



**Sunderland**  
Clinical Commissioning Group

# Domestic Abuse in the Workplace Policy CO23



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## **Version Control**

<b>Version</b>	<b>Date Approved</b>	<b>Committee</b>	<b>Date of next review</b>	<b>CCG Lead</b>
V1	October 2014	Quality Safety and Risk	October 2016	Head of Corporate Affairs.
V2	November 2016		November 2018	Designated Nurse Safeguarding Adults
V3	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults

## **1. Introduction**

Sunderland Clinical Commissioning Group has a responsibility to provide all staff with a safe and effective working environment. For some staff, the workplace is a safe haven and the only place that offers routes to safety.

Sunderland Clinical Commissioning Group acknowledges that domestic abuse is a significant problem which has a devastating impact on victims and their families. This procedure represents a commitment to take all reasonable steps possible to combat the reality and impact of domestic abuse on those being abused and to challenge the behaviour of perpetrators.

### **1.2 Status**

This policy is a corporate policy.

### **1.3 Purpose and Scope**

This procedure ensures that both victims and perpetrators of domestic abuse are aware of the support that is available within the organisation. It also provides guidance to line managers when supporting staff who are affected by domestic abuse.

It is important to note however that domestic abuse is not condoned under any circumstance and all staff must adhere to the standards of professional behaviour.

## **2. Definition**

Domestic abuse is defined by the Home Office as “Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality.”

This definition includes honour-based violence, forced marriage and female genital mutilation.

The impact of domestic abuse can range from loss of esteem to loss of life. See Appendix 1 - Types of domestic abuse

Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity. When dealing with domestic abuse it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing domestic abuse with different groups.

### **3. The impact of domestic abuse in the workplace**

It should be noted that there may be incidents which occur in the workplace or specifically affect the work of a member of staff.

Possible signs of domestic abuse include:

- changes in behaviour including uncharacteristic depression, anxiety, distraction or problems with concentration
- changes in the quality of work for no apparent reason
- arriving late or leaving early
- poor attendance or high absenteeism without an explanation
- needing regular time off for appointments
- inappropriate or excessive clothing

#### **3.1 The impact of domestic abuse on work colleagues**

Domestic abuse also affects people close to the victim and this can include work colleagues.

Some effects may include:

- being followed to or from work
- being subject to questioning about the victim's contact details or locations
- covering for other workers during absence from work
- trying to deal with the abuse and fear for their own safety
- being unaware of the abuse or not knowing how to help.

#### **3.2 The impact of domestic abuse on the employer**

Some effects may include:

- Negative impact on productivity, performance and morale
- Staff turnover, as employees may have to leave work or move away to escape abuse.

Sunderland Clinical Commissioning Group expects all staff to report their concerns if they suspect a colleague is experiencing or perpetrating abuse. A member of staff should speak to their line manager about their concerns in confidence. Alternatively a confidential reporting line is now available through Crime Stoppers 0800 111 4444. This is a 24 hour hotline that allows any member of staff to report any concern they may have about a colleague or practices in the workplace .The hotline can be used anonymously.

### **4. Confidentiality and right to privacy**

Staff who disclose that they are a victim of domestic abuse can be assured that the information they provide is confidential and will not be shared with other colleagues without their permission.

There are however, some circumstances in which confidentiality cannot be assured. This may occur when there are concerns regarding children, vulnerable adults or where the organisation is required to protect the safety of their staff. In these circumstances, the member of staff will be informed as to the reasons why confidentiality cannot be maintained. As far as possible, information will only be shared on a need to know basis.

Confidentiality cannot be assured for staff who disclose that they are a perpetrator of domestic abuse.

## **5. Support for Staff**

There are a number of ways in which staff experiencing domestic abuse can be supported by the organisation:

- through offering practical support
- raising awareness generally of the issues and in particular amongst managers
- providing training opportunities to line managers
- signpost to an appropriate counselling service if appropriate
- taking a clear anti-abuse stance against perpetrators.

