

National Institute for Health and Clinical Excellence

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

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

Stakeholder Comments

NICE Consultation - <http://guidance.nice.org.uk/PHG/Wave20/60/ScopeConsultation>

21 November 2011

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<b>Name:</b> Mark Brooks		
<b>Organisation:</b> The ManKind Initiative		
<b>Section number</b> Indicate <b>section number</b> or ' <b>general</b> ' if your comment relates to the whole document	<b>Page number</b>	<b>Comments</b> Please insert each new comment in a new row.

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*NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.*

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General		<p>The general comment the ManKind Initiative charity has is that this consultation and the guidance to be produced subsequently gives the healthcare profession a once in a lifetime opportunity to place male victims (and their children) of domestic violence on the same footing as female victims.</p> <p>On a broad policy basis, domestic violence is a gender neutral crime and problem (it affects both genders) but on a practical basis, male victims face a number of extra institutional barriers. For example, they suffer from a lack of recognition by professionals on a day to day basis as well as the lack of equal recognition in training, awareness and at assessment stages.</p> <p>An example of this, is that A&amp;E departments are encouraged to look for signs of domestic abuse in women who are admitted but this does not apply to men – even though one in three victims of domestic abuse are male.</p> <p>We welcome this consultation and look forward to the guidance making it crystal clear that victims of domestic violence are from both genders.</p> <p>We hope that NICE ensures that all victims of domestic violence receive the support they need.</p>
3b	3	<p>It is concerning that while the document recognises male and female victims the figures fail to properly compare the genders of victims. For example, with 94 females being killed and 21 males by their (ex) partners, this means that broadly speaking one in five victims of domestic violence homicide are male. Comparing the overall homicide rates per gender wrongly downplays the number of men killed in this way by (ex) partners per year compared to female victims.</p>

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3c	3	<p>Paragraph 3a correctly and accurately shows the level of domestic abuse against both genders as broadly speaking – for every three victims two will be female and one will be male. It is therefore wrong to say that a risk factor for being a domestic abuse victim is female. This again downplays the level of domestic abuse against men. In a public policy context and a practical context it causes problems because public policy, as it does now, fails to sufficiently recognise male victims and in a practical context professionals will not be looking for the signs of domestic abuse when they are supporting a man when he comes to them for healthcare support.</p> <p>In a policy context, by highlighting just female as a risk category, NICE would be encouraging healthcare professionals to be in breach of the Public Sector Equality Duty. As the duty makes clear, public authorities have to ensure the needs of both genders are being supported but by stating that only females are a risk group then men will not be seen as ‘potential’ victims when they make up one in three of the victim population.</p> <p>It also means that regarding domestic abuse training and awareness for professionals and practitioners, the focus will continue, as it does now, to focus on female victims. All professional and practitioners must be equally versed in supporting female and male victims and a failure to do will be in breach of the Public Sector Equality Duty. It will also mean there will continue to be a lack of awareness campaigns about male victims.</p> <p>A practical way of highlighting the effect of only naming females as a risk group, thereby relegating the victims of the other gender to second class status, is when men see their GP or go to A&amp;E. One of the biggest problems male victims face is the lack of recognition by healthcare professionals that ‘men are victims too’. Many men will be showing the same signs of abuse as female victims, but the GP or A&amp;E doctor will not question them on whether they are a domestic abuse victim or view them as potential victims. This form of discrimination will mean many vulnerable men will be ‘missed by the system’ and they and their children will not receive the support they need.</p>
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3c	4	<p>Age – the statistic is used that young female victims (16-24) are a particularly vulnerable age group but again this downplays male victims in that age group and will bias that professional and practitioners view men.</p> <p>As set out in the comments above (3c) one in three victims are male and this holds for this age group. The arguments made that this will create a bias at a practical level have been made elsewhere but are set out below again.</p> <p>Regarding domestic abuse training and awareness for professionals and practitioners, the focus will continue, as it does now, to focus on female victims. All professional and practitioners must be equally versed in supporting female and male victims and a failure to do will be in breach of the Public Sector Equality Duty. It will mean there will be no or little awareness campaigns at young men – they will continue as they wrongly do now – just be aimed at young women.</p> <p>A practical way of highlighting the effect of only naming females as a risk group thereby relegating the victims of the other gender to second class status is when men see their GP or go to A&amp;E. One of the biggest problems male victims face is the lack of recognition by healthcare professionals that 'men are victims too'. Many men will be showing the same signs of abuse as female victims, but the GP or A&amp;E doctor will not question them on whether they are a domestic abuse victim or view them as a potential victims. This form of discrimination will mean many vulnerable men will be 'missed by the system' and they and their children will not receive the support they need</p>
3d	4	<p>The reason that the figures only highlight female victims attending healthcare settings is because no equivalent research has been undertaken about men in the same context. This means that a skewed picture is once again given.</p> <p>If these statistics are to be used in any guidance they should be caveated with the sentence (or similar): "No corresponding research has been undertaken with regard to male victims in the same healthcare setting."</p>

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4.3	7	<p>For all of the questions and the expected outcomes, they have to be clear that they apply to both female and male victims.</p> <p>On the expected outcomes, because fewer services are available to male victims and there is a serious lack of recognition of them, having a gender breakdown of the outcomes of each questions would be invaluable in ensuring the support given to male victims by the healthcare profession is the same as rightly available to female victims. This gender breakdown would allow policy makers and practitioners assess whether male victims are being adequately supported within the healthcare system.</p>
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