3.8	28	It is believed that if the aforementioned factors were discussed in more detail then the reader would be more informed and better equipped to understand the origins and triggers of domestic abuse.	Thank you for your comments. Please see comment above.
Gloucestershire Care Services NHS Trust	4	32	The recommendations for further research are appropriate and would inform further practice and policy. A further area to study could be in relation to the children who abuse their parents. It would be interesting to establish how many of those children had witnessed domestic abuse and whether they are abusing alcohol and / or misusing substances in order to deal with the trauma of having witnessed abusive relationships in the family home. Furthermore, if these children are using alcohol and drugs in order to self-medicate and alleviate their emotional distress, what is the impact of this on their relationships with their parents, siblings and peers? This also has implications for intimate teenage relationships.	Thank you for your comment.
Gloucestershire Care Services	5	33	The links to related NICE guidance is extremely beneficial to the reader of the	Thank you for your

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Trust			document and further informs this area.	comment.
Gloucestershire Care Services NHS Trust	General	0	The document is comprehensive and is supported by an array of contemporary research which underpins and supports the guidance. The research is both qualitative and quantitative and covers Primary, Secondary and Tertiary care. There are strenuous links to advocacy. Advocacy is a major component of supporting those who are, or have been exposed to domestic abuse. Advocacy empowers those who are high risk and are at their most vulnerable. A mental health perspective is also a common and recurring theme throughout, which is well received in light of the impact of emotional abuse on victims and the psychological state of the perpetrator. Where it could be argued that some of the evidence is out of date; i.e., more than 10 years, this is because there have been no further studies in that area. Furthermore, this was addressed in the recommendations for research section. There are other areas which would benefit from further investigation; however these will be presented later in the appropriate section.	Thank you. We value your support.
Gloucestershire Care Services NHS Trust	General	0	Whilst reviewing the guidance, it was decided to adopt a two pronged approach. Primarily to critique the document constructively, but secondly to establish how we can apply and implement it within our organisation. It is fair to say, following assimilation of the draft guidance, that Gloucestershire Care Services NHS Trust, in collaboration with our multi agency partners, are making good progress and creating innovative processes in this field. For example, the recent decision to hold daily MARAC meetings so that victims and their child / ren experience appropriate and timely interventions. There are also the daily DARP meetings (Domestic Abuse Referral Process) where all cases of domestic abuse which have been reported within the last 24 hours	Thank you. That is a useful approach. We are grateful for your input.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			are risk assessed following multi agency information sharing. Following analysis of the cases, therapeutic interventions and safety planning measures are undertaken.	
Gloucestershire Care Services NHS Trust	General	0	The guidance makes every effort to address equality and diversity issues. Reference is made to BAMER and travelling communities. There is also great awareness and recognition that domestic abuse is a prevalent issue in lesbian, gay, bisexual and trans gender relationships. However, there is no mention of victims or perpetrators where they have a career in the forces which is a risk factor for domestic abuse. It may also be worth exploring and placing more emphasis on the Eastern European community where domestic abuse is more prevalent in their country of origin and now reside in the UK. The document also refers to children and young people who not only witness domestic abuse, but inflict it on family members or on their partner. This is extremely positive, especially in light of the amended definition of domestic abuse which was issued in March of this year, which was extended to include those victims and perpetrators who are 16 and over. In light of this, it may have been beneficial to make links to the well-publicised and successful "Teenage Abuse Campaign."	Thank you.
Gloucestershire Care Services NHS Trust	General	0	With regard to the order of the guidance, on occasions it appeared to be sporadic. This was because some of the recommendations were identified as being within the category of Commissioning, Training or Services. It is appreciated that if these categories were grouped together then the recommendations would not follow a logical flow. However, despite them being interwoven throughout this section, there were occasions when there appeared to be a lack of natural progression. For instance, Recommendation 8 may be more appropriately placed before Recommendation 7 because information sharing would usually occur following a disclosure of domestic	Thank you. The order of the recommendations has been revised following the PDG's consideration of all stakeholder comments.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			abuse and not before.	
Gloucestershire Care Services NHS Trust	Recommendation 10	13	As with recommendation 8, there is a link to the indicators of domestic abuse for children. As aforementioned the model relating to the social triggers of domestic abuse which has been devised for our organisation would also be relevant here. It is appreciated that there is a link to advocacy within this recommendation, and that you have made it clear that advocacy is a recurring theme in domestic abuse and throughout this document. However, in light of the recent Munro report and revised "Working Together to Safeguard Children", it may be worth referring to this piece of work within this recommendation. Advocacy forms an essential part of Munro's guidance, especially from the child's perspective. Hence, if your guidelines reflected her recommendations that advocacy is not only an identifiable factor which improves the outcomes for children and young people, but also empowers them too.	Thank you.
Gloucestershire Care Services NHS Trust	Recommendation 11	15	Education as an agency and as a positive form of social control forms a significant part of the lives of children and young people. Hence, it is believed that Educationalists should be identified under the "who should take action" under this recommendation. Women's Aid has devised an extensive and appropriate teaching package which can be facilitated in schools from the beginning of the reception year	Thank you. Education is beyond the remit of this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and beyond. It explores gender issues, abusive relationships and the development of empathy. It is widely recognised that empathy is the antidote to violent and abusive relationships (Karr–Morse & Wiley, 1997; Gerhardt, 2004; Hosking and Walsh, 2005; Baron-Cohen, 2011).	
Gloucestershire Care Services NHS Trust	Recommendation 12	16	Prostitution needs to be considered within this recommendation. However, the health needs of prostitutes and the question of domestic abuse in relation to this group could be addressed in many of the arenas highlighted within this section, especially in sexual health clinics.	Thank you. Prostitution is included in this recommendation.
Gloucestershire Care Services NHS Trust	Recommendation 15	18	Levels 1 to 4 within the recommendation for Training to Support different roles are excellent. However, reference to the DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) form within this section, or within recommendation 5 / 8 would enable this national tool to be included within the guidance. It is fair to say that the Police, IDVA's and Domestic Support Services are the main agencies who complete the DASH forms and submit them to MARAC. Inclusion of the DASH form, or a link to it, may encourage more professionals from all aspects of health to be able to progress a case of domestic abuse following a disclosure.	Thank you. DASH is mentioned in the glossary but since the PDG did not look at the evidence underpinning DASH they were unable to recommend it specifically.
Gloucestershire Care Services NHS Trust	Recommendation 16	20	GPs, clinicians and administrative staff in GP practices need to become more aware of domestic abuse and how to make appropriate and timely referrals to all agencies. Recently, a training session which specifically focussed on domestic abuse	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and the effect it has on a micro and macro level was delivered to the multi-disciplinary team at a local GP surgery. The session was warmly received by all staff who attended. On reflection, the session highlighted the disparity of knowledge between medical practitioners. This may provide an opportunity for local commissioners to explore training issues within this field. All members of staff working within or from a surgery should receive the appropriate level of training as set out in recommendation 15.	
Gloucestershire Care Services NHS Trust	Recommendation 4	8	The most positive aspect of this recommendation is that it has been recognised that once domestic abuse has been identified, that there are resources available to support those who perpetrate and suffer from it. Within the NHS, professionals excel in the identification and assessment of physical, psychological, emotional and spiritual needs. However, owing to distribution of resources there occasionally is a lack of service provision, or a delay in accessing services owing to time constraints. Hence professionals and service users feel frustrated, especially when the latter have identified that they need to address and change their behaviour. Furthermore, it is unethical to identify a need and not be able to offer an intervention to address it.	Thank you for your comment.
Gloucestershire Care Services NHS Trust	Recommendation 5	8	The guidance set out in this recommendation is adhered to within our organisation. There are comprehensive and extensive domestic abuse	Thank you. We are pleased that our guidance reflects existing

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			guidelines in situ which empower professionals to identify domestic abuse and respond to it appropriately. We have stringent supervision guidance, and all staff within those groups most likely to encounter victims of domestic abuse, e.g. Minor Injury Units and Sexual Health Clinics have access to both child protection supervision and restorative supervision. The former being either on a one to one, or group scenario depending upon the level of involvement with cases of domestic abuse, safeguarding children or vulnerable adults.	good practice.
Gloucestershire Care Services NHS Trust	Recommendation 7	10	Information sharing usually generates cause for professional concern, especially surrounding confidentiality. The guidance within this recommendation is clear and succinct. We are currently working towards our organisation going paper lite. Indeed all professionals are able to set up secure email in order to share information to our multi agency partners securely. There are information sharing agreements in place which are regularly reviewed.	Thank you.
Gloucestershire Care Services NHS Trust	Recommendation 8	12	This recommendation is excellent because it recognises that it is not always possible for professionals to ask the question of domestic abuse. There is a link to the indicators of domestic violence which would alert professionals of some of the physical, psychological, and emotional symptoms of domestic abuse. The social triggers of domestic abuse also need to be explored within this section. In Gloucestershire a model has been devised which identifies the social triggers of domestic abuse to further assist professionals with risk assessment and management of cases.	Thank you.
Gloucestershire Care Services NHS Trust	Recommendation 9	13	The use of professional interpreters being used as opposed to family members, especially in relation to honour based violence and forced marriage still holds a risk to communities. In Gloucestershire we have been made aware	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of a case where the professional interpreter was not relaying the wishes of the victim as they continued to believe in practises associated with their culture. This put the victim at further risk. Professionals who did not understand the language believed that the victim was being represented fairly but were misled and were unable to provide a safe and effective service.	
Gloucestershire Care Services NHS Trust	Section 2	26	When the cost of domestic abuse to the public sector is explored, it would be beneficial to examine ways to reduce the cost to society. For instance, it could be suggested that some of the allocated budget to the criminal justice system and civil legal services could be reallocated to increase the investment to agencies such as Health, Education and Social Care who offer early therapeutic interventions and preventative strategies which would significantly reduce the long term cost to society. Such interventions could include the implementation of parenting programmes in prisons, and the aforementioned Women's Aid programme for schools which softly introduces gender issues and the formation of empathetic healthy relationships to children.	Thank you for your comment
Gloucestershire Care Services NHS Trust	Section 2	23	A consideration within the paragraph which includes the statistic that 38.4% of bisexual, gay and lesbian people have experienced domestic abuse, and the subsequent argument that more respondents reported other behaviours that were classed as domestic abuse but had not recognised this to be abusive has implications for practice. It may be useful to consider how difficult it is for people to make disclosures regarding their sexuality. Then, to further disclose that their relationship is abusive maybe even more difficult owing to stereotypical attitudes.	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			If this theory is valid, then it is likely that this statistic does not reflect the frequency of domestic abuse in same sex, bisexual and trans relationships.	
Gloucestershire Care Services NHS Trust	Section 2	24	Despite the revised definition of domestic abuse including those young people from age 16 and above, the provision of research to include those under 16 is informative and may give an indication of future criminality. It has been notice that there are an increasing number of high risk abusive teenage relationships in the media which have resulted in murder. However, in order to address this issue we need to explore why this is the case. There are numerous possibilities which include children being exposed to domestic abuse since being in utero, through to the ability to access pornography on the internet. The following paragraph within this section regarding domestic abuse between parents also explores research evidence to substantiate the impact of children growing up in violent households.	Thank you for your comment.
Gloucestershire Care Services NHS Trust	Section 2	25	With regard to the abuse of older people, a fact which must be considered is that many children are taken into the care of their grandparents if they have been exposed to domestic abuse at home. Research evidence suggests that the nature of domestic abuse is cyclical.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Hence is it appropriate to place children in a household which is potentially violent and abusive.	
Gloucestershire Care Services NHS Trust	Section 2	26	Within this section relating to the abuse of parents by their children, it is interesting to note the following: • That the gendered nature of family violence is a recurring theme in domestic abuse as the abuse is mainly directed at mothers as opposed to fathers. • This section addresses the cyclical nature of domestic abuse and how children bought up in violent households are more likely to become perpetrators and victims of domestic abuse and violence. • It would have been interesting to include research, if there is any available, with regard to the gender of the child inflicting the abuse on their parent. Is it more likely to be a son rather than a daughter?	Thank you for your comment.
Gloucestershire Care Services NHS Trust	Section 3.3	27	This section refers to the lack of evidence surrounding issues such as forced marriage and honour based violence (HBV). However, there is no reference to Female Genital Mutilation (FGM) within the guidance. We are aware that in Section 8 which outlines the studies which were excluded from the selection criteria, FGM was chosen to be omitted. However, on initial reflection, it was thought that this may be owing to the fact that there are separate NICE guidelines relating to "When to suspect child maltreatment", of which FGM would fall. Yet, this issue is also not included within that guidance. Within our organisation, and through collaborative working with our multi	FGM is not covered in this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			agency partners, it has been highlighted that FGM is a significant issue in Gloucestershire. Local bespoke domestic abuse services have stressed that communities which culturally believe in FGM,HBV and forced marriage feel that they have to maintain such practices in order	
Gloucestershire Care Services NHS Trust	Section 3.3	27	to preserve their identity and beliefs in a country where they are in the minority. Yet, in their country of origin, such practices and value systems have progressed and are no longer the norm. Although it is recognised that the matriarchs are more likely to agree to impose FGM on their daughters, FGM should be seen as a domestic abuse issue. This is because the matriarch within the family may be subjected to domestic abuse or honour based violence, and that male relatives may put her under pressure to conform to practices such as FGM on the children. Hence, it could be challenged that FGM is a subject to be included within these guidelines.	Thank you for your comments.
Imkaan	Definition of DV	1 to 2	The definition is really helpful, and is a promising start to the guidance.	Thank you. The purpose of

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	and general comment		However, the definition, particularly the gendered analysis, as well as the acknowledgement that forced marriage (FM) and 'honour'-based violence (HBV) constitutes domestic violence (DV) and abuse, does not appear to have been woven into the main document. Instead, the more general phrase 'people who have experienced DV and abuse' has been used, and FM as well as HBV only mentioned a few times. Our main concern with the use of the more general term, 'people who have experienced DV and abuse', throughout the document is that use of the general term could lead to the provision of general services, which do not meet the specific needs of different groups of people, e.g. black and minority (BME) women. We recommend that, throughout the document, the reader be reminded of the specific needs of the different groups of people that a recommendation is targeted at.	being clear about the definition at the beginning of the document is so that we do not have to define the term each time we use it. The PDG share your concern about meeting the needs of specific groups, and for this reason they created a full recommendation to ensure that the needs of different groups were taken into account.
Imkaan	General Comment	0	Given that Health and Wellbeing Boards, Directors of Public Health and local authorities are key decision-makers at a local level, we suggest that these decision-makers ought to be included as key parties to take action in all the recommendations.	Thank you. All of these groups are included in the relevant recommendations.
Imkaan	General comment References	0	We recommend that NICE considers and takes learning from reports produced by the voluntary and community sector. Many of the reports are likely to provide qualitative data and information that demonstrates that specific interventions or programmes do have positive impact on certain client groups. This work will, more than likely, have been informed from grass-roots level work, with some of the organisations having at least 30 years of experience working with a particular client group – which includes those with 'protected characteristics' under the Equality Act 2010.	Thank you. The guidance production was informed at all stages by the grey literature (form the unpublished literature). At the beginning of the process there was a call for evidence (see the domestic violence webpage for details), the reviewers interviewed key individuals to get references from the unpublished literature,

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				and several members of the PDG are responsible for large grey literature resources.
Imkaan	Recommendation 1 What action should they take? Bullet point 2	1 to 2	How are services to be commissioned that are best able to meet the needs of the 'people' referred through the referral pathways?	Im sorry. We do not understand your comment.
Imkaan	Recommendation 1 What action should they take? Bullet point 4	1 to 2	We have concerns about the comprehensiveness of the mapping of JSNAs. We are aware, for example, that even though a local women's group had supplied data and information on sexual violence to the JSNA lead officer, this information was not included.	The recommendation here is asking that the results of the domestic violence mapping are included in the JSNA. This is to make the JSNA more comprehensive with respect to domestic violence and abuse.
Imkaan	Recommendation 10 Who should take action? Bullet point 2	13 to 14	What about Health Visitors?	Thank you. We have added health visitors.
Imkaan	Recommendation 10 What action should they take? Bullet point 2	13 to 14	It is also necessary to ensure that DV includes FM and HBV.	Thank you. 'Honour' violence is included in this guidance, but FGM is not.
Imkaan	Recommendation 10	13 to 14	We recommend that detailed notes are taken of the discussion with the child or young person, which could then form part of the evidence, should there be	Thank you. Criminal justice proceedings are

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	What action should they take? Bullet points 3 maybe 4		a need to take prosecutorial action. This is important, particularly in the context of FM and HBV, so that responsibility is not placed on the child having to decide whether or not to support a prosecution against his or her parent or parents.	beyond the remit of this guidance.
Imkaan	Recommendation 11 Who should take action? Bullet point 2	14	We recommend that commissioners include the police and local authority commissioners since this recommendation is about the safety of children and young people (see Bullet point 1 in What action should they take? – of this recommendation).	Thank you. The police will be involved in the partnerships in the first bullet point.
Imkaan	Recommendation 11 What action should they take? Bullet point 2	14	We recommend inserting 'addressing specific need' in the following sentence: Provide a coordinated package of care and support [addressing specific need] that takes individual preferences…	Thank you for your suggestion.
Imkaan	Recommendation 11 What action should they take? Bullet point 6	14	Include support and services for young people experiencing DV and abuse – this needs to include a particular understanding of FM and HBV for some young people.	Thank you. FGM is outside the remit of this guidance and 'honour' violence is covered in rec 9.
Imkaan	Recommendation 12 Who should take action? Bullet point 1	15 -16	We recommend that commissioners include the police and local authority commissioners	Thank you. We have added local authority commissioners.
Imkaan	Recommendation 12 General comment	15 to 16	It is not clear in this recommendation the nature of advocacy that is being provided.	Thank you. The glossary defines what we mean by advocacy.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Imkaan	Recommendation 12 What action should they take? Bullet point 1	15 to 16	We recommend a redraft of the last sentence to focus on the fact that racism, homophobia, etc, could cause the person to be more vulnerable.	Thank you. We believe this is covered in recommendation 9.
Imkaan	Recommendation 12 What action should they take? Bullet point 4	15 to 16	What about voluntary and community services?	Thank you. That would be "Front line practitioners in a number of settings, in particular, refuges and outreach services."
Imkaan	Recommendation 13 What action should they take? Bullet point 1	15 to 16	What about those who experience DV and abuse who also have undiagnosed mental health issues?	Thank you. We are aware that undiagnosed mental ill health can be an issue across the board.
Imkaan	Recommendation 13 What action should they take? Bullet point 1	16 to 17	What about perpetrators who have a mental health condition, which might or might not be diagnosed?	Thank you.
Imkaan	Recommendation 14 Who should take action?	17	We recommend that commissioners also include the police and local authority commissioners.	Thank you. Who should take action refers to ALL commissioners of perpetrator programmes.
Imkaan	Recommendation 14	17	What about the voluntary and community sector organisations who already deliver these programmes? There will be evidence and experience within the	Thank you. This recommendation is about

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Who should take action?		sector of what services would be effective – this should be acknowledge and used.	commissioning, not providing perpetrator programmes.
Imkaan	Recommendation 15 Who should take action?	18 to 20	We recommend working in partnership with voluntary and community sector organisations, with a track record in training delivery, to deliver the training. These organisations would usually have many years of experience from the grass-roots level of working with their client groups.	Thank you.
Imkaan	Recommendation 15 What action should they take? Bullet point 2	18 to 20	All members of staff from receptionist to hospital porters and security staff, care assistants, as well as medical staff should attend the Level 1 training, so that the staff member can give an appropriate response to any person who discloses.	Thank you. Care assistants are listed.
Imkaan	Recommendation 2 Who should take action?	6	See comment in Section 6 in relation to the definition 'voluntary and community' sectors. We recommend that the definition includes refuges as well as other services.	Thank you for your comment.
Imkaan	Recommendation 2 What action should they take? Bullet point 1	6	See comment in Section 6 in relation to the definition 'voluntary, community and independent' sector organisations.	Thank you for your comment.
Imkaan	Recommendation 3 What action should they take? Bullet point 1	6 to 7	In terms of the integrated commissioning strategy, we recommend that commissioning partners include police and local authority commissioners.	Thank you. They are included.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Imkaan	Recommendation 3 What action should they take? Bullet point 1 Meeting the needs of those who experience DV and abuse and the perpetrators, also meeting the needs of all communities	6 to 7	We recommend that separate services are delivered to address the very specific needs of particular groups of people. E.g. BME women who experience DV and abuse; young women who experience DV and abuse; young men who are perpetrators, and so on. We are concerned that because the general term 'people who have experienced DV and abuse' has been used, this might lead to the provision of general services.	Thank you. We believe this is already clear.
Imkaan	Recommendation 3 What action should they take? Bullet point 2 'one partner takes the strategic lead'	6 to 7	We recommend that this partner's knowledge of DV includes knowledge of FM and HBV.	Thank you. FGM is not part of this guidance.
Imkaan	Recommendation 3 What action should they take? Bullet point 2	6 to 7	There is a need to protect small specialist locally based voluntary and community sector services, e.g. BME women's services, as there is a possibility that they will cease to exist in the near future because they are finding it difficult to compete with large generic charities and housing providers in the commissioning process. This is essential as commissioners often lack	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	services [being] based on sound commissioning evidence'		knowledge of the value and need for specialist BME women's services, and BME organisations have already been disproportionately impacted by service cuts. Reports produced by the voluntary and community sector should be recognised as valuable tools to increase commissioners' understanding and aid commissioning processes.	
Imkaan	Recommendation 4	7 to 8	General comment: We are concerned that there is a compartmentalised approach to dealing with health issues, which will result in DV being dealt with in isolation, even if a woman has experienced other forms of violence in connection with the DV and abuse, e.g. female genital mutilation. If an enquiry is carried out as to why someone might be experiencing physical or mental health problems, at the same time as treating the symptoms, and a referral for support and assistance from voluntary and community organisations is made, this holistic approach is more likely to ensure that the woman is given effective help.	Thank you. We hope that the revised guidance alleviates your concern as the overall intention of it is to promote an holistic and intergrated approach. .
Imkaan	Recommendation 4 What action should they take? Bullet point 3	7 to 8	What does 'robust mechanisms' look like?	This will vary from area to area. The implementation support tools for this guidance may give some useful examples.
Imkaan	Recommendation 5 What action should they take? Bullet points 1 and 2	8 to 9	What about those who cannot read their own languages? How would this group of people be made aware that it is possible to get support? We suggest that interpretation is available – somebody not connected with the patient, as this could increase risk of further violence, and the practitioner informs those who cannot read their own language at a first meeting that support is available if she is ever affected by DV and abuse.	Thank you. Please see recommendation 9.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Imkaan	Recommendation 5 What action should they take? Bullet point 3	8 to 9	We recommend having a named person within a specialist DV and abuse organisation so that the professional is supported in the referral and support process as well.	Thank you.
Imkaan	Recommendation 5 What action should they take? Bullet point 5	8 to 9	We recommend a system that flags questions to ask about all forms of DV.	Thank you.
Imkaan	Recommendation 6 Who should take action? Bullet point 1	9 to 10	From which sector are these DV and abuse service managers based?	All sectors.
Imkaan	Recommendation 7 Who should take action? Bullet point 1	10 to 11	See comment in Section 6 in relation to 'voluntary and community' sectors. Would these be refuges as well as other services?	Yes.
Imkaan	Recommendation 8 What action should they take? Bullet point 2	11 to 12	Where needed, interpretation should be available. A partner, family member or friend or anybody connected with the patient should not be used as an interpreter as this could increase risk of further violence to those experiencing DV and abuse.	Thank you. The recommendations already make this clear.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Imkaan	Recommendation 9 Whose health will benefit?	12 to 13	The term 'people' is not helpful within the context of this recommendation. BME women experience specific barriers that BME men do not, and younger people experience certain barriers in accessing services that older people might not. It is not clear from the term 'people' whether this is in the context of someone who has experienced DV and abuse, or a perpetrator.	People includes both women and men.
Imkaan	Recommendation 9 What action should they take? Bullet point 1	12 to 13	As above in relation to using the term 'people'.	People includes both women and men.
Imkaan	Recommendation 9 What action should they take? Bullet point 3	12 to 13	The training needs to focus on DV and abuse within the framework of violence against women and girls. If DV and abuse is viewed within this framework, the 'cultural' barrier imposed by practitioners on BME women that potentially prevents BME women from getting help should no longer be a barrier.	Thank you. The PDG were clear that this guidance was not solely about women and girls.
Imkaan	Section 2	23 to 26	Very general observations have been made within this section of the different groups of people who experience violence. While a good start has been made in relation to a more gendered analysis, footnotes could help to provide a more detailed analysis, e.g. the specific experiences of BME women, or women with disabilities in relation to DV and abuse.	Thank you for your comment.
Imkaan	Section 3 Programme Development Group's position on some of the issues	27 to 31	This section was useful, since this enabled us to have a sense of factors that the PDG took into account in the shaping of this document.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Imkaan	Section 6 Advocacy	33 to 34	Would the definition also include representation of the client or speaking on behalf of the client – with permission – to obtain a refuge place or to make a homeless application, for example? The document should provide clarity on this.	Thank you. The PDG discussed this but felt they wanted to keep a broader definition of advocacy.
Imkaan	Section 6	33 to 38	We recommend the inclusion within the glossary the definition 'voluntary and community services'. This term appears to have been used inconsistently and we ask whether the term includes refuge provision, including small specialist refuges and services, e.g. BME women. Page 6 of the document also mentions 'independent sector organisations'. We are not clear how these organisations differ from the organisations from the voluntary and community sector. Yet again, on page 8 of the document, the term 'DV and abuse services' has been used. Would the DV and abuse services be considered to be voluntary and community sector services?	Thank you. The term has not been used inconsistently. It would include refuges if these were provided by the voluntary or community sector. Refuges provided by the health and social care sector would fall under health and social care services.
Institute of Health Visiting		12	Again is it transgender or transient?	It is neither, although it does include transgender.
Institute of Health Visiting		13	Health visiting needs to be mentioned	Thank you. We have added this.
Institute of Health Visiting	11	14	School nurses not mentioned for young people	Thank you.
Institute of Health Visiting	12	16	Immigration status should be included	Thank you. The list is exemplar, not exhaustive.
Institute of Health Visiting	5	8	What is trans – is it transgender?	Trans is the term that is preferred by people from that

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				community. It removes reference to the idea of a binary gender that many of them reject.
Institute of Health Visiting	General	0	Generally like the way it is acknowledged that it is complex and needs sensitive handling	Thank you for your comment.
Institute of Health Visiting	General	0	School nurses not mentioned very much	Thank you. The PDG found insufficient evidence to make specific recommendations for school nurses, however all of the recommendations that include 'health care professionals' in the who should take action section are relevant to school nurses.
Kirklees Council	3.7	28	In recognition that 'much of the expertise... lies in the voluntary sector where funding is limited', should there be a recommendation that commissioners who provide funding for these services assess the wider impact (compromising pathways?) of any intention to reduce funding on the local infrastructure for domestic violence?	Thank you for your comment.
Kirklees Council	General	0	Document does not have page numbers visible (so I'm guessing in column 1)	Thank you. The page numbers are at the bottom right of each page, however we acknowledge that they are not obvious due to the length of the title in the footer.
Kirklees Council	General	0	There doesn't seem to be any explicit reference to professionals who would be in a position to identify abuse of older people. There may be a lack of	Thank you. The lack of mention of an intervention in NICE

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			evidence on effective interventions, but does this mean we should not attempt to identify and protect older people experiencing domestic abuse?	guidance does not mean that it should not be done.
Kirklees Council	General	0	Need to ensure that services are in place to meet the needs of specific groups, eg BME communities, where there may be cultural barriers to accessing services / disclosure of domestic violence.	Thank you. Recommendation 9 addresses these very issues.
Kirklees Council	s 1 rec 1	5	In the summary would be helpful to list who are the related services so people can see quickly if document relates to them – may otherwise dismiss. Include the list on page 11 (antenatal, postnatal, RSH, GUM, substance misuse, mental health)? And the list on page 13 (A&E, CAMHS, GPs, social care, schools, VCS etc...	Thank you. It is impossible to do this in most NICE guidance as the constellation of local services and responsibilities varies greatly.
Kirklees Council	S 1 rec 10	14	Do children's services have the capacity to respond to all referrals? Is there a way to share responsibility across the wider system. How should the system deal with such a blockage?	Thank you. This is a local matter.
Kirklees Council	S 1 rec 10 S 1 rec 17	13 and 20	There are a lot of staff who should be routinely enquiring about DV (rec 8 and rec 10, p13) – training is crucial but from a practical point of view, capacity to train such a large group of people may not be available? Also relates to rec 17, page 20 – there are limited opportunities to train practising GPs – and many other health professionals	Thank you. We appreciate this is challenging, however the PDG agreed that it was important to aspire to this.
Kirklees Council	s 1 rec 4	7	Need action from other commissioners not just those for DV services. The related commissioners in areas like termination of pregnancy services – ie where identification and referral would take place - also need to take action	Thank you.
Kirklees Council	s 1 rec 4	8	Are there any resources recommended to be used by identifying / assessing services?	Thank you. Part of the implementation package for this guidance may include this.
Kirklees Council	s 1 rec 6	10	Those needing long term support eg refer to local group support programmes	Thank you. This will be done as

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			– this local information (including the core DV support services) needs to be kept up to date and well disseminated. Need an agency responsible to keep all stakeholders aware of local services.	part of the ongoing assessment in rec 1.
Lancaster University	General	1	The title of the guidance is somewhat confusing given its scope; 'domestic violence' and 'domestic abuse' have specific meanings and are a rubric for particular forms of intimate violence. I note the previous stakeholder comments in regard the inclusion of a wider range of forms of violence. In respect of the wide range of forms of violence included and the document's reference to regimes of intimidation, rather than 'domestic violence and abuse' a better title would be 'gender-based violence in intimate or familial relationships'.	Thank you. This guidance is not about gender based violence. It is about domestic violence and abuse. We define what we mean by the term on page 1 of the guidance.
Lancaster University	Indicators	36	If the aim of policy is for early intervention and to prevent further violence, then in regards traumatic injury, why is this highlighted in association with repeated events? Would it be better that 'traumatic injury' be an indicator for enquiry? Also, 'assault' should be included in this list.	This list is not exhaustive.
Lancaster University	Recommendation 15 Training to support different roles	80	Re Who should take action? Bullet point one states: 'Royal medical colleges'. Why is this only *medical* colleges? In Recommendation 17 'Training: pre-qualifying and continuing professional development for health and social care professionals', the who should take action is inclusive stating 'The royal colleges'. Recommendation 15 should also include *all* the royal colleges.	Thank you. We have changed the wording, however it clearly does not apply to all royal colleges.
Lancaster University	Recommendation 6 Services: tailor support	9	It is unclear for whom this recommendation is directed at. The bullet points under 'Who should take action?' lists Domestic violence and abuse service managers; Staff in all health and social care settings, including the voluntary and community sector, and those they work with. This includes: schools, the police, criminal justice (including prisons), housing, early years and youth services and services for older people.	The format of the guidance has changed and we hope it makes this clearer.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Yet the action proposed: 'Assess what type of service someone needs - crisis, medium or long term', requires high level of skill. To assess whether someone requires crisis, medium or long term service warrants undertaking a risk assessment, and risk assessment forms part of Level 3 and Level 4 training, but level 3 training is not being recommended for *all* staff. It would also be helpful if - 'crisis', 'medium', or 'long term' services and their constituents were clearly defined.	
Lancaster University	Recommendation 8	11	Given the high proportion of women attending A&E likely to have experienced 'domestic violence and abuse' (as referred to in public sector costs page 79), should A&E also be listed as a service for routine enquiry?	Thank you. The PDG did not see any evidence to support this.
Leeds City Council	General	0	The document is excellent; it is both thorough and clear.	Thank you. We value your support.
Leeds City Council	Recommendation 5	8 to 9	There is no mention of protected patient only spaces or spaces where patients cannot be overheard. This would help to physically enable Recommendation 9 (page number 13) While this is clearly not possible in all areas of service, it should be an aspirational target to provide a physically safe space to speak in private.	Thank you.
Leeds City Council	Recommendation 5	8 to 9	Following from the previous comment, where patients are not seen alone, records that allow (or enforce) health and social care professionals to record the presence of others would allow those professionals to identify more subtle patterns of accompanying.	Thank you. People being seen alone is covered in recommendation 8.
Leicestershire Partnership NHS Trust		0	Welcome addition of information such as violence on parents by children	Thank you. While this was part of the remit of the guidance, the

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				evidence relating to abuse of parents by children was virtually non-existent. We have added it to the Gaps in the evidence section.
Leicestershire Partnership NHS Trust		0	Where does female genital mutilation fit? Will there be separate guidelines for FGM?	FGM is excluded from this guidance and may be the topic of future guidance. We have clarified this.
Leicestershire Partnership NHS Trust		0	The strong emphasis on training is welcomed as is the need for regular supervision	Thank you.
Leicestershire Partnership NHS Trust		0	Information sharing not explicit enough about how and when to share information without consent	Thank you. We believe this to be adequately covered in law and by professional codes of ethics.
Leicestershire Partnership NHS Trust		0	The use of risk assessment included in 'required skill and training' until level 3. Feel that this should be in the tool box of every front line practitioner.	Thank you. We are referring to a formal risk assessment at level 3 Practitioners with level 2 training should be able to assess peoples immediate safety, for example, whether it is safe for the person to go home
Leicestershire Partnership NHS Trust		0	GPs are not included in the need to risk assess at all! Why not?	Thank you. We are referring to a formal risk assessment at level 3. Practitioners with level 2 training (including GPs) should

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				be able to assess peoples immediate safety, for example, whether it is safe for the person to go home
Leicestershire Partnership NHS Trust	3:18	29	Identifies issues when staff are not adequately trained which will give weight to ensuring that DV training is mandatory.	Thank you for your comments.
Leicestershire Partnership NHS Trust	General	0	A really comprehensive document	Thank you. We value your support.
Lesbian & Gay Foundation	General	0	The draft guidance is generally good in terms of inclusion of LGB&T issues. However, we note that there is no strategic approach from prevention to detection and treatment for LGB&T people to ensure effective support by housing, advice, health, social care services, etc. We need to take a comprehensive look at this and undertake more research in this area. The Partnership recommends the development of a strategy to address LGB&T domestic violence that includes prevention, support and advocacy for victims, development of specialist services and perpetrator programmes.	Thank you. We would be pleased to see more research in this area. NICE would be glad to see this guidance used to inform a strategy to address LGBT domestic violence.
Lesbian & Gay Foundation	General	0	When referring to lesbian, gay, bisexual and trans (LGB&T) people, also include a reference to people who identify as gender queer, as especially amongst young people this identification is gaining popularity. Do not refer to LGB&T people as “non-heterosexual” as this phrase refers only to sexual orientation and not to gender identity.	Thank you. The term currently used by NICE is LGBT, although we are aware of the complexities with all of the terms in common use. The guidance used the term ‘non-heterosexuals’ as a counterpoint to ‘heterosexuals’

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				rather than as a reference to LGBT people. We have changed the term to avoid causing offence.
Lesbian & Gay Foundation	General	0	Whenever prisons are referred to, the guidance should also refer to "other secure accommodation", e.g. closed hospitals.	Thank you. Prisons are referred to within the context of criminal justice settings. Secure hospitals are NHS settings.
Lesbian & Gay Foundation	General	0	Sexual orientation and gender identity monitoring by all services working with victims and perpetrators of domestic violence is crucial as it is impossible to determine accessibility of services and specific needs of LGB&T people without this. It allows organisations to better understand service users' access, experience and outcome, meaning services are better able to meet their needs. Similar points can be made about other protected groups and as such an explicit recommendation for equality and diversity monitoring should be included. As often sexual orientation and gender identity are not monitored even when other characteristics are (e.g. age, ethnicity, gender, religion) this needs to be specifically mentioned.	Thank you. We agree and have made frequent reference to monitoring throughout the guidance.
Lesbian & Gay Foundation	Section 1, Recommendation 14	17	Make sure programmes for perpetrators are appropriate for perpetrators in same-sex relationships, too. This also includes female perpetrators. Current Perpetrator programmes ie the IDAP programme are aimed at heterosexual male perpetrators and recognise that the main causal factor behind heterosexual domestic violence is male privilege. Programmes need to be developed for perpetrators of same sex domestic violence recognising the impact of heterosexism and internalised homophobia. There are programmes in the USA that could be piloted here.	Thank you. The PDG did not see any evidence of effectiveness of these programmes however we will be pleased to consider any evidence when the guidance is reviewed.
Lesbian & Gay Foundation	Section 1,	17	Perpetrator programmes need to actually address the causes of domestic	Thank you. The evidence was

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Recommendation 14		abuse. In the context of domestic abuse in same-sex relationships this is often internalised homophobia (see above).	unclear about the effective components of perpetrator programmes and therefore the PDG we not able to be specific.
Lesbian & Gay Foundation	Section 1, Recommendation 14	17	Considering that alcohol and substance use is a contributing factor in domestic abuse we need to include treatment of drug and substance use as part of wider programmes to deal with domestic abuse.	Thank you. The recommendations cover substance use at many points.
Lesbian & Gay Foundation	Section 1, Recommendation 1	5	When mapping services local commissioners need to bear in mind that domestic abuse services might be delivered as part of an integrated specialist service offer, e.g. by a LGB&T or BME organisation, and take the necessary steps to identify and include these.	Thank you. We agree.
Lesbian & Gay Foundation	Section 1, Recommendation 1	5	Cross border commissioning is very important and we welcome its inclusion here.	Thank you.
Lesbian & Gay Foundation	Section 1, Recommendation 10	15	This section only highlights domestic abuse as an issue for young people in terms of parental or sexual relationships. This does not take into account that LGB&T young people living in familial homes have a greater likelihood of suffering domestic abuse at the hands of siblings. LGB&T youth homelessness is directly correlated to experiences of coming out and domestic violence from siblings and family members (see Guasp, 2012). While there is no similar research in relation to trans youth homelessness specifically, we would expect similar challenges in relation to non-acceptance of their gender identity.	Thank you. The PDG did not find any evidence about this and therefore were unable to make a recommendation, even though they were aware of the issue.
Lesbian & Gay Foundation	Section 1, Recommendation 10	15	"Provide interventions that strengthen… non-abusive *parent or carer*. Offer them to children and their non-abusive *mothers*…" Amend 'mothers' to parents/carers for consistency and inclusivity in terms of LGB&T families.	Thank you. This has been changed.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lesbian & Gay Foundation	Section 1, Recommendation 12	16	Internalised homophobia is often a factor in domestic abuse in same-sex relationships. It would make sense to make this explicit by adding a reference here: "Also ensure that advocates are aware of how racism, *(internalised)* homophobia, ageism… may contribute to the situation".	Thank you. The evidence does not allow for such a level of detail to be included.
Lesbian & Gay Foundation	Section 1, Recommendation 13	17	Again, in terms of ongoing risk assessment this needs to be appropriate for LGB&T people. All agencies carrying out risk assessments need training in same sex domestic violence to ensure they understand how risk correlates and can identify victim's of same sex domestic violence at very high risk and refer in to MARACS.	Thank you. This is covered in recommendation 9
Lesbian & Gay Foundation	Section 1, Recommendation 15	21	Police and legal profession also need to ensure that staff are trained in domestic abuse, especially in terms of same-sex relationships and LGB&T people to prevent abusers using sexual orientation or gender identity against their (ex) partners. This might be relevant, for instance, in custody disputes where trans individuals have gone into same-sex relationships following relationship break down and their ex partners are trying to keep children away from the new relationship. It is crucial here that professionals do not apply oppressive assumptions that serve to further abuse LGB&T people experiencing domestic violence. All advice and counsel needs to be neutral and non-partisan.	Thank you. That is beyond the remit of this guidance.
Lesbian & Gay Foundation	Section 1, Recommendation 2	6	Domestic abuse funding needs to include male people and must not exclude men as victims. Recent funding pots have done this and it is extremely worrying. While it is important that main stream providers assess and identify LGBT domestic violence it is also important that specialist services are supported and developed that provide support to all LGBT victim's as mainstream services have historically only worked with women	Thank you. We agree and have been very clear about this throughout the guidance.
Lesbian & Gay Foundation	Section 1, Recommendation	10	This section does not go into accommodation issues for LGB&T people, which need to be made more explicit. Particular issues in this area include:	Thank you. The section does not go into accommodation