It is essential staff feel able to disclose this personal information and are encouraged to discuss this with their line manager. However if they feel unable to raise this with their line manager, support is available from second line managers, HR Advisors/ managers, the Safeguarding Team, or via self-referral to the Occupational Health Unit (if applicable)

**Within Sunderland CCG confidential advice and support is available from:**

- Deanna Lagun, Head of Safeguarding – 07717 68080 or;
- Richard Scott – 07500 102 445

## **6. Support for Line Managers**

### **6.1 Victims**

#### **6.1.1 Identifying domestic abuse**

Domestic abuse is unlikely to be disclosed easily by victims or perpetrators. There are a number of steps that can be taken to address the workplace effects of domestic abuse including how to recognise the problem, respond, provide support and refer to the appropriate help. See appendix 2 - Ten steps to address the effects of domestic abuse

Below is guidance for line managers when facilitating a conversation with a member of staff about domestic abuse.

See Appendix 3 - Asking difficult questions – Guidance for line managers

If line managers require further advice or assistance before speaking to a member of staff, further support is available from Human Resources (HR) Advisers/ managers or the Safeguarding Team.

Appendix 4 outlines support available across the north east to victims of domestic abuse.

### **6.1.2 Support available**

Line managers may consider offering a broad range of support to staff experiencing domestic abuse including:

- annual leave, flexi-time or lieu time for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare, and for court appointments.
- special leave provisions (e.g. compassionate leave or unpaid leave) where the officer or member of staff's annual leave entitlement has been exhausted.
- temporary or permanent changes to working times and patterns using existing procedures i.e. flexible working.
- changes to specific duties, for example to avoid potential contact with the perpetrator in a customer facing role.
- measures to ensure a safe working environment, for example blocking emails / screening telephone calls; alerting reception / security if the perpetrator is known to come to the workplace; and ensuring arrangements are in place for safely travelling to and from work.
- redeployment or relocation.
- with the member of staff's consent:
  - i. advise colleagues on a need-to-know basis and agree a response if the perpetrator contacts the workplace.
  - ii. provide a photograph of the perpetrator to line management, security staff and reception.
- review the security of personal information held, such as temporary or new address and bank details.

The right of staff to make their own decision about the course of action at every stage will be respected. It is recognised that a member of staff may need some time to decide what to do and may try different options during this process.

## **6.2 Perpetrators**

Domestic abuse perpetrated by staff will not be condoned under any circumstance nor will it be treated as a purely private matter. Staff should be aware that domestic abuse is a serious matter which can lead to criminal convictions. Conduct outside of work may lead to disciplinary action being taken against a member of staff; as such conduct may undermine the confidence and trust the organisation has in them. However, Sunderland CCG recognises that it has a role in encouraging and supporting perpetrators to address violent and abusive behaviour of all kinds.

If a member of staff discloses perpetrating domestic abuse, the police should be informed as well as the HR Adviser/ Manager so that the disciplinary or other internal procedures can be considered. However, the member of staff will be provided with information about the services and support available to them.

This procedure can be applicable in cases where a member of staff has:

- behaved in a way that has harmed or threatened their partner
- possibly committed a criminal offence against their partner
- had an allegation of domestic abuse made against them
- presented concerns about their behaviour within an intimate relationship.

Sunderland Clinical Commissioning Group will ensure:

- allegations will be dealt with fairly and in way that provides support for the person who is the subject of the allegation or disclosure
- all staff will receive guidance and support
- investigations will be sufficiently independent.

The accused member of staff will be:

- treated fairly and honestly
- helped to understand the concerns expressed and processes involved
- kept informed of the progress and outcome of any investigation and the implications for any disciplinary process

### **6.3 Victims and perpetrators working for Sunderland Clinical Commissioning Group**

In cases where both the victim and perpetrator of domestic abuse work for Sunderland Clinical Commissioning Group appropriate action will be taken.