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	6		- Female services and accommodation not being appropriate for trans women for example because of a joint use of shared areas. This can make both trans women and other residents feel uncomfortable, especially if other women in the refuge are hostile. - Many refuge workers do not know how to respond to requests for housing for trans women. It is important that services are trained to respond appropriately and sensitively to trans, lesbian and bisexual women and meet their legal obligations under the Equality Act 2010. - There being a lack of refuge accommodation for gay or bisexual men fleeing domestic abuse as most services cater exclusively to women. - LGB&T specific refuges need to be developed to meet the specific needs of LGB&T victim's of domestic violence who may face homophobic or transphobic bullying in mainstream provision where staff often don't know how to deal with LGB&T issues.	issues for any group. In terms of training, please see rec 9.
Lesbian & Gay Foundation	Section 1, Recommendation 8	11	In addition, to enquiries about domestic abuse being made in a kind, sensitive manner relevant staff should not make assumptions about the gender of the perpetrator or the nature of the relationship in order not to put up barriers to disclosure for LGB&T people. Staff need to be trained in the dynamics of LGB&T domestic violence including recognising the impact of internalised homophobia and trans phobia and use culturally competent tools ie same sex power and control wheel.	Thank you. See recommendation 9
Lesbian & Gay Foundation	Section 1, Recommendation 9	13	Ensure hetronormative assumptions about who suffers from and perpetrates domestic abuse do not stop them identifying and responding to domestic abuse in same-sex relationships, ie do not assume that the women who looks butch is automatically the perpetrator and the women who looks femme is automatically the victim . → Add an explicit reference to LGB&T people here as all specific points currently listed relate to BME communities.	Thank you. LGB and T people are specifically referred to as one of the targets for this recommendation.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lesbian & Gay Foundation	Section 10	72	There is also a lack of research on sibling violence, especially with regards to the impact of this on LGB&T people and youth homelessness.	Thank you for your comment.
Lesbian & Gay Foundation	Section 2, Associated risk factors	23	"The majority of transgender people…" Use 'trans people' instead. Trans is an umbrella term used to describe the full range of individuals who have a conflict with or a question about their birth assigned gender, and those who are experiencing gender confusion but don't know exactly where they fall along the gender spectrum. Also, it is commonly used to relate to or describe a person whose identity does not conform unambiguously to conventional notions of male or female gender but who combines or moves between these or identifies as multi- or non-gendered.	Thank you. We have corrected this error.
Lesbian & Gay Foundation	Section 2, Associated risk factors	23	Escalation to weapons is an associated risk factor for LGB&T people as is a first relationship.	Thank you for your comment.
Lesbian & Gay Foundation	Section 2, Partner abuse	24	When domestic abuse occurs in same-sex relationships it can be difficult to identify who is the perpetrator and who is the victim due to resistence or self defence violence. Research and intervention programmes in the United States have developed assessment tools for working with same sex domestic violence.	Thank you for your comment.
Lesbian & Gay Foundation	Section 2, Partner abuse among young people	24	Again, include a reference to sibling abuse both in general and in particular in terms of LGB&T young people.	Thank you. We have added this.
Lesbian & Gay Foundation	Section 3, Children…	28	This section does not refer to sibling violence, especially towards LGB&T people.	Thank you. The PDG have added some text.
Lesbian & Gay Foundation	Section 3, General	27	As PDG is clear that men can also experience domestic abuse, also state that service funding must not exclude men as victims. There is a need for funding for appropriate interventions with LGB&T victim's and perpetrators.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lesbian & Gay Foundation	Section 3, General	28	Again, use 'trans' rather than transgender as the more appropriate and inclusive umbrella term.	Thank you. We have corrected this error.
Lesbian & Gay Foundation	Section 4	32	We recommend that resource is made available for a number of pilot projects looking at service provision for victims and perpetrators of LGB&T domestic violence. Interventions should include group work programmes for victims that enable them to identify power and control and internalised homophobia, safety planning and advocacy, specialist refuge provision and perpetrator programmes. Interventions to deliver specialist training to mainstream service providers on LGB&T domestic violence that include assessing risk should also be funded. There is enough research on the prevalence of domestic abuse in same-sex relationships. What is needed is an evaluation of pilot projects and interventions to gather evidence on what works. We have limited evidence from a project undertaken by The Lesbian & Gay Foundation (LGF) with funding from the Home Office that offering LGB&T specific counselling to gay or bisexual men who have experienced domestic abuse or sexual violence significantly improves clients' mental health. 100% of the 65 men who have completed therapy at the LGF noticed a significant improvement in their overall mental health and wellbeing as measured by the Clinical Outcomes in Routine Evaluation Information Monitoring System with pre-therapy scores reducing by at least 50%.	This could be included in research recommendation 4.3 – interventions aimed at diverse groups.
Lesbian & Gay Foundation	Section 4	79	Some useful research findings re LGB&T and domestic abuse: Trans (64%) people were far more likely than other groups of LGBT People to report Domestic Violence and Abuse (*Count me In Too Report* by Kath Browne and Spectrum LGBT Forum Brighton) 48% of respondents experienced some form of domestic abuse at home while adolescents; 54% experienced some form of domestic abuse from a partner or	Thank you for this listing.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			spouse and 60% experienced some form of domestic abuse from family members. (*Engendered Penalties Report* 2004 by Press For Change) 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner. Although 80% of respondents identified having experienced some form of abusive behaviour from a partner or ex-partner, only 60% of respondents recognised the behaviour as domestic abuse. (*Out of Sight, Out of Mind? Report* by Scottish Transgender Alliance and The Scottish LGBT Domestic Abuse Project).	
Lesbian & Gay Foundation	Section1, Recommendation 5	8	Information displays in waiting areas need to include LGB&T friendly material to make LGB&T people feel welcome and reduce barriers to accessing support services. Separate literature needs to be developed targeting LGBT victims and identifying LGBT specific weapons of power and control. For instance, many LGBT people do not realise that a threat to out them is a form of domestic abuse.	Thank you. This is outside the remit of this guidance, although the guidance goes to great lengths to highlight the needs of LGBT people.
Lesbian & Gay Foundation	Section1, Recommendation 5	8	Helpline information should be available everywhere, not just in service provider organisations. For instance, we should have advertising on public transport, information on the back of supermarket receipts, etc. to ensure that we also reach people who do not currently access services.	Thank you. The PDG did not consider any evidence to support this as an intervention.
Lesbian & Gay Foundation	Section1, Recommendation 5	9	There are very few domestic abuse services for people in same-sex relationships and often risk assessment procedures that the police and service providers use are not appropriate for same-sex couples. Therefore risk assessment procedures need to be improved in general and appropriate responses and understanding developed to ensure they meet the needs of victims of LGB&T domestic violence. Risk indicators, for instance, may not correlate in the same way as research indicates that LGB&T people are more likely to be victim's of domestic violence in a first relationship, are more likely	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			to escalate to weapons in a shorter time frame (due to similar body strength) and that gay and bisexual men are more at risk of rape and sexual violence then lesbian and bi women.	
London VAWG Consortium	General	0	It is disappointing a larger role is not envisaged for public health within the document, particularly given that this is where prevention efforts are most likely to be located.	Thank you. The evidence for primary prevention of domestic violence and abuse was very sparse and this has been included in the gaps in the evidence. The little evidence that did exist was mainly around educational interventions rather than public health.
London VAWG Consortium		0	In particular we would argue that despite the lack of evidence to support routine enquiry, survivor views that health professionals should ask routinely have been ignored. Our challenge to NICE would be where is the evidence that selective enquiry is consistently implemented? Our experience is that it is poorly implemented even in settings where it is meant to be routine (eg antenatal care) and we are doubtful that selective enquiry will be implemented any more robustly.	The evidence does not support the use of screening for domestic violence and abuse. We hope that NICE guidance will lead to better implementation of selective enquiry.
London VAWG Consortium	General	0	We would have liked to have seen a recommendation for Health And Well-being Board's to consult with domestic violence specialists and perhaps to also consider specific membership to encourage the issue to stay on the agenda.	Thank you. We believe this is covered in recommendation 2.
London VAWG Consortium	General	0	We feel there was a missed opportunity to link domestic violence to other forms of violence against women and girls. Whilst academia may separate out the different forms for research purposes, this is not the reality of women's lives. Many women experience multiple forms of abuse across the lifespan	Thank you. This guidance is about domestic violence and abuse irrespective of gender. The issue you raise deserves

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and understanding the cumulative effect of these abuses is critical to formulating effective interventions.	more detailed attention than was possible in this guidance but could be the topic of future work if identified as a priority..
London VAWG Consortium	General	0	We were surprised to see that the only specific and robustly evaluated model for domestic violence responses within General Practice (IRIS) was not specifically recommended within the document.	Thank you. Recommendation 16 is the IRIS model in all but name. The PDG felt that they wished to support the findings of the model but did not want to recommend a specific model by name.
London VAWG Consortium	General	0	We were also surprised to see no mention of the Equality Act 2010 which creates specific duties which must be carried out by health and social care service providers. It would have been helpful to have included mention of the fact that the Equality Act specifically makes it legal and appropriate to fund a single sex services as well as mention of the more general duty to eliminate gender discrimination as a fundamental cause and consequence of violence against women and girls.	Thank you. We did not consider this a necessary addition as all health and social care agencies are required to be aware of their equality duties.
London VAWG Consortium	General	0	There is no mention anywhere in the document of Domestic Homicide reviews (DHRs). Given the reluctance of many GPs to cooperate with DHRs, this is a gap we would like to see addressed. We are also aware of a number of DHRs where the perpetrator has presented to mental health services close to the homicide and has revealed high risk domestic violence indicators yet has been assessed as 'not a danger to himself or others'. This would suggest that the risk assessment tools used within mental health need to be urgently reviewed.	Thank you. The PDG were not presented with any evidence on DHRs and though they discussed them at length they did not feel able to include them in a recommendation without evidence to support them.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London VAWG Consortium	'Honour-based' violence and forced marriage	25	*'They are probably more common in some cultural groups '* We disagree with the use of the word cultural. In the UK there have been highly publicised cases and this may feed into notions of these forms of violence as solely affecting Pakistani or Kurdish communities, whereas FM and HBV are forms of domestic violence that disproportionately affects a cross section of BME communities. This is not a 'cultural phenomenon', and familial and community structures may be used to exert power, control and coercion over individuals. It is also useful to look at linked forms of violence such as in serious youth violence where notions of 'honour' can be linked to sexual violence and sexual exploitation. We also question the figures cited of between 5000 and 8000 cases of forced marriage were reported to local and national organisations in England in 2008.	We have removed the word 'cultural' from the text.
London VAWG Consortium	Associated risk factors	22	We think it should be clearer that mental health problems are a frequent *consequence* of experiencing domestic violence and that it is debateable as to whether it is having a mental health problem which makes someone vulnerable to experiencing domestic violence, or the fact that society stigmatises those with mental health problems thus making them an attractive target for abusers as it increases the odds of them getting away with it.	Thank you for your comment we have adjusted the text to try and elaborate on this point.
London VAWG Consortium	Associated risk factors	23	In addition to reiterating our point above re stigma, we would further point out that substance dependency is also a common consequence of domestic violence rather than a cause as is implied here. Moreover, the evidence cited (*'21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol'*) is not wholly accurate. This data refers only to physical assaults. Survey	The text has been amended to include this point.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			participants were not asked if their partner was under the influence of alcohol when perpetrating any other form of abuse such as emotional, sexual, financial etc. Had they been, it is our experience that the association would be significantly lower.	
London VAWG Consortium	Coercive control	34	The concept of coercive control was coined by Evan Stark and we much prefer his definition to that of the Home Office. He describes coercive control as: 'a strategic course of self-interested behaviour designed to secure and expand gender-based privilege by establishing a regime of domination in personal life'.	Thank you for your comment.
London VAWG Consortium	Disclosure	34	The issue of perpetrator disclosures is not adequately addressed here.	Thank you for your comment
London VAWG Consortium	Domestic violence and abuse between parents	25	We would recommend that the inter-generational cycle of abuse be treated with some caution and acknowledged that it is a contested area.	Thank you.
London VAWG Consortium	General	0	We were disappointed that there is scant recognition within the document of the contribution of the specialist domestic violence sector to our collective knowledge. Whilst we welcome the recommendations and the evidence base to support these, it should be noted that they are almost identical to recommendations issued by the specialist domestic violence sector over a generation ago. As such they do not really represent progress; more a reiteration of what has been said for years. We are disappointed that this is not acknowledged except in passing in paragraph 3.7 on page 28. We were further disappointed that patient / client views – on which the domestic violence sectors original recommendations were based - have not been given more weight within this guidance. For example, extensive consultation was undertaken with survivors for the Alberti review (published as	Thank you. NICE guidance is based primarily on published evidence of effectiveness and cost effectiveness. The guidelines you identify may form part of the package of support that will be put in place as part of the implementation support package for this guidance.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			'A Bitter Pill to Swallow') yet this is not mentioned within the documentation and many of their recommendations have not been included.	
London VAWG Consortium	General	0	We would also like to raise three additional issues which are currently hampering effective interventions into domestic violence but which do not seem to be addressed within your document: • The lack of provision specifically tailored to meet the needs of young women (becoming more urgent since the change in the Government definition) • The lack of co-ordination at a local level to ensure holistic interventions are available to all women irrespective of the risk level • The notable increase in women with complex needs using our services: many of whom have developed complex needs as a consequence of being failed by mainstream provision	Thank you. We agree these are important issues. The overall purpose of the guidance is to specifically address point 2 and we hope you feel the revised guidance has achieved this, The PDG did not find any evidence that enabled them to make specific reference to the needs of young women or those with complex needs..
London VAWG Consortium	General	0	Children are mentioned as over-hearing or witnessing domestic violence but there appears to be no acknowledgement that children also live with the consequences. Thus even if they do not witness specific assaults, children may still be significantly affected by abuse within the family due to low maternal moods, seeing injuries, an atmosphere of tension and so on.	On page 2 we try to convey this "• When they are exposed to it within their families. This **includes** fearing, hearing or seeing it, **worrying about its effects on someone else or direct involvement."**
London VAWG Consortium	General	0	There is no mention anywhere in the document of the role of GPs, and the flaws in the current system regarding gun and firearms licensing. We would	Thank you. The PDG did not consider any evidence relating

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommend that letters from the police requesting information about whether a licence should be granted should not be destroyed but kept on file should domestic violence be disclosed subsequent to the initial enquiry.	to this.
London VAWG Consortium	General	0	We would have liked to have seen something more specific about health commissioning processes and where domestic violence falls or should fall within their priorities. We find it very difficult to engage with health commissioners and there seems to be no consistent way to do so.	Thank you. Several of the recommendations include health commissioners in the 'who should take action' section. This includes recommending they participate in partnerships to prevent domestic violence and abuse.
London VAWG Consortium	General	0	Overall, we feel that the issues of forced marriage and honour based violence are not adequately addressed and read as an 'add-on' to partner abuse rather than being integrated as would occur had the links been made with the wider spectrum of VAWG. The document also has much more emphasis on health care providers the social care	Thank you. The PDG noted a dearth of evidence relating to forced marriage and 'honour' violence and this is highlighted in the gaps in the evidence.
London VAWG Consortium	Glossary	34	We would challenge the idea that advocates provide advice either about options or safety planning. Effective advocates provide information but not direction; moreover, effective safety plans are co-produced not directive.	Thank you.
London VAWG Consortium	Indicators	36	We would like to see 'this is not an exhaustive list' inserted here.	Have amended the text in line with comments.
London VAWG Consortium	Page 2	2	We recommend that Public Health be explicitly included within the list of who the guidance is for.	Thank you. The guidance makes no specific recommendations for public health departments, although

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				the director of Public Health is called on to take several actions, they will be part of the Health and Wellbeing Board.
London VAWG Consortium	Page 4	4	We welcome the evidence that domestic violence interventions are cost effective and we further welcome the advice that services be made available for everyone affected rather than the trend elsewhere to restrict services to only those at high risk of harm.	Thank you. The PDG were clear that services should be available to everybody who is experiencing domestic violence and abuse rather than just those at high risk.
London VAWG Consortium	Page 5, recommendation 1	5	In the discussion regarding actions for local commissioners, we would like to see inserted a requirement that in addition to mapping exercises, that commissioners also consult with survivors and specialist organisations.	Thank you. We're not sure what you are suggesting they consult with them about? This recommendation is about mapping services.
London VAWG Consortium	Page 5, recommendation 1	5	On the third bullet point under 'what action should they take?' we would like to see specialist forced marriage and honour based violence services also being recommended as needed at a regional level if there is insufficient demand at a local level.	Thank you. We have added this.
London VAWG Consortium	Page 6, recommendation 2	6	We would like to have seen it recommended that local partnerships engage with specialist domestic violence voluntary organisations and not just the voluntary sector in general. In our experience, when this is not specifically stated, a single generalist voluntary sector body is usually invited to represent the sector.	Thank you. We have tried to clarify this.
London VAWG Consortium	Programmes for perpetrators	30	Rather than reproduce the separate submission from Respect here, we would simply echo and endorse their comments.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London VAWG Consortium	Public Sector costs	26	We think this section would be strengthened by an acknowledgement that Walby's work was a very conservative estimate and did not include some major expenses such as the costs to education or the costs incurred by employers when forced to recruit and train new staff should a survivor have to change jobs.	Thank you for your comment.
London VAWG Consortium	Recommendation 10	13	Under 'who should take action?' second bullet point, we were surprised not to see mention of paediatrics, troubled families teams and dentists.	Thank you. Dentists are in there and paediatrics have been added.
London VAWG Consortium	Recommendation 11	14	We do not feel that this section adequately addresses the strong culture of mother blaming or the difficulties which can arise for victims of domestic violence in determining contact issues. This is an area where we feel the emphasis has been too much on health and not enough on social care.	Thank you for your observation.
London VAWG Consortium	Recommendation 13	16	We would have liked to have seen within this recommendation, a statement discouraging the issuing of prescriptions without any psychological intervention.	Thank you. The PDG saw no evidence relating to this.
London VAWG Consortium	Recommendation 13	16	We are surprised to see no commentary on the shortfalls created by IAPT as a one-size-fits-all approach which is leading to an unsustainable (not least because it is unfunded) level of referrals from the NHS to voluntary sector agencies.	Thank you. This section makes recommendations rather than commentary.
London VAWG Consortium	Recommendation 14	17	We recognise that partner support is one of the national standards. Nevertheless, we feel this is so critical that it should be explicitly stated as part of this recommendation. We further feel that it would be helpful for professionals to have the contra- indications of some interventions explicitly stated (eg couple based interventions)	Thank you. The PDG did not see any evidence that led them to recommend this.
London VAWG Consortium	Recommendation 15	19	We feel that staff trained at level 2 should also be able to recognise key risk factors and know when to share information.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London VAWG Consortium	Recommendation 15	19	We recommend that level 3 training should also be typically for adult safeguarding staff.	Thank you – we have added these.
London VAWG Consortium	Recommendation 15	19	Under 'other training', it also needs to include challenging myths about domestic violence or inappropriate services will end up being designed / commissioned.	Thank you. We have added this.
London VAWG Consortium	Recommendation 16	20	Under what action should they take, we recommend that clinicians and administrative staff be able to respond to disclosures rather than simply monitor them.	Thank you. We believe this is covered elsewhere in the recommendations.
London VAWG Consortium	Recommendation 17	21	We would recommend two key changes here: - That it be explicitly stated that domestic violence training should not subsumed into child protection training but is delivered as a 'stand alone' topic - That links with Social Care are made more explicit (eg links with the teenage pregnancy agenda, school exclusions and runaways etc) rather than the sole focus on safeguarding teams.	Thank you. The revised guidance has been reworded. .
London VAWG Consortium	Recommendation 3	6	Under 'what action should they take?' we would like to see two additional points: - The explicit inclusion of services to perpetrators - That services are needed for all forms domestic violence, in particular, sexual violence recovery services In the final bullet point of this list, we would like to see service user feedback included as an essential part of monitoring the effectiveness of the strategy.	Thank you. Perpetrators are explicitly included in the first bullet. Sexual violence in intimate partnerships is included in our definition of domestic violence and abuse. We have added service users to the monitoring bullet.
London VAWG Consortium	Recommendation 4	7	Under 'what action should they take?' we would prefer to see the priority in interventions with perpetrators being on accountability rather than on support.	Thank you. The focus of this guidance is on providing health

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				and social care services in relation to domestic violence and abuse, not criminal justice services.
London VAWG Consortium	Recommendation 5	8	Under 'who should take action?' we recommend that mental health and substance use services be specifically added to the list given their high correlation with experiences of domestic violence.	Thank you. We believe they are already covered in the 'who should take action'.
London VAWG Consortium	Recommendation 7	10	Whilst we appreciate that historically, health care providers have needed encouragement to share information with other professionals, we are concerned that this recommendation has insufficient emphasis on safety and consent. For example, on the third bullet point, it could be noted that this is unachievable when sharing without consent or knowledge of the patient/client. On the next bullet point, we would have liked to have seen some balance, for example, ensuring that staff do not over share personal data without consent or a clear and documented reason for overriding this. Conversely, we would also have expected to see reference to cooperation with DHRs mentioned here.	Thank you. The PDG worked hard to balance the rights of the individual with the need for data sharing and this was the way forward they agreed.
London VAWG Consortium	Recommendation 8	11	In the second bullet point under 'what action should they take?' we think that the safe environment should explicitly state that the person should be seen alone and in private. Our collective experience is that this is routinely disregarded by receptionists who want to know, often in front of a crowded waiting room, why you want to see the doctor.	We say in the recommendation "The enquiry should be made in a kind, sensitive manner and in an environment where the person feels safe." This includes offering a private consultation. Many women do not want to be in private and alone when they disclose.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London VAWG Consortium	Recommendation 8	12	In the final bullet point for this section, we would like to see that referral pathways also be in place for perpetrators who disclose and for any children and young people who have been affected.	Thank you. We have added this.
London VAWG Consortium	Recommendation 9	12	Under 'whose health will benefit?' we would like to see a note that this list is not exhaustive. In particular, we would have liked to see reference to health and social care staff as victims or perpetrators and how this can act as a barrier to accessing services.	Thank you. The list is clearly labelled 'for example'.
London VAWG Consortium	Recommendation 9	12	Whilst we welcome the inclusion of not using family members or friends as interpreters, we would have liked to have seen more emphasis on this as in our experience this is routinely disregarded.	Thank you. Hopefully NICE guidance will help to change that.
London VAWG Consortium	Recommendations 15 -17	18 to 20	We would have liked to see it recommended that training should, insofar as possible, involved input from specialist services and for there to be more emphasis on the skills needed to respond effectively to FM and HBV.	Thank you.
London VAWG Consortium	Safety planning	37	This definition should be clearer that safety planning is something done *with* a survivor and not *to* a survivor.	Thank you for your comment.
Lundbeck		5	[1] Room R, Babor T, Rehm J. Alcohol and public health. Lancet, 2005, 365:519-30.	Thank you.
Lundbeck		5	[ii] Risk Factors for Injury to Women from Domestic Violence, New England Journal of Medicine, 1999. Accessible online at **http://www.nejm.org/doi/full/10.1056/NEJM199912163412505**	Thank you.
Lundbeck		5	[iii] World HealthOrganisation, Intimate Partner Violence and alcohol factsheet, Accessible online at http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lundbeck		5	[iv] World HealthOrganisation, Intimate Partner Violence and alcohol factsheet, Accessible online at http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf	Thank you.
Lundbeck		5	[v] Alcohol Concern Factsheet, Grasping the nettle: alcohol and domestic violence, Sarah Galvani, 2010. Accessible online at, http://www.alcoholconcern.org.uk/publications/factsheets/grasping-the-nettle	Thank you.
Lundbeck		5	[vi] Stuart G., Shorey R., Moore T., Ramsey S., Kahler C., O'Farrell T. et al. Randomized clinical trial examining the incremental fficacy of a 90-minute motivational alcohol intervention as an adjunct to standard batterer intervention for men. Addiction 2013; 108: 1376–84.	Thank you.
Lundbeck		5	[vii] O'Farrell, T. J., Van Hutton, V., Murphy, C. M. Domestic Violence before and after Alcoholism Treatment: A Two-Year Longitudinal Study. Accessible online at, **http://www.jsad.com/jsad/article/Domestic_Violence_before_and_after_Alcoholism_Treatment_A_TwoYear_Longitu/615.html**	Thank you.
Lundbeck	**General**	0	Lundbeck is an ethical research-based pharmaceutical company specialising in brain disorders, such as **depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's disease Parkinson's disease and alcohol dependence.** Lundbeck welcomes and supports the updated public health draft guidance on domestic violence and the inclusion of alcohol as a risk factor and indicator.	Thank you. Substance use (which includes misuse of alcohol is included in recommendation 14. We have added drug and alcohol services as a specific example of specialist services in

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We also welcome the inclusion of existing public health guidance, PH24, 'Alcohol-use disorders – preventing harmful drinking', and clinical guidelines, CG115, 'Alcohol dependence and harmful alcohol use', in Section 5 of this draft guidance under the heading, 'Related NICE guidance'. However, we propose that the consumption and misuse of alcohol is considered for inclusion as a specific example in recommendations 1 & 14 of the guidance, as evidence suggests alcohol interventions and treatments can reduce a person's likelihood to perpetrate domestic violence.	recommendation 1.
Lundbeck	**Section 1**	5 and 17	We would also recommend the consideration of including the consumption and misuse of alcohol as an example of what action commissioners should take in recommendations 1 and 14 of the draft guidance. There is empirical evidence suggesting alcohol screening and treatment can reduce a person's likelihood to perpetrate domestic violence. A randomised clinical trial published in the journal *Addiction,* this year found that brief alcohol interventions made perpetrators of domestic violence less likely to be aggressive and violent.[i] In addition, a further *study evaluated levels of domestic violence before and after specialist alcohol treatment and its* results indi*cated* that domestic violence decreased after Behavioural Marital Therapy alcoholism treatment.[ii] This evidence provides a clear illustration of why commissioners should be advised to make a simple, brief alcohol intervention when assessing how to treat a perpetrator of domestic violence, with clear lines of referral in place where appropriate.	Thank you. We have added a reference to substance use services.
Lundbeck	**Section 10**	72	The evidence surrounding alcohol-use and the incidence of domestic violence is mixed and it is difficult therefore to come to state definitively the exact nature of their relationship. It is however well evidenced that alcohol use directly affects cognitive and physical function, reducing self-control and	This has been identified as a gap in the evidence –see section 10, 2.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships.[iii] Evidence also suggests that women who have male partners who abuse alcohol are at a greater risk of injury from domestic violence.[iv] However, as stated in the World Health Organisation's (WHO) '*Intimate Partner and Domestic Violence and Alcohol Factsheet',* the link between alcohol and domestic violence is often contested either because of the presence of additional and potentially mitigating factors, such as an impulsive personality or because heavy drinking damages relationships and increases the risk of conflict.[v] Nonetheless, there is convincing evidence summarised in the above WHO factsheet[vi] and Alcohol Concern's factsheet *'Grasping the nettle: alcohol and domestic violence'*[vii], suggesting that the link between alcohol and domestic violence is more than coincidental. Therefore we recommend NICE signpost the relationship as an area requiring further research in addition to the evidence gap already stated for integrated approaches to identifying co-existing issues such as substance use.	
NHS Ayrshire & Arran	General	0	There is little contained in the Guidelines about the development of strategic policy and provision of operational services to deal with serial perpetrators. One perpetrator may have a large impact on several partners and children.	Thank you. The PDG found limited evidence on perpetrators.
NHS Ayrshire & Arran	General	0	We suggest that all organisations should have a staff-wide policy on domestic violence and abuse with clear information about available support for staff as service providers but also as potential receivers of abuse, as well as perpetrators.	Thank you. That is beyond the remit of this guidance; however workplace as a setting for raising awareness of domestic violence was highlighted in the Final Scope as a possible topic for future guidance.
NHS Ayrshire & Arran	General	0	More emphasis should be made throughout the guidance on the role for GPs	Thank you. Primary care staff

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			in many of the recommendations. GP doctors and other staff are often the first/primary contact with health services in particular for people affected by domestic violence & abuse.	are mentioned in the majority of the recommendations, though they may be referred to as health professionals or frontline practitioners depending on the group the recommendation is relevant to. See section 2 for further detail in the final guidance
NHS Ayrshire & Arran	Section 1, recommendation 3	6	There are currently no known effective programmes that have been evaluated as effective for perpetrators who are not court-mandated?	Thank you. There is very little evidence for any perpetrator programme.
NHS Ayrshire & Arran	Section 1, recommendation 3	6	How to identify what constitutes a community in order to identify "all local communities" and then identifying all their needs in order to develop an integrated strategy will be difficult. Should guidance not be given on priority communities?	Thank you. We believe this to be set out in recommendation 1.
NHS Ayrshire & Arran	Section 1: recommendation 12	16	Advise which national standards of good practice for advocacy support are to be followed? Or is the intention that these will vary for each professional group or sector?	Thank you. The PDG did not see evidence that enabled them to recommend a specific model.
NHS Ayrshire & Arran	Section 1: recommendation 13	17	Risk assessments to be undertaken using standard, nationally validated tool?	Thank you. The PDG did not examine tools and therefore does not recommend a specific tool, however some are mentioned in the glossary entry for risk assessment.
NHS Ayrshire & Arran	Section 1: recommendation	17	How should perpetrators be encouraged to engage with programmes designed to stop their offending behaviour? Should this be court-mandated	Thank you. The evidence is unclear and the decision must

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	14		compulsory or not. Is there any robust evidence that indicates which approach will be most effective in ensuring perpetrators engage with these services and commit to them to the point of completion?	rest with local area commissioners.
NHS Ayrshire & Arran	Section 1: recommendation 14	17	5th bullet: the provision of feedback to those affected by the perpetrator may include several partners and families. There is a need to specifically target serial perpetrators throughout this recommendation.	Thank you.
NHS Ayrshire & Arran	Section 1: recommendation 15	18	Add Royal College of Nursing & Midwifery?	Thank you
NHS Ayrshire & Arran	Section 1: recommendation 15	18	Training to be compulsory / statutory for all professional groups, specific to the identified levels in the guidance?	Thank you. NICE guidance is not mandatory.
NHS Ayrshire & Arran	Section 1: recommendation 15	19	Level 2 – suggest this also includes GP practice nurses and A&E nurses too?	Thank you. We have added this.
NHS Ayrshire & Arran	Section 1: recommendation 17	21	Training and CPD to be a statutory requirement.	Thank you. NICE does not have the authority to do this.
NHS Ayrshire & Arran	Section 1: Recommendation 6	9	The need to use a validated standard risk assessment tool in order to quantify risks and identify a person's needs and degree of immediacy for tailored support should be made clear.	Thank you. The glossary entry for risk assessment addresses this.
NHS Ayrshire & Arran	Section 1: Recommendation 7	10	Clarify who has the ultimate say on what data can be legitimately and ethically shared with partners and service providers – professionals in different organisations and sectors will/may have different thresholds of disclosure.	Thank you.
NHS Ayrshire & Arran	Section 1: Recommendation	10	Data protection issues for individuals who move outside England and Wales for cultural reasons , e.g., Travellers, Romany people, so guidance also	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	7		required on sharing data with non-UK countries.	
NHS Ayrshire & Arran	Section 1: Recommendation 8	11	We feel that the first bullet point here is not robust enough and that frontline staff should not just respond to potential indicators of domestic violence & abuse. A lot of domestic violence & abuse is well hidden and there may be little outward evidence it is occurring. Targeted enquiry may increase the stigma for people experiencing the abuse. The only way to ascertain systematically the level of domestic violence & abuse and deal with it fairly is to ask all clients routinely about it.	Thank you. The evidence does not support screening for domestic violence and abuse.
NHS Ayrshire & Arran	Section 1: Recommendation 8	12	We know that A&E is also an area with high levels of people experiencing violence & abuse are seen by health and social care professionals, as well as the police. Suggest this area is also identified in the second bullet point as a focus for routine enquiry	Thank you. The PDG discussed this at length and agreed that the evidence does not support routine enquiry in A&E. The recommendation has been reworded to make it clearer that a disclosure can happen in any setting.
NHS Ayrshire & Arran	Section 1; recommendation 10	13	Ask that training for staff around domestic violence & abuse in children/young people (C&YP) be made mandatory.	Thank you. This is beyond the remit of NICE.
NHS Ayrshire & Arran	Section 1; recommendation 10	14	2nd bullet: Advise that a validated, preferably national, standard risk assessment tool is used to quantify risks for C&YP	Thank you. The PDG did not examine any risk assessment tools, and therefore are unable to recommend them.
NHS Ayrshire & Arran	Section 1; recommendation 10	14	5th bullet: involving C&YP in policy and service development and implementation is good practice. Does this apply to those perpetrating as well as experiencing domestic violence & abuse?	Yes. Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Ayrshire & Arran	Section 1; recommendation 11	15	4th bullet: Is there evidence or guidance on what constitutes a "long enough period" for support provision for C&YP that will be effective in improving their lives? If so, can this be made clear, such as in an appendix or similar?	Unfortunately the evidence was unclear on this.
NHS Ayrshire & Arran	Section 1; recommendation 4	8	Establishing an integrated care pathway for perpetrators will be difficult in light of robust evidence of an effective intervention for perpetrators. Who will make a decision about what service to deliver to perpetrators and what would be acceptable decision-making criteria?	Thank you. These decisions will need to be made at a local level since the PDG did not have enough evidence to be able to set out what constitutes an effective service.
NHS Ayrshire & Arran	Section 1; recommendation 5	8	We have concerns about displaying information in public places where can be seen by perpetrators when they are with victims, as it may increase risks for the latter: is there evidence that this public display supports people experiencing domestic violence & abuse ? Do people affected by the abuse report using such materials to access support?	Thank you. The evidence does support this, whereas the PDG did not see any evidence to link it to a reduction in safety for people who experience domestic violence and abuse.
NHS Ayrshire & Arran	Section 1; recommendation 5	9	Training for staff who are tasked with asking people about their experience of domestic violence & abuse should be made mandatory, as has been the case with Child Protection training.	Thank you. This is beyond the remit of NICE.
NHS Ayrshire & Arran	Section 1; recommendation 9	12	Travellers/Romany and people working in prostitution should be identified here as a group requiring attention to overcome barriers to accessing services.	The list is not intended to be exhaustive
NHS Ayrshire & Arran	Section 1; recommendation 9	12	Bullet point 1 – consultation with local groups with remit for equality for that group may contain individuals whose culture may be a contributing factor to the occurrence of domestic violence & abuse. Guidance on controlling for this might be appropriate?	Thank you. The PDG did not see any evidence relating to this.
NHS Ayrshire & Arran	Section 1;	12	Bullet point 2 – this appears to be a bit simplistic? Each group that may have	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	recommendation 9		barriers to accessing services will require a different strategy to overcome the barriers.	
NHS Ayrshire & Arran	Section 1; recommendation 9	12	There is an additional issue for dealing with domestic violence & abuse for people working in prostitution: fear of legal consequences may be a barrier to accessing services.	Thank you. Yes, it may.
NHS Ayrshire & Arran	Section 1; recommendation 9	12	There is an additional issue for dealing with domestic violence & abuse for people from traveller communities: whole families may move from one area to another, and from UK to other countries, eg Republic of Ireland. Continuity of care is difficult in these cases and needs to be included in any risk assessments undertaken.	Thank you. We are sure that each group who experience barriers have particular needs.
NHS Ayrshire & Arran	Section 1; recommendation 9	12	Suggest more mention here of forced marriage and human trafficking.	Thank you.
NHS Ayrshire & Arran	Section 3.21	30	Is there any evidence that programmes work better for female perpetrators than male perpetrators? Or indeed, for same-sex compared to different-sex couples. And if so, could this be added to the guidance?	The PDG noted a lack of evidence in this area for other groups – see consideration 3.22.
NHS Ayrshire & Arran	Section 4.3	32	Suggest an addition to new research topics: New longitudinal research on perpetrator programme efficacy by gender, age and sexual orientation.	Thank you. The text expanded to include this
NHS Ayrshire & Arran	Section 4.3	33	There may be some value in undertaking qualitative research into the experience of people affected by domestic violence & abuse in how they have been asked by professionals about the violence & abuse they have experienced. Do affected people (not perpetrators) prefer targeted or routine enquiry? Why don't we ask the people affected by the issue to tell us how best to identify their needs and support them though recovery?	Thank you for your comment.
NHS Ayrshire & Arran	Section 6	37	The intrusive person in consultations might also be a parent, grandparent or	Thank you for your

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Glossary		an adult child (for elder abuse)	comment we have included these others in the text..
NHS Cheshire East CCG and NHS South Cheshire CCG	General	0	Guidance reflects local commissioning processs and supports further development in joint commissioning.	Thank you.
NHS Cheshire East CCG and NHS South Cheshire CCG	General	0	More required on needs of vulnerable adults who suffer domestic abuse. This document should highlight the operational and commissioning requirements to meet this groups needs. It is important for commissioners to direct resources to this group.	Thank you. The early recommendations provide a context for local areas to come up with their own plan for doing this. The chair of the local safeguarding adults board should be part of the group that takes ownership of this (rec 2 and 3)
NHS Cheshire East CCG and NHS South Cheshire CCG	General	0	More required in terms of Public Health involvement as this should be seen as an important Public Health Issue. Public health involvement should be more that just statistic gathering	Thank you. Public health professionals should be involved in the planning and commissioning of services.
NHS Cheshire East CCG and NHS South Cheshire CCG	Recommendation 15	18	The importance of domestic abuse training is well highlighted but why have GP as a group been particularly highlighted. Training is important for every group of professionals who come into contact with the public and who may identify domestic abuse as an issue within the family or within a relationship. The number of levels of domestic abuse training could prove confusing and become a time consuming bureaucratic exercise. There need to be fewer levels.	Thank you.
NHS Cheshire East CCG and	Recommendation	10	The section on information sharing and seeking consent from people to share	Thank you. This

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS South Cheshire CCG	7.		their information needs to be more explicit for practitioners. eg In the case of MARAC the perpetrator is usually unaware that it is taking place in order to ensure the victims safety. It is not possible to therefore gain consent to share perpetrator information. This means that GPs are reluctant to share the information.	recommendation has been reworded.
NHS HEALTH SCOTLAND	General	0	It appears that most of the recommendations have been informed by some of the evidence statements contained in the evidence review rather than inferred from the evidence. This strengthens their robustness. The recommendations seem fairly clear and integrated. The definition of DVA to encompass almost all forms of family violence involving members over the age of 16 makes this guidance feel a little unbalanced. Most of the recommendations and evidence concern domestic abuse between current or former partners. Redefining domestic abuse in women over the age of 60 as 'elder abuse' may be confusing, particularly if the abuse has been continuing over many years. We consider that the dynamics of elder abuse, and the range of perpetrators involved, need more attention and discussion than is within the scope of this guidance.	Thank you. Domestic violence and abuse relating to older family members was within the remit of the guidance, but a dearth of evidence prevented the PDG from making recommendations about it. It has been added to the list of gaps in the evidence in the hope that it will be recognised as a research priority.
NHS HEALTH SCOTLAND		0	Similarly, the inclusion of abuse by children towards parents may require different levels of understanding as well as a range of interventions. Clearly there is a lack of evidence in these areas to make firm recommendations, but there are implications in terms of training and the development of appropriate care pathways which would have to be addressed to guide and support practitioners.	Thank you. Domestic violence and abuse of parents by children was within the remit of the guidance, but a dearth of evidence prevented the PDG from making recommendations about it. It has been added to the list of gaps in the evidence

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			There is little discussion of the intersections of different forms of abuse and the concomitant impact on health. Perhaps this could be acknowledged more explicitly within the guidance. While there is an evidence gap around prevention, perhaps this needs to be explicitly highlighted since this is public health guidance	in the hope that it will be recognised as a research priority. The gap around prevention is highlighted in consideration 3.23 and also in the gaps in the evidence section.
NHS HEALTH SCOTLAND	1	6	- Recommendation 3: first action. Perhaps it would be helpful to move the (including young people) to earlier in the paragraph. It could be read that young people are perpetrator and not also victims, which may potentially add to negative views about young people.	Thank you. We have changed this.
NHS HEALTH SCOTLAND	1	11	- Recommendation 8: we welcome the promotion of routine enquiry in the specified settings. This was introduced in NHSScotland in 2009. It may be helpful to indicate *when* such enquiry should take place, for example as part of an initial assessment. For many practitioners this is a significant change to their existing practice so it may be helpful to clarify the rationale behind this in more detail, perhaps in the evidence section.	Thank you. A list of indicator symptoms is included in the glossary.
NHS HEALTH SCOTLAND	1	13	- Recommendation 9: last bullet point in actions. It may be helpful to note that that family members may also be subject to the abuse, not just colluding in the abuse.	Thank you. This is a valid point, but doesn't really fit as a rationale for seeing people alone.
NHS HEALTH SCOTLAND	1	13	Recommendations 10/11- The lack of involvement of the education sector appears to be a significant gap here. This is the environment where children and young people spend much of their time and may be likely to disclose. It seems odd to emphasise the importance of partnership working and staff	Thank you. The decision about the parameters of a piece of guidance is somewhat arbitrary and driven by pragmatism.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			awareness when such an important sector is excluded.	
NHS HEALTH SCOTLAND	1	16	-Recommendation 13:it would be helpful here to note the need for interventions around complex trauma, particularly where women have experienced prolonged abuse and/or have experience of other forms of abuse e.g. childhood sexual abuse, commercial sexual exploitation. There is a need for a tiered approach to mental health interventions that could usefully be noted here. Perhaps it would also be useful to highlight the significance of routine enquiry as part of the assessment and formulation process.	Thank you. The PDG agreed that referring to individual NICE guidance on mental health interventions was the most useful way to frame this recommendation.
NHS HEALTH SCOTLAND	1	17	Recommendation 14 : the draft guidance may be strengthened by highlighting factors which identify those likely to be perpetrating DVA. The focus in the recommendation is clearly on intimate partner violence. Interventions for perpetrators of elder abuse & 'honour' based violence are absent. Whilst there is a lack of evidence for these areas, it does demonstrate again that the overarching definition has some drawbacks in trying to develop a coherent response to domestic abuse. As the evidence is still inconsistent on effectiveness of programmes for perpetrators perhaps it would be helpful to add monitoring of recidivism from such programmes. The evidence indicates that interventions appear to change attitudes but this doesn't seem to follow through to behaviour. Monitoring would enable the evidence of effectiveness of interventions to be gathered and continue to build the evidence base.	Thank you. We are aware of this limitation.
NHS HEALTH SCOTLAND	1	19	-Recommendation 15: the tiered approach to training is helpful in clarifying expectations of different roles within healthcare. Given the promotion of routine enquiry in recommendation 8, however, it is important to emphasise	Thank you. It specifies trained staff in rec 8.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that this should not be undertaken *unless* staff have been trained to ensure this is carried out safely and appropriately. When we introduced this in Scotland a number of managers were reluctant to allow staff to attend training because of service demands and resource capacity. We had to insist that this could not go ahead without staff accessing adequate training.	
NHS HEALTH SCOTLAND	1	20	- Recommendation 16 - agree GP monitoring potentially effective and useful way of monitoring	Thank you.
NHS HEALTH SCOTLAND	6	36	-Indicators: these are referred to throughout the guidance. The range of health conditions/symptoms is useful but these are not the only type of indicators to which staff should be alerted. The final bullet point re intrusive partner sits very oddly in this list. Perhaps it would be useful to identify the range of emotional and behavioural indicators which may raise the index of suspicion for staff around DVA.	This list is not exhaustive.
NHS Sheffield Clinical Commissioning Group	General	0	We feel too much evidence is provided & so as to make the document shorter & thereby less off putting to readers, could the evidence be referenced rather that quoted?	Thank you. The evidence is all gathered together in a separate document and is not included in the recommendations. This ensures the recommendations are easily readable and stand alone. The format of NICE guidance documents is standard. The evidence is now supplied separately from the guidance document on the NICE website.
NHS Sheffield Clinical	General	0	'The recent child Serious Case Review re Daniel Pelka (ref:	Thank you. The PDG are aware

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Commissioning Group			http://www.coventrylscb.org.uk/dpelka.html) should be included as evidence for the guidance. Specifically re responses to known, recorded DA occurances.	of this.
NHS Sheffield Clinical Commissioning Group	Recommendation 12 – Who should take action?	15	Unclear as to how CCGs will adopt the pathway described below of providing those affected by DA with advocacy services. Is it not more appropriate that where specialist DA services are commissioned from e.g. public health, also commission advocacy services	Thank you. We are sure that different local areas will come up with their own arrangements.
NHS Sheffield Clinical Commissioning Group	Recommendation 16 (general comments)	20	This section isn't clear. These appear to be 2 issues: 1 being re a referral pathway into general practice & 2 re GP training. Re 2, can training for GPs not be specified in rec 15 above	Thank you. This recommendation is drawn from a specific set of evidence that requires it to be together.
NHS Sheffield Clinical Commissioning Group	Recommendation 2 – Who should take action?	6	Add in – include early years, schools etc. Work should be undertaken with children & young people re developing emotional intelligence to better manage anger & thereby prevent DA	Thank you. Schools are outside the remit of this guidance.
NHS Sheffield Clinical Commissioning Group	Recommendation 3 - What action should they take	7	The strategy should take account not only of commissioned specialist DA services, but also 'general' services commissioned e.g. primary care, that can support the DA agenda – both in prevention & supporting clients experiencing DA. Also relates to rec 4 below re what commissioned for care pathways	Thnk you. We have tried to convey this.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	**Recommendation 13: Mental health interventions**	16	It is important to ensure that the **cognitive behavioural psychotherapy** suggested as an evidence based therapeutic intervention should be **trauma focussed** with a particular emphasis on cognitive and emotional processing of interpersonal trauma, by practitioners with a sound understanding of domestic and sexual abuse. It is also essential to recognise the need for **more diverse medium/long term**	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	and Evidence statements 13 and 14		**therapy, especially for survivors of childhood abuse**. Current evidence-based practice on working with **complex trauma** is well summarised in widely endorsed guidelines funded by the Australian government (Practice Guidelines for Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery, ASCA, 2012). This guidance usefully distinguishes between single-incident trauma (e.g. car accident) and complex trauma, the latter often the result of **chronic abuse or repeated interpersonal trauma during early development**. The guidelines draw on evidence from neuroscience and attachment studies which support the need for longer-term therapy to help repair the development deficits caused by interpersonal abuse. CBT is not the type of therapy widely accepted to be most valuable in such cases. Both the BACP and UKCP are in discussion with NICE about their bias towards cognitive behavioural treatments in guidance on psychological therapy, arguing that this is due to differences in the types of evidence rather than superior effectiveness. There is a strong case that 'greater evidence of effectiveness does not necessarily equal evidence of greater effectiveness'.	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	**Section 4 Recommendations for Research** **and** **3.24 Health Economics**	32	4*.3 What are the longitudinal effects of the following interventions, across various levels of risk and including diverse (including marginalised) groups* What is meant by 'marginalised groups' – there is no explanation of this in the Glossary of terms, and it could be interpreted differently. The list given could imply that there is enough evidence from research in relation to other interventions, or groups, which is not the case. Because the focus of voluntary sector domestic and sexual abuse services is on service delivery and awareness raising, rather than research, there is a chronic lack of research focused on such services, and their value to women, children and young people in particular, as well as the ways they are adapting	Thank you. Marginalised groups is a term in common use and is not an exhaustive term therefore it would be difficult to define it fully.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			their services to meet the needs of male victims. The only exception to this appears to be CAADA's excellent research which incorporates economic modelling, but this has a specific focus on High Risk service responses, which only reflect around 5% of reported domestic abuse incidents. As this NICE consultation illustrates, research that meets the required standards of evidence is essential to inform practice guidance, and future commissioning – there is a very real risk that locally based specialist domestic and sexual abuse services will disappear over the next few years as a result of competitive tendering processes.	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	**Recommendation 1 Commissioning** **and** **Section 3 Considerations 3.7**	5 and 28	The document states: *Local commissioners should use the results of [the] 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.* It does not mention **how** services should be commissioned that are best able to meet the needs of the people referred through those pathways. *3.7 The PDG was aware that much of the expertise and support for people who experience domestic violence and abuse lies in the voluntary and community sector, where funding and capacity is generally limited.* This links to the serious concerns repeated below about the threat posed to specialist locally based voluntary sector services, which have evolved over the past 40 years in response to the needs of their service users. Unless guidance is issued to commissioners, and careful consideration is given to what needs to happen to safeguard those services, there is a very	Thank you for your comments.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			real possibility that they will cease to exist in the near future, as large generic charities and housing providers are winning service contracts in competitive tendering processes.	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	General	0	There is no mention in the document of **Domestic Homicide Reviews** – participating in them, sharing information with them, learning lessons and implementing recommendations.	Thank you. The PDG discussed these at length but found no evidence yet of their effectiveness.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	General	0	It should be made clear that a referral to relationship counselling is not usually appropriate in cases of domestic abuse e.g. where violence and risk are on-going as this is likely to increase risk to the victim unsafe. This is learning from case reviews that has been disseminated to GPs in Sheffield.	Thank you. We do not recommend referral to relationship counselling.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	**General: definition of domestic violence and abuse**	0	The definition outlined on pages 1-2 is very comprehensive and includes an important statement in relation to gender. However, the rest of the document would benefit from reminders of the definition e.g. as a footnote at the start of new sections, to ensure that the gender analysis is not lost, and the inclusion of issues such as forced marriage and 'honour' based violence is not tokenistic. The risk otherwise is that they become invisible / marginal in the rest of the document. The document appears to be attempting to be 'gender neutral' when the issues under consultation are very clearly not. Reference is made to research by Sylvia Walby in relation the the costs of	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			domestic violence, but there is no reference to her analysis of the British Crime Survey results which clarifies that it is overwhelmingly women who experience repeated abuse and more severe injury and trauma.	We appreciate that little is said specifically about 'honour' violence and forced marriage, but there was a dearth of evidence in this area. They have both been highlighted in the considerations and research recommendations.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	**Recommendation 11 Services for Children & Young People and lowering of age limit in definition of domestic abuse**	14	It is not clear whether the consultation is inclusive of **young women / men who have been sexually abused by adult men**. There is clear mention of children and young people who have been exposed to domestic abuse between adults in the household, and to domestic abuse between 16-17 year olds in their own intimate relationships. The document tends to refer to sexual abuse as a 'sub-set' of domestic abuse, whereas some women experience primarily sexual abuse / exploitation by men they know. Lowering the age limit within the definition of domestic abuse to include 16-17 year olds is to be welcomed but does create issues, as under 18's are still children legally. The responses to them will often need to be different, and it would be helpful to include a section related to this.	'Child abuse' is not covered by this guidance, so it would depend on the age of the young person.
NHS Sheffield Clinical Commissioning Group on	**Recommendation 9**	12	Who will benefit? The list should include **women** as a category, and **men** rather than 'people'. It should also list **young people**, as well as older people.	Thank you. It is not a list, it is a few examples. It is clearly

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
behalf of Sheffield Drug and Alcohol on behalf WAVES	**Equality & Diversity**			marked 'for example'
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	0	We would like to see the wording 'safety planning' included elsewhere, and not solely in the Mental health section. A lot of safety planning is done by specialist DV services and not only by MH services, as not all victims need MH support, but all victims identified need a safety plan.	Thank you for your comment.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	2	Young people may also perpetrate domestic violence and abuse in their own intimate relationships. **Add in:** And against parents and other family members	Thank you. We have added this.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	5	Addition to text: Services should be mapped against the Home Office's **endorsed?** Coordinated Community Response Model and any gaps identified. This web page is AVA's not the Home Offices	Thank you. We have clarified this.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and	Section 1	9	Referral pathways - Ensure that 'a robust referral protocol' includes reference to the use of risk assessments of all male referrals and referrals of people in same sex relationships to identify them as a victim and not the primary	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Alcohol / Domestic Abuse Coordination Team, Sheffield City Council			perpetrator. Sheffield recommends use of Respect guidance on this.	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	10	We would like to see a bullet point that explains that risk of DV can be in three levels and that all high risk cases should be referred to IDVA and MARAC. The first bullet point on page 10 states: *for those in need of immediate support consider referral to specialist services.….or a MARAC for high risk victims'* I would suggest the use of the word consider suggests immediate support is optional in high risk cases, whereas this is not the case. Therefore separate the bullet into two or reword for example 'consider referral to immediate support e.g. refuge etc…. and *for all* high risk cases refer immediately to IDVA/ MARAC'.	Thank you. The PDG reconsidered the wording of this recommendation but retained similar wording.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	10	Point - Develop or adopt 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 protocols on sharing information with health services on the perpetrator's criminal history). - This point should include reference to information sharing with MARAC and in relation to Domestic Homicide Reviews. It is difficult for GPs in particular to share and receive relevant information with and from MARACs but they may be a key agency that high risk victims are engaging with.	Thank you. The evidence base did not contain enough detail for this.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and	Section 1	10	**Recommendation 7,** defines three stages of domestic abuse support crisis, medium term and long term. Under long term support there is an example of following the end of the relationship or because they have previously	Thank you. The bullet encompasses both things.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Alcohol / Domestic Abuse Coordination Team, Sheffield City Council			experienced domestic violence. We would suggests that our recent findings in Sheffield show that the majority of victims accessing domestic abuse support had a perpetrator who was an ex-partner and the situation is current, and therefore these individuals were assessed as needing crisis and medium support. Therefore if this bullet point is meant to mean that the abuse is historic but the individual needs low key long term support as there are long term effects due to the nature of the relationship, then we think it would be wise to re-word to provide greater clarity. It has also been an issue in a recent Sheffield Domestic Homicide Review that 'separation' from an abusive partner was not recognised by some services as a risk factor.	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	14	We would like to see a bullet on the specialist services of DV stating that there is '*an on-going assessment of risk'* in the same way it is stated in recommendation 13 – Mental health	Thank you. We have added this.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	15	Addition to text: Include support and services for young people experiencing domestic violence and abuse in their own intimate relationships **and / or perpetrating abuse to intimate partners, parents or other family members.**	Thank you. We have added this.
NHS Sheffield Clinical Commissioning Group on	Section 1	17	Addition to text: **What action should they take?** Commission programmes for people **(including provision for young people)**	Thank you. We feel that the introduction makes clear that

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council			who perpetrate domestic violence and abuse, in accordance with national standards and based on the local needs assessment (see recommendation 1).	young people are included as part of the total population group
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	17	Addition to text: Link these programmes with specialist support for those experiencing domestic violence and abuse (including children and young people). This should include **an emphasis on ensuring the safety of the partners / families** and feedback to those affected on the perpetrator's progress.	Thank you. This would be a repetition of the bullet point immediately above
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	Section 1	18	Addition to text: **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 and to have an awareness of risk factors and local processes for managing risk**. They should also be able to offer a referral to specialist services, where necessary. This involves an understanding of the epidemiology of domestic violence and abuse, how it impacts on people's lives and the role of professionals in intervening safely. Typically this is for: A&E doctors, adult social care staff, children's centre staff, children and family social care staff , GPs, midwives, health visitors, health and social care professionals in education (including school nurses), prison staff and substance use workers. In some cases it will also be relevant for youth workers.	Thank you. This has been reworded.
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and	Section 1	13 to 14	What action should they take? P13/14 Add to bullet points **'consider risk issues for the whole family. E.g. separation of parents may indicate that the risk to the child will be**	Thank you. The PDG did not consider any evidence that gave this

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Alcohol / Domestic Abuse Coordination Team, Sheffield City Council			**reduced but this could be a point of increased risk for the adult victim / parent. '**	detail.
NHS Sheffield Clinical Commissioning Group on behalf Sheffield Women's Network		36	When I lived with a violent partner, I always waited until we were in company to say anything he might not like. This meant that people saw me as the 'dominant' or 'strong' one and him as a bit of a 'victim'	Thank you for your comment.
Norfolk Constabulary		25	Honour based violence and forced marriage this refers to published document but there should be an inclusion re FGM preferably from FORWARD or WHO	FGM is not covered in this guidance.
Norfolk Constabulary	3.4	27	inclusion re FGM missing	See comment above.
Norfolk Constabulary	Recommendation 10	13	Second to last bullet point we should include a statements to ensure professionals must make the Safeguarding Referral regarding the child or young person as per national guidelines and record and document this action instead of and know when child protection services should be involved	Thank you. We believe this is covered in the rewording.
Norfolk Constabulary	Recommendation 4	8	Add robust dynamic risk assessment tools example DASHH, DACRAM etc after second bullet point on page	Thank you. The PDG did not look at the evidence for different risk assessment tools.
Norfolk Constabulary	Recommendation 5	9	Last bullet point – After full risk assessment assess what type of service someone needs -…..	This seems to be misallocated. There is no reference to risk assessment in any of the bullets in this recommendation.
Norfolk Constabulary	Recommendation 7	10	Information sharing needs to include where there is a risk of serious harm ie if the victim is DASHH risked assess as High risk their may be a need to share	Thank you. This recommendation has been

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that information without the individuals consent. Disclosure without consent: The term 'public interest' describes the exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader social concern. Under common law, staff are permitted to disclose personal information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others. Each case must be judged on its merits.	reworded.
Norfolk Constabulary	Recommendation 8 first bullet point	11	Instead of relevant questions add in here the use of relevant risk assessment questions as individuals may have differing opinion or experience as to what a relevant question are unless there is a nation set standard or relevant questions set. People may not probe enough to ensure all the information required is gained	Thank you for your comment.
Norfolk Constabulary	Recommendation 9	13	Where it states ensure professional interpreters are used I would suggest removing *do not rely on the use of family of friends* as we should never use family or friends as a victim will never speak freely	That is what this recommendation is communicating.
Norfolk Constabulary	What this Guidance is about	1	Under the definition of domestic abuse which includes honour abuse, female genital mutilation has been omitted which is included in the Government definition update March 2013.	Female Genital mutilation is not included in the scope of this guidance. We have clarified this in the document.
North East Hampshire Domestic Abuse Forum	General	0	I was surprised, in light of recent domestic homicide reviews where men have been murdered by their partners, that the document right from the start keeps referring to women being the main victims of domestic violence and abuse, and I am concerned that this message reinforces gender bias and the likelihood of vulnerable male victims being missed. The figures of 1.2 million women and 784,000 men as victims of domestic violence and abuse equate to a ratio of 65% / 35% meaning that the difference is not such that I would have	Thank you. We have reworded this so that men and same sex couples do not seem so 'incidental'.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			thought it need to be constantly stated that "the majority of this violence and abuse is perpetrated by men on women and girls, although men can also experience domestic violence and abuse, and it can occur in same-sex relationships" I feel that ideally statements such as this should be removed and people then can have an open mind as to what a 'typical' victim looks like. The other issue I thought it would be good to include in the guidance, if possible, is a clear steer as to when health care professionals are expected to report incidents to the police, as this seems to be quite a grey area and one which causes concerns, particularly where it is deemed that an adult (with no children) has mental capacity.	
North East Lincolnshire Council		0	There does not appear to be any reference to FGM (female genital mutation) and all commissioning guidance should include this type of violence	Thank you FGM is outside the scope of this guidance. We have made this more explicit.
North East Lincolnshire Council		2	Also need to state all generic workers in health and social care not just specialist DV and abuse staff	Thank you. This is what we mean by "those working in the health, social care, voluntary, community and private sectors who may come into contact with people who experience or perpetrate domestic violence and abuse." On p.2
North East Lincolnshire Council		2	Mentions LSP should also include safe and stronger communities	Thank you.
North East Lincolnshire		5	Sexual violence - issue of cross boundaries where the local SARC is not local	Thank you. This is not the remit

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Council			ie access may be difficult . Attention needs to be drawn to best practice in SARC delivery	of NICE guidance.
North East Lincolnshire Council		5	Need some local commissioning guidance for therapeutic support for survivors of sexual violence	Noted. Thank you.
North East Lincolnshire Council		6	The example of production of a directory of services is an out dated approach	Thank you. Noted.
North East Lincolnshire Council		6	Re above comment- Prefer on line data base or an app	Thank you, not having considered any evidence on this, the PDG felt it was a local decision.
North East Lincolnshire Council		7	Perpetrators – need more information on what this should include as evidence suggests that perpetrator programme are not effective in the medium/long term	Thank you. The PDG were aware of the limited evidence about perpetrator programmes and did not able to give further detail on them.
North East Lincolnshire Council		16	Potential high risk of suicide of survivors of DV needs to be mentioned and built into commissioning guidance specifically for mental health	Thank you.
North East Lincolnshire Council	Considerations 3.7	28	The guidance could make more use of the expertise in the voluntary and community sectors by strengthening the recommendations to include commissioning of these in DV The expertise is recognised in the narrative, but the link is then not drawn by guiding commissioners to commission from these specialist agencies	Thank you for your comment.
North East Lincolnshire	Draft	4	Welcome identification of DV and abuse as gender specific	Thank you. The PDG were clear

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Council	recommendations section 1			that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
North East Lincolnshire Council	General	0	Need to separate the victims and the perpetrators out in the guidance , recognising that domestic violence is a crime and should be treated as such with consequences	Thank you.
North East Lincolnshire Council	Introduction	2	Should this be consistent with police commissioning in the future?	Thank you. We hope that the joint group on domestic violence prevention (see rec 2) will help to promote consistent commissioning.
North East Lincolnshire Council	Recommendation 7	10	Clarify what is meant by sharing information with health services on the perpetrators criminal history	Thank you. We hope this is clearer in the newer version.
North East Lincolnshire Council	Recommendation 12	15	Consider including Health watch	Thank you.
North East Lincolnshire Council	Recommendation 13	16	Might need to reference PTSD consider wide range of talking therapies	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
North East Lincolnshire Council	Recommendation 14	17	Evidence needs to be reviewed as would not want commissioners to invest in programme that might have only short term outcomes in the criminal justice system	Thank you. NICE have reviewed the evidence, but it is unclear about the components of an effective intervention.
North East Lincolnshire Council	Recommendation 15	18	Helpful to have the different levels of training	Thank you.
North East Lincolnshire Council	Recommendation 16	20	Should include commissioners of GP services eg NHS England	Thank you. We have added this.
North East Lincolnshire Council	Recommendation 2	6	Potential to have a focus on health and social care as well as general partnerships	Thank you for your comment.
North East Lincolnshire Council	Recommendation 3	7	Like inclusion of survivors	Thank you.
North East Lincolnshire Council	Recommendation 4	7	See comment above- more information of evidence for care pathways for perpetrators (as whether this is effective) - again recognising that domestic violence is a crime	Thank you. The PDG considered little evidence relating to perpetrators. The evidence they did consider is published on the NICE website as part of the consultation on this guidance.
North East Lincolnshire Council	Recommendation 5	8	Agree with content	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
North East Lincolnshire Council	Recommendation 6	9	Need to include something along the lines of assessing the level of safety for the service user and whether they have any immediate medical needs	Thank you. We believe this is reflected now.
North East Lincolnshire Council	Recommendation 8	11	Agree with content – looks right	Thank you.
North Yorkshire Domestic Abuse Joint Coordinating Group	General		There is no reference to the help that local Domestic Abuse Coordinators can give in the linkage to various partner agencies	Thank you. The PDG did not receive any specific evidence relating to the role of Domestic Abuse Co-ordinators
North Yorkshire Domestic Abuse Joint Coordinating Group	General	0	There should be more importance placed on the MARAC procedure – there is little steer on who should attend & how to refer to a MARAC – training need	Thank you. The PDG felt this was adequately set out elsewhere. The NICE Implementation team are coordinating activities to ensure that connections to existing specialist procedures can be made
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 Recommendation 15	19	There should be reference to Mandatory training to all A & E staff and maternity unit, plus newly qualified Doctor's (as at Scarborough), GP's should be included as they are usually the first point of contact for all victims.	Thank you. NICE guidance is not mandatory. .
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 5	9	Paragraph 2 should make a link to recommendations 15 & 16 (training) All midwifes should ask the question when booking in if the woman is scared of her partner. Also A & E staff should ask questions if safe to do so.	Thank you. The PDG did not see evidence about the effectiveness of this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 6	10	Paragraph 1 should include the Independent Sexual Violence Advocate	They are included in the 'staff in all health and social care settings'
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 9	12	Paragraph 4 should also make reference to the Traveller community	The list is not intended to be exhaustive.
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 16	20	There is no reference here as to the importance of MARAC's – who should attend, who should receive direct training on MARAC processes	Thank you. The process for MARACS is set out in legislation.
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 1	6	Directory of Services are available within many areas already	Thank you.
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1 / Recommendation 2	6	There is no mention here to attendance at MARAC meetings, which should be an integral part of this recommendation	Thank you. This recommendation is about setting up a partnership board locally to tackle domestic violence and abuse.
North Yorkshire Domestic Abuse Joint Coordinating Group	Section 1/ Recommendation 3	7	Howw will it be decided which partner takes the strategic lead & oversees delivery on behalf of the local strategic partnership?	This will be decided locally.
North Yorkshire Domestic	Section 3	27	Is this correct – "all ethnic groups"?	Thank you. Yes.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Abuse Joint Coordinating Group	3.4			
Nottinghamshire County Council	3.10	28	We welcome the recognition that dv is essentially an issue of abuse of power	Thank you. The PDG have reworded this.
Nottinghamshire County Council	3.18	29	Need to add that failure to train healthcare professionals also means that there is a missed opportunity for early intervention which the IRIS project has demonstrated	Thank you for your comments.
Nottinghamshire County Council	3.23	30	Primary Prevention – it is disappointing that this was not a comprehensive part of the review. Primary prevention is an important part of any strategy and it would have been exceedingly useful to have a steer on what is more likely to produce desired outcomes. The reason attributed for this being outside of the scope (most interventions are delivered in education settings) is poor as it is the consequence of DVA we are all interest in. DVA impacts on the health of those that experience it and witness it so it would have been beneficial to understand what the most effective primary prevention programmes are irrespective of their setting. It is welcomed that further research is recommended on page 32.	Thank you for your comment.
Nottinghamshire County Council	3.4	27	By not recognising the higher prevalence of HBV in BMER communities, there is a risk that the complexity and risks associated with HBV and specific harmful cultural practices are overlooked	Thank you for your comment.
Nottinghamshire County Council	3.7	28	Funding and capacity in the voluntary sector is limited. This is an exceedingly important point owing to the fact that implementing the recommendations would lead to an increase in case findings and likely referral which will in turn	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			place additional demand on Specialist DVA services.	
Nottinghamshire County Council	General comment	0	Although the guidelines acknowledge that most dv is perpetrated against women by men, the language used throughout is very gender neutral which implies that commissioning should be the same for perpetrators as it is for survivors. There appears to be no reference to a proportionate approach to commissioning or the importance of women only services. This is reinforced in Section 3 Considerations.	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
Nottinghamshire County Council	Recommendation 11	14	We welcome the recognition of the impact of dv on children and young people and the harm to the parenting relationship and the need to support the relationship between the C&YP and the non-abusing parent/carer through joint or parallel sessions	Thank you.
Nottinghamshire County Council	Recommendation 14	17	In the absence of good evidence around perpetrator programmes it is good to see that the purpose of any perpetrator programme is to increase the safety of the perpetrator's partner and children and that any such programme should not be carried out in isolation of appropriate support and communication with the victim and any children.	Thank you.
Nottinghamshire County Council	Recommendation 15	18	The Levels of training are very useful reference to bring consistency across statutory and non-statutory agencies delivering training. It is a useful guide to mention various staffing groups however recognition that some roles may differ from service to service.	Thank you
Nottinghamshire County Council	Recommendation 16	20	This should be spelt out a bit more extensively. One of the most significant pieces of evidence behind this recommendation is the IRIS model. This is more than education and referral as a key component of IRIS is the support	Thank you.. The PDG chose not to refer to any specific project by name but does draw on its

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and consultation provided by the Advocate Educator. This will in most areas require commissioning. Education and referral alone will only get so far. It would be good to see the IRIS model spelt out a little more clearly in this recommendation.	principles. Specific examples can be used in the implementation of the guidance.
Nottinghamshire County Council	Recommendation 3	7	Final bullet point. There is a need not just to monitor the implementation of the strategy but also its effectiveness	Thank you. We have reworded this.
Nottinghamshire County Council	Recommendation 5 and recommendation 9	9	We welcome the recognition that survivors experiencing additional discrimination in access to services may require specific and explicit options in referral pathways to services, that there needs to be an awareness amongst providers of HBV and of risks associated with confidentiality in small communities and interpretation	Thank you.
Nottinghamshire County Council	Recommendation 6	10	Need to add helpline to the list of services for those in need of immediate support	Thank you. It is a list of inclusions rather than an exhaustive list.
Nottinghamshire County Council	Recommendation 6	10	Refers to medium or long term support – the emphasis should really be on level of risk rather than the length of support and where it refers to those in need of long term support, it should add 'support to recover from the harm of domestic violence'. When commissioning services there needs to be a focus on the outcome of the intervention rather than whether or not it offers medium or long term support	Thank you. This recommendation is about tailoring services for people in relation to how immediate the violence and abuse is. It is not about commissioning.
Nottinghamshire County Council	Recommendation 8	11	Second bullet point need to add that survivors should always be seen separately from perpetrators	We say in the recommendation "The enquiry should be made in a kind, sensitive manner and in an environment where the person feels safe."

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Nottinghamshire County Council	Recommendation 9	12	We welcome the recognition that survivors experiencing additional discrimination in access to services may require specific and explicit options in referral pathways to services, that there needs to be an awareness amongst providers of HBV and of risks associated with confidentiality in small communities and interpretation	Thank you
Nottinghamshire Healthcare NHS Trust		9	Recommendation to include audit as an action	Thank you. This is reflected in the new wording.
Nottinghamshire Healthcare NHS Trust		10	Doesn't identify contacting emergency services	Thank you.
Nottinghamshire Healthcare NHS Trust		10	In relation to long term support only identifies mental health- needs to refer to emotional needs and consider referral to appropriate support including mental health, substance misuse services, specialist therapeutic services e.g. rape crisis	Thank you.
Nottinghamshire Healthcare NHS Trust		15	Paragraph 5 is confusing – what intervention? And is this provided within health or in partnership	Any intervention that is provided.
Nottinghamshire Healthcare NHS Trust		17	Needs to identify womens advocacy workers to be the agency to feedback	Thank you.
Nottinghamshire Healthcare		19	Other training needs to link to mental health and substance misuse to support	Thank you. This

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Trust			trilogy of risk assessment	recommendation is specifically about domestic violence and abuse.
Nottinghamshire Healthcare NHS Trust	General comment	0	Substance misuse services are not always aligned as part of health services , recommendation that the service be identified to highlight the trilogy of risk	Thank you. We are not sure what you mean by trilogy of risk.
Nottinghamshire Healthcare NHS Trust	Recommendation 1 – commissioning: planning services	5	Substance misuse services are not included in the mapping	Thank you. We have added them.
Nottinghamshire Healthcare NHS Trust	Recommendation 10 What action	13	Needs to link to utilising pathway to provision/ CAF as not all children will reach child protection thresholds	Thank you.
Nottinghamshire Healthcare NHS Trust	Recommendation 11 What action	15	Work in collaboration with other agencies to address the emotional …..	Thank you.
Nottinghamshire Healthcare NHS Trust	Recommendation 12	16	Paragraph 1- needs to expand on equality and diversity and may impact upon risk as opposed to contributed to the situation	Thank you. This recommendation has been reworded.
Nottinghamshire Healthcare NHS Trust	Recommendation 13	17	Paragraph 1- recognise the need to ensure survivors safety prior to commencing therapeutic work in relation to trauma is	Sorry. We do not understand this comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Nottinghamshire Healthcare NHS Trust	Recommendation 14 What action	17	Paragraph 2- why is this identified as short term help only when we are identifying survivor to access medium and long term support	Thank you. We have removed the reference to short term in recommendation 14.
Nottinghamshire Healthcare NHS Trust	Recommendation 15 What action	18	Level 2- needs to include training for routine and selective enquiry This also needs to include training on how to respond in order to be able to refer	Thank you. We have added this.
Nottinghamshire Healthcare NHS Trust	Recommendation 2	6	Substance misuse services to be included as a frontline service	Thank you. Substance use services are included under health an local authority services
Nottinghamshire Healthcare NHS Trust	Recommendation 3	7	Expand to represent the equality and diversity of survivors to include hard to reach groups, older people, BMER, physical and Learning disability. In relation to young people to include the need for restorative justice and social care needs	Thank you.
Nottinghamshire Healthcare NHS Trust	Recommendation 4	7	Integrated pathway to include collaborative working to ensure multiple needs are met	Thank you.
Nottinghamshire Healthcare NHS Trust	Recommendation 5	8	Ensure people who have substance and/or mental health problems and are affected …….. Services who work together	Thank you. NICE style is not to use and/or
Nottinghamshire Healthcare	Recommendation	9	Discusses staff in health settings but not expanded	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Trust	6 Who should take action		Substance misuse services are not included	
Nottinghamshire Healthcare NHS Trust	Recommendation 7	11	Inclusion of flag and tag on systems to identify and support risk	Thank you. The evidence base did not contain enough detail to recommend this.
Nottinghamshire Healthcare NHS Trust	Recommendation 8	11	Asking needs to include child and family teams e.g. health visitors who routinely enquire	Thank you. The PDG did not see any evidence to support routine enuiry by health visitors.
Nottinghamshire Healthcare NHS Trust	Recommendation 9	13	No discussion around non attendance	Thank you.
Nottinghamshire Healthcare NHS Trust	What action should they take	9	Short term / briefsupport is not included	Thank you. We have added this
Nottinghamshire Office of the Police and Crime Commissioner	**General**	0	Please see below the main comments from the Nottinghamshire Deputy Police and Crime Commissioner in response to the consultation on the guidance. Overall, the Deputy Commissioner supports the guidance, identifying opportunities for national standards which would allow for local implementation.	Thank you for your support.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 1:**	5	**Commissioning: planning services** • The comprehensive mapping exercise would enable comparisons to be made across the country, providing a baseline and national comparator for Domestic Violence commissioning of services mapped against the Home Office's Coordinated Community Response Model and any gaps identified. This is being undertaken by the Nottinghamshire County Council Review. • There would be great benefit to utilising the results of mapping in the joint strategic needs assessment (JSNA) and other strategic planning tools which could inform the refresh of the Joint Partnership Strategic Assessment and the Police and Crime Plan.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 10:**	13	**Identifying domestic violence and abuse: children and young people** • This is an essential area for understanding and targeting indicators of support for children and young people.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 11:**	14	**Specialist domestic violence and abuse services for children and young people** • This is an area of need to ensure relevant support to vulnerable children and young people who experience domestic violence and abuse.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 12:**	15	**Advocacy** • Advocacy support is an essential part of the referral pathway.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 13:**	16	**Mental health interventions** • There is a need to emphasise support across partnerships for this vulnerable area.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 14:**	17	**Commissioning programmes for people who perpetrate domestic violence and abuse** • Further support for perpetrators of domestic violence and abuse should form part of provision of services and should include support for victims.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 15:**	18	**Training to support different roles** Support for training to provide a universal response to give staff a basic understanding of the dynamics of domestic violence – through to higher levels of training for specialists.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 16:**	20	**Training: integration of training and a referral pathway into general practice** • The wider the integration across the service delivery landscape the greater the opportunity to widen the net of support.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 17**	20	**Training: pre-qualifying and continuing professional development for health and social care professionals** • This would provide for mainstreaming training and knowledge.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 2:**	6	**Participate in a local partnership to prevent domestic violence and abuse** • Ensuring the streamlining and opportunities for partnership participation across a full service delivery chain to prevent domestic	Thank you for your comment.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			violence and abuse is essential for the victims' seamless service and pathway to recovery and there have been established partnerships within Nottingham and Nottinghamshire. This stakeholder involvement will be looked at through the process review stage of the Academic Research commissioned by the Deputy Commissioner.	
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 3:**	6	**Commissioning: develop an integrated strategy** • There are opportunities to further develop local integrated Domestic Violence Strategies which all the service provides are aligned.	Thank you. We agree.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 4:**	7	**Commissioning: establish an integrated care pathway** • To ensure that there is a robust pathway for victims who suffer abuse and those perpetrators of domestic violence and abuse is an essential part of the services being commissioned – this is being addressed through dedicated Academic Research commissioned by the Deputy Commissioner, together with a review of the County commissioned services.	Thank you. We look forward to the results of that research.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 5:**	8	**Services: create an environment for disclosing domestic violence and abuse** • There is a need to further understand the barriers to reporting and disclosing domestic violence, a need to ensure that information and communication is accessible and supportive – this is being addressed through dedicated Academic Research commissioned by the Deputy Commissioner.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			There is greater opportunity for regional and national pooling of resources around communication and training.	
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 6:**	9	**Services: tailor support** • It is critical to identify the support required by each individual.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 7:**	10	**Information sharing** • There are legislative and service specific guidance around information sharing, there is a need for cross organisational understanding on the opportunities for sharing information without increasing the risk of information sharing breaches through shared training and implementation of protocols. This is being addressed through work in the City and the County.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 8:**	11	**Asking about domestic violence and abuse** • Further targeted training and awareness programmes across sectors enables greater ability to support victims, and streamlining of costs of training, together with ensuring clear generic standards that can support local tailored services.	Thank you.
Nottinghamshire Office of the Police and Crime Commissioner	**Recommendation 9:**	12	**Equality and diversity: overcoming barriers to accessing services** • Further understanding of equality and access to services is a key focus of the work being commissioned by the Deputy Commissioner and also the Academic Research.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	General	0	DARC (domestic assault referral centres) are needed as well as SARCs to provide a co-ordinated approach to managing Domestic Violence i.e. forensic examination, documentation of injuries, counselling etc can all take place under one roof	Thank you. The PDG did not consider any evidence that suggested this.
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	General	0	Victims of domestic violence are often victims of sexual violence and it needs to be routine practice of those managing victims of domestic violence to enquire about sexual violence too	Thank you. Sexual violence in intimate relationships is included in the definition of domestic violence and abuse. Sexual violence outside of familial or intimate partner relationships is outside the remit of this guidance.
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	General	0	Overall the document read very well, was clear and is useful	Thank you.
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	Recommendation 14	17	What exactly is meant by programmes? Can you give examples?	Thank you. The evidence was not clear enough to specify a programme.
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	Recommendation 15	19	BASHH have recently held a training day for professionals working in sexual health around sexual violence. This included a workshop on DV. The training day was conceived due to a perceived gap in training on sexual violence for trainee doctors in sexual health and was evaluated as successfully meeting	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			their training needs. There are plans for future training days and there ma be an opportunity to hold a specialist day on DV.	
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	Recommendation 5	8	Referral pathway should include people where English is not their first language as a disfranchised group along with those with substance abuse, mental health problems etc.	
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	Recommendation 9	12	Referral pathway should include people where English is not their first language as a disfranchised group along with black and minority ethnic groups, disabilities, older people etc.	Thank you. They are included here. The groups mentioned are clearly marked as examples.
On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	Recommendation 9	12	People living with HIV have been shown to experience higher rates of DV than the general population and people experiencing DV have been shown to be more likely to acquire HIV. Therefore action should be taken to liaise with local HIV support groups and sexual health/HIV clinics to ensure this group of patients who face the dual stigma of HIV and DV are able to access support for DV. DV agencies should also signpost clients for STI testing including HIV tests.	Thank you. We agree.
PARITY		12	'Whose health will benefit? Surely, male victims should also be included in the list as another minority group, since they have very patchy and disinterested support services at present nationwide.	Thank you. This is not a list, it is a series of examples. We have added men to it.
PARITY		17	'Perpetrator programmes'. A father with an abusive female partner, has a particularly difficult decision about reporting her if there are young children involved, since it can result in him being removed from the home, rather than her.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
PARITY		22	The statement that ' …it is more commonly inflicted on women by men ..' is hardly justified if 40% of victims are male. It is correct that more women are injured by domestic abuse and more suffer chronic abuse, but even so one third of those injured are male and one fifth of chronic victims are male.	Thank you for your comment. We have adjusted the text to incorporate your point.
PARITY		22	Why bring 'sexual violence' into the argument? The Guide is about 'domestic abuse'.	The definition of domestic abuse we are using includes the term sexual assault.
PARITY		22	Female can also apply coercion to their male partners.	Thank you for your comment.
PARITY		23	Partner abuse. These estimates are equivalent to male victims comprising about 34% of total victims, ie. as a general rule, male victims account for at least one in three of all victims.. However, current support services for domestic violence victims do not remotely reflect this proportion.	Thank you for your comment.
PARITY		23	'fear and coercive control'. This may also apply to many male victims, but is so far unidentified, since there have been so few studies of the plight of male victims. This statement should be qualified accordingly.	Thank you. This has been removed.
PARITY		24	Domestic homicide. Over the 5-year period 2006/07 to 2010/11, the average number of female victims involving a partner or ex-partner was 92, and of male victims was 27 (or 22.3% of all victims in this category). In other words, male victims account for nearly one quarter of domestic homicide victims.	Thank you for your comments.
PARITY	10	72	Gaps. Surely, there is a huge research 'gap' to be filled about the plight and circumstances of male victims, and the most appropriate support services needed for them. The evidence list the PDG has relied on relates almost exclusively to the circumstances of female victims of abuse.	Thank you for your comment this has been added to the list.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			In 2009, there were some 7,500 spaces in refuges in England and Wales dedicated for female victims of domestic abuse and their children, but only 23 for male victims, although there were also 60 spaces available in safe houses for male victims provided they were not being used by female victims. This is a most unequal picture, which has probably little changed since then, and surely deserves urgent attention.	
PARITY	2	22	The BCS statistics given are equivalent to male victims being almost 40% of total victims A similar proportion also applies in the category of 'severe assault' but is not mentioned here..	Thank you
PARITY	3.1	27	The 'more likely' argument again. This is not an accurate description of the situation. What is meant is that there are more female victims than male. The 'more likely' argument is often used to discriminate against a minority group who actually suffer similarly. For instance, white numbers against ethnic numbers. What such description does is to subordinate other equally affected victims.	Thank you. The PDG reworded this to make their position clear.
PARITY	3.10	28	'abuse of power'. This may well apply in some cases, but is essentially an ideological claim, which ignores other aspects of family dynamics and dysfunctions and socio-economic circumstances. Such a statement has no place in the Guide and should be withdrawn or qualified.	Thank you. The PDG have reworded this.
PARITY	3.17	29	'acknowledging abuse'. This is especially a male victim problem. Indeed, many younger males do not regard intimate abuse against them, even when severe, as an offence.	Thank you for your comments.
PARITY	3.9	28	Most of the evidence relates to female victims because there has been relatively little qualitative research on the plight of male victims. Shouldn't this be admitted, especially with 'equality' in mind?	Thank you, that is exactly the point this consideration is making.
PARITY	6	37	Refuges, shelters. There are few refuge places nationwide for male victims	Thank you for your