In addition to considering disciplinary action against the perpetrator, action may need to be taken to ensure that the victim and perpetrator do not come into contact in the workplace.

Action may also need to be taken to minimise the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include a change of duties or withdrawing the perpetrators access to certain computer programs. Further advice can be sought from the HR Advisers/ Manager.

## **7. Duties and Responsibilities**

<b>Members of Practice</b>	The Members of Practice has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Officer</b>	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that that the organisation complies with all relevant national legislation and discharges its duties effectively.

<b>Line Managers</b>	<p>All line managers are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant applicable documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives.</li> </ul>
<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant applicable documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul>

## 8. Implementation

- 8.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 8.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
- 8.3 Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the NECS Senior Governance Manager.

## 9. Training Implications

- 9.1 It has been determined that there are no specific training requirements associated with this policy.

## 10. Related Documents

### [Home Office Domestic-violence and abuse guidance](#)

- [Responding to colleagues experiencing domestic abuse:](#)
- Appendix 4: Domestic Abuse external contacts.
- [Sunderland Domestic Abuse Referral Pathway and Staff Guidance](#)
- [Sunderland domestic abuse referral pathway summary sheet](#)

## 11. Monitoring, Review and Archiving

### 11.1 Monitoring

- 11.1.1 The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### 11.2 Review

- 11.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 11.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 11.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### 11.3 Archiving

- 11.3.1 The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

## 12. Equality Impact Assessment

An Equality Impact Assessment has been completed:



North of England  
Commissioning Support

Partners in improving local health



## Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



### STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Richard Scott
Title of service/policy/process:	Domestic abuse and the workplace policy
Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of	

**objectives and aims**

The purpose of the policy is to provide internal assistance for staff who are victims of domestic abuse and provide advice and guidance to any manager who may be concerned that their staff are affected by domestic abuse

**Who will be affected by this policy/service /process? (please tick)**

- Consultants       Nurses       Doctors  
 Staff members       Patients       Public  
 Other

If other please state:

**What is your source of feedback/existing evidence? (please tick)**

- National Reports     Internal Audits  
 Patient Surveys     Staff Surveys     Complaints/Incidents  
 Focus Groups     Stakeholder groups     Previous EIAs  
 Other

If other please state:

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	
Patient Surveys	
Staff Surveys	
Complaints and Incidents	
Results of consultations with different stakeholder groups – staff/local community groups	This Policy was adopted from County Durham Police “domestic violence and the workplace policy 2015”. The CCG Head of Safeguarding and Designated Safeguarding leads have been consulted during the development of this Sunderland CCG policy. This version has been updated in 2018 to reflect changes to relevant Legislation and Guidance.
Focus Groups	Safeguarding leads and Designated Nurse Safeguarding Adults Sunderland CCG.
Other evidence (please describe)	



## STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

Domestic abuse is recognised as occurring between adults (persons over age of 18) however the definition has been changed to raise the awareness that young people 16 to 17 can be victims of domestic abuse. It is recognised that it impacts upon health, development and well-being of children.

Policy users are directed to consider the Safeguarding children and safeguarding adults policies to ensure correct appropriate action is considered/taken.

Recent survey commissioned by Against Elder Abuse identified that annually 340.00 persons aged 66 years plus will be subject to abuse within the UK

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

A vulnerable adult who is reliant on care being provided by an intimate partner or family member is at greater risk of being subjected to domestic abuse.

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.

Women aged 19-44 years are at greater risk of being victims of domestic abuse, in the UK 1 in 4 women and 1 in 6 males deemed as adults will be subjected to domestic abuse in their lifetime. These statistics will also reflect incidents of abuse that occur in same sex relationships, where the dominant partner is seeking to control the other. The policy is non-gender specific.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Domestic abuse occurs within intimate relationships and includes abuse which occurs in recognised forma of marriage or civil partnerships

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

These circumstances present as a greater risk of domestic abuse. Policy users should recognise the need to follow DASH risk assessment /MARAC processes

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Certain ethnic minority groups have been identified as being at particular risk of being subjected to domestic abuse or have difficulty in accessing services.