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and their children. They are numbered in tens compared to thousands for female victims.	comment.
PARITY	7	38 to 41	The list excludes mention of several reputable UK academic domestic abuse researchers, such as John Archer, Malcolm George, and Nicola Kevan-Graham, and a host of eminent US and Canadian researchers, who may well disagree with some of the PDG conclusions.	Thank you for your comment.
PARITY	8	47	Equality and diversity. Section 8(2) of the 2006 Equality Act defines 'equality' as meaning 'equality between individuals', and thus in the first instance not between groups. In other words, individuals comparably affected should be treated in a comparable or equitable manner. The whole raft of recommendations and actions proposed in the Guide should thus be based on equitable treatment of males and females who are similarly or comparably affected by domestic abuse.	Thank you. We agree.
PARITY	Introduction	2	The use of the words 'men can also be victims' is unfortunate, since it infers men have a choice, as well as being a dismissive term. The majority of road accident victims are male, but would anyone seriously say that 'women can also be victims'? If NICE really subscribes to equality law as claimed, there should be no diminishment of male victims as the Guide does. The wording should better be 'Both sexes can be victims.'	Thank you. We have changed the wording. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
PARITY	Introduction	4	'Men are more likely …' is not an accurate description, if what is meant is	Thank you. The PDG were clear

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			'more men than women are perpetrators' 'More likely' statements ignore the reality that men can also be victims. Given the lack of evidence about male victims, surely this should be one of the 'gaps' that needs to be addressed? Despite the relative lack of evidence on the plight of male victims, it should be made fully clear that all proposals, recommendations and actions proposed in the Guide should include for both sexes, and not be 'primarily aimed at women victims'	that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women. The guidance reflects the evidence that the PDG considered. Most of the evidence relates to providing services to women and while the PDG believed that much of it may be equally applicable to men, it is important that the guidance reflects the evidence.
Police and Crime Commissioner for South Wales	General	0	The Police and Crime Commissioner for South Wales welcomes these guidelines. Tackling domestic abuse is a priority for South Wales Police – these guidelines will form an essential part of making the case to Health Boards that early identification and action in respect of domestic abuse should be intrinsic to their work. It also provides an evidence base for the work and identifies the areas that we would want to invest in researching.	Thank you for your support.
Provide (Formerly Central	General	0	Really comprehensive guidance for all levels of staff working with families	Thank you for your support

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Essex Community Services)			where there is domestic abuse and violence. I think this will be really useful for commissioners and practitioners.	
Provide (Formerly Central Essex Community Services)	Recommendation 1	5	Whilst I fully appreciate that we need a baseline from which to assess local services, we also need funding streams to back up existing services. Local Directories of services have been compiled in Essex in the past but who will update them? Due to the short term nature of funding streams we find that many services fold. One of the biggest gaps we have found is for young people aged between 16 and 18 where they fall between child and adult service provision. Commissioners need to look also at services for secondary victims, as most work is victim focused.	Thank you. The role of NICE guidance is to provide recommendations based on the best available evidence of effectiveness and cost-effectiveness. We have no control over funding streams.
Provide (Formerly Central Essex Community Services)	Recommendation 2	6	This is already in place but no-one wants to commit form their budget to fund the service needs identified.	Thank you. We are aware this may be an issue but it is not NICEs remit to address local budgets.
Provide (Formerly Central Essex Community Services)	Recommendation 4	8	For all agencies signed up to Multi Agency Risk assessment Conferences, the CAADA/ACPO DASH 2009 tool is used to assess the risk to the victim. It would be great if NICE could recommend the use of this evidence based tool to ensure consistency in assessment of risk to victims across the country.	Thank you. The PDG did not look at the evidence for different risk assessment tools.
Provide (Formerly Central Essex Community Services)	Recommendation 8	12	Good practice would include routine enquiry regarding domestic abuse for persons attending Emergency departments, walk in centres and minor injury units	Thank you. The evidence does not support this.
Public Health Department, Royal Free London NHS Trust	General	0	Should there be a recommendation for in-house domestic violence advisors in healthcare settings? O'Campo P, Kirst M, Tsamis C, Chambers C, Ahmad F.	Thank you. The PDG did not see sufficient evidence to allow them to make a recommendation about in-house domestic violence advisors in

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist-informed systematic review. Soc Sci Med 2011 Mar; 72(6): 855-66	healthcare settings.
Public Health Department, Royal Free London NHS Trust	Recommendation 8	11	What is the evidence for targeted versus universal screening for domestic violence?	Thank you. This guidance does not recommend screening for domestic violence..
Public Health England	2 Public health need and practice	23	Fifth paragraph: Needs to clarify whether alcohol and drug use are regarded as an exacerbating factor for domestic violence or a causal one Also in the same paragraph, this sentence is potentially problematic: “In addition, partner assaults are 4 to 8 times higher among people seeking treatment for substance dependency”. It could read that being in drug treatment is a domestic violence risk, when the evidence shows that being in drug treatment is positive and protective factor for a range of health and social outcomes. This needs to be clarified.	Thank you for your comment This has been identified as a gap in the evidence see section 10, 2.
Public Health England	5 Related NICE guidance	33	Include Drug misuse: psychosocial interventions (NICE clinical guideline 51) in the related guidance.	Thank you for your comment.
Public Health England	General	0	All substance misuse services should provide a safe place for people who have experienced domestic violence and abuse to receive treatment, recovery and support services. The ethos of substance misuse services should be explicitly anti-domestic violence. All staff could provide appropriate modelling of respectful	Thank you. We have tried to include substance misuse services wherever possible and the PDG made a consideration about it. In addition they listed substance use as an indicator

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			relationships between sexes; with women staff members seen as strong members of the team; anti-domestic violence posters and advice should be displayed and freely available; and inappropriate behaviour and language should be challenged by staff. Substance misuse services should consider the provision of gender-based services which might include separate provision for women at different times or locations and the choice of a female worker.	condition for domestic violence and abuse. The PDG did not feel that they could make specific recommendations to substance use services given they did not consider the evidence on this.
Public Health England	General	0	We recognise the information contained in the guidance about the links with substance misuse for people who have experienced domestic violence and perpetrators. We agree that gaps in evidence exist for integrated approaches to identifying co-existing problems, such as the links between domestic violence and substance use or mental health problems and we would welcome further research being undertaken. We recognise that the PDG note that “all domestic violence and abuse is about abuse of power” (p28), characterised by controlling behaviour involving acts designed to make a person subordinate or dependent. Substance misuse services are likely to have both perpetrators and people who experience/have previously experienced domestic violence and abuse and also to have couples attending services where domestic violence is part of their relationship. Domestic violence will be a factor for providing substance misuse services,	Thank you. We have tried to include substance misuse services wherever possible and the PDG made a consideration about it. In addition they listed substance use as an indicator condition for domestic violence and abuse.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			including accessibility, the interventions offered and the impact upon treatment and recovery goals for people who experience domestic violence and abuse.	
Public Health England	General	0	Childhood abuse has been found to be associated with, and a predictor of, adolescent substance use disorders. Sexual abuse, physical abuse, and witnessing violence are all associated with increased pre-teen alcohol use and also associated with binge drinking. Young women leaving local authority care are particularly susceptible to problematic substance use and to commercial sexual exploitation. (*'It blocks out the problem and becomes the addiction" The intersections between problem substance use and domestic and sexual violence experienced by young women in two London boroughs* by Dr Miranda A.H. Horvath, Dr Susan Hansen, Shola Apena-Rogers & Dr Joanna R. Adler, Stella Project April 2012.) UK data suggests that 88% of adolescents have experienced interpersonal violence (physical assault, sexual assault, or witnessing violence). Exposure to interpersonal violence increased the risk for trauma, depression, and substance misuse and dependence. For adolescents, abuse by an intimate partner is associated with increased illicit substance use, antisocial behaviour, risky sexual behaviour and suicidal behaviour. Domestic violence puts young women at risk of heavy drinking to reduce negative effects or as a response to stress.	Thank you. Noted.
Public Health England	General	0	The guidance needs more emphasis on the need for cross-discipline training e.g. domestic violence training for substance misuse workers and substance misuse training for domestic violence staff.	Thank you. We believe this is adequately covered in recommendation 15 that recommends a specialist level

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Training for substance misuse workers in asking sensitive assessment questions is crucial in order to get meaningful answers from clients who may be experiencing domestic violence to help the workers understand the client's situation and to enable them to make appropriate referrals and links to other services.	of training for substance misuse workers.
Public Health England	General	0	While the guidance sets out agencies' approaches to working together, planning, and commissioning and training, it is less specific about the services that work to address prevention, delivery of care, and better outcomes. It does not indicate what forms of services should be commissioned. It seems to assume that there is a consistent and appropriate distribution of community based, third sector provided services available to all. This covers a range of different types of abuse and different groups upon whom the abuses impact. In considering these groups, are the recommendations sufficiently specific to address these different groups and their needs e.g. the interventions for honour based violence versus those for intimate partner violence. There is a lack of specific discussion about the objectives of services for domestic violence e.g. prevention of further violence, assistance of people to move out of those situations, or to mitigate the impact and improve handling of the violence while remaining at home. Within the document there is little reference to criminal justice.	Thank you. The most appropriate distribution of community and voluntary sector services should be determined by the mapping and planning sections of the recommendations and the PDG recommend that commissioning is based on this. The PDG accept the limitations of this guidance with respect to specific groups and this is addressed in the considerations section. The criminal justice sector is not part of this guidance other than where it interfaces with the NHS and social care, which are the main focus of the guidance.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	General	0	The issue of autonomy versus coercion is not so obvious e.g. the support to consenting adults as opposed to those who are not in a position to make changes to their lives. Training will need to help understand the balance of that with the nature of coercion alongside the role of confidentiality and sometimes duty to report to police. There is a need for the document to be clear about role of planning and strategic commissioning and the relationship with Community Safety Partnership Boards, Adults and Children's safeguarding boards as these all have major roles to play in addressing the needs of the groups covered in this guidance. In the epidemiology section page 24 it refers to murder but does not indicate the link between on-going domestic violence and likelihood of murder by the abusing partner, nor does it indicate the exact scale of the rate of murder of women. In the section on partner abuse in young people it does not refer to abuse and coercion perpetrated by youth gangs. The document does not refer to (repeat) female genital mutilation of adult women following childbirth.	Thank you. We have added CSPs to rec 1 The public health need and practice section is a brief summary of the key epidemiological and demographic data. It is not intended to be an exhaustive review of the literature. The PDG found no robust data relating to coercion in gangs, although as a committee they were clearly aware of it as a growing problem. FGM is outside the scope of this guidance.
Public Health England	General	0	Increased emphasis on the roles of schools / education services in the identification and response to domestic violence and abuse.	Thank you. This guidance does not consider the role of schools and education establishments in DVA prevention and identification, other than if those

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				services are provided by health and social care services. We appreciate this is an artificial boundary but were constrained by the scope of the guidance..
Public Health England	General	0	The document does not appear to say very much about information gathering to inform future commissioning and improve local understanding of existing use of services. Information gathering appears to be focused on individual case management which is appropriate, but at a commissioning and planning level aggregated anonymised information is necessary.	Thank you. This is included within recommendation 3.
Public Health England	General	0	Where schools are referred to in most cases should also include Further Education colleges.	Thank you. We have added this where appropriate.
Public Health England	General	9 and other sections which refer to who should take action / responsibilities	The independent / private sector should be included on the list of agencies / services who should take action.	Thank you. We have added this.
Public Health England	Recommendation 1	5	From 2013, substance misuse services are commissioned by public health teams in local authorities. This provides the opportunity to link with the strategy and commissioning for domestic violence services also sitting within local authorities. It is likely that domestic violence and abuse will only be strategically addressed in local health and wellbeing strategies if there is a strong lead on addressing inequalities in all strategic service planning. There also needs to be a commitment to collect data which provides relevant information for the	Thank you. This is an important issue for local implementation.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			joint strategic needs assessment process, and needs assessments should be segmented by locally-determined vulnerable groups. This way, local areas can begin to plan services which to address complex social and health issues such as domestic violence and substance misuse.	
Public Health England	Recommendation 1	5	Would suggest changing the order within this recommendation. Joint Strategic Needs Assessment includes reference to local data on domestic violence and modelled data to estimate local need. The mapping is a key part of the picture but only describes information on those accessing services which are just a very small part of the overall picture. There is a need for high quality prevalence data on domestic abuse and violence to inform commissioning.	Thank you. We have clarified this
Public Health England	Recommendation 10	13	Suggest including "substance misuse services" to the list The bullet point "Providers of services where children and young people who experience…."	Thank you. We have added this
Public Health England	Recommendation 10	13 to 14	Suggest including a recommended action for joint protocols between agencies and joint training to promote multi-agency working. This approach has been proved to work with promoting good joint working between substance misuse and children and families services. Risk assessments should include considering the risk to the client from others, including partners, former partners, family members and others within the household. There should also be an assessment of the risks to other vulnerable people within the household e.g. children or older people. Assessments also need to include the risks involved when domestic violence and substance misuse are both present. Perpetrators of domestic violence do not usually disclose their violence as a	Thank you. Although this is likely to be the case, the PDG did not see any evidence to support it.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			problem with which they need help. Routine questioning about domestic violence (experienced or perpetrated) should be asked by keyworkers.	
Public Health England	Recommendation 10: Identifying DV in children and young people	13	Could this include a reference to staff having information available to support them signposting to support services?	Thank you. We believe the recommendation already covers this.
Public Health England	Recommendation 10: Training	14	Staff training should include the need to take assertive action and follow up when there are concerns, and a refreshing of awareness of The Children's Act and the responsibilities that are included in this legislation.	Thank you.
Public Health England	Recommendation 11	15	Consider adding "such as substance misuse" to the end of the first bullet point, last sentence "This includes the wider educational, behavioural and social effects."	Thank you. We have added this.
Public Health England	Recommendation 11: Specialist services	14	There is a gap around evidence about what is best to commission, which needs to be addressed.	Thank you. As you are aware, NICE does not commission research, however we do make a series of research recommendations that we hope will be taken up by colleagues in funding bodies.
Public Health England	Recommendation 13	16	It is unclear if this section refers to the possible mental health consequences of domestic violence (e.g. depression, anxiety, trauma) or co-occurring mental health problems by people who are also experiencing domestic violence, or both. This needs to be clarified.	Thank you. It refers to both. We have clarified this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	Recommendation 13	17	Suggest adding "and who receive appropriate supervision within a governance framework" to the end of the first bullet point "Ensure psychological interventions are provided by professionals trained in how to address domestic violence and abuse and psychological trauma "	Thank you. The PDG did not feel this was necessary since it is part of all mental health professionals practice.
Public Health England	Recommendation 13: Mental health	16	Include independent sector providers in the list of agencies who should take action. Include the need for mental health service providers to work collaboratively with other agencies, with clear care co-ordination arrangements in place.	Thank you. We have added this.
Public Health England	Recommendation 14	17	Perpetrators may not disclose abuse and therefore may not be engaged with specialist services or programmes. This will have consequences when estimating local need. Staff in non-specialist services play a key role in identifying and referring perpetrators and appropriate training is required to do so. There is a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and clarification would be useful.	Because there is a lack of consistent evidence on the effectiveness of programmes, the PDG were unable to clarify.
Public Health England	Recommendation 14	17	Consider adding another bullet point to the actions: "Ensure that referring agencies avoid referring people who have experienced domestic violence and abuse and the perpetrators to the same support services."	Thank you.
Public Health England	Recommendation 15	18	Consider adding to Level 1 "those working in the homelessness sector"	Thank you. We believe they are already covered.
Public Health England	Recommendation 16: Training	21	Include the prevention of violence and domestic abuse in staff training (identification of 'at risk' individuals and groups, the identification of 'signatures / early warning signs' of increased risk, crisis and contingency planning).	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	Recommendation 2	6	It is unclear if this recommendation is suggesting a separate group to local Community Safety Partnerships (CSP)? It would be better to either make this the explicit remit of the Adult Safeguarding Board or the CSP and suggest a strategic sub-group type approach. In terms of health strategic leadership need to be much more specific – clinical commissioning group representation, acute and mental health trust representation and representation from NHS England and Public Health England regional or local area teams. The recommendation could clarify that the partnership should develop a coherent plan of joint action for the local area. It is unclear where public voice is represented in this list.	Thank you. The location of this partnership is a matter for local resolution. The point is that senior local officers engage in this partnership to drive forward the domestic violence and abuse agenda. The role of the partnership is set out in recommendation 3.
Public Health England	Recommendation 2: Training	6	Where possible training should be delivered in a multi-agency/ multi professional way within geographical areas who have shared responsibilities for domestic abuse and violence.	Thank you. Recommendation 2 deals with the establishment of a domestic violence partnership rather than training.
Public Health England	Recommendation 3	7	Consider adding "(including young people)" to the end of the sentence "…from people who have experienced domestic violence and abuse" (first bullet point)	Thank you. We have changed this.
Public Health England	Recommendation 3: Commissioning an integrated strategy	6	This recommendation is difficult to implement unless recommendations 1 and 2 provide delegated commissioning responsibility and leadership to the strategic partnership and there is clear commitment to joined-up commissioning. The action is required of the commissioners rather than the partnership board, so should include Clinical Commissioning Groups, Local Authorities, NHS England explicitly.	Thank you. Recommendation 3 calls for exactly this. We have added commissioners to the 'who should take action' section and hope this covers your point.
Public Health England	Recommendation 3:	7	Commissioning strategies should have a focus on prevention, including the identification of 'at risk' families and groups and early intervention.	Thank you. Unfortunately the PDG found no evidence to allow

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	What action should be taken			them to make recommendations about effective prevention of domestic violence and abuse however recommendations for research in this area have been made.
Public Health England	Recommendation 4	7	It is important that health and social care staff in each local area are trained in and know how to use care pathways for people experiencing domestic violence. They need to be able to understand the roles and responsibilities of other service providers, otherwise these care pathways may not work. Coordinated, multi-agency approaches to supporting survivors of violence against women and girls are widely subscribed to throughout the UK, and are reflected in approaches such as Multi-Agency Risk Assessment Conferences (MARACs) for adult survivors of domestic violence. These approaches are based on an assumption that people affected by violence often have a range of needs that require cooperation of a number of services and practitioners so that their needs can be met.	Thank you for your comment.
Public Health England	Recommendation 4	8	Consider adding another bullet point after substance misuse and mental health bullet point: “Ensure that referring agencies avoid referring people who have experienced domestic violence and abuse and perpetrators to the same support services.”	Thank you. This has been added.
Public Health England	Recommendation 4 Mental health	8	Support the recommendation of ensuring people with mental health problems have facilitated access to mainstream domestic violence and abuse services.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	Recommendation 4: Commissioning an integrated care pathway	7	Need to consider separate pathways for different age groups and how the pathways will explicitly meet the needs of children affected by domestic violence and also how the needs of minority groups, especially LGBT victims and perpetrators (where the rates are higher than the general population) although some of this blurs into recommendation 5&9&10.	Thank you. As you say, the recommendations overlie each other to some extent. The nature of care pathways must be responsive to identified local need rather than imposed from above.
Public Health England	Recommendation 5	8	Suggest adding “drug and alcohol services and mental health services” to the list of ‘related services’.	Drug and alcohol and mental health services are included under the first bullet point. Related services refers to services outside of health and social care.
Public Health England	Recommendation 5	9	Suggest adding “people who are homeless, have problems with substance misuse or have mental health problems” to the bullet point starting “The latter may include people from black and minority ethnic groups….”	Thank you. This is a restricted list of people who may be included. It does not purport to be exhaustive.
Public Health England	Recommendation 5: Services	8	There is a need to consider the needs of people with learning disability relating to domestic violence. The training component needs to be stronger and should form part of all staff induction in health and social care settings and be part of mandatory training on a three year cycle for all staff, similar to child protection level 1.	Thank you. Although the PDG looked for robust evidence of domestic violence and abuse relating to adults with learning disabilities in a family environment, they found none.
Public Health England	Recommendation 6	9	Suggest adding “mental health or substance misuse services” to the bullet point: “Staff in all health and social care settings… This includes…””	Mental health and substance use are health and social care settings and are therefore included

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	Recommendation 6 Services: tailor support	10	Consideration of psychological support for children and young people who experience domestic violence – important to note that young children who experience domestic violence are more likely to commit domestic violence as adults.	Thank you. See recommendation 11.
Public Health England	Recommendation 6: Action to be taken	9	Local systems for monitoring and responding to incidents should also be in place.	Thank you. This is a role for criminal justice and is beyond the remit of this guidance.
Public Health England	Recommendation 7	10	Within this section it may be useful to draw attention to the added complexity when a substance misuse service may have the perpetrator and the person experiencing domestic violence as clients in the same service.	Thank you. This recommendation has been reworded.
Public Health England	Recommendation 7: Information sharing	11	All acute trusts should implement the College of Emergency Medicine information standard on violent injuries. NHS information systems for general practice should provide electronic flagging systems to allow high risk individuals to be flagged on the system. Domestic violence should be presented as an annual report to the health and wellbeing board and crime strategic partnership in a joint meeting.	Thank you. All of these things may be true, but are beyond the remit of NICE. The PDG saw no evidence to support these actions and therefore could not recommend them.
Public Health England	Recommendation 8	11	Current evidence about prevalence and links between substance misuse and people who experience domestic violence and abuse suggests that services should consider targeted enquiries for all women and girls entering substance misuse treatment. These enquires should take place within a local domestic violence strategy, which includes other staff in related health and social care services. This	Thank you. Routinely asking people about domestic violence and abuse in substance use services is in the recommendation.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			strategy should incorporate training, provision of specialist advice on domestic violence to substance misuse workers and clear pathways into services for people experiencing domestic violence and abuse, as well as services for perpetrators if these are available. It is possible that domestic violence may not be disclosed until a relationship has been established between a client and their keyworker. Therefore there should be ongoing opportunities to help clients to disclose domestic violence e.g. the Treatment Outcome Profile (TOP) form can provide an opportunity for keyworkers to explore suspected abuse using the questions about quality of life, physical and mental health, etc.	
Public Health England	Recommendation 8: Asking about violence and abuse	11	The section on advice for health professionals was good as this is one of the main gaps, and it identified what they should look out for and the appropriate manner of inquiry (targeted). But is there even more that could be done, for example guidance on the commissioning of training for professionals?	Thank you. Training is covered in later recommendations.
Public Health England	Recommendation 9	12	The list of examples could also include people with learning disabilities.	Thank you. The list could be very long, and in our experience, the longer it is the more people tend to think it is exhaustive, even when it is clearly marked 'for example'.
Public Health England	Section 2: Public Health	22	Public health interventions should include the incorporation of domestic violence and abuse in Community Assessment processes (e.g. Joint Strategic Needs Assessments) and a consistent model for assessment of domestic violence and abuse within community assessments.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	Section 3 Prevention 3.23	30	Although there is a need for further evidence in this area, there remains a number of positive interventions that can be put in place to identify those at risk and intervene early.	Thank you for your comment.
Public Health England	Section 4: Research	32	Need for further research into – prevention of domestic violence and abuse, early identification of 'at risk' individuals and groups, the inclusion of domestic violence and abuse in community profiling and interventions for perpetrators.	Thank you for your comment.
Refuge	recommendation 1 commissioning and planning services	5	*Local commissioners should use the results of the 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'* - Mapping is important but direct consultation with service users, including children and young people about how best to meet their needs, is equally if not more important. In Refuge's research into services for children affected by domestic violence in London, conducted in partnership with the NSPCC (2011) our analysis of local authority documents indicated that only 6 of the London boroughs who participated had consulted with children about domestic violence, nineteen boroughs made no reference to consulting with children and young people about any services provided or planned, and only nine boroughs (27.3 per cent) had consulted adult survivors about domestic violence services needed. It is vital to consult with survivors in order to plan services to meet their needs.	Thank you. We have clarified this.
Refuge	Recommendation 10. identifying domestic violence and abuse. children and young people	13	*Involve children and young people in the development and evaluation of local policies and services'.* - This is very positive and Refuge hopes this means that children and young people will have the opportunity to tell commissioners and service providers what services they need most to overcome the harms of domestic violence. Our recent research referenced above found that children and young people talked mostly of support needed to address the psychological harms caused by domestic violence, as well as the needs for	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			safety and the resumption of a 'normal' life.	
Refuge	Recommendation 10. identifying domestic violence and abuse. children and young people	13	*Ensure staff can recognise the indicators of domestic violence and abuse, understand its impact on children and young people, and know when child protection services should be involved.* *Ensure staff are trained and confident to discuss domestic violence and abuse with children when they suspect they are being exposed to it'* - Recognising indicators and responding to disclosure by children and young people appears to replace the 'targeted' or 'routine' enquiry recommended for adults. It is our observation that children can, like their mothers' become very skilled at concealing the signs of domestic violence which can mean indicators are easy to miss or absent. For this reason, Refuge supports targeted enquiry in high risk settings (CAMHS, A&E) and believes that work needs to take place on developing routine systems for enquiry about violence and abuse in other settings such as schools.	Thank you. Children as the direct victims of violence and abuse are not covered in this guidance.
Refuge	Recommendation 11 Specialist domestic violence and abuse services for children and young people	14	Refuge is pleased to see so many very positive and appropriate suggestions for services for children, young people and their mothers. Training and on-going supervision for staff in how to implement such services will be important, as will training for commissioners. Joint commissioning across adult and child services to ensure the effective development and continuance of these programmes will also be necessary. Close working with the voluntary sector, where the expertise in such work is largely located, will be essential to the success of these programmes, as will the location of such programmes. Women and children frequently say they find the voluntary women's sector less intimidating than the statutory sector and so ensuring this work continues and expands is vital.	Thank you.
Refuge	Recommendation	16	*Where people who experience domestic violence and abuse have a mental*	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	13 Mental health interventions		*health condition, provide evidence-based treatment for the condition. This may include psychological interventions (in particular, cognitive behavioural therapy), medication and support, in accordance with national guidelines'* Refuge believes it is very important that professionals recognise that in the vast majority of cases, mental health conditions in victims of domestic violence are the result of the abuse suffered. The application of psychiatric labels, CBT and medication may even cause further harm to a victim if the broader contexts of abuse and gender inequality are ignored. **Refuge strongly recommends that all abused women have access to female professional support, within mental health and elsewhere.**	
Refuge	Recommendation 15 Training to support different roles	18	*Level 1 Staff should be trained to respond to a disclosure of domestic violence; Level 2 Staff should be trained to ask about domestic violence Level 3 Staff should be trained to provide an initial response. In addition to the Level 2 response, this should include a risk assessment and continued liaison with specialist support services'* Refuge believes that all staff should be trained to respond to disclosure and that this response should include components on safety planning and basic risk assessment. Research by Snider et-al (2009) suggests that a 5 question format to identify adult victims at high risk could be used quickly and easily. Identification of high risk by workers with level 1 training should then trigger protective referrals to ensure the safety of the adult and any children, as well as liaison with specialist domestic violence organisations if desired by the client or needed by the professional.	Thank you. We believe the guidance is consistent with your belief.
Refuge	Recommendation 17 Training: pre-qualifying and continuing	20	*Ensure training is part of the undergraduate or pre-qualifying curriculum for health and social care professionals, as relevant. It should also be part of their continuing professional development programme. It should be delivered in partnership with local specialist domestic violence and abuse services and*	Thank you. The PDG agreed and we hope the revised bullet 1 makes this clear.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	professional development for health and social care professionals		*include both face-to-face and online content'.* Refuge is very pleased to note the recommendation that professional training should be delivered in partnership with domestic violence and abuse services. We are however keen to ensure that this training is carried out face to face rather than on-line.	
Refuge	Recommendation 6 Services: tailor support	9	Refuge is pleased that the guidelines recommend a tailored approach to support but does not believe this can be prescribed in the way implied in the document. For example, referral to a group programme is recommended for those in need of long term support, but this may not be desired by the woman. Although many women say they have gained a great deal from participating in group work, other women prefer individual support. Quite often children and young people benefit from a combination of group work, individual support and concurrent work with their mother. Refuge believes it is important to present victims with a range of support options so that they can make an informed choice about which they would like to pursue.	Referral to a group programme is not recommended. Consideration of referral to a group programme is recommended and part of that consideration should include what the woman wants. Elsewhere the recommendations are clear that women should be offered both group and one-to-one options.
Refuge	Recommendation 8. Asking about domestic violence and abuse	11	*Health and social care service managers should ensure front line staff are trained to recognise the indicators of domestic violence and abuse and to ask relevant questions if the evidence suggests it may be occurring (targeted enquiry).....Relevant services where such enquiries should be a routine part of good clinical practice include: antenatal, postnatal and reproductive care, sexual health, substance misuse and mental health services'.* Concerns about targeted enquiry have already been raised above and Refuge is further concerned about the degree of discretion which may affect the implementation of routine enquiry. We are worried that questioning may only be triggered by specific 'prompts' in medical records when health conditions	Thank you. Universal screening for domestic violence is not supported by the evidence.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			associated with domestic violence are logged or in particular health settings. Refuge therefore recommends universal screening for domestic violence alongside routine enquiry about the occurrence of domestic violence in the lives of all women, children and young people.	
Respect	3.16-3.19	29	We note that the sections of the report on identification of domestic violence do not consider the potential for clinicians to recognise the indicators of perpetration of domestic violence. The PROVIDE/HERMES research, which will be well known to the authors of the report as the Principal Investigator of this research is also the chair of the PDG (Professor Feder) is exploring what this might look like in two health settings, general practice and sexual health clinics. **We would like the authors to consider referring to the potential value in helping clinicians to identify possible perpetration and referral pathways.**	Thank you for your comments.
Respect	3.16-3.19	29	This project also explores the specifics of identifying men as victims of domestic violence. Again, it might be useful to refer to this.	Thank you for your comments.
Respect	3.21	30	We recognise that there are other topics of research to which these or similar challenges apply and we are exploring how to learn from other research and mitigate against the challenges safely, with several academic institutions.	Thank you for your comment.
Respect	3.21	30	The criteria for success used in perpetrator programme research are often so tightly focussed on recidivism or cessation of violence from an individual that they neglect other ways in which DVPPs can and do contribute to victim and child safety through improved monitoring, risk management, contact with victims who would otherwise not receive help and improvements to local domestic violence risk and safety	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			management (Respect, 2011). The recommendation in this draft report that DVPPs need victim safety as an aim suggest the need for research on DVPPs which recognises these. The Mirabal research aims to contribute to knowledge about the range of ways DVPPs contribute to victim and child safety and welfare (see Westmarland et al, 2010). There is a pressing need for research establishing the social return on investment of DVPPs.	
Respect	3.21	30	Overall, we agree that there are gaps in research and we would like to see these filled. We initiated the now independent Mirabal multi site research in the UK, led by Professor Liz Kelly and Professor Nicole Westmarland, in order to fill parts of these gaps. We look forward to seeing the results of this research in late 2014.	Thank you for your comment.
Respect	3.21	30	We welcome the willingness of the PDG to recommend commissioning DVPPs in spite of the lack of RCT or similar evidence and hope to work with the members of PDG and with NICE on how we fill the gaps ethically, safely and rigorously.	Thank you for your comment.
Respect	3.21	30	We fully recognise that there are gaps in research using a medical model approach of a randomised control trial for outcomes of DVPPs. We must emphasise that this is not due to a lack of desire for robust evidence of effectiveness – we are very supportive of research on DVPPs and other aspects of our work, which includes work with male victims, work with female perpetrators and work with young people using violence and aggression in intimate relationships. We share the PDG's wish to have evidence of a type and quality which would satisfy clinicians and clinical commissioners and would like to work with the PDG and NICE on how we meet this demand.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Respect	3.21	30	We are also puzzled that other robust and reliable data about perpetrator programme outcomes using quasi experimental design (e.g. Gondolf, 2003) is not mentioned or included. Whilst this evaluation is clearly not RCT, it provides the most large scale, rigorous assessment of the outcomes of DVPPs to date and remains an important source of learning both about the outcomes of DVPPs and meeting the challenges of research on this topic.	Thank you. Please refer to the evidence review for this guidance where you will see that a range of Gondolfs work has been considered. We hope that you will find the paper you refer to there.
Respect	3.21	30	It is important to note two issues: the challenges for using RCT with perpetrator programme outcome research and the serious shortcomings of existing research which purports to use such a model. Gondolf's analysis of these in the chapter "The Debate about Program Effectiveness" provides a helpful summary of these (Gondolf, 2012, pp 46 -81).	Thank you for your comment.
Respect	3.21	30	The challenges include ethical, financial, safety and practical considerations for randomised allocation to treatment in either victim or perpetrator work (Gondolf, ibid.). These are all considerations for reviews of past and recommendations for future research. It would be helpful if this report mentioned these as this would inform future research and help to explain why such evidence is not currently available.	Thank you for your comment.
Respect	3.21	30	We would like the PDG to note in their report clearly these shortcomings. existing research purporting to use RCT tends to illustrate the above challenges. The New York study, for example, which is often referred to as showing programmes have	Thank you for your comment.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			little or no effect (Labriola, Rempel and Davis, 2008) had small sample size, poor judicial oversight, judicial over-ride of random allocation and poor rates of follow up. All of which the authors acknowledge, but reviews and discussion of evidence based DVPPs often do not. The navy study (Dunford, 2000) used a highly selective sample not representative of the general population of victims or perpetrators, had significant participate over-ride and also low completion rates. The selective sample (all participants were active service personnel in the Navy) means that conclusions cannot be applied in any case to the general population, where the additional leveraging of housing, military discipline etc cannot be applied.	
Respect	3.21 and GENERAL	30	We note that there are also significant gaps in research on what helps victims which are not emphasised as strongly and emphatically as the gap in evidence about perpetrator interventions	Thank you for your comment.
Respect	3.22	30	There will be some perpetrators who are not suitable for current, often very limited, provision of DVPPs and who may need specific consideration in commissioning. These include female perpetrators, people in same sex relationships, people in a very rural community with little or no public transport, people whose first language is not English and people with a learning disability. There are some existing manuals for use with specific such as with heterosexual female perpetrators. Others may need to be adapted for specific use.	Thank you for your comment.
Respect	3.22	30	We are currently exploring with our academic partners what an evidence-based good practice standard for work with female perpetrators might look like. We are also exploring good practice standards for work with male victims of domestic violence	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and for work with young people using violence in intimate relationships.	
Respect	3.22	30	The authors may wish to consider referring to these specific needs and the potential for good practice in these areas.	Thank you for your comment.
Respect	As above	17	The existing national standards for DVPPs are the Respect accreditation standard. This was originally developed in 2006-8, overseen and signed off by an advisory group including representatives of government departments, victim services, Relate, children's charities and academics. The standard has recently been updated and is available on our website. http://www.respect.uk.net/pages/accreditation-project.html	Thank you for this information.
Respect	general	0	We request that the re-drafting of the report takes into account the information and concerns raised above.	Thank you.
Respect	General	0	In particular we request that the recommendations include the need for appropriate commissioning guidance.	Thank you. Recommendations 1 – 4 provide guidance for commissioners.
Respect	General	0	We request that the report recognises the challenges of providing the type of evidence which clinical commissioners and practitioners usually require and recommends further exploration of how to mitigate these. The report could recommend that such exploration should involve academics, practitioners and commissioners in developing a potential model for evidence which could satisfy clinicians and deal adequately with the challenges.	Thank you. We hope this guidance document will constitute a sufficiently robust analysis of the evidence that commissioners will follow these recommendations.
Respect	general	0	Finally we request that the authors consider including specific mention of the specifics	Thank you. The PDG did not

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			for interventions for male victims, female perpetrators and others with specific needs.	feel the evidence base was specific enough to make these distinctions.
Respect	Section 1 recommendation 11	15	We would like the authors to add into this section the need for and value of interventions for young people who are using violence and abuse in their own intimate relationships. We recognise that evidence of outcomes of such programmes is in very early stages but wish to highlight the Respect Young People's project which has already developed and implemented a toolkit for work with young people using violence or aggressions against a partner, ex, sibling or parent and is currently piloting a specialist programme specifically for young people abusing a parent. This has led to the creation of a national network of practitioners working with these young people and considerable expertise and experience within our team about how to implement such programmes.	Thank you. We have tried to reflect this in the final bullet.
Respect	Section 1, recommendation 14	17	We welcome recommendation 14 for commissioning domestic violence perpetrator programmes (DVPPs) and that these should be commissioned to existing national standards.	Thank you.
Respect	Section 1, recommendation 14	17	We have a system of assessment for accreditation which includes desk top review, inspection of case files, interviews with practitioners, observation of recordings of group work and interviews with local stakeholders. Accreditation is of the delivery and management of a programme. It is not of a specific programme manual, of which there are several in operation across the UK. The requirements include management, delivery, children's needs, risk management, diversity and inter-agency working.	Thank you.
Respect	Section 1,	17	It is a requirement of the national standard that programmes have to have a linked	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	recommendation 14		Integrated Support Service for partners, ex-partners and others at recent or current risk from perpetrators on the programme. This involves proactive contact, offers of support and advice, joint case and risk management between those working with perpetrators and those working with partners/ex-partners. The aims of the programme have to be focussed on improving safety for victims and children; the routes by which this can be achieved of course include behaviour change but also improved risk management, safety planning and support for victims.	
Respect	Section 1, recommendation 14	17	We have two levels to accreditation: Safe Minimum Practice (SMP) and full accreditation. SMP involves assessment against the standards required for ensuring that practice at least does no more harm, assesses and manages risk to victims and children and is adequately managed. Full accreditation goes beyond this into the effectiveness of a programme. All standards must be met for full accreditation to be achieved.	Thank you
Respect	Section 1, recommendation 14	17	We are aware of a gap in specific commissioning guidance for commissioners of DVPPs. Currently we provide advice and information for commissioners verbally and in writing when necessary. We are also developing commissioning guidance as a specific document. We would welcome feedback from the PDG on what health commissioners may need or the opportunity to work jointly with the PDG or NICE on such guidance.	Thank you. This is beyond the remit of the PDG and NICE.
Respect	Section 1, recommendation 14	17	As a requirement of the national standard, DVPPs must be carrying out adequate measurement, analysis and use of outcome and output data. We provide DVPPs with access to and support to use the Respect outcome measurement tool (developed	Thank you.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			jointly with Russell and Rebecca Dobash in 2008) and to the Redamos case management system, which is web based. The Research Manager provides technical advice and training to use these systems and advice on other methods of measurement. This could help commissioners.	
Respect	Section 1, recommendation 14	17	We are also currently working with EU partners on a system for online outcome measurement across the EU to allow DVPPs to use an evidence based, accessible system with which to measure their impact and also compare outcomes with other programmes. This project is funded by the EU funding stream DAPHNE and involves academics from Bristol University as well as practitioners with considerable research skills across Europe. Again, this may be useful for commissioners.	Thank you.
Rise UK		0	*The purpose of this document is to offer information and data available from the working experiences of the Health Independent Domestic Violence Advisory (HIDVA) service, part of Rise; particularly, in relation to the 'Key Questions and Outcomes' identified in the 'Preventing and Reducing Domestic Violence: final scope' document.*	Thank you.
Rise UK		0	*RISE is a domestic abuse charity working in partnership with the Royal Sussex County Hospital (RSCH) to offer support to survivors of domestic violence and abuse.*	Thank you. We welcome comments from colleagues at RISE UK.
Rise UK		0	*The HIDVA service was established in February 2011. The primary goals of the service included educating clinical staff working in the Accident & Emergency Department (A&E), Maternity Unit and the Claude Nicol Sexual Health Clinic (CNC), to respond to domestic violence cases appropriately; and*	Thank you.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

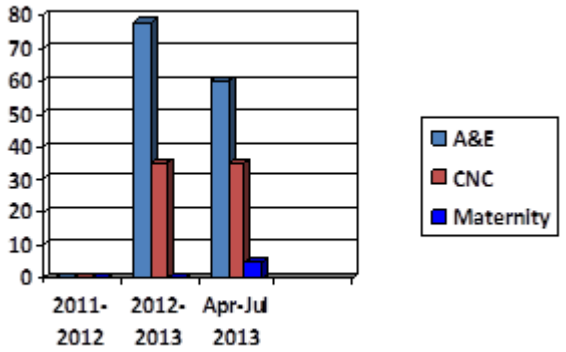
tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			offering specialist support to the survivors of domestic abuse identified by clinicians working in the above departments.	
Rise UK		0	*The HIDVA service is commissioned by the Clinical Commissioning Group (previously known as the Primary Care Trust) and is directly accountable to the commissioner of the Violence against Women and Girls (VAWG) Strategy in Brighton & Hove. As a result, Rise is committed that operational goals as well as achievements for the HIDVA service meet the VAGW Strategy goals for the city. The VAGW Strategy goals are based on Prevention, Early Intervention, and Provision.*	Thank you.
Rise UK		0	**Interventions offered to the RSCH to respond to DV:** • The establishment of the HIDVA service, on-site domestic abuse service, to support clinicians to deal with DV cases appropriately and to offer support to the survivors of DV. • Available training to clinicians to ensure they are familiar with Hospital's DV Policy, including the signs and symptoms of domestic abuse, and the appropriate ways of screening patients for DV. • Offering specialist domestic violence support to patients identified as the survivors of DV by clinical members of staff.	Thank you.
Rise UK		0	**Training offered to clinicians:**	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

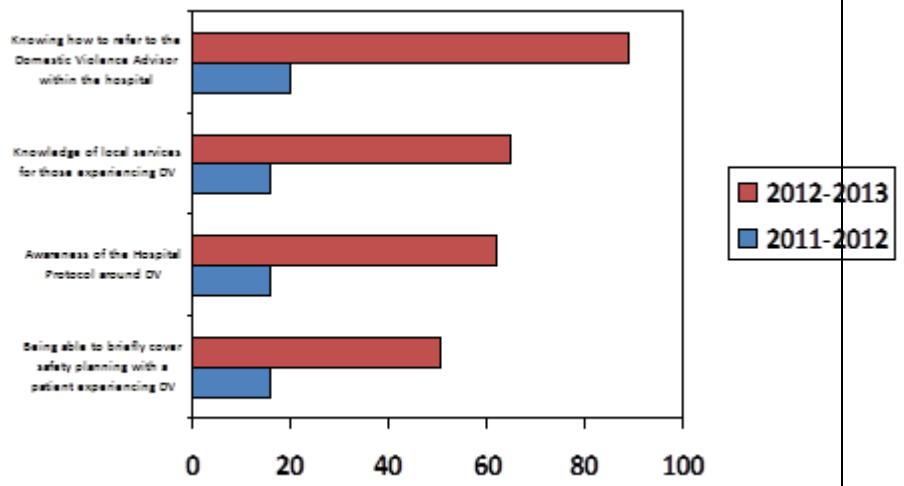
tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				
Rise UK		0	This demonstrates that whilst the HIDVA service did not have an opportunity to train clinical members of staff in the first year of its operation, in the second year 78 A&E clinicians and 35 members of staff working in CNC were trained to work with DV cases. Additionally, the HIDVA service offered further DV training in the third year that way ensuring that 60 A&E clinicians, 35 members of staff in CNC, and 5 Maternity clinicians were equipped with knowledge around DV. We believe that the training we have provided had a direct impact on clinicians' confidence when dealing with domestic violence cases. Please see the table below evidencing this.	Thank you.

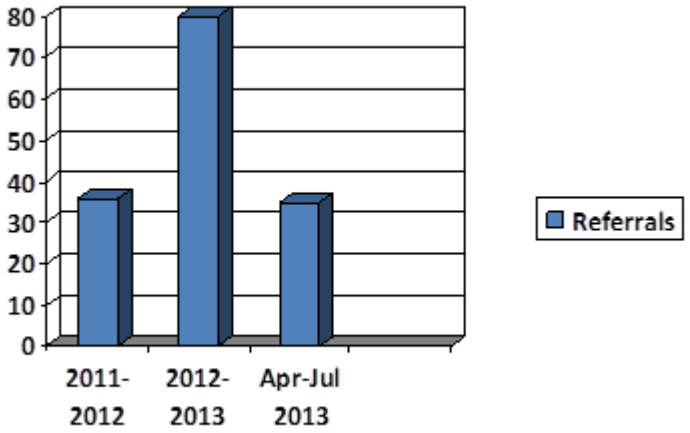
Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Rise UK		0	**Measuring clinicians' confidence:**  	Thank you.
Rise UK		0	This table was produced to demonstrate the results of the DV survey completed in A&E Department on two occasions: in the beginning of the establishment of the HIDVA service in 2011, and in 2012, after the delivery of DV training to clinical staff. It shows significant changes in staff's confidence and ability to deal with domestic violence cases. For example, in 2011 approximately 16% of those who participated in the survey felt confident, very	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			confident or extremely confident on the 4 different subject matters shown in the graph. On the other hand, in 2012 this percentage has increased reaching as high as 89% of staff having knowledge of referring patients to the HIDVA service. Simultaneously, the HIDVA service witnessed an increasing number of referrals to the service. Please see the table below.	
Rise UK		0	**DV cases identified and referred to the HIDVA service by clinicians:**  	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Rise UK		0	This demonstrates that in 2012-2013 the number of referrals received by the HIDVA service has increased by 122%, going up from the total number of 36 referrals in 2011-2012, to 80 referrals – in 2012-2013. Currently, this number is continuing to rise – the number of referrals received in the first quarter of 2013 is equal to 35.	Thank you.
Rise UK		0	**Results:** All of the information and data provided above illustrate that the establishment of the HIDVA service and the training offered to clinicians contributed to staff's confidence when dealing with domestic abuse, as well as increased the detection of such cases, including direct specialist support to those in need. Based on the evidence available from the HIDVA working practices, it is clear that proposed and implemented interventions in the RSCH have been effective. Whilst we are unable to support this fully by providing quantitative evidence, it is hoped that the increase in detection and support to the survivors of DV would have a positive long-term effect on their health, quality of life, and possibly reduced number of repeat attendances in busy environments such as A&E Department.	Thank you.
Royal College of General Practitioners	1	5	Recommendation 1 : what action should they take? bullet point 1: should also include voluntary sector organisations	Thank you. We have added this
Royal College of General Practitioners	1	5	Recommendation 1 : what action should they take? bullet point 2: clarity over who should develop pathway- should be services and organisations who come together to develop pathways rather than commisioners	Thank you. It is the responsibility of the commissioners to ensure the

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				development of the pathway.
Royal College of General Practitioners	1	5	Recommendation 1 : what action should they take? Should include something about reflecting ethnic makeup of the local community when planning services	Thank you. The wording has changed and now encompasses this.
Royal College of General Practitioners	1	6	Recommendation 1 : what action should they take? Directory of services- someone should be responsible for ensuring this is kept up to date	Thank you. We would assume that the mapping would be revised each time the JSNA is revised.
Royal College of General Practitioners	2	6	Recommendation 2: what action should they take? Bullet point 1 health services should be expanded to include dentists/mental health and aclohol workers and allied health professionals. Also consideration to including schools and education in primary prevention role?	Thank you. We have subsumed all of these under health.
Royal College of General Practitioners	3	6	Recommendation 3: what action should they take bullet point 3 as well as implanting strategy something needs to be stated about building in some kind of internal research or audit tool to assess effectiveness of interventions in different populations	Thank you. We have tried to clarify this.
Royal College of General Practitioners	4	8	Recommendation 4: what action should they take bullet point 3 consideration to include something about minority groups including ethnic minorities and LBGT populations	Thank you.
Royal College of General Practitioners	5	9	Recommendation 5: bullet point 3 should proably be under recommendation 4 rather than 5	Thank you. This bullet point is here because it is about individual agencies establishing their own referral protocols.
Royal College of General Practitioners	6	10	What action should they take? General point need more clarity on action – too vague- also nothing about safeguarding duties to children/elderly	Thank you. This will vary at local level and therefore needs to be agreed locally.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of General Practitioners	7	10 to 11	Needs a clear statement about when information can be shared without consent as well	Thank you. The recommendation has been reworded.
Royal College of General Practitioners	General	0	The guidance really needs bolstering in making clear that there are higher levels of domestic violence in same-sex couples, but that disclosure is much harder as often requires someone to 'out' themselves.	Thank you. We have tried to make clear throughout the guidance that same sex couples and men can also be victims of DVA. Please also see consideration 3.9
Royal College of General Practitioners	General	0	Men struggle to state they are victims due to feelings of immasculation- Posters featuring only women as victims can further exacerbate this problem	Thank you. We do not recommend posters featuring only women.
Royal College of General Practitioners	General	0	In principle this all makes sense with a structured multidisciplinary approach which brings together local authority and health as commissioners with key providers. Commissioners can set the framework for Domestic Violence which is part of the wider Safeguarding work but it will providers who deal with it on a day to day basis. The biggest problem operationally is still organisational silo behaviour (we are all guilty), lack of immediate support,, non existent IT linkages and fragmentation of teams (I do not know who our health visitor is). Health and social care systems need to focus on pragmatic system solutions which can learn incrementally.	Thank you. This is reassuring. We agree that implementing NICE guidance can be challenging.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			In summary, the NICE guidance makes sense to me but the real challenge is in implementation.	
Royal College of General Practitioners	General	5	Wrt: "Throughout the recommendations, 'people who experience domestic violence and abuse' refers to those who are victims or survivors of the violence." This implies that "people who experience DVA" are either victims or survivors – whereas they're probably just something in between. Using the terms "victim" or "survivor" just generates stereotypes – so best to avoid altogether - & could just delete this sentence. OR change to "people who experience DVA" are often referred to in other documents as "victims" or "survivors."	Thank you. We say exactly this in the considerations section.
Royal College of General Practitioners	General	2 and 5	Page 2: It is stated that this guidance is for local strategic partnerships – which often includes the police (and note, MARACs are often led by the police). On page 5: The comprehensive mapping action mentions that police services that deal with DVA should be mapped. So is this guidance meant to be for the police? If it is, then it is disappointing that there appears to be no police representation on the PDG – even though the PDG claims to be multidisciplinary.	Thank you. This guidance is for health and social care services. It includes other sectors at the specific points at which they overlap with health and social care. Producing guidance for the police is outside of the remit of this guidance.
Royal College of General Practitioners	General (Recommendations 1 to 4)	5	Couldn't recommendations be summarised somewhere, i.e. 1 to 4 = mapping exercise, form a local partnership, integrated strategy & care pathway. & then point out that in many areas this already exists (e.g. in London Borough of Tower Hamlets, this has apparently already happened) so there should be greater emphasis on the recommendations that are less likely to have been implemented before, e.g. recommendation 8 and 10.	Thank you. All NICE public health guidance is produced online as a 'pathway' which clusters recommendations and makes them more accessible.
Royal College of General	Recommendation	13	"…understand its impact on children and young people,.." there should be a	Thank you. We believe that

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Practitioners	10		link here, connecting this to a list of condition/health presentations that may result due to DVA's impact on children & young people, e.g. failure to thrive, behavioural problems etc. – just like the link to "indicators" of DVA in adult women. Typo: as the last 2 sentences on this page are repeated at the top of page 14.	would be too great a level of detail.
Royal College of General Practitioners	Recommendation 2, 3 and 4	6 to 7	To include local SARCs Sexual Assault Referral Centres in the key stakeholders (as SARCs currently only facility to have the dedicated suites to examine complainants forensically / Provide access to detailed documentation of injury)	Thank you. The PDG included SARCS where they felt it was appropriate.
Royal College of General Practitioners	Recommendation 5	9	The last bullet point under recommendation 5, repeats what has been said 2 paragraphs above – so is unnecessary.	Thank you. We have removed this
Royal College of General Practitioners	Recommendation 6	9	"Assess what type of service someone needs – crisis, medium- or long-term support – bearing in mind that these stages can be cyclical." This sentence is unclear – what stages is this sentence referring to: crisis, medium and long stage?? I'm not familiar with the last two stages – though I feel that I know what this sentence means. Anything more specific on how to achieve this?	Thank you. This has been reworded.
Royal College of General Practitioners	Recommendation 6	10	As apparently "floating support" is a housing service designed to prevent tenancy breakdowns, then why in this sentence: "This includes refuges, floating and outreach support and advocacy. It also includes housing workers, independent domestic violence advocates, or a multi-agency risk assessment conference (MARAC) for high-risk clients." - are the options ordered in this way? I.e. those at immediate risk may need "floating support" but those at "high risk" it includes "housing worker." Isn't floating support provided by	We will rearrange these in alphabetical order. Floating support is defined in the glossary.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			housing officers?	
Royal College of General Practitioners	Recommendation 6	10	"For those in need of medium-term support, consider referral to floating or outreach advocacy support or to a skill-building programme."- wouldn't it be clearer if this read "For those in need of medium-term support, additionally consider a skill-building programme." Again, I instinctively feel that I know what is a "skill-building programme" – but is this specifically referring to something catering specifically for women experiencing DVA or is it a generic term referring to any practical courses. Need a link referring "skill-building" to definition towards the end of the document. "…local group support programmes…" I again instinctively feel that I know what this means - but is this meant to be something specifically for women experiencing DVA – in which case I don't know why there is this distinction between women needing medium term support being referred to a skill building programme but those needing long term support being referred to a group support programme. This seems to be a false unnecessary distinction.	Thank you. The PDG were using the term skill building programme to refer to the latter. Local group support programmes will be those that meet the needs of the service user.
Royal College of General Practitioners	Recommendation 6	10	The last paragraph about this recommendation, leaves the impression that it is only women complaining of historical abuse, once the relationship has ended that should be considered for referral to mental health services. Later under recommendation 13 (on page 17), it states that the mental health treatment programme should consider "…whether the domestic violence and abuse is ongoing…" Should this be made clearer, i.e. referral to mental health services is probably	Thank you. We have changed this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			most appropriate for women who have a history of historical DVA but that mental health services need to be alert to the fact that some of these women may be experiencing current DVA and respond appropriately to this (i.e. be able to assess risk, plan safety and be able to offer a direct referral to specialist DVA support services).	
Royal College of General Practitioners	Recommendation 7	10	Disappointing that guidance advises reader to "develop…clear protocols…" even though this itself is a lengthy 79 page document. I would have liked this NICE guidance to have provided a clear protocol for sharing information – or at least to have given an example of one in a particular service. Overall this recommendation fails to give any concrete advice on how to share information safely – so staff will disengage due to over caution and/or fear of reprisal, possibly more so after having read this guidance than beforehand. Typo: ?"overcaution" should be "over caution"?	Thank you. Protocols for information sharing are set by legal conditions and by Caldicott guardianship, which is being updated. Different interpretations to suit different local service configurations are important. The correct word is overcaution according to the Oxford English Dictionary.
Royal College of Nursing	1	0	The guidance would be strengthened if there was also a firmer assertion about people in same-sex intimate relationships potentially being at risk of domestic abuse and violence as the draft guidance is rather opaque on this.	Thank you. We have strengthened the wording relating to same sex relationships, and these are also included as a gap in the evidence
Royal College of Nursing	General	General	The guidance needs to push for further research to be carried out for male victims and for male victims to be classed in the minority.	Thank you. We have added this to the Gaps in the evidence section.
Royal College of Nursing	General	0	The Royal College of Nursing welcomes proposals to develop this public	Thank you. We welcome

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			health guidance.	comments from our RCN colleagues.
Royal College of Nursing	General	0	We are also concerned that male victims, LGBT and minority are briefly discussed. Stonewall in 2012 released publications into the health of LGBT people and had some very good data on LGBT domestic violence. It does not seem as if this information had been taken into consideration in the draft document. If not it would be useful to know why it had not been included.	Epidemiological data would not have been included in the evidence reviews since these were focussed on intervention data. The PDG went to some lengths to include LGBT people and men at every opportunity. There was specialist representation on the committee from both of those groups, however there is a paucity of data relating to the effectiveness of interventions with these groups. The PDG highlighted the need for further research in the research recommendations section of the guidance (Section 10).
Royal College of Nursing	Recommendation 1	5	*What action should they take?* Good examples should be included here for example, Multi-Agency Risk Assessment conference (MARAC)	Thank you.
Royal College of Nursing	Recommendation 1	6	*A directory of services* ...– we consider that this should be made compulsory so that that it is easier for referral to services in a timely manner.	Thank you. The PDG did not see enough evidence to support it being a compulsory requirement. The

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendation does recommend making the results widely available.
Royal College of Nursing	Recommendation 10	13	Outcomes from serious case reviews, particularly where there is domestic violence, must feed into local domestic violence strategies as well as informing national strategies and guidance.	Thank you.
Royal College of Nursing	Recommendation 11	14	As above	As above.
Royal College of Nursing	Recommendation 15	18	*What action should be taken?* Level 2 training should be given to all nurses from a variety of areas from emergency nurses to community nurses. We are concerned with the focus being on Emergency Department (ED) doctors, currently a lack of senior cover in departments are covered by junior doctors. This should be revised with the emphasis being on training ED consultants, different staff grades and doctors on the emergency medicine training programme	Thank you. We have amended this.
Royal College of Nursing	Recommendation 4	8	There is mention about services *pathways having robust mechanisms for assessing the risks*..... This should be a validated tool such as DASH or MARAC assessment.	Thank you. The PDG did not look at the evidence for different risk assessment tools.
Royal College of Nursing	Recommendation 5	9	*Establish a referral pathway* ... should men be included here as a minority as stated in the introduction, about lack of research surrounding male victims.	We have included men.
Royal College of Nursing	Recommendation 5	9	Ensure staff know about domestic violence services ... this needs expansion for example it should mention directory of services, regular training.etc.	This is dealt with in the specific recommendations on training.
Royal College of Nursing	Recommendation 7	10	The one area that is not mentioned is the impact on homelessness. A major cause of homelessness is domestic violence (60%). Following the death of Victoria Climbie, Lord Laming recommended that when	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			families are homeless there needs to be a robust notification system which informs agencies (housing, education, health and social services) of homeless families and then when they subsequently move between boroughs and within boroughs. Families with particular needs (including violence within the home) would be flagged. This was implemented in London (the Notify system). The scheme was never implemented out of London which is concerning as many families in London who are homeless are now being placed in other areas in England where rents are cheaper due to the capping of housing benefit. A national scheme would be beneficial to assist with the implementation of this guidance.	
Royal College of Nursing	Recommendation 7	10	A recent article in a Wednesday Guardian highlighted that in many areas the receiving authorities are often unaware of the families being placed in their area. This is concerning where families have particular needs i.e. safeguarding concerns and may be particularly vulnerable, especially when moved to areas which they do not know and where they do not have support.	Thank you. We hope this will be addressed by this recommendation.
Royal College of Nursing	Recommendation 8	11 and 12	The following services also need to be mentioned: orthopaedic out patients, maxillofacial clinics, Emergency Departments, women health units, medical assessment units, GP services.	Thank you. These are all covered in the first bullet point.
Royal College of Nursing	Recommendation 9	12	We would suggest the following with regard to forced marriage/female genital mutilation and honour based violence: There does not seem to be any mention of female genital mutilation in the	Thank you. FGM is outside the scope of this guidance.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations and the guidance's understanding of forced marriage is yoked closely with honour. We consider that the guidance would be stronger if they were separated out but the links shown between them.	
Royal College of Paediatrics and Child Health	General	0	The whole document is excellent but there is some repetition that may be unavoidable. As a Public Health document, it does not touch on the vital role of the Police and the Domestic Violence Courts but does mention MARAC.	Thank you. Some repetition is unavoidable due to the web-based nature of public health guidance, however we do try to minimise this.
Royal College of Paediatrics and Child Health	General	2	At head of this page is the statement, "majority of violence is perpetrated by men". This is the general line taken but there is emerging data that indicates that domestic violence is more a function of relationships than gender and that, in many instances, the violence is 'mutual' (Nicola Graham-Kevan). Thus, it is important that women's aggression also needs to be tackled as well as their victimisation.	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
Royal College of Paediatrics and Child Health	Recommendation 1	5	The idea of area 'mapping' existing resources to inform commissioning is most welcome.	Thank you.
Royal College of Paediatrics and Child Health	Recommendation 4	7	We think there is a danger in commissioning and developing services for domestic violence in a vacuum. There needs to be an integrated approach that encompasses adult safeguarding, alcohol and drug misuse, domestic violence and child protection in order to interrupt the intergenerational	Thank you. We agree.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			transmission of violence.	
Royal College of Paediatrics and Child Health	Recommendation 8	11	This is most welcome. It would be useful if the document could expand more on 'targeted' and 'routine' enquiry.	Thank you. Both of these terms are defined in the glossary.
Safer Places		0	As the Guidance states that it is about all involved in DV – both perpetrators and victims – I would like to see more about what clinicians should be doing in respect of perpetrators – especially around multi-agency work. For most of the DHRs with which I am familiar GPs and other services knew information which if shared might have prevented tragedy. The guidance needs to make clear the expectation and legal connotations of sharing in this context.	Thank you. The guidance contains a full recommendation about information sharing and further recommendations that highlight the training needs associated with that.
Safer Places		2	This is where there is a need to clarify most DV is perpetrated by men (see above).	Thank you. We are clear that most DV is perpetrated by men.
Safer Places		4	This is where a greater emphasis on working together and a multi-agency approach is needed. Also where integration of/reference to DHRs is needed.	Thank you. Please see recommendations 1, 2 and 3
Safer Places		9	There needs to be pathways for perpetrators as well as victims even if they are not well developed or resourced as yet they need to be identified.	Thank you. The recommendation is already clear on this point.
Safer Places		11	There should be routine enquiry wherever there is an issue of alcohol misuse to identify whether the perpetrator is abusing so that safety measures can be put around victims/potential victims (this sounds strange because one might assume that perpetrators would not disclose but they do, and this is done routinely in alcohol misuse services with which we work in partnership. It would also be especially valuable to consider whether where there is, or is the suspicion of, misuse of steroids enquiry is necessary.	Thank you. The PDG did not see any evidence to support this.
Safer Places		17	DV perpetration is associated with, and exacerbated by, a wide range of	Thank you. We agree.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			factors but it is possible to identify typologies and from this to begin to develop approaches that will be effective. A One size fits all approach is not appropriate there is not evidence that one size fits all approaches have been effective in the past. We need a fuller debate about the causes of Domestic violence which acknowledges the gender/power dynamic but is not overwhelmed by it that it distorts our focus on other areas of intervention which will reduce harm e.g. dealing with the substance misuse and perpetration side by side. Specialist programmes that do this can demonstrate some real success in preventing repeat perpetration.	
Safer Places		22	Again needs to reflect a greater focus on male perpetrator: female/male victim and the nature of response not being one size fits all but recognising contextual factors and exacerbaters.	Thank you for your comment.
Safer Places		27	Again – Male Victim: Male Perpetrator needs better reflection.	Thank you for your comment.
Safer Places		27	STRONGLY support the use of the descriptor and dispensing with “victim” and “survivor” – gives a better sense of the experience of DV not being something that labels for life.	Thank you for your comment.
Safer Places	General	0	The guidance is excellent in many respects	Thank you.
Safer Places	General	0	Although there is much in the guidance about working on a multi-agency basis I think that it should be made clearer at the beginning of the guidance that the most effective way to work with perpetrators and victims is on a multi-agency basis. Any single agency can do very little alone in respect of high risk victims and perpetrators. This needs to be stressed more and early on in the document, and clinicians need to understand that there are very many resources available to them in the community that can support them and their clients. GPs for example may feel overwhelmed by this guidance if it is not	Thank you. We hope this is made clear by recommendation 2 Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			made clear to them that they do not have to take responsibility alone and that it is about working in a joined up way with local community colleagues using clear pathways. Safer Places runs “Daisy projects“ with link workers in A+E, Maternity, General Practice and Substance Misuse – the model of working espoused later in the guidance is very feasible in these circumstances but without a systematic and multi-agency framework within which clinicians can play their part then they will feel overwhelmed .	
Safer Places	General	0	There is insufficient focus on perpetrators, perpetrator typologies, and evidence of what is effective in working with perpetrators falling within the specific typologies. We believe that there is good quality evidence about effective intervention with perpetrators who abuse alcohol where the alcohol abuse is associated with incidents of abuse. Whilst the standards of evidence from research NICE requires is probably greater than we have the expertise to identify, we have commissioned work in this area of well qualified researchers and are convinced by the evidence which we see as being more robust than for example the work on IDVAs (because of lack of controls around other concurrent interventions). From our perspective, given that over 70% of Domestic abuse is associated with alcohol abuse we will miss a significant volume of “low hanging fruit” if we do not look at how we work with alcohol misusing perpetrators on a multi-agency basis in order to reduce repeat victimisation. When studies indicate that well over half of those attending substance misuse services admit to perpetrating domestic abuse on routine enquiry, failing to take this on board and consider how to link up both our alcohol misuse and domestic violence strategies at the multi-agency level seems to be missing a valuable opportunity.	Thank you. The PDG did not examine any evidence that they felt enabled them to make a recommendation about this.
Safer Places	General	0	There is insufficient said about male victims. We work with male victims as well as females. The real point is that domestic violence is most often	The PDG went to some lengths to include LGBT people and

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			perpetrated by men. The research into incidence within gay relationships identifies that gay men are more likely to have been abused than straight women. Studies involving thousands of gay men, from Plymouth, Bristol and Sunderland Universities all confirm that gay men are more likely to be abused than straight women or straight men with one in 8 (sample 1400) being abused in their current relationship and 35% having experience of it in their life to date. The research and our experience identifies that within this group the violence is often very severe indeed and coercion can operate in an especially sinister way with control being exerted under threats of "outing". The guidance needs to make clear that gay men and young men who may not be clear about their sexuality may find it especially difficult to disclose. Some of the most sickening cases we have worked with have involved gay male relationships where an older predatory male abuser has targeted a younger male online and then abuses him but is then able to manipulate and control him and disable him from extricating himself and getting help with threats.	men at every opportunity. There was specialist representation on the committee from both of those groups, however there is a paucity of data relating to the effectiveness of interventions with these groups. The PDG highlighted the need for further research in the research recommendations section of the guidance (Section 10).
Safer Places	General	0	There is no reference to any learning or evidence from the Domestic Homicide Reviews. These have been running for 18 months across the country, and there should be a good sample of completions with the opportunity to draw some conclusions. I have been involved in many DHRs and have read very many more and there are very clear messages for the health services. It should be possible to have some basic information drawn from the completed set. There is likely to be a question in parliament shortly regarding the characteristics of perpetrators particularly in relation to alcohol misuse and severe and enduring mental health problems. I have resorted to getting questions asked by local MPs but I believe NICE could easily access that information. I believe the answers would be most valuable in terms of this	Thank you. The PDG did not consider this type of demographic evidence, but focussed on the evidence of effective interventions.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			guidance.	
Safer Places	General	0	There is a huge amount of information available which could be readily collated about victims and perpetrators in high risk cases. This is collated in every area through the MARAC. This information could be of real benefit within the document and in future work and would I believe add value. We have good data in the UK now and I believe that those reading the guidance would relate better to what is happening in our own communities than say what is happening in other countries.	Thank you. The PDG did not consider this type of demographic evidence, but focussed on the evidence of effective interventions.
Safer Places	General	0	There needs to be a link up between the new Caldicott principles and this area of practice. There needs to be unequivocal guidance about information sharing about perpetrators and victims.	Thank you. The PDG felt this should be designed locally, but were clear that it should happen.
South West Yorkshire Partnership NHS Foundation Trust	General	0	Locally we already work within this programme. However the main issue is lack of resources to provide the support to those who have suffered abuse and those who inflict abuse on others.	Thank you. We hope this guidance will help to shape the way resources are used locally.
South West Yorkshire Partnership NHS Foundation Trust	General	0	In the main the majority of cases have a strong link with alcohol and drug abuse. There are limited powers where the courts can recommend treatment. In the main where people can make a choice they choose not to attend such programmes.	Thank you.
South West Yorkshire Partnership NHS Foundation Trust	General	0	The issue of training has been strongly noted to have an impact on the level of understanding of all levels of staff. Where staff have had access to training they make more enquires in relation to support for the person at risk. Training is not seen as a priority in health as managers' focus on mandatory training first.	Thank you. The guidance makes several strong statements about training.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
South West Yorkshire Partnership NHS Foundation Trust	General	0	In general the recommendations discuss the need for clear referral pathways that support children and victims affected by Domestic Abuse (DA). Additionally it recommends that staff are asking relevant questions about DA and are trained to do this. My comment is that in practice health professionals lack training and skills in Domestic Abuse identification and the skills to ask appropriate questions.	Thank you. We hope the guidance will help to rectify this.
South West Yorkshire Partnership NHS Foundation Trust	General	0	My comment is that practice and training needs to reflect the NICE recommendations which would mean Domestic Abuse training at level2 and 3 for frontline staff at a mandatory level	Thank you.
South West Yorkshire Partnership NHS Foundation Trust	General	0	The guide also comments that workers need to take a proactive approach to asking questions and identifying DA and offer support based on level of abuse. There needs to be some clear guide around asking questions/screening for DA as this seems a bit vague in the recommendations. Could a screening tool be implemented into the guidelines as this would standardise the enquiry approach that is recommended.	Thank you. The PDG did not consider specific screening tools.
South West Yorkshire Partnership NHS Foundation Trust	General	0	I understand that the document does make reference that the National screening committee states that DA does not meet screening criterion since DA is not seen as a disease requiring early detection. However the guide needs to be clearer in supporting enquiry in to DA if recommendations advocate proactive questions about DA.	The guidance makes clear recommendations about proactive enquiry about DVA (recommendation 8)
South West Yorkshire Partnership NHS Foundation Trust	General	0	A Domestic Abuse pathway needs to start with how DA is identified and question asking is one of the 1st points of identification. Clearer recommendations and guidance around this would support stakeholders on how this would be implemented in to organisations/practice etc.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
South West Yorkshire Partnership NHS Foundation Trust	Recommendation 11 - Specialist domestic violence and abuse services for children and young people	14	The bullet point "Provide interventions that strengthen the relationship between the child or young person and their non-abusive parent or carer. Offer them to children and their non-abusive mothers in parallel or joint sessions" should actually state parent rather than mother in the last sentence.	Thank you. Mother is correct. The evidence related specifically to mothers. The evidence relating to non-mother parents and carers is ambiguous and the PDG did not feel it was appropriate to extrapolate the evidence in this case.
South West Yorkshire Partnership NHS Foundation Trust	Recommendation 7 – Information Sharing	10	It can be a difficult area because of the lack of consent v safety concerns. The information sharing agreements we would need to put in place locally would depend on the arrangement to be put in place locally when the guidance is approved. Any national guidance on the circumstances when information can be shared without consent, by giving examples would save us all from interpreting the guidance differently. I would agree with all the bullet points and would add: • Involve IG specialists at an early stage in the planning of the service so that any concerns can be addressed sooner rather than later.	Thank you. This may be the case, but it is beyond the remit of this evidence based guidance.
Southall Black Sisters	General and recommendation 5, 6, 8 & 9	8 and 9 and 11 and 12	Best practice policies and procedures should be implemented for BME women and children, modelled on the statutory and practice forced marriage guidelines. These include the ensure that the needs of BME victims are not ignored due to racism and cultural or religious sensitivity, and that mediation, reconciliation or religious arbitration (formally or informally) is not practiced or encouraged as these are dangerous practices which increase risks to victims.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Also migrant women and children are not turned away from health and social care services because they have insecure immigration status or no recourse to public funds- the priority of the service is to assist all victims/survivors to obtain protection and safety, and provide medical and social welfare care and support. Best practice also means ensuring that interpreters or others, such as family GPs, do not express conservative views about the role of women which reinforced values and practices which justify violence against BME women. Routine questions should also be relevant to the experiences of BME women and children.	
Southall Black Sisters	General and recommendation 9	12	All health and social care settings should ensure safety of victims and their children or others at risk, such as boyfriends and siblings in domestic violence, forced marriage or honour based violence (HBV) cases. For example, there have been cases where BME women have been attacked in hospitals by their husbands, extended family or community members, after being allowed access to the victim by staff, even where victims had said they did not want the family to visit them.	Thank you.
Southall Black Sisters	General and recommendation 9, 15, 16 & 17	12 and 18 and 20	It is important that training (including integration of training and a referral pathway into general practice) provided to staff on domestic violence is done in consultation and conjunction with experts in the field, such as local black and minority ethnic (BME) women's organisations with a track record in dealing with domestic violence against BME women and children	Thank you for your comment.
Southall Black Sisters	Recommendation 1, 3, 9,12 & 13	5 and 6 and 12 and 15 and 16	Commissioners should ensure that BME women's organisations providing specialist services for BME women and children, including holistic information, advice, advocacy, counselling (which should not be limited to CBT), support and educational and developmental work are adequately resourced to assist victims/survivors as well as to engage in partnership work.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Southall Black Sisters	Recommendation 2, 3, 4, 9 & 12	6 and 7 and 12 and 15	Strategies and action plans should be developed with local partners, such as BME women's organisations working on domestic violence, to help improve access to health and social care services, including referral pathways, joint case working (including arrangements for BME women's groups to meet victims in private 'appointments' organised by medical staff or to hold advice and counselling sessions in health and social case settings at A & E, GP surgeries etc) and awareness raising. This is particularly useful for isolated and vulnerable victims/survivors.	Thank you. We agree and hope this is adequately reflected in the recommendations
Southall Black Sisters	Recommendation 7 & 9	10 and 12	All professionals and systems must ensure confidentiality, which can be a particular problem if the family GP or other health workers are from the same community. Information on reports or concerns of domestic violence should not be shared with non-authorised personnel, family or community members, or easily accessible through medical or other records.	Thank you.
St Mungo's	General	0	We welcome the focus on mental health and substance use issues, and the identification of housing services as a local partner for identifying and preventing domestic violence. However, we think that the guidance should explicitly mention that women who are rough sleeping or in homelessness services are at particular risk of experiencing domestic violence and abuse. We also believe that the guidance should state that domestic violence is a key cause of women's homelessness. The suggested integrated care pathway should also specifically involve housing and homelessness services. **Domestic violence as a factor in becoming homeless:** Our Client Needs survey suggests that over 50 per cent of our female clients have experienced	Thank you. We recommend that the multi-agency partnership in recommendation 2 involves representatives from housing.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			domestic violence at some point in their lives. The survey also shows that 39 per cent of our female clients who slept rough were made homeless by domestic violence.	
St Mungo's	General	0	The link between domestic violence and homelessness is likely to be under reported. We have found that domestic violence is often only disclosed as a factor in becoming homeless after a period of time has elapsed and trust has been built up with our support workers. Women with complex needs are often unable to access refuges due to their problematic alcohol or drug use. They are therefore at a greater risk of rough sleeping or ending up in residential homelessness projects which may not be suitable for them. **Homelessness as a risk factor for domestic violence:** Women who are rough sleeping or in homelessness services are at risk of exploitation and abuse from partners, particularly when substance use and mental health issues are also present. Our outreach teams meet many women rough sleepers in couples where the relationship is abusive and the perpetrator prevents their partner from being able to access support and accommodation. **St Mungo's Women's Strategy:** As part of St Mungo's Women's Strategy, we have refreshed and re-launched our domestic abuse policy and rolled out new training to all staff in partnership with Against Violence and Abuse (AVA).	Thank you

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
St Mungo's	General	0	We have also launched a national campaign on women's homelessness, *Rebuilding Shattered Lives*, which focuses on the link between homelessness and domestic violence and abuse. We have gathered evidence from a range of women and support organisations on what works to identify, prevent and support recovery from domestic violence: http://rebuildingshatteredlives.org/theme/prevention-and-recovery-from-domestic-abuse-and-sexual-violence/	Thank you
Staffordshire and West Midlands Probation Trust	**General**	0	This keeps a two way exchange of information going which is geared to protecting direct victims. The document reinforces the importance of ensuring that all services are joined up effectively across all partners and would benefit from the learning from past and recent Domestic Homicide and Serious Case reviews (e.g. Pelka case etc) being collated and used to inform practice.	Thank you. The PDG discussed these reviews at length but felt there was not yet enough evidence to include them in a recommendation.
Staffordshire and West Midlands Probation Trust	**Commissioning**	**0**	If commissioned it would be helpful to have further detail about how agencies working with perpetrators would ensure take up from those required to complete programmes where this would not be mandatory. Some views were held in the Trust that the commissioning of programmes was expensive, when the only perpetrators likely to attend were those wanting to exert more control over partners, or a small minority who genuinely wished to change. It was felt that the consultation document did not address this point. There was a big question mark around who pays, a general problem with partnership	Thank you. The PDG did not feel the evidence was clear or detailed enough to provide this level of detail. However, stakeholders have an opportunities to submit for consideration examples of good practice to the shared learning database. Further details can be

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			commissioning, the expectation being placed on some statutory agencies to provide the funds.	found at: http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/shared_learning_implementing_nice_guidance.jsp
Staffordshire and West Midlands Probation Trust	**Information Sharing**	**0**	It was widely agreed that information sharing was a crucial and component part of effective partnership working and it was felt that this must be opened up as recommended in the consultation paper. This was essential as it was felt that medical confidentiality can sometimes operate as a bar to our officers being fully informed of potential risk, this is sometimes the case where the mental health of perpetrators is an issue.	Noted. Thank you.
Staffordshire and West Midlands Probation Trust	**Service Delivery**	**0**	Integrated Offender Management (IOM) is the overarching framework for bringing together agencies in local areas to prioritise interventions with offenders who cause crime in their locality. IOM provides the opportunity to target those offenders of most concern in a more structured and co-ordinated way, there is no mention of this in the document. As IOM is currently moving towards the model that captures domestic violence, albeit only including higher risk men, this is an area of work that could benefit and inform some of the processes highlighted in the document.	Thank you. We look forward to the evidence base in this area developing.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Staffordshire and West Midlands Probation Trust	**Perpetrator Programmes**	**0**	The Probation Trust have a vast amount of knowledge and expertise in running programmes (accredited by NOMS and hence based upon best practice) for domestic violence perpetrators and have effectively demonstrated lowering reconviction rates following the completion of programmes. The Trust provides links into other agencies via the Probation Officers and Women Safety Workers and this ensures that there is a two way exchange of information to manage risks and protect the public. As such the Trust believes that they would bring a positive contribution to any local mapping exercises	Thank you. We have clarified the involvement of probation.
Staffordshire and West Midlands Probation Trust	**General**	0	The Probation Service plays a significant and key role in both supervising known perpetrators, assessing and managing the risks posed through treatment programmes on a group work and one-to-one basis. The document whilst mentioning other areas of the Criminal Justice System does not appear to recognise or acknowledge the significant contribution and profile of the Trust in challenging such abusive attitude and behaviour, whilst working with and protecting victims.	Thank you. It was not our intention to exclude probation, but rather we had subsumed it under the category of criminal justice. We have clarified the role of probation in the document.
Staffordshire and West Midlands Probation Trust	**General**	0	It is not widely known that the Probation Trusts offer the Victim Contact Service to the victims of offenders who have committed serious sexual and violent offences which have attracted a custodial sentence of 1 year or more. Many also take discretionary cases where we feel the victims may benefit from keeping informed of prisoners movement towards temporary release and release into the community. Clearly a great many of these cases involve domestic violence and sexual abuse both of adults and children and may	Thank you. This is useful information.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			involve male and female offenders and victims. Victims are offered the opportunity to request no contact and exclusion area conditions and may be kept informed of the progress of sentences and through to release and the serving of temporary and release licences. This can make a considerable contribution to safety measures being underpinned by Probation Officers and Victim Liaison officers working in conjunction with other professionals. Trusts also employ Women Safety Workers who can (with victims' consent) keep in touch with victims whilst perpetrators are participating in specialist courses designed to address attitudes and offending.	
Stockton-on-Tees Borough Council	3.22	30	Would be nice to see a strong recommendation for further research into how programmes designed for male heterosexual perpetrators could be adapted for use with LGBT populations.	Thank you for your comment.
Stockton-on-Tees Borough Council	General	0	There should be something around preventative/educational approaches aimed at children and young people, given the prevalence of domestic abuse among teenagers.	Thank you. The PDG considered evidence for preventive approaches within health and social care but did not find strong enough evidence to make a recommendation but have included it as a theme in the research recommendations
Stockton-on-Tees Borough Council	General	0	There is no mention of FGM in the document, despite it being encompassed in the new definition of domestic abuse.	Thank you. FGM is not included in this guidance. We have clarified this.
Stockton-on-Tees Borough Council	General	0	There is too much emphasis on the end outcome being a referral to a specialist domestic abuse service. The document identifies the scarce resources in place for such services so having guidance that emphasises this	Thank you. The PDG felt that supporting people who have experienced domestic violence