Policy users should ensure that they avoid making assumptions and stereotyping and to treat staff according to their needs

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Policy users should be respectful of any cultural or religious belief when dealing with the victim and or the perpetrator, for example having female staff available for female victims.

Victims can be coerced into situations such as forced marriage due to their family's cultural or religious beliefs. Some aspects of certain cultures are motivated by religious beliefs as in the case of Female Genital Mutilation ,which although routinely accepted in certain cultures is a criminal offence within the UK
Sex/Gender A man or a woman.
This policy recognises that domestic abuse is not gender specific. Statistics show that 7.1%of women and 4.4% of men were estimated to have experienced domestic abuse in the years 2012/2013
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
The response to an incident of domestic abuse should be the same irrespective of the Sexual orientation of victims
Carers A family member or paid <a href="#">helper</a> who regularly looks after a child or a <a href="#">sick</a> , <a href="#">elderly</a> , or <a href="#">disabled</a> person
It is accepted that domestic abuse does occur across the spectrum of society irrespective of status of the person concerned.
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers



### STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
The policy has been adopted from the Durham Constabulary Domestic abuse in the workplace policy 2015 therefore the impact on protected characteristics has already been assessed.
Please list the stakeholders engaged:
Director of Nursing Head of Safeguarding Designated Nurse Safeguarding Adults



### STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?
<input type="checkbox"/> Verbal – stakeholder groups/meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input type="checkbox"/> Email X Internet <input type="checkbox"/> Other
If other please state:

## ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:
<input checked="" type="checkbox"/> x Sending out correspondence in alternative formats. <input checked="" type="checkbox"/> x Sending out correspondence in alternative languages. <input checked="" type="checkbox"/> x Producing / obtaining information in alternative formats. <input checked="" type="checkbox"/> x Arranging / booking professional communication support. <input checked="" type="checkbox"/> x Booking / arranging longer appointments for patients / service users with communication needs.
<p>If any of the above have not been considered, please state the reason:</p> <p>As this is a staff policy and not service user, the Accessible Information Standard will not apply in this instance.</p>



## STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1. Training needs for staff who manage staff who may experience domestic abuse	Staff who are not appropriately trained in safeguarding adults/children and domestic abuse may not have a required understanding of the issues and how they should be managed/supported. Staff should have completed mandatory training and additional training where required.



## STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Training issue for manager	All staff	Staff should comply with mandatory training requirements for their role	Staff who are updated in their training at the appropriate level would have updated knowledge and skills	Head of Safeguarding	April 2019

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	Safeguarding leads Domestic violence in the workplace Champions	CCG	Mandatory training



## SIGN OFF

Completed by:	Richard Scott
Date:	29/10/2018
Presented to: (Quality and Safety Committee)	9th October 2018
Publication date:	October 2018

### Types of Abuse

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

#### **Emotional and psychological**

Emotional or psychological abuse can be either verbal or nonverbal.

This kind of domestic abuse chips away at the confidence and independence of the victim to make them compliant and limit their ability to leave their abuser.

Emotional abuse can include verbal abuse such as yelling, name-calling, blaming and shaming, isolation, intimidation, threats of violence and controlling behaviour.

#### **Physical**

A wide range of different behaviour can come under the heading of physical abuse and can include punching, slapping, hitting, biting, pinching, kicking, pulling hair out, pushing, shoving, burning and strangling.

#### **Sexual**

Rape and sexual abuse is common in abusive relationships due to the victim's refusal of consent being ignored.

Any situation where someone is forced to take part in unwanted, unsafe or degrading sexual activity is sexual abuse.

#### **Financial**

Economic or financial abuse limits the victim's ability to get help.

The abuser controls finances; withholds money or credit cards; makes someone unreasonably account for the money they spend; exploits assets; withholds basic necessities; prevents someone from working or sabotages the victim's job and deliberately runs up debts.

### Ten steps to address the effects of domestic abuse

There are a number of steps that line managers can take to address the effects of domestic abuse. In many cases it is about being aware and signposting to the organisations that provide specialist support.

Below are ten steps that can be taken:

#### Recognise the problem

1. Look for sudden changes in behaviour and / or changes in the quality of work performance for unexplained reasons despite a previously strong record.
2. Look for changes in the way the member of staff dresses, for example excessive clothing on hot days, changes in the amount of make-up worn.

#### Respond

3. Believe a member of staff if they disclose experiencing domestic abuse – do not ask for proof.
4. Reassure the member of staff that the Force has an understanding of how domestic abuse may affect their work performance and the support that can be offered.

#### Provide support

5. Divert phone calls and email messages and look to change a phone extension if a member of staff is receiving harassing calls.
6. Agree with the member of staff what to tell colleagues and how they should respond if their ex/partner telephones or visits the workplace.
7. Ensure the member of staff does not work alone or in an isolated area and check that they have arrangements for getting safely to and from work.
8. Keep a record of any incidents of abuse in the workplace, including persistent telephone calls, emails or visits to the workplace.
9. Provide access to supportive literature i.e. leaflets and posters. Ensure these are placed in discrete locations e.g. putting up posters on the backs of toilet doors.

#### Refer to the appropriate help

10. Have a list of the support services offered in your area that is easily accessible and refer staff to appropriate organisations that deal with domestic abuse.

### Asking difficult questions – guidance for line managers

If you suspect that a member of staff is experiencing domestic abuse, you should facilitate a conversation to discuss this and identify / implement appropriate support.

Shying away from the subject can perpetuate fear of stigma and increase feelings of anxiety. Often staff will not feel confident in speaking up, so making the first move to begin a conversation can be key.

You should ask the member of staff indirect questions, to help establish a relationship and develop empathy. Below are some examples of questions that could be used:

- How are you doing at the moment? Are there any issues you would like to discuss with me?
- I have noticed recently that you are not yourself. Is anything the matter?
- Are there any problems or reasons that may be contributing to your frequent sickness absence / under-performance at work?
- Is everything all right at home?
- What support do you think might help? What would you like to happen? How?

**Avoid victim blaming.** It is important that you are able to provide a **non-judgemental** and **supportive** environment. Respecting boundaries and privacy is essential.

Even if you disagree with the decisions being made regarding a member of staff's relationship, it is important to understand that a victim of domestic abuse may make a number of attempts to leave their partner before they are finally able to do so. Your role is not to deal with the abuse itself but to make it clear that members of staff will be supported and outline what help is available.

### Domestic Abuse; External contacts

There are many local support groups that can offer further advice and practical guidance on domestic abuse:

#### Gateshead

**Domestic Abuse Support Service** - 0191 433 2622

This service provides practical and emotional support to victims of domestic abuse to enable them to live independently. This service offers support to any victim over the age of 16.

**Gateshead Women's Refuge** - 0191 477 9309

This service provides emergency housing and support for women and children who are fleeing domestic abuse.

**Safer Families** - 0191 4335600

This service is a domestic abuse intervention service, which seeks to increase the safety of victims of domestic abuse.

**Tyneside Women's Health** - 0191 477 7898

Tyneside Women's Health facilitates a range of support groups for women affected by domestic abuse.

**Victim Support** - 0191 477 8395

This service provides a free and confidential service, offering emotional, practical and non-financial support to those who are suffering or have survived domestic abuse.

#### Newcastle

**Angelou Centre** - 0191 2260394

The Angelou Centre offers 'women only', community-based provision to advance economic and social independence for women, who are excluded due to disadvantages of race, gender and age.

**Panah Refuge** - 0191 284 6998

The service provides emergency housing and support for BME women and children who are fleeing domestic violence. They aim to provide safe, temporary accommodation and support, and enable service users to make informed choices and decisions regarding their future.