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			one end point is concerning. There needs to be much more emphasis on other professionals providing supportive interventions.	and abuse is a very specialist role, and while all professionals need some skills in the area, services are best provided by appropriate specialists.
Stockton-on-Tees Borough Council	Partner abuse among adults	24	Are men are less likely to report abuse to the police? – some research suggests the opposite. http://kareningalasmith.wordpress.com/2013/04/29/this-thing-about-male-victims/	Thank you for this.
Stockton-on-Tees Borough Council	Partner abuse among young people	24	Paragraph 5 states: 'Young people in same sex relationships were at greater risk than those in heterosexual relationships'. A breakdown of gender of perpetrators and victims would be useful here, if the research captured this data.	Thank you for your comment – see above.
Stockton-on-Tees Borough Council	Recommendation 14	17	"Ensure this is monitored and reported In addition , programmes should report on the perpetrators' attitudinal change, their understanding of violence and accountability, and their ability and willingness to seek short-term help." What is meant by short term help? Respect guidelines recommend 75 hours of group work to affect lasting change. In addition to monitoring safety victims should be offered support	Thank you. We have removed the reference to short term in recommendation 14.
Stockton-on-Tees Borough Council	Recommendation 15	18 and 19	Re: staff training levels. Child protection responsibilities/awareness of procedures should be embedded in each level of training. Also, it appears that providing a direct intervention relating to domestic abuse can only be undertaken by specialist domestic abuse services. Bearing in mind, that the majority of victims and perpetrators don't engage with specialist	Thank you. We have added this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			services more emphasis should be on training for interventions at Level 3. Currently Level 3 is described as an 'initial response.'	
Stockton-on-Tees Borough Council	Recommendation 6	10	This seems to suggest that specialist domestic abuse services do not offer support around the mental health consequences of domestic abuse and that the only route is referral to a commissioned mental health service. It should be more clear about what support for this could be provided in a 'one stop' service that could tailor support.	Thank you. We have clarified this.
Stockton-on-Tees Borough Council	Risk Factors	23	Paragraphs 3 and 4 re: transgender and LGB abuse. A breakdown of gender of perpetrators and victims would be useful here, if the research captured this data.	Thank you for your comment we have elaborated on the transgender and LGB abuse figures.
Stonewall	1	5	**Recommendation 1 Commissioning: Planning services** – Under *'What actions should they take?' S*tonewall suggests explicit reference to the needs of protected characteristics, e.g. 'They should develop referral pathways that aim to meet the health and social care needs of all those affected by domestic violence and abuse, including those with protected characteristics and those who face particular barriers in accessing domestic violence and abuse support services.'	Thank you. We have added this.
Stonewall	1	6	**Recommendation 2 Participate in a local partnership to prevent domestic violence and abuse** – Under *'What actions should they take?' S*tonewall suggests recommending partnering with local lesbian, gay and bisexual community groups.	Thank you. These would be included under voluntary and community sector groups
Stonewall		6		Thank you. An entire

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	1		**Recommendation 3 Commissioning: develop an integrated Strategy** - Under *'What actions should they take?' S*tonewall suggests an explicit reference to equality and diversity, e.g. 'considers equality and diversity and meet the needs of all local communities and protected characteristics'.	recommendation makes clear that this guidance is founded on principles of equality. To put this into every recommendation would be over-egging the cake.
Stonewall	1	8	**Recommendation 5 Services: create an environment for disclosing domestic violence and abuse** – Under *'What actions should they take?'* Stonewall suggests that targeted services should be mentioned, e.g. 'Information should highlight that services are inclusive for different groups or information should be provided on targeted services for particular groups, such as lesbian, gay and bisexual people who are experiencing domestic violence and abuse.' A good example of communications about domestic violence which is targeted at particular groups is Barking and Dagenham PCT's leaflets 'Domestic Violence: a resource for lesbian and bisexual women': www.stonewall.org.uk/documents/dv_resource_for_lesbian_and_bisexual_women_1_1.pdf and 'Domestic Violence: a resource for gay and bisexual men': www.stonewall.org.uk/documents/domestic_violence_resource_for_gay_men_1_1.pdf.	Thank you for this link.
Stonewall	1	9	**Recommendation 6 Services: tailor support** – Under *'What actions should they take?' S*tonewall suggests that signposting to targeted services for specific groups is added, e.g. 'Consider referrals to services that provide targeted support for specific groups (for example, services specifically for	Thank you. This is already included in recommendation 5.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			people from black and minority ethnic groups or with disabilities, older people, trans people, or lesbian, gay or bisexual people. Or services for specific types of domestic violence and abuse such as honour-based violence and forced marriage).	
Stonewall	1	11	**Recommendation 8 Asking about domestic violence and abuse** – Under *'What action should they take?'* Stonewall suggests that training for health and social care service managers includes the prevalence and characteristics of same-sex partner abuse and family abuse, how to recognise the possible indictors of domestic violence and abuse within same-sex relationships (to avoid classifying domestic violence and abuse as common assault or mistaking/not being able to identify the primary person perpetrating the domestic violence or abuse).	Please see rec 9.
Stonewall	1	15	**Recommendation 9 Equality and diversity: overcoming barriers to accessing services** – Under *'What action should they take?'* Stonewall suggests that it is made explicit that staff should be trained on the prevalence and characteristics of same-sex partner abuse and family abuse, the sensitivity of 'coming out' to a healthcare professional, someone's sexual identity being used against them by a person perpetrating domestic violence or abuse, or identifying the primary person perpetrating the domestic violence or abuse). Stonewall also recommends that healthcare organisations appoint a domestic violence and abuse lead that has knowledge of same-sex domestic abuse as well as identify local organisations who can provide additional support for lesbian, gay and bisexual victims of domestic violence	Thank you. This is covered in the training recommendations.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and abuse.	
Stonewall	1	18	**Recommendation 15 Training to support different roles** - Under *'What action should they take?'* Stonewall suggests that it is made explicit that staff should be trained on the prevalence and characteristics of same-sex partner abuse and family abuse.	Thank you. This is covered in recommendation 9 and also in the second bullet point here.
Stonewall	2	22	**Associated risk factors** – Stonewall suggests that the paragraph about lesbian, gay and bisexual people also highlights that gay and bisexual men are much more likely to experience domestic violence and abuse than men in general (Stonewall: 2012).	Thank you; have added this to the text.
Stonewall	2	22	**Introduction** – Stonewall suggests that a paragraph about same-sex partner abuse and family abuse is added, e.g. 'Although both men and women may perpetrate or experience domestic violence and abuse, it is more commonly inflicted on women by men. This is particularly true for severe and repeated violence and for sexual violence. Lesbians and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4), however this does include domestic violence and abuse within same-sex relationships (Stonewall: 2008). Gay and bisexual men are much more likely to experience domestic violence and abuse than men in general. 49% of gay and bisexual men have experienced at least one incidence of domestic violence and abuse since the age of 16, compared to 17% of men in general This includes domestic violence and abuse within same-sex relationships (Stonewall: 2012)'.	Thank you. We have added this to the text.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Stonewall *Lesbian and bisexual women's health check* (2008). This research was completed with De Montford University and with over 6,000 women completing the survey, it is the largest survey of lesbian and bisexual women's health needs outside America. Stonewall *Gay and Bisexual Men's Health Survey* (2012). This research was completed with Sigma research and with nearly 7,000 respondents, this is the largest survey ever conducted of gay and bisexual men's health needs in the world.	
Stonewall	General	0	Stonewall is pleased to respond to the NICE consultation on the draft guidance 'Domestic violence and abuse: identification and prevention'. We welcome the inclusion of sexual orientation and same-sex domestic violence and abuse in the draft guidance. Stonewall is the leading organisation campaigning and lobbying for lesbian, gay and bisexual equality in Britain. Stonewall has significant expertise in healthcare, supporting over 50 NHS organisations through the Diversity Champions Programme (www.stonewall.org.uk/at_work/diversity_champions_programme) and 40 healthcare organisations through the Health Champions Programme (www.healthylives.stonewall.org.uk/for-organisations/health-champions). Stonewall has published pioneering research into the health of lesbian, gay and bisexual people, including regarding lesbian, gay and bisexual people's	Thank you. We welcome comments from colleagues at Stonewall.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			experiences of domestic violence and abuse (www.healthylives.stonewall.org.uk/research). Stonewall has also produced a best practice guide on improving the NHS for lesbian, gay and bisexual patients and staff (www.healthylives.stonewall.org.uk/for-organisations/a-guide-for-the-nhs.aspx).	
Stonewall Housing for LGBT DAF		3	There needs to be a more strategic look at the delivery of inclusive services. Local knowledge of how to support LGBT survivors is patchy at best and no existent in many places. The local commissioners need to be supported by regional or national expertise from the LGBT sector.	Thank you. We hope the recommendations will help to establish this.
Stonewall Housing for LGBT DAF		13	CAFFCASS officers/ court officials, anyone involved with the family court process need to receive training around LGBT family /Queer family. Cisgender and heterosexual ex-partners/family members use LGBT gender and sexuality as methods of discrediting parenting ability. This method of control needs to be understood, especially when supporting LGBT parents.	Thank you.
Stonewall Housing for LGBT DAF	10	13	The sections that relate to children and family courts do not mention the experience of LGBT parents. Further research is needed here and I would suggest that a study is commissioned to look at domestic abuse by those who's perpetrators are cisgender and heterosexual, as anecdotal evidence would suggest that the disclosure of LGBT identity is used by perpetrators in court to control or try to control access to children. This is particularly in light of the McNally case where disclosure of gender identity was an issue	Thank you. NICE does not commission research, however the PDG do make recommendations for further research and LGBT are included in those.
Stonewall Housing for LGBT DAF	11	14	The offer of continued support for LGBT young people who have been through the care system needs to be extended to the age of 25, even if they	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			are not in full time education. This is because LGBT young people frequently do not have extended family networks to support them due to homo/bi/transphobic beliefs within the family/cultures. Many LGBT people once they leave care become homeless. There is a need for a campaign aimed especially at young teenagers, that identifies what good, health, well balanced relationships look like for LGBT people. This is needed as many young people are told by their perpetrators, that domestic abuse cannot take place within an LGBT relationship because there is no power imbalance. This is clearly not the case as power imbalance can come from many different sources and we find that especially with young LGBT in their first relationship.	
Stonewall Housing for LGBT DAF	12	15	This section mentions homophobia. Maybe a misprint but it also needs to add biphobia and transphobia as these are distinctly different. Gender clinics need to be added to the list or services in the final point.	Thank you, we have added these.
Stonewall Housing for LGBT DAF	13	16	Mental health services need to work in partnership with established and funded LGBT mental health services. Partnership approach to learning is cost effective. Adult and children survivors need to be believed. Children should be listened to and their wishes acted on. Too many times, professionals come with their own agenda when interpreting testimony.	Thank you.
Stonewall Housing for LGBT DAF	14	17	Perpetrator programs are aimed at hetronormative relationship models where the woman is the victim and the man the perpetrator. This is an accurate picture for heterosexual couples but the model does not easily translate to	Thank you. We would be pleased to see such a pilot commissioned, however NICE is

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			LGBT people's in relationships. A pilot project needs to be commissioned that brings together LGBT community groups and experts working with perpetrators to develop this service.	not a commissioner of research.
Stonewall Housing for LGBT DAF	15	18	Who should take action needs to include voluntary sector service delivery orgs. LGBT should be included at levels 1 and 2. LGBT experience should be more intricate at further levels with a stand along training package being developed for specialist IDVAs and ISFAs	Thank you. This recommendation is about standards for training not delivery of training.
Stonewall Housing for LGBT DAF	16	20	It should be noted that an LGBT service maybe published as able to deliver a local service but due to cuts, changes to services, and many groups being unfunded, these support organisation may not offer the level of support survivors at point of crisis need. inappropriate referrals might make the survivor feel like they are being palmed off. Generic services need to play a part in building the LGBT service delivery infrastructure. For example, offering placements/information exchanges ect...	Thank you.
Stonewall Housing for LGBT DAF	17	20	Any training package developed needs to include at least one days training that focuses exclusively on LGBT experience of domestic abuse.	Thank you.
Stonewall Housing for LGBT DAF	4	7	Trans prisoners are put at risk of physical and sexual abuse when placed in inappropriate prisons. The current guidance takes gender identity away from the prisoners, and places it with the prison service to place the prisoner in the system that the authority feels meets the prisoners identity. More research and better guidance needs to be developed in consultation with trans community groups.	Thank you. This is outside of the remit of this guidance, which only considers domestic violence and abuse.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Stonewall Housing for LGBT DAF	5	8	All publicity needs to include a rainbow flag as a signifier that the service, is inclusive of all sexualities. An LGBT quality mark needs to be developed that would work with generic groups, intending to provide inclusive service delivery. Something akin to the Stonewall Star that is marketed to companies, but that has consultancy, staff training, policy review incorporated into achieving the quality mark. When service information is translated into other languages, the translation for LGBT needs to be checked to ensure that the translation of these words are not offensive.	Thank you. The PDG did not see any evidence to support this intervention. The development of an LGBT quality mark is beyond the remit of this guidance.
Stonewall Housing for LGBT DAF	6	9	Lack of safe housing is a major barrier for LGBT survivors of domestic abuse. There is not specific housing for trans survivors to access. Generic service provision struggle to accommodate due to lack of training and links to trans community groups. GMSH a gay men's housing project in Wandsworth is due to shut its doors in December due to funding cuts. This project was unique as it offered housing to gay men escaping domestic abuse. It had benefited the whole of London but was paid for by only Wandsworth council. An example of how localism is detrimental to the LGBT community as evidencing need in a micro scale undervalues the need for specialist provision on a larger geographical scale. There is very little safe accommodation left for gay/bi/trans men over 25. There was good guidance for health care professionals developed by Barking and Dagenham, which focused on LGBT domestic abuse. Published about 3	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			years ago but in need of an update. Funding needs to be provided for these documents to be reproduced and circulated as a national document.	
Stonewall Housing for LGBT DAF	7	10	Sexuality and gender identity of victims and perpetrators needs to be gathered by the CJS as this will assist spotting repeat perpetrators. Anecdotal evidence is that this is especially the case with assaults that have been targeted towards sex workers. We are also aware that some incidents of domestic abuse, may be perpetrated by those who have carried out previous homophobic, transphobic hate crime. Linking these offices together could lead to an increase in aggravated charges been put forwards. Homophobic / biphobic/ transphobic hate crime needs to be linked to family court proceedings to spot patterns of aggravated assault. CPS/Courts also need clear guidance about disclosure of gender identity especially as this could be used by defendants as justification for assault.	Thank you. Criminal justice is outside the remit of this guidance.
Stonewall Housing for LGBT DAF	8	11	All training should include LGBT experience of domestic abuse and include how to ask monitoring questions, how to talk about intimate body parts, especially for trans survivors who might use different language. Disclosure should also be encouraged using social media (using private messaging)	Thank you. Please see rec 9. The PDG did not see any evidence to support encouraging disclosure by social media.
Stonewall Housing for LGBT DAF	9.	12	LGBT Capacity is an issue at local level. Local expertise might be from an unfunded group where the worker might not be fully briefed, or kept up to date with changes in legislation Even consultation is likely to be difficult as small front line services are more concerned with supporting clients than participating in consultations. Unfunded LGBT groups who are invited to participate in consultation should be reimbursed for their time and expertise.	Thank you. This has been added to recommendation 9.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			This consultation also needs to highlight the issue of **identity abuse**, where a perpetrator uses the disclosure a survivors sexuality or gender identity to control their behaviour. It also needs to include the fact that LGBT people are also at risk of forced marriage and that Honour based violence might also be triggered by a victims gender identity or sexuality.	
Stonewall Housing for LGBT DAF	Gaps in evidence	72	Stonewall published research on LGB experience of domestic abuse which is comprehensive. Count me in and Count me in too research from Brighton Council Metro centre Youth Chances published interim research about domestic abuse experienced by Young People. Galop also has meaningful and well respected research LGBT DAF also published research form LGBT survivors of domestic abuse. All should be read and digested.	Thank you for this list.
Stonewall Housing for LGBT DAF	General	0	It's good to see this document include LGBT domestic violence and abuse mentioned in this document. A general comment is that the breadth of abuse experienced by LGBT people is not limited to same sex abuse. In fact this term reduces the understanding of the experience, which included family abuse, forced marriage and in some circumstances, is used as justification for so called "honour based violence" The term same sex DV also does not translate well to the trans community that include those who identify in a non	Thank you. Our definition of domestic violence and abuse covers the broader range of violence and abuse, see page 1. We do not use the term 'same sex DV' and have tried to be inclusive of trans people

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			binary gender or maybe changing gender.	throughout since trans people seem to be at high risk of violence and abuse. See also consideration 3.9.
Surrey County Council	3.1	27	As above re male victims – only 65%/35% split as well as other well known research around 1 in 4 women, 1 in 6 men. Saying the group 'stressed that men could also experience such violence and abuse' seems a very weak justification for not seeking to provide equality of access to support	Thank you. The PDG reworded this to make their position clear.
Surrey County Council	4 - Research	32	The document states that the research around male victims of domestic violence and abuse is very limited – so should be included in the list of research needs	Thank you for your comment.
Surrey County Council	General	0	Very clear, comprehensive document	Thank you.
Surrey County Council	Introduction	2	The sentence commencing 'The majority of this violence and abuse is perpetrated by men on women... ' is unhelpful because it may set a precedence for the document which could result in vulnerable male victims not being identified, being taken seriously, or offered the same support as a female victims would be in the same circumstances. I would recommend 'While the majority of this violence and abuse is perpetrated by men on women, domestic violence and abuse occurs across all communities and affects females, males and those in same sex relationships'	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
Surrey County Council	Paragraph 1	5	'.....people who experience domestic violence and abuse' refers to those who are victims or survivors of the **violence**'. Should be referred to as '**abuse**' or '**violence**'.	Thank you. We have corrected this omission.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Surrey County Council	Paragraph 2	4	As above	
Surrey County Council	Paragraph 2	4	Where someone is identified as being a domestic abuse victim or survivor, they should automatically be screened for substance misuse and mental health problems	Thank you. The PDG did not consider any evidence that supported the effectiveness of this as an intervention
Surrey County Council	Recommendation 15	18	Training on domestic abuse should include screening for substance misuse and mental health issues	Thank you. This recommendation is specifically about domestic violence and abuse.
Surrey County Council	Recommendation 8	12	First line – also add A & E and fracture clinic's, although a disclosure can take place in all health settings and wards	Thank you. The evidence does not support routine enquiry in these settings, however the recommendation has been reworded and we hope it is clearer now that a disclosure can take place in any setting.
Surrey County Council	Recommendation 9 Whose health will benefit?	12	Male victims should be included with the list of those victim groups who face additional barriers to disclosure and reporting of the violence and abuse	Thank you. We have added men to the examples.
Suzy Lamplugh Trust		0	We note that, apart from in the definition of domestic abuse quoted on page 22, this document contains no references to stalking, even in section 10, 'Gaps in evidence'. Our observation is that evidence relating to stalking represents a significant gap and that, without addressing this gap, the guidance as presented risks failing to meet its stated aims to 'help identify, prevent and reduce domestic abuse'.	Thank you. We have resolved this omission and added stalking to the gaps in the evidence.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We regularly receive calls from victims of stalking who are being targeted by an ex-partner but who would not identify themselves as victims of domestic abuse. This may be because the relationship was brief, contained no form of violence or abuse while it lasted or because they perceive the nature of the stalking behaviour not to be overtly or explicitly threatening. To meet the needs of the full spectrum of victims of domestic violence and abuse, including victims of stalking, this guidance needs explicitly to acknowledge the distinct ways in which stalking can present itself and affect its victims. It also needs to demonstrate how healthcare providers will be supported to develop their understanding of stalking so that they are equipped both to identify stalking behaviour and to offer an appropriate response. To address these concerns, we recommend that the programme development group seeks specialist evidence and input on stalking, along with the other areas acknowledged in section 10 of the document as gaps in evidence. The National Stalking Helpline has supported 7,200 victims since it was established in 2010 and would be willing to draw on this evidence base to inform the development of this guidance.	
Suzy Lamplugh Trust	General	0	It is important that whenever the document makes reference to domestic violence that this is understood by medical practitioners to include stalking. 40% of people who contact the National Stalking Helpline are being stalked by an ex partner and it has been found that 76% of cases where a woman was murdered by her ex partner involved stalking in the lead up to the attack (McFarlane 2002). Stalking has a great impact on those affected both emotionally and mentally	Thank you. We have included a research recommendation about stalking since there was too little evidence for the PDG to make a recommendation about this.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			which many find hard to share as they feel embarrassed. It is our experience that a lot of victims of stalking will present to their GP before going to the police or seeking other forms of help so it is important that opportunities to help the victim are taken as early as possible to prevent further trauma. Medical practitioners need to feel confident in understanding stalking behaviours and the impact it has as it is still an area that isn't as well understood as other forms of abuse. quoted at the	
Suzy Lamplugh Trust	Recommendation 1	5	In addition to mapping local services, the general public should also be aware of national services that are available such as helplines.	Thank you. We have changed the guidance to reflect this.
Suzy Lamplugh Trust	Recommendation 10	13	Stalking can affect the health of young people, not only when they are the victim, but also when one of their parents is a victim. When a child is the direct victim of stalking they can suffer post traumatic stress disorder (PTSD), anxiety, depression and panic attacks. We are frequently contacted by young people, or their parents, wishing to know what	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			help is available to them including how to protect their emotional welfare. We therefore think it important that staff dealing with young people are also able to identify when a young person is being stalked. We are also called by adults who, whilst they are the primary victim are also concerned about the impact that their stalking experience is having on their children. For example, we have spoken to parents who do not feel safe to leave the house, so are unable to take the children out. Others tell us that when telephone calls are being made late into the night, this not only disturbs the sleep of the entire family, but also causes children to see the anxiety and distress it causes their parent.	
Suzy Lamplugh Trust	Recommendation 11	14	Specialist support services for stalking victims are rare and we are often asked by callers if there are services local to them, or services where they can speak to someone face to face about the impact stalking has had on them. We know that some schools do provide counselling services to their pupils and it would be of benefit to children and young people if their school counsellor were trained in providing care to those affected by stalking. The provision of counselling services either where staff are trained in handling stalking cases or where the service is aimed at stalking victims would limit the long term impact stalking has on the health of victims. Adult callers have often told us that the stress induced by stalking has caused them to feel depressed, which in turn leads them to take time off work, or has resulted in them being unable to work. In cases where parents have called about someone stalking their child, the impact on the child's education is often a primary concern.	Thank you
Suzy Lamplugh Trust	Recommendation 13	16	Stalking often impacts on victims' psychological and emotional well being and can lead to hyper-vigilance, depression and PTSD. Such difficulties need to be addressed by professionals who have understanding and training in this area so that victims can be best treated and supported. Many of our callers feel	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			isolated by stalking and feel that they would benefit from support groups with other victims or from sessions with a counsellor who can offer face to face support.	
Suzy Lamplugh Trust	Recommendation 5	8	We were wondering how the health and social care providers will obtain posters etc. to display contact details for helplines in waiting rooms? Is a proactive step required of helpline organisations to promote their service themselves? Or will health and social care providers be provided with details of all relevant agencies for them to contact to obtain the materials?	It is likely to be a combination of those things. See rec 1.
Suzy Lamplugh Trust	Recommendation 6	9	The recommendation promotes that a decision needs to be made on whether the individual needs short or long term support to address their needs. It would be beneficial for those experiencing stalking to have a strategy in place designed to deal specifically with stalking and the impact it has. This is important as whilst stalking is recognised as a form of domestic violence it is unique in the way that victims are targeted and subsequently the help they require. This is particularly important in light of the ever changing methods used by stalkers to cause distress to their victim, including the use of online methods, not only to send message but also to monitor behaviour or to use GPS devices to track their victim's location.	Thank you. The PDG were unable to make any recommendation specifically about stalking since they did not find enough evidence to inform one.
Suzy Lamplugh Trust	Recommendation 8	11	This recommendation discusses the need for frontline staff to be trained in identifying indicators of domestic violence and asking the relevant questions. We promote the idea that not only should those who are experiencing other forms of domestic abuse also be asked questions to highlight if they are being stalked, but that other members of the public who present to health services are also asked questions which will indicate if they are a victim of stalking. This is important as, whilst 40% of those who contact our Helpline are stalked by ex intimates, our other callers experience the same detrimental impact on their health and wellbeing. Callers we speak to often feel that health care	Thank you. Asking everybody these questions would be a form of screening, and the evidence suggests that screening for domestic violence and abuse is not effective.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			professionals are unable to understand their situation or appreciate how detrimental it can be to their wellbeing, particularly when there are no physical signs of harm.	
Tavistock Centre for Couple Relationships	General	0	This guidance provides a very helpful overview. However it draws little distinction between types and levels of violence. It also draws on a very limited treatment approach, i.e. time limited CBT as the only evidence based treatment for victims, despite the fact that it acknowledges the need for long-term intervention, It completely ignores the couple relationship and fails to consider how best to respond to the many couples in which there is violence and abuse wishing to stay together and work on their relationship. This is disappointing, especially since it could also have offered guidance in terms of the safety and limits of such work.	Thank you. The guidance reflects the recommendations of the PDG based upon the best available evidence of effective interventions in health and social care. The only convincing evidence related to CBT, however it is important to note that a lack of evidence does not imply a lack of effectiveness. See the preamble to section 1
Tavistock Centre for Couple Relationships	General	0	TCCR would like to make the following general points about the consultation, and also to explain our perspective on this issue which, as experts in the field of couple dynamics, we feel has much to offer this consultation, yet is not at all reflected in it at present. Domestic violence takes place within relationships and yet the whole notion of working with the couple relationship to both prevent and reduce domestic violence and abuse is, regretfully, absent from the consultation. We know that we work with domestic violence (or intimate partner violence); and whilst we lack hard evidence as to the efficacy of couple therapy in these cases, we do know that it can reduce hostility and tension, and thereby by implication it	Thank you. As you note, there is no evidence to support this work and therefore the PDG did not feel able to recommend it.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			manifesting in physical or emotional abuse.	
Tavistock Centre for Couple Relationships	General	0	There is no mention in this document of either couple dynamics or of working with the couple. There is no mention either of the internal world – instead domestic violence is seen to both reflect and be reinforced by: 'social norms, roles and expectations relating to gender'. This document is focussed around the view that the causes of violence are all external – and are related to issues of power and control by men over women. Clearly the power argument is important and relevant one. We arguably do live in a society where men have more power than women, whether it is holding positions of power in society, financial power etc. There is much gendered violence outside of the couple relationship too, particularly sexual violence, and is prevalent in some religions that oppress women. But this does not explain all violence from men to women in couple relationships. If domestic violence was just a case of the power of men over women, why is there so much of it from women to men, from women to women (in lesbian relationships), from men to men, or so prominent in transsexual relationships? None of these anomalies are addressed in this document. Also, societal attitudes towards women have changed significantly – and yet the statistics seem to show that domestic violence continues at the same rate as it ever did.	Thank you. A detailed exposition of the possible causes of domestic violence and abuse is beyond the remit of this guidance.
Tavistock Centre for Couple Relationships	General	0	What is evident is the split between what can be seen as external forces (patriarchy, societal norms, power of men in society) and internal forces (unconscious internal world). It would appear that those comprising the Programme Development Group represent the former of these two groups; indeed, there are no psychotherapists, let alone couple psychotherapists on it;	Thank you. The Programme Development Group are appointed to represent the broadest spread possible from a pool of applicants. All applications are screened by the

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			those concerned with the 'internal world' and particularly the internal world of the couple relationship are not represented at all. This consequently not only neglects internalised object relations, repressed and split off feelings of rage and anger; but also what has been internalised from society/culture in terms of gender relations (sexist attitudes etc). TCCR believes that what is ultimately needed is a bridge between the two perspectives – a way of thinking of how to integrate the internal and external so they are not so split from one another.	Chair of the PDG and a Director of NICE who select the most appropriate candidates. Although there were no psychotherapists, there were several psychologists and psychiatrists on the PDG.
Tavistock Centre for Couple Relationships	General	0	Finally, the document does not address what happens when people want to stay together; when they both want the violence to stop, when they want to work together at reducing it and preventing further episodes. The view up to now seems to have been that to work with it, is somehow to collude and condone it. It is, TCCR feels, imperative to stress that this not the case. TCCR does not collude with any view that it is justified in some way, but what the organisation does is to try and understand the roots of it, the violent and angry feelings that manifest in violence – and how it functions in the couple relationship.	Thank you. The PDG saw no evidence to support any specific interventions to keep people together.
The British Psychological Society		0	Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, *126*(5), 651-680.	Thank you for this reference.
The British Psychological Society		0	Bartholomew, K., Henderson, A., & Dutton, D. (2001). Insecure attachment and abusive relationships. In C. Clulow (Ed) *Adult attachment and couple psychotherapy: The 'secure' base in practice and research*. London: Routledge.	Thank you for this reference.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society		0	BPS (2007). *Child Protection Portfolio.* Leicester: British Psychological Society.	Thank you for this reference.
The British Psychological Society		0	Brown, J., James, K., and Taylor, A. (2010). Caught in the rejection–abuse cycle: are we really treating perpetrators of domestic abuse effectively? *Journal of Family Therapy* (2010) 32, 280–307	Thank you for this reference.
The British Psychological Society		0	Carney, M.M., Buttell, F. & Dutton, D.G. (2007). Women who perpetrate intimate violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior*, 12, 108-115.	Thank you for this reference.
The British Psychological Society		0	Dutton, D.G. & White, K. (2012). Attachment Insecurity and Intimate Partner Violence. *Aggression and Violent Behavior,*17, 475-481	Thank you for this reference.
The British Psychological Society		0	Donovan, C & Hester, M. (2010). I hate the word "victim": An exploration of recognition of domestic violence in same sex relationships". *Social Policy and Society.* 9. 297-298	Thank you for this reference.
The British Psychological Society		0	Hines, D. & Douglas,E. (2010) Intimate terrorism by women towards men: does it exist?, *Journal of Aggression, Conflict and Peace Research*, 2 (3), 36 – 56	Thank you for this reference.
The British Psychological Society		0	Fox, C. L., Hale, R., & Gadd, D. (in press). Domestic abuse prevention education: Listening to	Thank you for this reference.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			the views of young people. *Sex Education.*	
The British Psychological Society		0	Fox, C. L., Corr, M-L., Gadd, D., & Sim, J. (resubmitted). Evaluating the effectiveness of domestic abuse prevention education: Are certain children more or less receptive to the messages conveyed? *Legal and Criminological Psychology.*	Thank you for this reference.
The British Psychological Society		0	Fox, C. L., Corr, M-L., Gadd, D., & Butler, I. (2013). Young teenagers' experiences of domestic abuse *Journal of Youth Studies.* http://dx.doi.org/10.1080/13676261.2013.780125	Thank you for this reference.
The British Psychological Society		0	Humphreys, C., Houhgton, C. & Ellis, J. (2008). *Literature Review: Better outcomes for children and young people experiencing domestic abuse – directions for good practice.* Edinburgh: The Scottish Government	Thank you for this reference.
The British Psychological Society		0	Kelly, J. & Johnson, J. (2008), 'Differentiation among types of intimate partner violence: research update and implications for interventions', Family Court Review, 46 (3), 476-499	Thank you for this reference.
The British Psychological Society		0	Langhinrichsen-Rohling,J. (2010). Controversies Involving Gender and Intimate Partner Violence in the United States. *Sex Roles,* 62:179–19. DOI 10.1007/s11199-009-9628-2	Thank you for this reference.
The British Psychological Society		0	Laroche, D (2005). *Aspects of the context of domestic violence: Situational couple violence and intimate terrorism in Canada 1999. Quebec: Institut de la statistique du Québec. Available at*	Thank you for this reference.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			http://www.stat.gouv.qc.ca/publications/conditions/pdf/AspectViolen_an.pdf	
The British Psychological Society		0	Leen, E., Sorbring, E., Mawer, M., Holdsworth, E., Helsing, B., and Bowen, E. (2013) 'Prevalence, Dynamic Risk Factors and the Efficacy of Primary Interventions for Adolescent Dating Violence: An International Review'. *Aggression and Violent Behavior* 18 (1), 159-174	Thank you for this reference.
The British Psychological Society		0	Johnson, M.P. (2008). *A typology of domestic violence.* Boston: Northeast University Press.	Thank you for this reference.
The British Psychological Society		0	Ross, J. M. & Babcock, J. C. (2009). Gender differences in partner violence in context: Deconstructing Johnson's control-based typology of violent couples. *Journal of Aggression, Maltreatment and Trauma, 18, 604-622.*	Thank you for this reference.
The British Psychological Society		0	Stanley, N., Miller, P., Richardson Foster, H. and Thompson, G. (2010) Children and Families experiencing domestic violence: Police and Children's social services responses. NSPCC	Thank you for this reference.
The British Psychological Society		0	Øverlien, C, (2010). Children exposed to Domestic Violence: Conclusions form the literature and challenges ahead. Journal of social work, 10 (1), 80-97	Thank you for this reference.
The British Psychological Society		0	Warshaw, C,. Sullivan C.M. and Rivera, E.A. (2013). *A systematic review of trauma focused interventions for domestic violence survivors*. National Center for Domestic Violence, Trauma and Mental Health. Available from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf	Thank you for this reference.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	2	22	We support the recommendation of a focus on specific incidents and episodes of abuse. There is a considerable body of evidence (Johnson. 2008, Laroche, 2005, Ross and Babock, 2009) which would dispute that Domestic Violence is *often* part of a system of fear and coercive control. We would recommend that this paragraph is reworded to acknowledge the considerable debates and controversies within the Domestic Violence literature (For example, Langhinrichsen-Rohling, 2010)	Thank you. We have reworded this.
The British Psychological Society	2	26	The inclusion of abuse of parents by children is important and we welcome these comments.	Thank you for your comment.
The British Psychological Society	3.10	28	We would suggest re-wording this statement to reflect that there is considerable body of literature from “family conflict theorists” which do not locate power and control within this conceptualisation of domestic violence (For example, Dutton & White, 2012). We do however; agree that domestic abuse has consequences for the wider family as well as at community and social level.	Thank you. The PDG have reworded this.
The British Psychological Society	Draft recommendation 1	5	The Society agrees that mapping resources and identifying gaps should be the starting point of any integrated response. However, we would recommend that the document is clearer as to what is meant by services that “deal with domestic violence and abuse” – and whether this means to actively engage with, (such as refuge services) or encounter within their working practices, such as schools. We would recommend that the latter conceptualisation is used.	Thank you. We believe this needs to be decided locally depending on resource and demography.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	Draft recommendation 1	5	We recommend amending the wording to state that the referral pathways should meet the needs of all those affected by domestic abuse *regardless of ethnicity, gender or sexual orientation* so as to ensure the inclusive definition, referred to in the introduction, is reflected within the specific recommendations.	Thank you. We believe the wording now reflects this.
The British Psychological Society	Draft recommendation 10	13	We welcome this recommendation but feel it could be strengthened by making specific reference to developmental diversity across childhood and how this will impact upon assessment and intervention strategies (BPS, 2007).	Thank you. This is beyond the scope of this guidance.
The British Psychological Society	Draft recommendation 2	6	The Society believes that it is important that schools are included with this recommendation. Schools have a vital role in facilitating disclosure and planning how it should be managed and also in providing a safe place for the child victims of abuse, providing access to information and preventing abuse through education and awareness (Humphreys, Houghton & Ellis, 2008).	Thank you. We agree with your statement however, the role of schools was outside of the scope of this guidance.
The British Psychological Society	Draft recommendation 2	6	We suggest that this should include a reference to services to which could support “hard to reach” groups (including men) such as those listed in recommendation 5.	Thank you for your comment.
The British Psychological Society	Draft recommendation 2	6	We recommend that there is greater clarity about, what action would be taken forward by the local prevention partnership and also if there was more specificity about the type of actions current good practice would suggest. For example, school intervention could also be used as an opportunity to ensure teenagers are aware of the reasons for, and consequences of, Domestic Violence in their adult relationships. By way of illustration they may also need interpersonal skills training if they have learned to use conflict as a	Thank you. Recommendation 3 sets out the remit of the partnership. This guidance does not include schools unless the interventions are led by health or social care providers.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			means of communicating with others.	
The British Psychological Society	Draft recommendation 3	7	We are unclear why there is the recommendation to *meet* the needs of those who experience and perpetrate domestic abuse whereas there is only the recommendation to *consider* the needs of children who are exposed to such behaviour. By using this terminology there is no explicit acknowledgement that children who witness abuse are also victims of this (even if they are not the direct targets, see Stanley et al, 2010). We would strongly recommend that the document is altered so that needs are of children are also 'met'.	Thank you. We have changed this.
The British Psychological Society	Draft recommendation 4	7	We suggest that this section should be expanded to include consideration as to how those individuals who engage in reciprocal or situational couple violence (where individuals may both be exposed to as well as perpetrating violence) should be cared for. Such individuals will need careful assessment and may have different treatment needs to those where just one partner is violent (Johnson, 2008)	Thank you. The PDG did not consider any evidence that allowed them to make a recommendation on this.
The British Psychological Society	Draft recommendation 5	8	The Society particularly supports the inclusion of related services here (e.g. housing, early years, schools)	Thank you.
The British Psychological Society	Draft recommendation 5	9	This recommendation refers to reluctance to access services. We would suggest that this is reconceptualised as individuals encountering barriers to services. These could be psychological, cultural or practical. Such a conceptualisation allows for a focus on the service provider to consider how they could develop more inclusive services, as opposed to placing an emphasis on the individual experiencing Domestic Violence to change.	Thank you. This is already contained within that bullet point.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	Draft recommendation 5	9	The training should include reference to the barriers (including gender and the fact that people may not feel they will be believed) that may be preventing victims coming forward.	Thank you. This detail is covered in the training recommendations.
The British Psychological Society	Draft recommendation 6	10	Including reference to referral to mental health services in the bullet point regarding those who are in need of long term care could be misperceived as suggesting that referrals should only be made for this group. We therefore recommend that the last line of the final bullet point is made a separate bullet point.	Thank you. We have done this.
The British Psychological Society	Draft recommendation 7	10	We suggest that schools should be included as a body who should take action in relation to information sharing.	Thank you. Interventions led by the education system were outside the remit of this guidance.
The British Psychological Society	Draft recommendation 8	11	The Society supports this recommendation but emphasise the literature that highlights the importance of recognising that individuals may not consider themselves to be experiencing domestic abuse or may feel a social stigma to admitting this.	Thank you.
The British Psychological Society	Draft recommendation 8	12	We feel this recommendation would be strengthened by including specific reference to the developmental and psychological presentations of Domestic Violence exposure in children, alongside information about the systemic barriers to disclosure such individual's experience.	Thank you. That level of clinical detail is beyond the remit of this guidance.
The British Psychological Society	Draft recommendation 8	12	Domestic Violence assessment should be considered a part of a standard assessment protocol for all those who attend health and social care services.	Thank you. The evidence does not support screening for domestic violence.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	Draft recommendation 9	13	The Society supports this recommendation but feel that it would be strengthened by consideration of the barriers that children and young people may encounter (given that they are often not able to access services directly). The engagement of schools and health visitors are key partners in safeguarding children who experience Domestic Violence within their families.	Thank you. This is beyond the scope of this guidance.
The British Psychological Society	Draft recommendation 9	13	Male victims of violence may encounter cultural, social and philosophical barriers to accessing services (Carney, Buttell and Dutton, 2007). Those attempting to seek help are more likely to be individuals who have suffered intimate terrorism (Hines & Douglas, 2010). Therefore, we suggest that these men are included in those whose health will benefit by this recommendation.	Thank you. We have specifically included men, however it is a list of examples and is not intended to be exhaustive.
The British Psychological Society	General	0	The Society welcomes the opportunity to contribute to the consultation on the draft guidance and is wholly supportive of the development of an integrated model of services for those affected by Domestic Violence.	Thank you. We welcome comments from out colleagues at BPS.
The British Psychological Society	General	0	We realise that the Programme Development Group would not have access to ift at the time of production of the draft guidance but Warshaw, Sullivan & Rivera's (2013) review of trauma focused interventions for those who have experienced Domestic Violence is particularly relevant to this guidance.	Thank you for this reference.
The British Psychological Society	General	0	We would suggest that the factors influencing a decision to return to an abusive relationship are acknowledged and appropriate recommendations (for example 2, 3, 4, 5, 6, 7, 8) reflect this.	Thank you. The PDG did not consider any evidence relating to this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	General	1	The Society believes that there needs to be more acknowledgement of the significant debate around the extent and gender symmetry of domestic abuse. For example, there are a number of large scale, methodically sound studies that do not support the view that the majority of domestic violence is perpetrated by men against women. For example, Archer (2000), Bartholomew et al (2001), Brown, James & Taylor (2010) and Whitaker et al (2007).	Thank you. This is a guidance document and while it tries to acknowledge the complexities of the situation, it is not the appropriate forum to rehearse the arguments. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
The British Psychological Society	General	1	The frequent distinction between perpetrators and those experiencing domestic violence does not acknowledge instances of co-abusive relationships.	Thank you. The PDG did not consider any evidence that enabled them to make recommendations relating to co-abusive relationships.
The British Psychological Society	General	1	We believe that it would be helpful if the guideline made reference to the different patterns of Domestic Violence. For example those outlined by Kelly and Johnson (2008) such as intimate terrorism, which has coercive control at the core, violent resistance, situational couple violence, separation instigated violence and mutual violence resistance. All of these forms of Domestic	Thank you. This is beyond the role of this guidance which is focussed on raising the standard of domestic violence services across the board.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Violence should be treated seriously. However, recognition of the variety of abusive experiences allows for the development of responses specific to the type of violence. This would provide an assessment and intervention framework for co-abusive couples. It would ensure that services should offer gender-neutral provision as well as those based around patriarchal conceptualisations of violence.	
The British Psychological Society	General	2	The Society recommends that teachers and youth workers are explicitly mentioned in the section "who is this guidance for". Such individuals are highly likely to encounter those who have been affected by domestic abuse, either as victims, perpetrators or witnesses. Schools and teachers have been identified as a key intervention strategy by children who were experiencing domestic violence (Humphreys, Houghton & Ellis, 2008). They can offer a place of safety and support. Schooling and education can also be used as an opportunity to ensure teenagers are aware of the reasons for and consequences of Domestic Violence in their adult relationships. Such individuals may also need interpersonal skills training if they have learned to use conflict as a means of communicating with others. Thereby linking to our comments in relation to recommendation 2.	Thank you. This guidance is for those working in health and social care. It covers specialist youth workers (see for example the training recommendations) who would be referred to under by "those working in the health, social care, voluntary, community and private sectors who may come into contact with people who experience or perpetrate domestic violence and abuse." On page 2. The guidance does not cover teachers.
The British Psychological Society	Recommendation 10	13	The Society recommends that the distinction between a child being "exposed to" or "experiencing" domestic violence is clarified. We would recommend that the term "experiencing abuse" is used since it does not imply assumptions about the specific nature of the child's experiences of abuse (Øverlien, 2010). It also avoids the suggestion that there is any differentiation of impact.	Thank you We have tried to be more consistent with our use of the term.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The British Psychological Society	Recommendation 10	14	We support the recommendation to involve children and young people in policy and service development. However the mechanism through which this is to be achieved needs consideration given the hard to reach nature of this population (Humphreys, Houghton, Ellis, 2008)	Thank you.
The British Psychological Society	Recommendation 11	14	We support this recommendation – however recommendation 1 is particularly pertinent to this given the limited nature of these services.	Thank you.
The British Psychological Society	Recommendation 11	15	Support to children and young people should include guidance for future relationships. For example, knowledge of appropriate behaviour and coping strategies for conflict.	Thank you.
The British Psychological Society	Recommendation 11	15	This recommendation does not make clear what services should be provided for young people who may be perpetrating Domestic Violence within their own intimate relationships. Given the prevalence of such abuse (For example, Fox, Corr, Gadd & Butler, 2013) there is a clear need to provide such intervention (Leen et al, 2013).	Thank you. Although the review team searched for evidence relating to this, there was insufficient evidence for the PDG to make a concrete recommendation.
The British Psychological Society	Recommendation 12	16	It is not clear whether the guideline recommends tht advocacy services should be independent of those providers of other Domestic Violence services. Or where this is not possible what action should be taken to ensure clients do not feel under pressure to engage in services other than advocacy.	The guidance simply recommends that advocacy services are available.
The British Psychological	Recommendation	17	The Society recommends that this should consider the relationship between	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Society	13		parenting concerns particularly if a relationship is identified between mental health, Domestic Violence and capacity to parent.	
The British Psychological Society	Recommendation 14	17	The Society recommends that interventions to address dating violence are explicitly included within this recommendation given the presence of this form of abuse (Leen et al 2013).	Thank you. We are unsure why we would want to specifically include dating violence in this recommendation. It does fall within the definition of domestic violence and abuse used throughout the guidance.
The British Psychological Society	Recommendation 14	17	We would recommend that there is reference to the needs of those couples who engage in reciprocal situational violence (see Johnson, 2008) given the treatment needs of this group are going to be different to those individuals who engage in coercive control.	Thank you. The PDG did not see enough evidence to enable them to comment on this.
The British Psychological Society	Recommendation 15	18	The Society recommends that teachers are included in the level 1 group and therefore, the DoE may be relevant for inclusion in the groups intended to take action. Teachers will regularly deal with disclosures and are well placed to enable women and children to access the support they need. The emphasis on other training for those with a strategic role is very important.	Thank you. Teachers are outside the remit of this guidance.
The British Psychological Society	Recommendation 16	21	The Society supports the stepped approach to training needs, which takes into account special populations.	Thank you.
The British Psychological Society	Recommendation 17	20	We would recommend CPD for school teachers also. The responsibility for this lies with universities and those delivering teaching training, as well as the	Thank you. Teachers are beyond the remit of this