**Tyneside Women's Health** - 0191 477 7898

Tyneside Women's Health facilitates a range of support groups for women affected by domestic abuse.

**Victim Support – Northumbria** - 0845 277 0977 or 0191 281 0491

This charity provides free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected across England and Wales.

**Women's Aid - 0191 265 2148**

Provide help, advice, secure accommodation and an outreach service for women and children.

**Northumberland****Cease24 - 01665 606 881**

A domestic abuse project which provides a service to women and men affected by domestic violence and abuse. The project offers support to clients at high or medium risk, and is open to anyone regardless of gender or sexuality. The services provided include practical and emotional outreach support and an IDVA (independent domestic violence advocate) service. In North Northumberland they have a specialist children's worker who works with children and young people between the ages of 4 and 18 years.

**Sixty Eighty Thirty - 01434 806 030**

Sixty Eighty Thirty offer practical and emotional support to women and their children in Northumberland who have experienced domestic abuse at any time in their lives, regardless of sexual orientation, religion, culture or gender assigned at birth.

**North Tyneside****Acorns Domestic Abuse Outreach Service - 07552 164 256**

Outreach, support, structured women's groups, advice and information.

**Acorns - 0191 200 6302**

Counselling, support and advice for children and young people affected by domestic violence.

**North Tyneside Harbour Outreach Service - 0191 251 3305**

Support and advice for women and men in the community who are experiencing or have experienced domestic abuse.

**North Tyneside Harbour**

Tel: 0191 251 3305 - 24 hours

Accommodation and support for women and children.

**South Tyneside****Family Support Service - 0191 424 4737**

Provides counselling and therapy to both victims and perpetrators of domestic abuse who have a learning disability.

**Gateshead and South Tyneside Victim Support - 0191 477 8395**

Confidential help and support to victims, their friends and families and witnesses of domestic abuse/other crimes

**Options - 0191 567 8282**

The IDVA (independent domestic violence advocate) service within Options works with 18 year olds and over in South Tyneside. Options work with female only whilst IDVA works with both males and females around domestic abuse whether its partner or family. Options run the Freedom Programme and the IDVA service work to reduce the risk by supporting with housing, injunctions, court and refuge status.

**Places for People in Partnership with South Tyneside Women's Refuge -**

0191 454 8257

Offers help and support, as well as providing safe, temporary and emergency accommodation to women with or without children suffering from domestic abuse.

**Rape Crisis Tyneside and Northumberland Evening Helpline - 0800 035 2794 or**

0191 232 9858

Tyneside Rape Crisis Centre is an organisation run by women for women which aims to: provide information, support and counselling for women aged 16 and over who have been raped or sexually abused.

**Safeguarding Adults Unit - 0845 130 4959 / 0191 456 2093 (out of hours)**

This service provides advice to anyone who has concerns for someone (aged 18 or over) who may be suffering domestic abuse.

**South Tyneside Domestic Abuse Perpetrators Programme (STDAPP) - 0191 454 5335**

Support for men wanting to change their aggressive behaviour.

**South Tyneside IDVA Service (Independent Domestic Violence Advisers)**

0191 456 7577 or mobile: 0754 520 8670 / 0754 520 8671

Provides crisis intervention, support advice and information to high risk victims of domestic abuse.

**Sunderland**

**Wearside Women in Need - 0800 066 5555 or 0191 416 1506**

Wearside Women in Need provides help, advice, support and refuge accommodation to victims of domestic abuse.

**Specialist Services**

**BME Women:**

**Angelou Centre - 0191 226 0394**

The Angelou Centre offers 'women only', community-based provision to advance economic and social independence for women, who are excluded due to disadvantages of race, gender and age.

**Panah Refuge - 0191 284 6998**

The service provides emergency housing and support for BME women and children who are fleeing domestic violence. They aim to provide safe, temporary accommodation and support, and enable service users to make informed choices and decisions regarding their future.