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			DofE perhaps for requiring this to be covered in CPD.	guidance.
The ManKind Initiative		22	The statement is: "Although both men and women may perpetrate or experience domestic violence and abuse, it is more commonly inflicted on women by men. This is particularly true for severe and repeated violence and for sexual violence. "It reflects, and is reinforced by, social norms, roles and expectations relating to gender in intimate partner relationships and in wider family and social structures. It is often part of a system of fear and coercive control. This means that a focus on specific incidents and episodes is of limited value in understanding the experience of domestic abuse."	This paragraph has been amended.
The ManKind Initiative	1.1	5	It must be made clear that the mapping exercise, includes carrying out mapping exercise for services that support male victims and their children. This in turn should mean that commissioners see whether or not there are services for male victims. If not, they then should take action. This is why the previous two statements highlighted by the charity are wrong, because if these are taken in the way they are set out, local mapping exercises will only take place for female victims.	Thank you. We believe this is encompassed by the new wording.
The ManKind Initiative	1.14	17	Support for perpetrators must also include support for perpetrators (3,231 were convicted in 2012/13 of domestic abuse)	Sorry. We do not understand this comment.
The ManKind Initiative	1.15	18	This training must include throughout the need to recognise male victims as well as female victims to ensure that all victims of domestic abuse are supported.	Thank you. The revised guidance has made every effort to make this clear.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The ManKind Initiative	1.17	20	This training must include throughout the need to recognise male victims as well as female victims to ensure that all victims of domestic abuse are supported	Thank you.
The ManKind Initiative	1.3	6	When commissioning services at a regional or local level, the commissioning body must ensure that there are support services for both male victims of domestic abuse and also for female perpetrators. That will ensure that the needs of all perpetrators and also victims within a local area are met. This needs to be made clear in the guidance.	We have added men as an example
The ManKind Initiative	1.4	7	When establishing integrated care pathways, these pathways must also include pathways for male victims of domestic abuse and female perpetrators of domestic abuse. This needs to be made clear in the guidance.	Thank you. We believe that we are clear throughout the guidance that men are also victims of domestic violence and abuse.
The ManKind Initiative	1.5	8	Information should also include information for male victims of domestic abuse either at a local or national level. This should be spelt out. The guidance lists the National Domestic Violence Helpline but this is only women. The guidance should also list other support services such as the Men's Advice Line or ManKind Initiative helplines.	Thank you. We have broadened this out.
The ManKind Initiative	1.5	9	It is disappointing that NICE does not recognise that men are a group "that may have difficulties accessing services, or are reluctant to do so" when men are three times as likely not to tell a health professional they are a victim than a female victim. British Crime Survey 2010/11 (page 88) Table 3.16 (page 111) - http://tinyurl.com/7slnnom	The list given begins "may include…" It does not purport to be exhaustive, only exemplar. We have however, added men.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			The ManKind Initiative cannot understand why NICE has chosen not to include men in this list.	
The ManKind Initiative	1.6	9	In terms of action, again, this also must be made clear that it applies to male victims. In terms of strategies and support for victims, these must include male victims whether as part of an overall strategy as a specific one for men.	Recommendation 6 does not distinguish any groups. It refers to all people who experience domestic violence and abuse.
The ManKind Initiative	1.8	11	Training for frontline staff must include training to recognise and support male victims of domestic abuse. They should also be well versed in the local support services that are available and also referral pathways.	Thank you. We agree.
The ManKind Initiative	1.9	12	Training for frontline staff must include training to recognise and support male victims of domestic abuse. They should also be well versed in the local support services that are available and also referral pathways.	Thank you. We agree.
The ManKind Initiative	2	22	It is very disappointing that NICE chooses to apply a political and ideological statement to its guidance which runs counter to the ethics of medicine and the NHS. It has no place in practical guidance for healthcare professionals. It must be removed. If this statement remains in the guidance – as set out before the ManKind Initiative will be making representations to the board of NICE and the secretary of state.	Thank you. This reference is no longer there.
The ManKind Initiative	Gen	1	It is extremely disappointing that NICE has chosen to say right at the start that "men can suffer from domestic abuse" instead of "men do suffer from domestic abuse" as the Home Office's statistics clearly show.	Thank you. We have reworded this.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			In fact, page 22 of the guidance clearly shows the level of domestic abuse carried out against men, so to then downplay this at the start of the document does not align. It would suggest that NICE is here is trying to make a 'political or ideological' statement which has no place in the guidance or at NICE in general. In addition, by placing such a statement about female and male victims at the very beginning of the documents deliberately sets a underlying negative tone about male victims and says to any professional using the guidance that domestic abuse and this guidance is only really about female victims. This will mean that male victims will continue to fail to be recognised as equals to female victims at a national guidance level and also for those using the guidance. This statement has to change to "both women and men are victims of domestic abuse". To fail to recognise victims of all genders as equals would be against the ethics of medicine and the NHS where all victims are equally recognised and all known norms regarding equality of support based on need	The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
The ManKind Initiative	Gen	4	This is a dangerous and disingenuous statement and one that has no place whatsoever in guidance such as this – it leaves male victims and their children at risk. The statement is: "Given the lack of evidence on men who experience domestic violence and	Thank you. You have misunderstood the statement and we have corrected it to make it clearer.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			abuse, most of the recommendations are primarily for women. However, men who experience domestic violence or abuse also need support." There is plenty of evidence on men who are victims. This ranges from: • British Crime Survey statistics that show one in three men are victims of domestic abuse and are included already in the guidance. • Police statistics showing one in five people who report to the police as victims are male • The fact that there continues to be charities and organisations supporting male victims including those funded by the Home Office and supported by the NHS • There will be plenty of evidence and research within the NHS about male victims. Lastly, in terms of research we would recommend NICE review the following document and the sources therein: http://www.abusedmeninscotland.org/Final%20What%20We%20Know%20Lit Rev%20June%202013.pdf If this statement remains in the guidance, The ManKind Initiative will be raising the issue with the Secretary of State for Health and also the board of NICE. This is because all of the recommendations must be based on supporting	It is not our intention to say there is no evidence that domestic violence and abuse happens to men. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women. The sentence is intended to convey that there is little evidence OF EFFECTIVE INTERVENTIONS TO SUPPORT men who are victims of domestic violence. NICE makes recommendations on the basis of the best available evidence of effectiveness. The PDG believed that, in general, there was no reason to suppose that

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			people based on need not on gender and this has to be clear. All guidance should be aimed at victims equally and primarily aimed at women and men. To say the guidance is not is both unethical and places male victims and their children at risk.	these interventions would not be equally applicable to men, but it is important that we are clear that the evidence relates to women. See also considerations 3.1 and 3.2
The National LGB&T Partnership	General	0	The draft guidance is generally good in terms of inclusion of LGB&T issues. However, we note that there is no strategic approach from prevention to detection and treatment for LGB&T people to ensure effective support by housing, advice, health, social care services, etc. We need to take a comprehensive look at this and undertake more research in this area. The Partnership recommends the development of a strategy to address LGB&T domestic violence that includes prevention, support and advocacy for victims, development of specialist services and perpetrator programmes.	Thank you. We would be pleased to see more research in this area. NICE would be glad to see this guidance used to inform a strategy to address LGBT domestic violence.
The National LGB&T Partnership	General	0	When referring to lesbian, gay, bisexual and trans (LGB&T) people, also include a reference to people who identify as gender queer, as especially amongst young people this identification is gaining popularity. Do not refer to LGB&T people as “non-heterosexual” as this phrase refers only to sexual orientation and not to gender identity.	Thank you. The term currently used by NICE is LGBT, although we are aware of the complexities with all of the terms in common use. The guidance used the term ‘non-heterosexuals’ as a counterpoint to ‘heterosexuals’ rather than as a reference to LGBT people. We have changed the term to avoid causing offence.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The National LGB&T Partnership	General	0	Whenever prisons are referred to, the guidance should also refer to "other secure accommodation", e.g. closed hospitals.	Thank you. Prisons are referred to within the context of criminal justice settings. Secure hospitals are NHS settings.
The National LGB&T Partnership	General	0	Sexual orientation and gender identity monitoring by all services working with victims and perpetrators of domestic violence is crucial as it is impossible to determine accessibility of services and specific needs of LGB&T people without this. It allows organisations to better understand service users' access, experience and outcome, meaning services are better able to meet their needs. Similar points can be made about other protected groups and as such an explicit recommendation for equality and diversity monitoring should be included. As often sexual orientation and gender identity are not monitored even when other characteristics are (e.g. age, ethnicity, gender, religion) this needs to be specifically mentioned.	Thank you. We agree and have made frequent reference to monitoring throughout the guidance.
The National LGB&T Partnership	Section 1, Recommendation 14	17	Make sure programmes for perpetrators are appropriate for perpetrators in same-sex relationships, too. This also includes female perpetrators. Current Perpetrator programmes ie the IDAP programme are aimed at heterosexual male perpetrators and recognise that the main causal factor behind heterosexual domestic violence is male privilege. Programmes need to be developed for perpetrators of same sex domestic violence recognising the impact of heterosexism and internalised homophobia. There are programmes in the USA that could be piloted here.	Thank you. The PDG did not see any evidence of effectiveness of these programmes however we will be pleased to consider any evidence when the guidance is reviewed.
The National LGB&T Partnership	Section 1, Recommendation 14	17	Perpetrator programmes need to actually address the causes of domestic abuse. In the context of domestic abuse in same-sex relationships this is often internalised homophobia (see above).	Thank you. The evidence was unclear about the effective components of perpetrator programmes and therefore the PDG we not able to be specific.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The National LGB&T Partnership	Section 1, Recommendation 14	17	Considering that alcohol and substance use is a contributing factor in domestic abuse we need to include treatment of drug and substance use as part of wider programmes to deal with domestic abuse.	Thank you. The recommendations cover substance use at many points.
The National LGB&T Partnership	Section 1, Recommendation 1	5	When mapping services local commissioners need to bear in mind that domestic abuse services might be delivered as part of an integrated specialist service offer, e.g. by a LGB&T or BME organisation, and take the necessary steps to identify and include these.	Thank you. We agree.
The National LGB&T Partnership	Section 1, Recommendation 1	5	Cross border commissioning is very important and we welcome its inclusion here.	Thank you.
The National LGB&T Partnership	Section 1, Recommendation 10	15	This section only highlights domestic abuse as an issue for young people in terms of parental or sexual relationships. This does not take into account that LGB&T young people living in familial homes have a greater likelihood of suffering domestic abuse at the hands of siblings. LGB&T youth homelessness is directly correlated to experiences of coming out and domestic violence from siblings and family members (see Guasp, 2012). While there is no similar research in relation to trans youth homelessness specifically, we would expect similar challenges in relation to non-acceptance of their gender identity.	Thank you. The PDG did not find any evidence about this and therefore were unable to make a recommendation, even though they were aware of the issue.
The National LGB&T Partnership	Section 1, Recommendation 10	15	"Provide interventions that strengthen… non-abusive *parent or carer*. Offer them to children and their non-abusive *mothers*…" Amend 'mothers' to parents/carers for consistency and inclusivity in terms of LGB&T families.	Thank you. This has been changed.
The National LGB&T Partnership	Section 1, Recommendation 12	16	Internalised homophobia is often a factor in domestic abuse in same-sex relationships. It would make sense to make this explicit by adding a reference here: "Also ensure that advocates are aware of how racism, *(internalised)* homophobia, ageism… may contribute to the situation".	Thank you. The evidence does not allow for such a level of detail to be included.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The National LGB&T Partnership	Section 1, Recommendation 13	17	Again, in terms of ongoing risk assessment this needs to be appropriate for LGB&T people. All agencies carrying out risk assessments need training in same sex domestic violence to ensure they understand how risk correlates and can identify victim's of same sex domestic violence at very high risk and refer in to MARACS.	Thank you. This is covered in recommendation 9
The National LGB&T Partnership	Section 1, Recommendation 15	21	Police and legal profession also need to ensure that staff are trained in domestic abuse, especially in terms of same-sex relationships and LGB&T people to prevent abusers using sexual orientation or gender identity against their (ex) partners. This might be relevant, for instance, in custody disputes where trans individuals have gone into same-sex relationships following relationship break down and their ex partners are trying to keep children away from the new relationship. It is crucial here that professionals do not apply oppressive assumptions that serve to further abuse LGB&T people experiencing domestic violence. All advice and counsel needs to be neutral and non-partisan.	Thank you. That is beyond the remit of this guidance.
The National LGB&T Partnership	Section 1, Recommendation 2	6	Domestic abuse funding needs to include male people and must not exclude men as victims. Recent funding pots have done this and it is extremely worrying. While it is important that main stream providers assess and identify LGBT domestic violence it is also important that specialist services are supported and developed that provide support to all LGBT victim's as mainstream services have historically only worked with women	Thank you. We agree and have been very clear about this throughout the guidance.
The National LGB&T Partnership	Section 1, Recommendation 6	10	This section does not go into accommodation issues for LGB&T people, which need to be made more explicit. Particular issues in this area include: - Female services and accommodation not being appropriate for trans women for example because of a joint use of shared areas. This can make both trans women and other residents feel uncomfortable, especially if other women in the refuge are hostile.	Thank you. The section does not go into accommodation issues for any group. In terms of training, please see rec 9.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			- Many refuge workers do not know how to respond to requests for housing for trans women. It is important that services are trained to respond appropriately and sensitively to trans, lesbian and bisexual women and meet their legal obligations under the Equality Act 2010. - There being a lack of refuge accommodation for gay or bisexual men fleeing domestic abuse as most services cater exclusively to women. - LGB&T specific refuges need to be developed to meet the specific needs of LGB&T victim's of domestic violence who may face homophobic or transphobic bullying in mainstream provision where staff often don't know how to deal with LGB&T issues.	
The National LGB&T Partnership	Section 1, Recommendation 8	11	In addition, to enquiries about domestic abuse being made in a kind, sensitive manner relevant staff should not make assumptions about the gender of the perpetrator or the nature of the relationship in order not to put up barriers to disclosure for LGB&T people. Staff need to be trained in the dynamics of LGB&T domestic violence including recognising the impact of internalised homophobia and trans phobia and use culturally competent tools ie same sex power and control wheel.	Thank you. See recommendation 9
The National LGB&T Partnership	Section 1, Recommendation 9	13	Ensure hetronormative assumptions about who suffers from and perpetrates domestic abuse do not stop them identifying and responding to domestic abuse in same-sex relationships, ie do not assume that the women who looks butch is automatically the perpetrator and the women who looks femme is automatically the victim . → Add an explicit reference to LGB&T people here as all specific points currently listed relate to BME communities.	Thank you. LGB and T people are specifically referred to as one of the targets for this recommendation.
The National LGB&T Partnership	Section 10	72	There is also a lack of research on sibling violence, especially with regards to the impact of this on LGB&T people and youth homelessness.	Thank you.
The National LGB&T	Section 2,	23	"The majority of transgender people…" Use 'trans people' instead. Trans is an	Thank you. We have

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Partnership	Associated risk factors		umbrella term used to describe the full range of individuals who have a conflict with or a question about their birth assigned gender, and those who are experiencing gender confusion but don't know exactly where they fall along the gender spectrum. Also, it is commonly used to relate to or describe a person whose identity does not conform unambiguously to conventional notions of male or female gender but who combines or moves between these or identifies as multi- or non-gendered.	corrected this error.
The National LGB&T Partnership	Section 2, Associated risk factors	23	Escalation to weapons is an associated risk factor for LGB&T people as is a first relationship.	Thank you for your comment.
The National LGB&T Partnership	Section 2, Partner abuse	24	When domestic abuse occurs in same-sex relationships it can be difficult to identify who is the perpetrator and who is the victim due to resistence or self defence violence. Research and intervention programmes in the United States have developed assessment tools for working with same sex domestic violence.	Thank you for your comment.
The National LGB&T Partnership	Section 2, Partner abuse among young people	24	Again, include a reference to sibling abuse both in general and in particular in terms of LGB&T young people.	Thank you. We have added this.
The National LGB&T Partnership	Section 3, Children…	28	This section does not refer to sibling violence, especially towards LGB&T people.	Thank you. The PDG have added some text.
The National LGB&T Partnership	Section 3, General	27	As PDG is clear that men can also experience domestic abuse, also state that service funding must not exclude men as victims. There is a need for funding for appropriate interventions with LGB&T victim's and perpetrators.	Thank you for your comment.
The National LGB&T Partnership	Section 3, General	28	Again, use 'trans' rather than transgender as the more appropriate and inclusive umbrella term.	Thank you. We have corrected this error.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The National LGB&T Partnership	Section 4	32	We recommend that resource is made available for a number of pilot projects looking at service provision for victims and perpetrators of LGB&T domestic violence. Interventions should include group work programmes for victims that enable them to identify power and control and internalised homophobia, safety planning and advocacy, specialist refuge provision and perpetrator programmes. Interventions to deliver specialist training to mainstream service providers on LGB&T domestic violence that include assessing risk should also be funded. There is enough research on the prevalence of domestic abuse in same-sex relationships. What is needed is an evaluation of pilot projects and interventions to gather evidence on what works. We have limited evidence from a project undertaken by The Lesbian & Gay Foundation (LGF) with funding from the Home Office that offering LGB&T specific counselling to gay or bisexual men who have experienced domestic abuse or sexual violence significantly improves clients' mental health. 100% of the 65 men who have completed therapy at the LGF noticed a significant improvement in their overall mental health and wellbeing as measured by the Clinical Outcomes in Routine Evaluation Information Monitoring System with pre-therapy scores reducing by at least 50%.	Please see comment above.
The National LGB&T Partnership	Section 4	32	Some useful research findings re LGB&T and domestic abuse: Trans (64%) people were far more likely than other groups of LGBT People to report Domestic Violence and Abuse (*Count me In Too Report* by Kath Browne and Spectrum LGBT Forum Brighton) 48% of respondents experienced some form of domestic abuse at home while adolescents; 54% experienced some form of domestic abuse from a partner or spouse and 60% experienced some form of domestic abuse from family	Thank you for providing these figures.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			members. (*Engendered Penalties Report* 2004 by Press For Change) 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner. Although 80% of respondents identified having experienced some form of abusive behaviour from a partner or ex-partner, only 60% of respondents recognised the behaviour as domestic abuse. (*Out of Sight, Out of Mind? Report* by Scottish Transgender Alliance and The Scottish LGBT Domestic Abuse Project).	
The National LGB&T Partnership	Section1, Recommendation 5	8	Information displays in waiting areas need to include LGB&T friendly material to make LGB&T people feel welcome and reduce barriers to accessing support services. Separate literature needs to be developed targeting LGBT victims and identifying LGBT specific weapons of power and control. For instance, many LGBT people do not realise that a threat to out them is a form of domestic abuse.	Thank you. This is outside the remit of this guidance, although the guidance goes to great lengths to highlight the needs of LGBT people.
The National LGB&T Partnership	Section1, Recommendation 5	8	Helpline information should be available everywhere, not just in service provider organisations. For instance, we should have advertising on public transport, information on the back of supermarket receipts, etc. to ensure that we also reach people who do not currently access services.	Thank you. The PDG did not consider any evidence to support this as an intervention.
The National LGB&T Partnership	Section1, Recommendation 5	9	There are very few domestic abuse services for people in same-sex relationships and often risk assessment procedures that the police and service providers use are not appropriate for same-sex couples. Therefore risk assessment procedures need to be improved in general and appropriate responses and understanding developed to ensure they meet the needs of victims of LGB&T domestic violence. Risk indicators, for instance, may not correlate in the same way as research indicates that LGB&T people are more likely to be victim's of domestic violence in a first relationship, are more likely to escalate to weapons in a shorter time frame (due to similar body strength)	Thank you

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and that gay and bisexual men are more at risk of rape and sexual violence then lesbian and bi women.	
The Royal College of Midwives (RCM)	General	0	As above, it is unclear how the guidance will link to the strategy on violence against women and girls - there is the potential for dissonance here. https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk	Thank you. Where these pieces of guidance overlap they are in agreement. However this guidance is about domestic violence rather than violence against women and girls.
The Royal College of Midwives (RCM)	General	0	Overall we think this is very useful guidance. It clearly has high aspirations and will need considerable resources to implement.	Thank you. We value your support.
The Royal College of Midwives (RCM)	General	0	We are still concerned about the lack of clarity to practitioners by losing the term 'violence against women' - and using the term violence between 'intimate partners'. This will risk confusion amongst front line health professionals who have been used to the term domestic violence referring to violence against women. Given that the majority of violence and abuse is perpetrated by men on women - the weighting given to other examples of violence in the guidance is in danger of underrating the importance of this issue.	Thank you. This guidance is not about violence against women, but about domestic violence and abuse. The PDG were clear that they wanted the guidance to be inclusive of men and LGBT people.
The Royal College of Midwives (RCM)	Recommendation 1 Commissioning:planning services	5	It would be helpful if the mapping exercise referred to here could define the Coordinated Community Response Model.	Thank you. The recommendation hyperlinks to the model you mention.
The Royal College of Midwives (RCM)	Recommendation 1 Commissioning:planning services	6	We are pleased to see action that the results of the mapping exercise should be made widely available as in a directory of services.	Thank you

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The Royal College of Midwives (RCM)	Recommendation 13 Mental Health Interventions	16	The support referred to here should include a statement that it should be 'appropriate to the victim's needs and potentially on-going'. The guidance should recognise that the impact of domestic violence is often long term.	Thank you. We believe this is covered in the other national guidelines referred to in the recommendation.
The Royal College of Midwives (RCM)	Recommendation 14 Commissioning programmes for people who perpetrate domestic violence	17	The actions here should be contextualised within the criminal justice system	Thank you. This guidance focuses on health and social care and only covers the criminal justice aspects of domestic violence and abuse that relate directly to partnership working.
The Royal College of Midwives (RCM)	Recommendation 15 Training to support different roles	18	It would be valuable here to refer to the Mayor of London's work on honour based violence and include the need to dispel myths about culture.	Thank you.
The Royal College of Midwives (RCM)	Recommendation 15 Training to support different roles	19	The list of staff should include teachers	Thank you. Teachers are outside the remit of this guidance.
The Royal College of Midwives (RCM)	Recommendation 5 Create and environment for disclosing domestic violence	8	It would be helpful to include another example of 'the support on offer' alongside the National Domestic Violence Helpline.	Thank you. On reconsideration, the PDG removed reference to any specific helpline.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	and abuse			
The Royal College of Midwives (RCM)	Recommendation 5 Create and environment for disclosing domestic violence and abuse	9	Sustaining and monitoring good practice in training will require on-going audit - this requirement should be documented.	Thank you.
The Royal College of Midwives (RCM)	Recommendation 7 Information sharing	10	We think that the range of information that can be shared should be defined in the guidance.	Thank you. The evidence base did not contain enough detail for this.
The Royal College of Midwives (RCM)	Recommendation 7Information sharing	11	Ensuring 'the information-sharing methods are require on-going audit - this requirement should be documented.	Thank you.
The Stefanou Foundation	Associated risk factors	22	What is the evidence around risk factors that are certainly viewed anecdotally as relevant, eg experienced domestic abuse as a child, contact with social services as a child, care leaver etc? Could the guidance explain the relevance of these sorts of factors?	Please refer to the research literature cited.
The Stefanou Foundation	Introduction	2	It would be good to acknowledge right at the beginning of the document that infants, even pre-birth (as well as children and young people) can experience domestic abuse – and that it has an impact on their early emotional, social and cognitive development, including because of raised cortisol levels and the extra challenges of forming secure parent-infant attachment	Thank you. The guidance highlights pregnant women as a particular risk group for domestic violence and abuse.
The Stefanou Foundation	introduction	3	We welcome recognition that men who experience domestic abuse/violence also need support. Although the volumes are smaller, the barriers to coming	Thank you. The PDG were clear that the guidance should be

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			forward are significant. It would be good if NICE could encourage a shift away from the current situation, whereby it often feels as if the needs of female victims and male victims are pitted against each other.	inclusive of all those who experience domestic violence and abuse.
The Stefanou Foundation	Recommendation 10 – identifying domestic abuse – children & young people	13	Please amend to say 'infants, children and young peple' and include health visitors in the list of professionals	Thank you. We have added health visitors.
The Stefanou Foundation	Recommendation 11 – specialist domestic violence & abuse services for children	14	Please include recommendations for services for infants, from pre-birth, to prevent the impact of domestic abuse on infants' early emotional, social and cognitive development and on infants' ability to form secure parent-infant attachments. Infant mental health services are key	Thank you. The PDG did not see any evidence that would allow them to make a recommendation about this.
The Stefanou Foundation	Recommendation 13 - mental health interventions	16 and 17	It would be particularly valuable for NICE to be recommending a strengthening / expansion of provision of psychological support to help victims to overcome the trauma of abuse; also mental health	Thank you.
The Stefanou Foundation	Recommendation 14 - commission services for those who perpetrate domestic violence and abuse	17	It is perhaps not sufficient to call for services to be commissioned 'in accordance with national standards'. Certainly it is imperative that perpetrator programmes have the highest standards of risk management and partner safety, but there is also a need for services to innovate and develop towards even greater success in helping perpetrators to make lasting changes in their behaviour and their mental and emotional state (eg earlier intervention). Indeed, this point is reflected later in the document (prevention, point 3.23, page 30 – it would be good to carry this point up into the recommendations.	Thank you for your comment.
The Stefanou Foundation	Recommendation 2 – participate in	6	Please consider explicit reference to midwifery and health visiting services, also public health, within the list of agencies who need to take action and	Thank you. The PDG did not want this list to be exhaustive or

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	local partnerships		participate in multi-agency partnership	too prescriptive.
The Stefanou Foundation	Recommendation 3 – develop an integrated strategy	7	While understanding the intention behind distinguishing between 'adults and young people' who 'experience' domestic abuse and children and young people who are 'exposed' to it, there is a risk that this distinction inadvertently under-plays the impact of domestic abuse on infants and children. This risk is why many practitioners and campaigners now prefer to talk about infants and children 'experiencing' domestic abuse. Removing the distinction in the guidance would also help to ensure commissioners of all maternity services and services for infants and children are covered by the guidance. Then the guidance could call on the integrated strategy not simply to 'consider' but rather to 'meet' the needs of infants and children who experience domestic abuse. Indeed, this language – of children 'experiencing' violence and abuse – does appear later on in the draft guidance, eg the heading before point 3.11 (page 28). It would be good to carry that narrative up into the recommendations.	Thank you. We understand your concern, however we use it to be crystal clear that this guidance does not even begin to address the needs of young people who are experiencing domestic violence themselves. We have incorporated your wording change.
The Stefanou Foundation	Recommendation 5 - create an environment for disclosing domestic violence and abuse	8 and 9	It would be good to encourage professionals to understand and respond to the help-seeking behaviours of those experiencing and perpetrating domestic abuse. We commend to NICE the social market research that informed the development of the 'Strength to Change' perpetrator programme, so as to ensure the marketing and design of Strength to Change would tap into the help seeking behaviours of violent men.	Thank you.
The Stefanou Foundation	Recommendation 5 - create an environment for disclosing domestic violence and abuse	8 and 9	Given how domestic abuse often begins or escalates during pregnancy, as well as the understandable reasons why mothers may be reluctant to disclose, it would be good to include specific recommendations for this client group.	Thank you. Services for pregnant women and new mothers are included at various points throughout the recommendations, including this one.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
The Stefanou Foundation	Recommendation 9 - equality and diversity	12	Male victims and female perpetrators are among those who have difficulty accessing services.	Thank you.
The Stefanou Foundation	Recommendations for research – chapter 4	32	We encourage NICE to consider recommending research and innovation to develop some 'predictive risk' assessment tools, which professionals could use to identify whether individuals were at higher risk of perpetrating or experiencing domestic abuse (also of domestic abuse escalating). This would underpin early interventions and make early intervention more 'commissionable'. Opportunities to undertake predictive risk assessments are currently missed or under-used. For example, during pregnancy, the Healthy Child Programme requires professionals to make enquiries about the mother's family history, current situation, mental health etc, which could reveal indicators of higher risk of experiencing (or perpetrating) domestic abuse. Unfortunately this ante-natal assessment is not always conducted as thoroughly as health visitors or midwives would like. There is no requirement on professionals to ask the father about his family history and current circumstances, mental health etc. And this kind of inquiry is very rare, constituting a major missed opportunity.	Thank you for your comment.
UK Council for Psychotherapy	Recommendation	10	Information sharing protocols. While this is of course a vital part of any work with DV, there are implications for voluntary services who often don't have time or resources to provide long reports that are requested. This could have a long-term impact on the potential providers in the field. Information sharing we believe should look at how this can be made less resource intensive for the voluntary agencies working in the field.	Thank you.
UK Council for Psychotherapy	Considerations 3	29	We are aware that in familial violence young people are disclosing	Thank you. Violence

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	.12		that they are routinely beaten, not just by parents but by other family members; one practitioner reports this can be described as "it is considered normal in our culture" as a way of effecting discipline and obedience. When this is reported as a child protection issue, there is concern that social care will interview the parents (telling them not to do it again) before leaving. This puts the young person at even greater risk of further violence. We believe that somewhere in the guidelines there needs to be a recognition of this type of violence *enacted within immediate and wider families* and guidance for professionals on dealing with it in such a way that the child or young person is not effectively "abandoned" into an even more dangerous situation.	against children is beyond the remit of this guidance.
UK Council for Psychotherapy	Considerations 3.12	29	This point seems to infer that children exposed to domestic violence will experience this in the family context and therefore it is about parents and children. It does not take into account the significant levels of peer-on-peer abuse happening in teenage relationships (although this aspect is mentioned elsewhere in the document). Perhaps this is not classed as "domestic violence", since these teenagers are not typically living with each other (but they are in relationship and often together at schools all day, for example). The separate issue with this type of abuse is that the girls (it usually is girls who are the victims of the abuse, in our experience) and the smaller number of boys would not necessarily regard such relationships as abusive, even though there are often notable levels of coercion and power dynamics involved, which raises issues about professionals detecting signs of abusing and skilled asking of young people whether they are experiencing abuse. So this also speaks to educative needs.	Thank you for your comments. This is outside of the remit of this guidance.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
UK Council for Psychotherapy	GENERAL	0	There is a lack of mention of female perpetrators. Families without Fear has seen a year on year increase in the presentation of female perpetrators of DV and we would like to see this group specifically mentioned / addressed.	Thank you. Recommendation 14 has been derived from evidence relating to male perpetrators. Whilst no evidence was found relating to female perpetrators, the principles outlined in the recommendation could be applied to men and women.
UK Council for Psychotherapy	GENERAL	0	We strongly recommend consulting the ASCA guidelines from Australia, Kezelman, C.A. and Stavropoulos, P.A. (2012). *"The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery"* . Adults Surviving Child Abuse (ASCA) King Room, Kirribilli Neighbourhood Centre 16-18 Fitzroy Street, Kirribilli 2061 Australia They are an important contribution and source for this work. They rightly distinguish between single incident trauma and relational or interpersonal trauma, such as domestic abuse, and specify, for example, that evidence suggests that less than 20 sessions of therapy is likely to be ineffective. The ASCA guidelines seem to have considerable national buy-in in Australia, and we believe could helpfully inform an approach to trauma-informed services around domestic abuse. http://asca.org.au/displaycommon.cfm?an=1&subarticlenbr=366	Thank you for this reference.
UK Council for Psychotherapy	GENERAL	0	In particular we believe the conclusions set out on pages 83 -85, Part II Research Base of the ASCA document (op cit) are vital considerations to ensure are highlighted and embedded in the NICE guidelines and are used to inform the direction of further work in this area.	Thank you for this reference.

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We highlight the key points we would wish to see informing the NICE guidelines and giving direction to the wider range of psychotherapeutic approaches for treatment that should be recommended (see next boxes for these)	
UK Council for Psychotherapy	GENERAL	0	" Psychotherapy has been found to correlate with neuroscientific findings, in assisting realignment of disrupted neural pathways. Psychotherapy can be regarded as `an enriched environment that promotes the development of cognitive, emotional and behavioural abilities'.262 But to the extent that neuroscientific research reveals the centrality of *non-verbal* experience to trauma and its resolution, this also suggests the *limits* of `talk-based' therapies and the need for established psychotherapeutic modalities to attune more closely to bodily experience (see below) • Current research suggests the need for trauma treatment which is attuned to right-brain functioning, and which can engage somatic and bodily experience. This in turn suggests that psychotherapy needs to supplement its more traditional modalities (insight-based and CBT) to facilitate addressing of these domains. While `talking about' experience can promote integration, it is not necessarily sufficient, is not oriented to implicit memory, *and can even be re-traumatising. (our italics)* • Therapy must be `bottom up' as well as `top down', where the former requires experiential approaches `rather than the top-down approach of most cognitive and insight-focused therapies'.263 *(`It is possible that some of the newer body-oriented therapies, dialectical-behaviortherapy, or EMDR may yield benefits that traditional*	Thank you. The PDG did not go into detail about the nature of treatment for trauma as they felt this was already adequately addressed by other guidelines.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			insight-oriented therapies may lack').264 • In their activation of right-brain processes, *expressive therapies* (which may include creative art, dance and sandplay) can also be powerfully therapeutic. • In *Trauma and the Body,265* Pat Ogden et al introduce important supplements to traditional psychotherapeutic approaches, explaining how trauma-specific therapy can incorporate body-based interventions which can be layered into existing ways of working. • *Phased treatment* represents the `gold standard' in treatment of complex trauma. The radicalimpairments in self-regulatory capacity associated with complex trauma – particularly when early onset as in cases of child abuse – present a different starting point for treatment than does (single-incident) PTSD.	
UK Council for Psychotherapy	GENERAL	0	"The research base in the neurobiology of attachment has yet to be systematically translated at the level of clinical and health care practice. This raises the issue of appropriate criteria according to which treatment for complex trauma can be seen to be effective. • While seemingly reassuring, the description `evidence-based' is problematic in a number of ways. For example, it privileges a scientific paradigm which is not questioned, fails to account for different varieties of evidence, and is dependent upon levels of funding which are inaccessible to many. *Treatment which is not `evidence-based' is not the same as treatment which is deficient or ineffective* (what *counts* as `evidence' is an important question to bear in mind). • Requiring all treatments to be `evidence-based' is ill-advised and unrealistic in light of both the many problems associated with this `standard', and its more specific limitations in the context of complex trauma. For example, restricted entry criteria largely	Noted. Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			preclude people who experience complex trauma from participation in trauma method outcome studies. To the extent that the majority of those who seek treatment for trauma-related problems have multiple unresolved traumas (Rothschild, 2011:71; van der Kolk, 2003:172) outcome studies cannot serve as authoritative measures of treatment effectiveness. • Current neurobiological findings indicate that the presence of certain core elements (ie *phased treatment*, engagement of *right-brain* and *implicit memory*, attentiveness to *physical* as well as emotional and cognitive processes) is required for any treatment approach to complex trauma to be regarded as optimal. *The combined presence of these elements would seem to constitute the best evidentiary criteria for treatment effectiveness"* (our underline and italics; see original for referencing of materials cited in quoted text): Kezelman, C.A. and Stavropoulos, P.A. (2012). *"The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service*	
UK Council for Psychotherapy	Recommendation 11	14	We note and agree that longer-term interventions are more effective. In discussing CBT with specific reference to PTSD, there may be short-term improvement in managing the effects of PTSD. We would highlight that, unless longer-term work is conducted that enables the victim of violence to process their experience and challenge their beliefs about relationships they are likely to be "set up" to keep repeating the cycle of one abusive relationship after another. We note this from a couple of perspectives: a. working with adults who were abused as children and then go on to	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recreate those abusive relationships in adult life (thus exposing their own children to bearing witness) b. parenting group work for mothers of under-5s who were in abusive relationships.	
UK Council for Psychotherapy	Recommendation 11	14	Effecting an on-going change and challenging entrenched patterns of unhelpful relating and working towards a healthier model is best achieved in a therapy based on establishing relationship. This understanding of the need to break the cycle of repeated abusive relationships needs to be enshrined in the guidelines regarding therapeutic interventions.	Thank you. The content of therapeutic interventions is beyond the scope of this guidance.
UK Council for Psychotherapy	Recommendation	16	Mental health interventions – we see no mention of RESPECT, we believe it is important that DV services work within RESPECT guidelines and similar, as many do. We are concerned that there is no mention of this national organisation that is overseeing DV.	Thank you. The PDG did not see evidence to support this position.
UK Council for Psychotherapy	Recommendation 14	17	When addressing working with perpetrators, we believe reference to the extensive guidance with RESPECT would be very useful for this guidelines	Thank you. These guidelines may be useful to support the implementation of the guidance.
UK Council for Psychotherapy	Recommendation 14 and 3. Considerations 3.12	17 and 29	3.12 refers to working with child and non-abusing parent. We agree (recommendation 14) that there needs to be work with the abusing parent also, otherwise they do not appreciate the effect of witnessing violence on their children.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			"Caring Dads" programme www.caringdads.org maintain that if you don't work with reflecting the impact on the family to the abusers, they just go off and join another family and start abusing the new partner, and so it goes on.	
UK National Screening Committee	Recommendation 8	79 and 80	The UKNSC would be concerned about the guidance to ask ***everyone routinely*** in a series of categories about domestic violence. This is screening at least in the antenatal and postnatal periods and is outwith the role and competency of NICE. If the document were to state that it was reasonable for a suitably trained clinician to make a judgement in these clinical areas where they had reason to believe that domestic violence was a concern then we would not have a policy dissonance	Thank you. The PDG are clear that screening for domestic violence is not an effective intervention and that routine enquiry in certain indicated settings does not meet the criteria for a screening programme.
University of Kent	Cntd Recommendation 13	16	*Or attachment disorder. In one case a victimised woman was given the label of masochistic personality disorder because the psychologist felt she could easily have left the violent man who repeatedly stalked her whenever she did attempt to separate.* *The masking of abuse through the pathologising of coercive or adaptive behaviour is an everyday occurrence within mental health services.*	
University of Kent	General	0	*Overall the guidance is valuable and targets a wide range of services. The attention to training needs is particularly welcome and I hope conveys the reality that this is a field that is complex and demands self-reflection and an application of knowledge to practice.* *I remain concerned that mental health services will presume that their expertise in treating diagnosed symptoms represents their sole responsibility in a coordinated community response. Having been a member of the external*	Thank you. We hope that the impact of the guidance will be positive.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			moderating group for MARAC it was evident that these services trailed other aspects of health services in engagement in and awareness of interventions that were specific to domestic abuse. Within mental health services victims and perpetrators are referred to a range of potentially risky interventions (anger management, couples therapy, mixed gender psychotherapy groups etc) with little awareness of the national standards referred to on page 17. I wonder if this tendency will be reduced by reference to these guidelines.	
University of Kent	Recommendation 13	16	*It would be helpful to prompt mental health professionals to be more circumspect about diagnosis where domestic abuse is suspected or identified. Perhaps suggesting that the primary focus should be on first reducing the risk of further abusive behaviour or victimisation to see if mental health symptoms escalate or reduce. Once a diagnostic label has been acquired practitioners tend to attribute the violence and victimisation to the mental illness and not the other way round. From this perspective it is wrongly assumed that treatment of the illness will cure the relationship of abuse or facilitate its ending.* *During my years as a psychotherapist working in the NHS I frequently had to challenge diagnostic labels that concealed the presence of domestic abuse. Perpetrators would be classified as 'clinically depressed', 'personality disordered' or 'obsessional' with no mention of the intimate relationship in which symptoms were escalating. Consequently investigation and management of the risk they posed to intimate others were not considered. The abusive behaviour was seen as symptomatic of the diagnosis and any instrumental behaviour was overlooked.* *Victims of domestic violence also acquired a range of victim blaming labels*	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			such Borderline Personality Disorder,	
University of Kent	Recommendation 2	6	'health services and the local authority (including the chairs of local safeguarding boards for adults and children' *It would be helpful to specify mental health here too as poorly informed managers assume that domestic abuse is primarily a physical health issue.*	Thank you. The PDG felt this was clear.
WAVE Trust	3.1	27	'The PDG was clear that men are more local to perpetrate domestic violence and abuse than women'. I suggest the insertion of the work 'serious' before 'domestic violence'. Otherwise the statement is open to academic challenge. [As requested, research articles are not being attached but we would be happy to provide academic references if that would be helpful.]	Thank you for your comment
WAVE Trust	3.10	28	'PDG noted that <u>all</u> domestic violence and abuse is about abuse of power'. Again this statement is too absolute and is not accurate. I know from my own work as a clinical criminologist working with victims and perpetrators of domestic violence that sometimes there are other causes. For example individuals suffering from PTSD can act violently without the impulse passing through the neocortex as past traumas are triggered and the limbic system generates reflexes. This is in no way ever to justify violence, but it is another unfortunate example of the document making an unnecessary and contentious statement. Simply by saying, for example, 'PDG noted that domestic violence and abuse is often about abuse of power' the PDG can say something helpful and uncontentious (and accurate).	Thank you. The PDG have reworded this.
WAVE Trust	3.21	30	'There is a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and abuse.' I question if this is accurate. If we refer to child abuse there is evidence of effective programmes – e.g. Parent Child Interaction Therapy and Family Nurse Partnership, to name but two. On domestic violence perpetrators the University of British	Thank you. Child abuse is beyond the remit of this guidance. A range of evidence was considered relating to

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Columbia has been carrying out successful perpetrator programmes for 2-3 decades.	perpetrators, and a recommendation has been made.
WAVE Trust	3.25	31	I wonder if the PDG was aware of and looked at the work of Dr Vincent Felitti and the Adverse Childhood Experience studies which show the long term mental and physical health consequences of domestic violence. Put together with the work of Cohen, Piquero and Jennings and others it is possible to put a cost on these consequences.	Thank you for your comment.
WAVE Trust	General	0	As an overall comment this is an excellent document dealing with an issue which deserves our high priority attention by social care and health services. There is I believe one recurring flaw which is the presentation of the problem as if it were a gender issue when the evidence on this is at best mixed and at worst challenged by some international research. I suggest the overall would be improved by removing unnecessary and sometimes contentious gender specific comments and would allow the focus to fall more naturally on those areas were the evidence is clear and strong.	Thank you. We agree it is a contentious issue, however the PDG discussed it thoroughly.
WAVE Trust	General	0	I was struck by the absence of any references to the work of Professor Donald Dutton whom I consider to be the leading world expert on domestic violence and how to treat it.	Thank you.
WAVE Trust	General	2	The statement 'the majority of this violence is perpetrated on men on women and girls' sets an unnecessary tone for the document. The document itself indicates that a woman in a lesbian relationship is at greater risk of domestic violence that a woman in a hetero sexual relationship; a disabled man is a greater risk than a woman who is not disabled; and the report itself on page 24 indicates that among young people 18% of boys and 25% of girls experience physical violence (the latter is higher but not sufficiently to suggest this is a one-way problem) . Moreover there is considerable dispute within the	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			academic literature whether it is true that the majority of (incidents of) domestic violence with significant evidence that it is more typically a reciprocal process. It would be accurate to say 'the majority of serious violence and sexual abuse is perpetrated by men on women' and I suggest this would be more accurate, less contentious and more helpful.	also perpetrated on men by women.
WAVE Trust	General	4	The statement 'men are more likely than women to perpetrate this type of violence and abuse' is academically contentious. It is not contentious to state that 'men are more likely than women to perpetrate sexual and more severe violence'.	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
WAVE Trust	General	12	'Identify any barriers people may face' – while in no way down playing or minimising the importance of supporting female victims, male victims face unique barriers of shame, lack of services, lack of understanding and often gender bias among staff dealing with domestic violence who have understandably been outraged by serious cases affecting women with which they are familiar. It would be helpful if the document could recognise the specific need for support of this group, as also for victims in gay relationships. This will be made easier if the document does not present the issue as if it were essentially about male on female violence – fully accepting that this is the most serious type.	Thank you. All of these groups are named and addressed multiple times in this document.
WAVE Trust	General	15	The recommendation to address the harms arising from a child or young person's exposure to domestic violence and abuse is particularly important.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
WAVE Trust	General	22	The statement in the 3rd paragraph of the introduction 'it is more commonly inflicted on women by men' is, as noted above, both unnecessary (Smith's data have just been quoted above) and academically contentious. It perpetuates the tendency in the document to make gratuitous asides on this issue. The document already cites Smith's figures and while other international researchers report different ratios I suggest there is no need to make statements which are open to academic challenge.	Thank you for your comment.
WAVE Trust	General	22	The statement 'it reflects, and is reinforced by, social norms, roles and expectations relating to gender……' is too strong. It presents as a universal truth what is not necessarily the case in many instances of domestic violence and fails to explain the much higher levels of domestic violence in homosexual and lesbian relationships than in heterosexual relationships. It could be correctly stated 'sometimes it reflects …' then continue as before.	Thank you. This comment is no longer in the guidance.
WAVE Trust	General	23	Greater emphasis might usefully be given to tackling domestic violence during pregnancy. There is now strong evidence of lifelong damage to the foetus when mothers experience high stress during pregnancy (the cortisol crossing the placenta and causing serious damage to the foetal brain). It should therefore be a particular priority for action by local health services and local authorities both to identify and provide support during this period. There is even some evidence that the epigenetic damage caused can be passed on to the next generation – i.e. the future child of the foetus.	Thank you for your comment.
WAVE Trust	General	24	Partner abuse is a particular problem in teen romantic relationships. This is an ideal time to intervene and stop the development of lifelong patterns both for perpetrators and victims. I suggest local areas might be asked to pay particular attention to preventive action and very early secondary prevention amongst this age group.	Thank you for your comment.
WAVE Trust	General	24 and 25	Increased attention to protecting children who witness domestic violence	Thank you for your

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			between their parents or parent and partner would be particularly valuable in protecting children from harm.	comment.
Welsh Government	General	0	The guidance looks good in terms of principles but there is limited detail on how to apply the guidelines. We appreciate it probably wasn't the aim to provide this but this raises more questions than provides answers and it would have been more helpful to have all the information in one place	Thank you. The guidance aims to give direction to local areas on designing their own ways to apply the recommendations (see recs 1-4)
Welsh Government	Introduction – what action should they take?	9	Clear policies and procedures for staff and mention but there is not mention of specific work place policies/EHRC	Thank you. It was agreed in the scope that workplace policies would fall under the remit of a future piece of guidance.
Welsh Government	Introduction – who is this guidance for?	2	Where the document says "other commissioners" shouldn't Government be specifically mentioned? If yes UK Government and Devolved Administrations should be mentioned.	Thank you. Commissioners refers to local and regional commissioners rather than the government. NICE public health guidance does not refer to Wales or Scotland so does not mention devolved governments..
Welsh Government	Introduction – who is this guidance for?	2	Is specific reference to Community Safety Partnerships needed?	Thank you. We have added this
Welsh Government	Introduction – who is this guidance for?	2	Presumably Health will pick up reference to LHBs for Wales?	Thank you.. NICE public health guidance is written for England only.
WISH	general	0	In the overall document, there are some gaps regarding women who have	Thank you. The PDG did not

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			experienced violence and abuse that are in prison; WISH sees that there is not enough support for those women. Is true that courses on domestic violence awareness are available but what is lacking is a specific counselling and one-to-one support. WISH is aware that the vast majority of the women we support in prison have experienced at least one form of abuse or witnessed it. Specific counselling to address these traumas will also be an effective re-offending prevention strategy. Moreover, some of the women after the release date have to choose between going back to the abusive partner or find themselves homeless. In some cases police are not aware of any incidents either because women have no confidence in the police or because they themselves are not aware of being in an abusive relationship. A one-to-one counselling support would be helpful to allow women to have a deeper understanding about the whole issue and its consequences. Mental health, substance misuse should be seen as consequences of abuse and domestic violence and not just as risk factors. All those issues have an indissoluble link with domestic violence and with the risk of offending behaviour. The same considerations should be taken for Psychiatric Units, especially for the Medium and High secure ones.	find strong evidence to support the use of these interventions in secure environments and therefore was not able to make a specific recommendation. The recommendations apply to prison environments however, including recommendations 12 and 13.
WISH	general	0	As a user led organization, WISH agrees that skills building for women who have experienced domestic violence would be an effective strategy to prevent violence to recur. We would like to see more efforts in involving women and make women's experiences count more. The recovery programmes approach should be more focused on the empowerment to change the wrong view people who have experienced violence have about themselves. Helping women to build their self-esteem would be a long-lasting strategy to prevent and tackle violence from its very foundation.	Thank you. We value your support.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
WISH	general	0	As WISH's expertise can confirm, violence comes usually after a period of grooming, in which suffering from mental health issues often plays a central role, this time, as a risk factor. WISH believes that there are enough effort is made to spot, prevent and tackle this issue.	Thank you.
Women's Aid Federation of England (WAFE)		0	**2** WRC (2011) *Women's only services : making the case* London: Women's Resource Centre	Thank you for this reference.
Women's Aid Federation of England (WAFE)		0	**Women's Aid Federation of England**: Women's Aid is the national domestic violence charity that co-ordinates and supports an England-wide network of over 300 local services working to end domestic violence against women and children. Keeping the voices of survivors at the heart of its work, Women's Aid campaigns for better legal protection and services, providing a strategic "expert view" to government on laws, policy and practice affecting abused women and children. In partnership with its national network, Women's Aid runs public awareness and education campaigns, bringing together national and local action, and developing new training and resources. Women's Aid provides a package of vital 24 hour lifeline services through its publications (available in 11 languages including English) and running the Freephone 24 Hour National Domestic Violence Helpline in partnership with Refuge - 0808 200 247. http://www.womensaid.org.uk/	Thank you. We welcome comments from WAFE.
Women's Aid Federation of England (WAFE)		0	**Welsh Women's Aid** Welsh Women's Aid (WWA) was founded in 1978 to campaign and lobby for improvements in public policy and government legislation in relation to women and children experiencing violence against women and domestic abuse in	Noted. Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Wales. WWA is the national umbrella organisation representing local Women's Aid Groups situated throughout Wales, who provide direct services to women and children who have experienced or are experiencing domestic abuse. We provide a range of specialist training services to professionals, businesses and individuals and also manage the All Wales Domestic Abuse and Sexual Violence Helpline – a free 24 hour, bilingual, gender neutral and confidential helpline providing support and information – 0808 80 10 800. http://www.welshwomensaid.org.uk	
Women's Aid Federation of England (WAFE)	2 WAFE WWA	22	Intro: whilst we are supportive that this guidance is specifically focussing on domestic violence this section could benefit from the addition of wider discussion around violence against women and girls (VAWG) and how this guidance can cover those issues as well.	Thank you for your comment; we have tried to give an overview of what is happening in the field and have therefore not provided an exhaustive analysis.
Women's Aid Federation of England (WAFE)	2 WAFE WWA	23	Pregnancy is widely recognised to increase risk of domestic violence	This has been noted in the text see page 23.
Women's Aid Federation of England (WAFE)	3.1 WAFE WWA	27	The recognition that men are more likely to perpetrate domestic violence is essential. However, this section could also a section outlining the fact that women are more likely to be the victims of domestic violence. This section should also reflect an understanding in the guidance that domestic violence is about the use of power and control over time.	Thank you for your comment.
Women's Aid Federation of England (WAFE)	3.23 WAFE WWA	30 and 31	We welcome the recognition of the importance of prevention work and that it mostly happens in educational settings. We would like to see the guidance state the importance of local Health and Wellbeing Boards working with the	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			education sector in their area to prioritise prevention work.	
Women's Aid Federation of England (WAFE)	General	0	Women's Aid Federation of England and Welsh Women's Aid welcome the development of this guidance. We are aware that research shows around 80 per cent of women experiencing domestic violence come into contact with the health services at least once1. This guidance, if implemented appropriately, will go a long way to ensuring that women and children experiencing domestic violence can access support and safety. Women's Aid Federation of England (WAFE) and Welsh Women's Aid (WWA) are pleased to have the opportunity to respond to this consultation. Department of Health (2000) *Domestic violence: A health response: working in a wider partnership.*	Thank you. We value comments from colleagues at WAFE
Women's Aid Federation of England (WAFE)	General	0	It is critical to recognise that domestic violence is a gendered crime where women are most often the victims and men most often the perpetrators. Any guidance on domestic violence must take this into account at the development phase and ensure that the support is tailored to meet the needs of women and children.	Thank you. The guidance is clear that violence is most often perpetrated by men on women.
Women's Aid Federation of England (WAFE)	General	0	Whilst the focus of this document is around domestic violence and abuse there is also a need to be aware of the other types of violence that disproportionately affect women due to their gender, such as female genital mutilation (FGM).	Thank you. FGM is not within the remit for this guidance. We have clarified this.
Women's Aid Federation of England (WAFE)	General WWA	0	WWA feels that consideration should be taken about how this guidance will integrate with the planned Ending Violence Against Women & Domestic Abuse Bill in Wales which is currently in process. The Bill is likely to include a	Thank you. NICE guidance is written for England only.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			number of duties relating to disclosure, referrals and signposting for health professionals in Wales, so could have a large amount of crossover with this guidance.	
Women's Aid Federation of England (WAFE)	General	0	WAFE and WWA welcome the approach of the guidance which encourages engagement with local domestic violence services. Local specialist services provide specialist support where and when it is most needed and have developed expertise over many years. WAFE and WWA are concerned that recent changes to commissioning are leading to a tendering environment based on 'value for money' rather than quality services. Increasingly commissioners are awarding contracts to gender neutral non-specialist services as they can provide services for lower prices. The impact of this on women and children experiencing domestic violence is likely to be huge. We know that women benefit greatly from engaging with specialist services, those services can help to keep them safe in short terms and offer them the support necessary for long term recovery. The Women's Resource Centre found survivors supported in women's services reported feeling: "*more supported and comfortable; more empowered and more confident, independent and with higher self-esteem; less marginalised and isolated; and more able to express themselves; feeling that their voices are heard and listened to; developing a sense of solidarity, and thus support networks and friendships*".2 Funding cuts to these services may mean that many of the support services that the guidance refers to are in under threat and may be forced to reduce or cut services. The service may move to a generic service provider which can only deliver a very basic service.	Thank you. We appreciate your concerns.
Women's Aid Federation of England (WAFE)	General	0	In light of current concerns around commissioning for domestic violence services it is essential that NICE promotes the commissioning of gender	Thank you. Budget allocation is not within the remit of NICE.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			specific specialist domestic violence servicers with budgets that reflects the lifesaving nature of these services.	
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 1	5	This recommendation needs to take into account how important it is to commission for gender specific domestic violence support services. A mapping exercise should identify any pre-existing local partnerships of organisations working together to provide a holistic response to domestic violence. Often these partnerships are already in place.	Thank you. We have added partnerships.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 1	5	The mapping exercise should take into account the needs of specific groups of women who are trying to access help and support. We know that BME women, for example, are much more likely to access and feel supported by services that are designed to meet their particular needs. Often there may not be these specialist services in area, not because there is not the need, but because there is not the funding to support them.	Thank you. We believe changes in wording have clarified this
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 1	5	It is important that the commissioning of services does not just focus on individuals who are assessed as being 'high risk' as all women experiencing domestic violence should be able to access help and support. Furthermore, level of risk can change very rapidly in domestic violence situations.	Thank you. We agree.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 2	6	WAFE and WWA welcome the focus on partnership working, participation in local partnerships is very important for any strategic approach to tackling domestic violence. However the focus of partnership working should not be solely on preventing domestic violence. It is critical that all relevant organisations work together to better protect women and children victims of domestic violence. The provision of gender specific services is key to this.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 4 WAFE WWA	8	WAFE welcomes the recognition of the importance of referring individuals with specific support needs to the relevant services. As a result of the cuts to funding for domestic violence services the amount of services that have specialised programmes for victims with drug and alcohol problems and/or mental health problems is likely to decrease and individuals with very high support needs may not be able to enter generic services.	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 8	11	As mentioned in a previous point, for women in violent relationships appointments with healthcare providers are often the only times they are able to be alone with a professional person, for example with a GP or midwife. It is absolutely essential that health and social care providers are able to identify and support women who are in abusive relationships and that they have the training and information necessary to ensure they are able and willing to ask about domestic violence. As GPs are such an important point of contact for women experiencing domestic violence they should be added to the list of practitioners under the second bullet point under the actions subheading.	Thank you. GPs are not included under the second bullet point, but under the first bullet point.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 9	11	This section should include recognition that many disabled women in abusive relationships may be experiencing domestic violence from their carer who is also their partner or family member and the perpetrator of the violence.	Thank you. Recommendations are limited to detailing what someone should 'do'. They do not include background information.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 10 WAFE WWA	13	The changes to commissioning processes for domestic violence services are reducing the funding that is available to these services. When a specialist organisations has to provide a service at a reduced cost under a new contract they have to cut back the service, often to the bare minimum. This has resulted in the loss of many specialist children's workers. Commissioners and	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			practitioners should be aware of this as there is a clear dearth of services for children and young people affected by domestic violence.	
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 3 WAFE WWA	6 and 7	WAFE and WWA welcome the development of an integrated commissioning strategy. The input from domestic violence services should come from the gender specific domestic violence services operating in the local area. Where these services do not exist we would urge commissioners to seek the expertise of organisations such as WAFE and WWA in order that a strategy can be as effective and as needs-led as possible. WAFE has been made aware of situations where commissioners will not engage with local specialist domestic violence services in the development of tenders as they are concerned that this may create a bias when it comes to putting a service out to tender. To be able to commission the specialised support services women experiencing violence need it is important Commissioners harness the expertise of these groups and not be reluctant to use them precisely because of their experience.	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 11 WAFE WWA	15	See above point in relation to the situation with specialist children and young people services in England. Commissioners must have a clear understanding of the need for specialist services for children and young people experiencing domestic violence. The guidance must stipulate that where appropriate, and available, children and young people should be referred to specialist domestic violence services in their area.	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 11 WAFE	15	WAFE and WWA recognise the gendered approach to supporting children and their mothers recover from a domestic violence situation.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	WWA			
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 4 WAFE WWA	7 and 8	The establishment of an integrated care pathway should be gendered in its development. It should take into account the specific needs of women as women are much more likely than men to be the victim of multiple incidents of abuse, of different types of domestic abuse (partner abuse, family abuse, sexual assault and stalking) and in particular of sexual violence3. Victims who experience four or more incidents of violence are more likely to be women (89%).Women's services result in better outcomes for survivors of domestic violence. 3 Walby and Allen, 2004.	Thank you. The establishment of the most appropriate care pathway would be based on the needs identified in recommendation 1.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 12 WAFE WWA	16	Provision of advocacy services should centre on tailored services for women specifically given the gendered nature of this crime.	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 14 WAFE WWA	17	The guidance must recognise the links between domestic violence and mental health issues. Mental health issues can be both a vulnerability factor for women entering into a potentially abusive relationship and also an outcome of being in an abusive relationship.	Thank you. There is a recommendation focussed on mental health issues and domestic violence and abuse.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 14 WAFE WWA	17	Although it is mentioned in this section, we feel that it is of particular importance that extreme sensitivity to the safety and well being of the victim is of paramount importance. It is also of critical importance that the commissioning of good quality gender specific support services is prioritised over the provision of perpetrator programmes.	
Women's Aid Federation of England (WAFE)	Section 1 Recommendation	8 and 9	It is essential that an environment is fostered in the healthcare setting to encourage women to disclose abuse. Research shows around 80 per cent of	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	5		women experiencing domestic violence come into contact with the health service at least once4. This may be the only place their perpetrator will allow them to go. Very often this contact may be their only contact with professionals who are in position to be able to help or support them. Women are much less likely to seek help from or be in contact with the police, domestic violence support services and/or legal services than they are to be engaged with healthcare workers, such as their GP. 4 Department of Health (2000) *Domestic violence: A health response: working in a wider partnership.*	
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 5	8 and 9	It is widely recognised that women are more likely to disclose about domestic violence if they are specifically asked about it.5 More disclosures of domestic violence will mean that more women will have the information and support necessary to be able to seek help to leave an abusive relationship when they feel ready and able to do so. Early intervention is a very effective way of dealing with domestic violence and should help reduce the burden of cost to health and social care providers 5 Hester, M and Westmarland, N (2005) Home Office Research Study: Tackling Domestic Violence: effective interventions and approaches < http://dro.dur.ac.uk/2556/1/2556.pdf>	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 5	8 and 9	It is important that practitioners recognise that the risk attached to domestic violence situations can change very rapidly. Women who appear to be in medium or low risk situations can very quickly be in situations where they are at extremely high risk- domestic violence escalates over time in frequency and severity.	Thank you. This would be part of the training for professionals rather than rec 5.
Women's Aid Federation of	Section 1	18	Training should provide an understanding of specific issues related to women,	Thank you

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
England (WAFE)	Recommendation 15 WAFE WWA		children and young people, in the wider Violence Against Women and Girls arena. There is often a huge overlaps in women's experiences of intimate partner violence and domestic violence alongside for example, FGM, forced prostitution or forced marriage. This section could also specify the level of training to be attained to reach each level described (i.e. diploma level) and the mention of specialist children and young person services and awareness in this section. Women's Aid Federation of England and Welsh Women's Aid both have specialist training centres which provide a range of accredited courses and qualifications to improve practice. 7 7 For information about WAFE training http://www.nationaltrainingcentre.org.uk/	
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 6	9 and 10	WAFE and WWA welcome the recognition that a survivors journey through an abusive relationship, escaping from that relationship, coping and recovering from the relationship is not linear. Women may leave and return to violent relationships numerous times, they may become high risk quickly, for example if they fall pregnant.	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 16 WAFE WWA	20	We welcome the commitment to partnership working in this section. Commissioners and healthcare services need to support specialist services in order to be able to work in partnership with them. Effective partnership working between different agencies coming into contact with survivors of domestic abuse will require clarity between the different agencies around their role in the partnership, clear aims for the partnership work and transparency between the different agencies. We support the collaborative, multi-agency working approach outlined in this guidance.	Thank you.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 7	10 and 11	WAFE and WWA welcome this recommendation in relation to information sharing between professional agencies regarding cases of domestic abuse. The UK are signatory to the Council of Europe Convention on Preventing and Combating Domestic Violence. Article 28 of this convention states ' *Reporting by Professionals:* *Parties shall take the necessary measures to ensure that the confidentiality rules imposed by internal law on certain professionals do not constitute an obstacle to the possibility, under appropriate conditions, of their reporting to the competent organisations or authorities if they have reasonable grounds to believe that a serious act of violence* *covered by the scope of this Convention, has been committed and further serious acts of violence are to be expected.'6* 6 Council of Europe (2012) Convention on Preventing and Combating Domestic Violence (Istanbul Convention) <http://www.conventions.coe.int/Treaty/Commun/QueVoulezVous.asp?CL=ENG&NT=210>	Thank you.
Women's Aid Federation of England (WAFE)	Section 1 Recommendation 17 WAFE WWA	21	Despite the clear impact of domestic violence on health services and opportunities available to reduce risk, save lives and costs through health interventions academics working in the field of the health response to domestic violence have labelled the UK's health service response to domestic violence as 'negligible'.8 Domestic violence and other forms of violence against women and girls are largely missing from the undergraduate curriculum for medical students, the majority of women who are experiencing abuse remain unidentified by clinicians and the aetiological role of abuse in mental health problems remains unrecognised. We support a call for domestic violence awareness and training to be rolled	Thank you.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			out to all healthcare students from undergraduate level onwards. 8 Welsh Women's Aid (2013) Violence Against Women (Wales) Bill: Improving the health response to violence against women.	
Women's Health and Equality Consortium (WHEC)	**Section 4 Recommendations for Research** **and** **3.24 Health Economics**	32	4.3 This section requires an explanation of the term 'marginalised groups' since it could be interpreted differently. The list given could imply that there is enough evidence from research in relation to other interventions, or groups, which is not the case. Because the focus of voluntary sector domestic and sexual abuse services is on service delivery and awareness raising, there is a lack of research focused on such services, and their value to women, children and young people in particular, as well as the ways they are adapting their services to meet the needs of male victims. As this NICE consultation illustrates, research that meets the required standards of evidence is essential to inform practice guidance, and future commissioning, yet there is a real risk that locally based specialist domestic and sexual abuse services will disappear as a result of competitive tendering processes.	Thank you. Marginalised groups is a term in common use and is not an exhaustive term therefore it would be difficult to define it fully.
Women's Health and Equality Consortium (WHEC)	**Recommendation 1 Commissioning** **and**	5 and 28	Whilst the document states the importance of a comprehensive mapping of needs (which works across agencies and addresses gaps in capturing experiences of domestic violence, it should also provide information as to <u>how</u> services should be commissioned that are best able to meet the needs of the people referred through those pathways and the importance of specialist women's VCS services. *3.7 The PDG was aware that much of the expertise and support for people who experience domestic violence and abuse lies in the voluntary and*	Thank you for your comment.

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Section 3 Considerations 3.7		*community sector, where funding and capacity is generally limited.* This is a welcome and important point. However, unless guidance is issued to commissioners, and careful consideration is given to what needs to happen to safeguard those services, there is a very real possibility that they will cease to exist in the near future, as large generic charities and housing providers are winning service contracts in competitive tendering processes and the needs of women who have experienced domestic violence will not be met.	
Women's Health and Equality Consortium (WHEC)	**Recommendation 13: Mental health interventions and Evidence statements 13 and 14**	16 and 54	*'What action they should take?'* It is important here to recognise that for women (and men) who experience domestic violence, there is a significant impact on their mental (as well as physical) health and wellbeing and that it is crucial they receive appropriate specialist mental health support. It is also important to ensure that the cognitive behavioural psychotherapy suggested as an evidence based therapeutic intervention should be trauma focussed with a particular emphasis on cognitive and emotional processing of interpersonal trauma, by practitioners with a sound understanding of domestic and sexual abuse. It is also essential to recognise the need for more diverse medium/long term therapy, especially for survivors of childhood abuse. Current evidence-based practice on working with complex trauma (e.g. Practice Guidelines for Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery, ASCA, 2012) demonstrates that for complex trauma, often the result of chronic abuse or repeated interpersonal trauma during early development, CBT is not the type of therapy widely accepted to be most valuable. Both the BACP and UKCP are in discussion with NICE about their bias towards cognitive behavioural treatments in guidance on psychological therapy, arguing that this is due to differences in the types of evidence rather than superior effectiveness.	Thank you for your comment.

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Women's Health and Equality Consortium (WHEC)	**General: definition of domestic violence and abuse**	0	The definition outlined on pages 1-2 is comprehensive and includes an important statement in relation to gender. However, the rest of the document would benefit from reminders of the definition to maintain the gendered nature of domestic violence. The 'gender neutral' tone of the guidance risks ignoring the evidence that it is overwhelmingly women who experience repeated abuse and more severe injury and trauma.	Thank you. The PDG were clear that while the majority of violence is perpetrated by men, and it is likely that most of it is perpetrated on women, there is also a significant amount of domestic violence and abuse in same sex relationships, and also perpetrated on men by women.
Wrexham County Borough Council		8	Who should take action, third bullet point list – voluntary sector partners not detailed	They are in the top bullet point.
Wrexham County Borough Council		18	Epidemiology – give clearer explanation of what this is? Ie. Someone who understands the cause and effect on health for victims of DA.	Thank you.
Wrexham County Borough Council		24	'Domestic Violence and abuse between parents' and the section on page 26 Abuse of parents by children should be together.	Thank you.
Wrexham County Borough Council	General	0	Whole document seems to focus more on domestic violence than sexual violence. The Welsh Govt definition specifically mentions sexual violence	Thank you. This guidance is about domestic violence and not about sexual violence, although sexual violence within domestic relationships was included.
Wrexham County Borough Council	General	0	Not a strong enough link to Safeguarding/Adult Protection.	Thank you. There is a specific requirement for the safeguarding adult board to be

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				involved in the domestic violence partnership and in planning services (rec 1 and 2). That partnership is responsible for developing an integrated local DVA strategy (Rec 3)
Wrexham County Borough Council	General	0	Recommend that a section on Adult Protection/Safeguarding be included.	Noted. Thanks you. See above.
Wrexham County Borough Council	General	0	No reference within document to the additional vulnerabilities associated with young people in care homes or older people in care homes.	Thank you. Older people in care homes would fall outside the scope of this guidance since the definition the guidance uses of domestic violence and abuse does not cover abuse of older people (or young people) by staff.
Wrexham County Borough Council	General	0	Little emphasis on the multiple benefits of preventative services both in financial and human terms	Thank you. The PDG found little evidence on prevention. This is highlighted both in the considerations and in the research recommendations.
Wrexham County Borough Council	General	0	Very little reference to CAADA Dash RIC	Thank you. The guidance looks at the effectiveness of interventions rather than the role of organisations. CAADA were represented on the guidance

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				producing group for this guidance and have been involved at all stages of guidance development.
Wrexham County Borough Council	General	0	Should section 2 actually be at the beginning of the document with the recommendations following?	Thank you. The layout of the guidance follows an established template that is used for all NICE public health guidance.
Wrexham County Borough Council	Introduction	2	To include comment re. Young People may perpetrate violence towards their parents. First and second paragraphs – replace 'can' with 'do'.	Thank you. We have added this.
Wrexham County Borough Council	Rec 10 & General	13	Second bullet point – Youth Justice Service not included. The document makes very little reference to this service where it would be appropriate.	Thank you. Youth justice has been added in several places.
Wrexham County Borough Council	Rec 12	16	First paragraph under heading 'What action should they take' – implies that the blame lies with the victim because of their particular vulnerability – needs re-wording more positively. Also again there should be some reference to AP Safeguarding. Cf. ADASS Guidance Document 'Adult Safeguarding and Domestic Abuse'.	Thank you.
Wrexham County Borough Council	Rec 14	17	'Commission programmes for perpetrators of DV' – Current provision inadequate and benefits do need further evaluation. Who would pay for this provision?	Local commissioners would pay for this provision, either alone or in partnership with other local areas.
Wrexham County Borough Council	Rec 15	18	Risk assessment needs to be included in all levels of training. Ref to CAADA Dash training is essential and needs inclusion.	Thank you. Specific training examples will be included in the implementation activities that

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				accompany the publication of the guidance
Wrexham County Borough Council	Rec 16	21	Should the training requirement be 'mandatory' and include refresher training at a frequency to be agreed.	Thank you. NICE guidance is not mandatory.
Wrexham County Borough Council	Rec 6 (links with rec. 13)	10	Need to make reference to substance misuse – this is a key issue in the majority of DA referrals. Cross referencing here is important.	Thank you.
Wrexham County Borough Council	Rec. 4	8	Refers to substance misuse and mental health problems and referral to abuse services but not to those with other disabilities e.g. Learning disabilities Abuse services? Needs to be more specific. Is this referring to domestic abuse specific support services and/or adult protection and safeguarding units.	Thank you The term "domestic violence and abuse services" refers to all services working with people who experience or perpetrate domestic violence and abuse.
Wrexham County Borough Council	Rec.3	7	'Ensure the strategy is based on the following principle' re. the first bullet point regarding integrated budgets – How can this be achieved when a number of services/posts are grant funded (can be short term)	Thank you. This is a matter for local resolution.
Yorkshire Ambulance Service	Recommendation 1	5	Include ambulance services	Thank you. We have included this.
Yorkshire Ambulance Service	Recommendation 10	13	Include ambulance/ emergency services to who should take action	Ambulance services are included. We regard ambulance services as health professionals.
Yorkshire Ambulance Service	Recommendation 15	18	Include Joint Royal College of Ambulance Liaison Committee	Thank you. The royal colleges are included. We have made the term more inclusive

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

tavist Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Yorkshire Ambulance Service	Recommendation 15	18	Include ambulance staff at level 2	Thank you. We have added this
Yorkshire Ambulance Service	Recommendation 5	8	Include ambulance services to who should take action	Ambulance services are included under the first bullet point.

Document processed	Stakeholder organisation	Number of comments extracted	Comments
Adfam.doc	Adfam	15	
Association for Improvements in the Maternity Services.doc	Association for Improvements in the Maternity Services	14	
BASHH.doc	On behalf of BASHH Adolescent and Sexual Violence Specialist Interest groups	8	
British Association for Adoption and Fostering (BAAF).doc	British Association for Adoption and Fostering (BAAF)	16	
British Association for Counselling & Psychotherapy.doc	British Association for Counselling & Psychotherapy	11	
Cambridgeshire Domestic Abuse and Sexual Violence Partnership.doc	Cambridgeshire Domestic Abuse and Sexual Violence Partnership	5	
Cheshire and Wirral Partnership NHS Foundation Trust.doc	Cheshire and Wirral Partnership NHS Foundation Trust	1	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Cheshire East Council.DOC	Cheshire East Council	8	
Chester Women's Aid.doc	Chester Women's Aid	13	
CIS'ters.doc	CIS'ters	15	
College of Emergency Medicine.doc	College of Emergency Medicine	5	
County Durham and Darlington NHS Foundation Trust.doc	County Durham and Darlington NHS Foundation Trust	9	
Department of Health.doc	Department of Health	11	
Domestic Violence Training Ltd.doc	Domestic Violence Training Ltd	4	
DrugScope.doc	DrugScope	7	
Durham County Council.doc	Durham County Council	9	
Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner.doc	Dyfed-Powys Police and Dyfed-Powys Police and Crime Commissioner	6	
EAST CHESHIRE NHS TRUST.doc	EAST CHESHIRE NHS TRUST	12	
FPA and Brook.doc	FPA and Brook	8	
Gloucestershire Care Services NHS Trust.doc	Gloucestershire Care Services NHS Trust	27	
Imkaan.doc	Imkaan	42	
Institute of Health Visiting.doc	Institute of Health Visiting	7	
Kirklees Council.doc	Kirklees Council	10	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Lancaster University.doc	Lancaster University	5	
Leeds City Council.doc	Leeds City Council	3	
Leicestershire Partnership NHS Trust.doc	Leicestershire Partnership NHS Trust	8	
Lesbian & Gay Foundation.doc	Lesbian & Gay Foundation	31	
London VAWG Consortium.doc	London VAWG Consortium	48	
Lundbeck.docx	Lundbeck	10	
NHS Ayrshire & Arran.doc	NHS Ayrshire & Arran	35	
NHS Cheshire East CCG and NHS South Cheshire CCG.doc	NHS Cheshire East CCG and NHS South Cheshire CCG	5	
NHS HEALTH SCOTLAND.doc	NHS HEALTH SCOTLAND	11	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES.doc	NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol on behalf WAVES	6	
NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol.doc	NHS Sheffield Clinical Commissioning Group on behalf of Sheffield Drug and Alcohol / Domestic Abuse Coordination Team, Sheffield City Council	16	
NHS Sheffield Clinical Commissioning Group on behalf Sheffield Women's Network.doc	NHS Sheffield Clinical Commissioning Group on behalf Sheffield Women's Network	1	
NHS Sheffield Clinical Commissioning Group.doc	NHS Sheffield Clinical Commissioning Group	6	
Norfolk Constabulary.doc	Norfolk Constabulary	9	
North East Hampshire Domestic Abuse Forum	North East Hampshire Domestic Abuse Forum	1	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

North East Lincolnshire Council.doc	North East Lincolnshire Council	25	
North Yorkshire Domestic Abuse Joint Coordinating Group.doc	North Yorkshire Domestic Abuse Joint Coordinating Group	11	
Nottinghamshire County Council.doc	Nottinghamshire County Council	16	
Nottinghamshire Healthcare NHS Trust.doc	Nottinghamshire Healthcare NHS Trust	23	
Nottinghamshire Office of the Police and Crime Commissioner.doc	Nottinghamshire Office of the Police and Crime Commissioner	18	
PARITY.doc	PARITY	21	
Police and Crime Commissioner for South Wales.doc	Police and Crime Commissioner for South Wales	1	
Provide.doc	Provide (Formerly Central Essex Community Services)	5	
Public Health England.doc	Public Health England	50	
Refuge.doc	Refuge	9	
Respect.doc	Respect	28	
Rise UK.doc	Rise UK	12	
Royal College of General Practitioners.doc	Royal College of General Practitioners	29	
Royal College of Nursing.doc	Royal College of Nursing	18	
Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	5	
Royal Free London NHS Trust.doc	Public Health Department, Royal Free London NHS	2	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

	Trust		
Safer Places.doc	Safer Places	16	
South West Yorkshire Partnership NHS Foundation Trust.doc	South West Yorkshire Partnership NHS Foundation Trust	10	
Southall Black Sisters.doc	Southall Black Sisters	6	
St Mungo's.docx	St Mungo's	3	
Staffordshire and West Midlands Probation Trust.doc	Staffordshire and West Midlands Probation Trust	7	
Stockton-on-Tees Borough Council.doc	Stockton-on-Tees Borough Council	10	
Stonewall Housing for LGBT DAF.doc	Stonewall Housing for LGBT DAF	18	
Stonewall.doc	Stonewall	11	
Surrey County Council.doc	Surrey County Council	10	
Suzy Lamplugh Trust.docx	Suzy Lamplugh Trust	10	
Tavistock Centre for Couple Relationships.doc	Tavistock Centre for Couple Relationships	5	
The British Psychological Society.doc	The British Psychological Society	61	
The ManKind Initiative.doc	The ManKind Initiative	15	
The National LGB&T Partnership.doc	The National LGB&T Partnership	31	
The Royal College of Midwives (RCM).doc	The Royal College of Midwives (RCM)	14	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

The Stefanou Foundation.doc	The Stefanou Foundation	13	
UK Council for Psychotherapy.doc	UK Council for Psychotherapy	13	
UK National Screening Committee.doc	UK National Screening Committee	1	
University of Kent.doc	University of Kent	4	
University of York.doc	Department of Health Science, University of York	16	
WAVE Trust.doc	WAVE Trust	15	
Welsh Government.doc	Welsh Government	5	
WISH.doc	WISH	3	
Women's Aid Federation of England (WAFE).doc	Women's Aid Federation of England (WAFE)	36	
Women's Health and Equality Consortium.doc	Women's Health and Equality Consortium (WHEC)	4	
Wrexham County Borough Council.doc	Wrexham County Borough Council	19	
Yorkshire Ambulance Service.doc	Yorkshire Ambulance Service	5	

Public Health Guidance

Domestic violence and abuse: identification and prevention - Consultation on Draft Guidance
Stakeholder Comments Table

2 August 2013 and 27 September 2013

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline