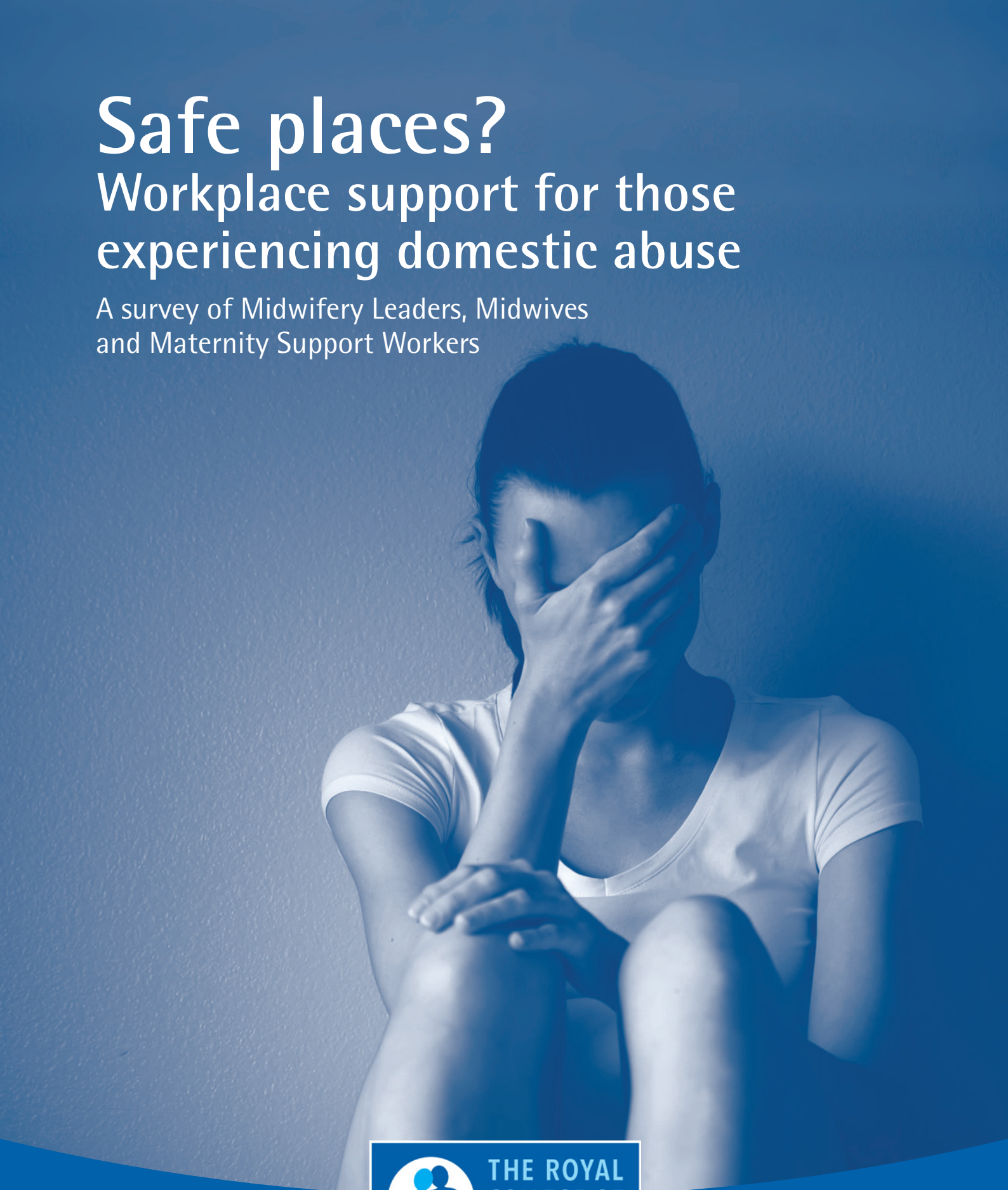
Safe places?

Workplace support for those experiencing domestic abuse

A survey of Midwifery Leaders, Midwives and Maternity Support Workers



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Workplace support for those experiencing domestic abuse

A survey of Midwifery Leaders, Midwives and Maternity Support Workers.

October 2018

Thank you

The Royal College of Midwives would sincerely like to thank the midwives and maternity support workers who took part in this survey. The wellbeing of maternity staff is intrinsically linked with the safety and quality of maternity services. Your thoughts, feelings and experiences will help us to arrive at a deeper understanding of the resources required to support those experiencing domestic abuse.

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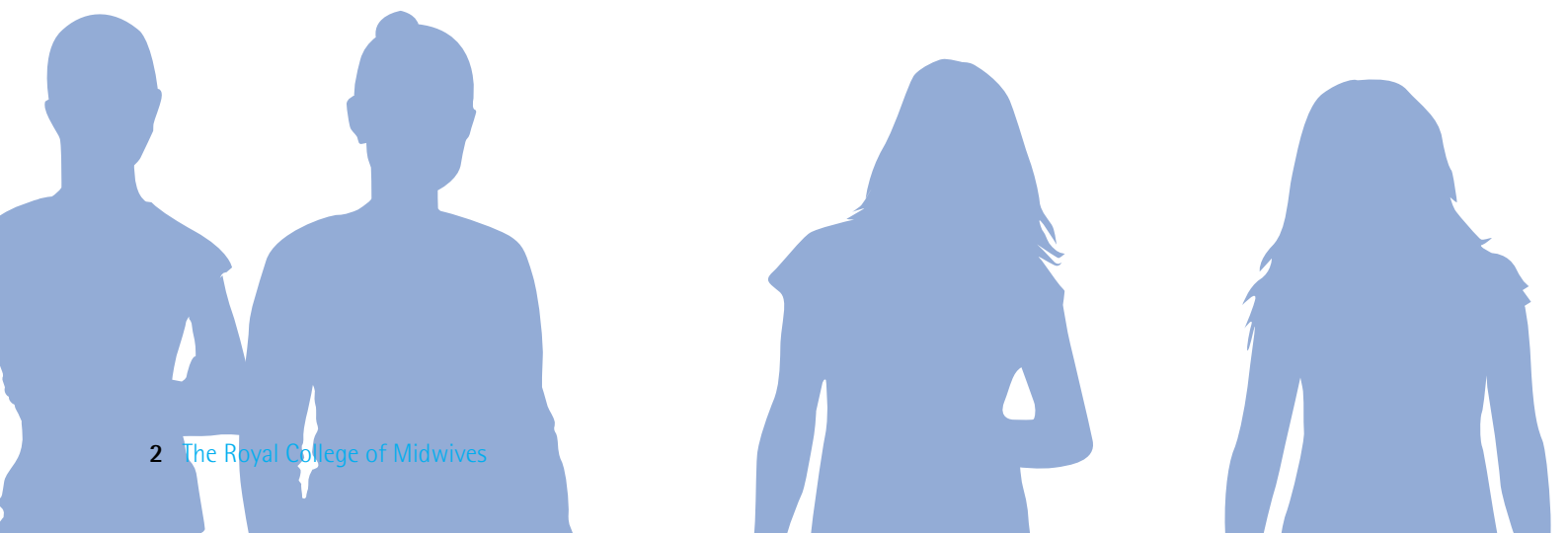

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Foreword

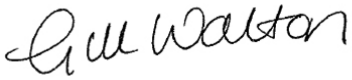
It never fails to shock me how widespread domestic abuse is. Two women are killed each week in England and Wales by a current or former partner and 1.2 million women were affected by domestic abuse in the year to March 2017.

Domestic abuse is destructive in its nature. It has a deep and long-lasting impact on the physical and mental health and wellbeing of victims. It costs the UK economy £15 billion each year in health costs, social services, housing, policing and the justice system. We all pay a terrible price for these crimes.

Midwifery is predominantly a female profession and victims of domestic abuse are mostly women. In all of this, it is so easy to forget that a great many midwives and maternity support workers (MSWs) may themselves be victims of domestic abuse. Although the results from this survey of our members are a snapshot in a specific period of time, analysing these findings and reading the testimonies of those who responded, gives us a good understanding of the scale of the problem. The irony is that some midwives and MSWs as frontline health professionals, who are trained to recognise domestic abuse and support women, were sometimes not recognising that they themselves were victims of domestic abuse. If they did, many felt fearful and ashamed about what was happening to them. The stigma that affects so many survivors of abuse affects our RCM members too.

Our members told us in this survey that a supportive and confidential environment in the workplace, where they feel able to disclose information about domestic abuse without fear or shame, could well be the light at the end of the tunnel. They need leaders and colleagues to be supportive, have robust policies to give that support some structure, and know that disclosing makes them stronger.

This is why the RCM is bringing forward recommendations for the NHS and managers of maternity services on the back of this survey, so that midwives and maternity support workers can get the same help and support they are being asked to provide to the women they give care to. I hope the voices of women in this report can inspire all of us to make positive change in our workplaces, and create a sanctuary for our members to become free from abuse, for good.



Gill Walton
Chief Executive
Royal College of Midwives
October 2018

Introduction and background

Domestic abuse exerts an indescribable toll on its victims and society as a whole, in terms of the physical, psychological and economical impacts. The Crime Survey for England and Wales estimated that in the year ending March 2017, 1.2 million women experienced domestic abuse, accounting for 32% of all violent crimes. The World Health Organisation has described domestic abuse as "a global public health problem of epidemic proportions, requiring urgent action"[1]. Consequently, this report explores the provision of workplace support for midwives and maternity support workers experiencing domestic abuse. The RCM ran two surveys, where both RCM members and Heads/Directors of Midwifery (HoMs and DOMs) provided both quantitative and qualitative data in relation to this topic. Although previous research has reported on how midwives experience a range of both organisational and occupational sources of work-related psychological distress[2], how midwives experience episodes of domestic abuse, and whether there is workplace support available to them is unclear. This is significant as such episodes could also have an impact on the quality and safety of maternity services, as well as the overall wellbeing of the midwife.

Definitions

'Domestic abuse' is defined by the Home Office as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse (e.g. psychological, physical, sexual, financial, emotional) between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality[3]. There are also more subtle forms of abuse such as *'coercive control'*, where a perpetrator may use a range of tactics to hurt, humiliate, intimidate, exploit, isolate, and dominate their victims[4]. *'Controlling behaviour'* may also be apparent, where the perpetrator uses a range of tactics to make a person subordinate and/or dependent by regulating their everyday behaviour, exploiting and isolating them from both support and independence[5]. The term *'intimate partner violence'* has also been used to describe such emotional abuse and controlling behaviours[6]. To reflect the fact that abuse is not only physical, this report will use the term 'domestic abuse' rather than the more common 'domestic violence'.

Prevalence

The Office for National Statistics reports around 1 in 4 women and 1 in 6 men in England and Wales experience some form of domestic abuse every year[7]. There were 58,810 incidents of domestic abuse recorded by the police in Scotland between 2016–17 and 30,595 incidents of domestic abuse recorded in Northern Ireland in 2017[8]. Nurses, midwives and healthcare assistants are reported to be three times more likely to have experienced domestic abuse in the last year than the average citizen within the United Kingdom[9]. A SafeLives report from 2016 on domestic abuse services in hospitals suggests that 44,825 (87%) female NHS staff and 6,530 (13%) male NHS staff are likely to have experienced domestic abuse in the past 12 months[10]. The Department of Health and Social Care also recognises that NHS staff may be significantly affected by personal episodes of domestic abuse[5]. Yet many cases may go unreported as it is often challenging and dangerous for victims to disclose abuse by someone close to them.

Aims and objectives

Between July and August 2018, the RCM invited its members to participate in an online survey in relation to support for staff experiencing domestic abuse. In addition the RCM asked questions in relation to workplace support for staff experiencing domestic abuse, via the annual survey of Heads of Midwifery and Directors of Midwifery services. The RCM also obtained information from NHS Trusts, using the Freedom of Information Act to determine whether Trusts have relevant policies to support staff who are victims of domestic abuse.

The aim of these activities was to gain a better understanding of the incidence of domestic abuse RCM members may have experienced and to explore the availability and nature of workplace support for them. Participants provided both qualitative and quantitative data in relation to these issues. The data was analysed both qualitatively and quantitatively, with the in order to capture the range and diversity of thoughts, feelings and experiences. Specific objectives were defined as follows:

- To present a quantitative overview of results
- To present a detailed thematic overview of statements categorised under each of the qualitative survey questions put forward.
- To present evidence-based recommendations, designed to enable maternity workplaces to support staff experiencing domestic abuse more effectively.

Method

Every year, the RCM carries out a survey of all Heads and Directors of Midwifery Services (n=190) in England, Northern Ireland, Scotland and Wales. The 2018 survey included additional open and closed questions concerning workplace policies and the experience of workplace support as it relates to domestic abuse. As such, mixed methods data were collected from HoMs and DOMs in relation to these topics.

Mixed methods data were also collected from RCM members via a web-based survey from June–August 2018. This self-selecting sample was generated using an online recruitment approach: we sent two emails to all RCM members with a link to the survey, and also promoted the survey on social media platforms. The sample consists of self-identified RCM members. The survey was divided into nine sections: (1) essential demographics, (2) experience of domestic abuse, (3) help seeking, (4) help received, (5) thoughts on why workplace support was not made available when asked for, (6) thoughts on why help was not sought, (7) types of workplace support received and their effectiveness, (8) alternative forms of support and effectiveness, and (9) general thoughts, feelings and experiences. For understandable reasons, not all participants responded to every question. Again, questions were both closed- and open-ended.

Whilst we recognise that HoMs and DOMs are too also RCM members, we refer to the member survey and the HOMS/DOMs survey separately here in order to distinguish between the two sample groups. In order to safeguard all participants, links were provided within the survey and the email invitation to domestic abuse charities, help lines and tips for online safety. Anonymity and confidentiality were also assured for participants throughout.

Analysis

Descriptive statistics were calculated to summarise numeric responses. The open-ended, free-text responses were analysed using a framework analysis approach. In this sense, the survey questions which collected qualitative data were used as a framework, under which similar concepts were grouped together into subthemes. Consistent with established mixed-methods techniques, the frequency with which emergent subthemes were described were then enumerated[11]. All statements were initially categorised into subthemes . Those which did not relate to domestic abuse or were deemed at risk of identifying individuals were excluded from the analysis. Responses containing more than one statement were dissected so that separate statements could be placed within separate subthemes. All subthemes were then finalised by the RCM. Lastly, typographical errors were amended throughout the dataset.

Results

HoMs/DOMs offered 121 responses to the three additional questions put forward to them via their annual RCM survey. Additionally, 249 RCM members offered both qualitative and quantitative data via the online survey presented to them. To enhance understandings in relation to the different themes, the data is reported with explanations and examples alongside supplementary tables. Yet, as these results were derived from a self-selecting sample, they should not be taken as wholly representative of the RCM membership.

Quantitative Findings

HoMs and DOMs were asked whether their Trust/Health Board had a specific policy to support staff who may suffer domestic violence, and whether they had referred to this policy in the last 12 months. RCM member participants were asked five essential demographic closed questions. Initially, the RCM member questionnaire asked respondents to identify whether they were either a midwife or a maternity support worker. Secondly, respondents were asked to identify their geographical location via a range of options offered. Subsequently, respondents were asked whether they had experienced domestic abuse during their working life as a midwife or a maternity support worker. They were then asked to identify whether they had asked for workplace support to deal with the issues they faced. Lastly, they were asked whether they had received workplace support or not. Not all participants chose to answer all questions. All quantitative findings are presented here collectively via descriptive statistics.

Presence of Trust/Health Board policies

When HoMs and DOMs (n=190) were asked whether their Trust/Health Board had a specific policy to support staff who may suffer domestic violence, 35 reported that they had, and 18 reported that they had not (See figure 1).

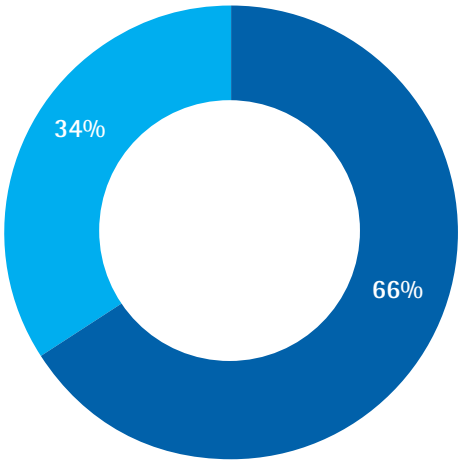


Figure 1: Do you have a specific policy to support staff who suffer domestic violence?

Yes
No

Referral to Trust/Health Board policies

Of those HoMs and DOMs who chose to respond (n=36), 9 reported that they had referred to their Trusts/Health Boards specific policy to support staff who may suffer domestic violence and 27 reported that they had not (See figure 2).

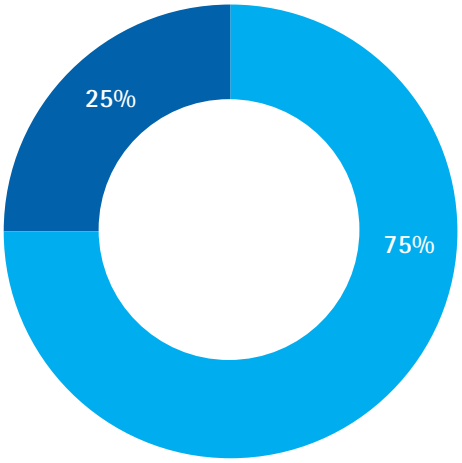


Figure 2: Have you referred to the policy?

- No
- Yes

RCM member participant demographics

RCM member participants identified themselves as either a midwife (n=240) or a maternity support worker (n=9). This is broadly representative of the RCM membership demographic, where 96% are midwives and 4% are maternity support workers (see Figure 3). We did not ask respondents to identify their gender, but only 0.3% of the RCM membership identifies itself as male. Respondents were located across the UK. Their geographical location is broadly in line with RCM membership's geographical spread (see Table 1).

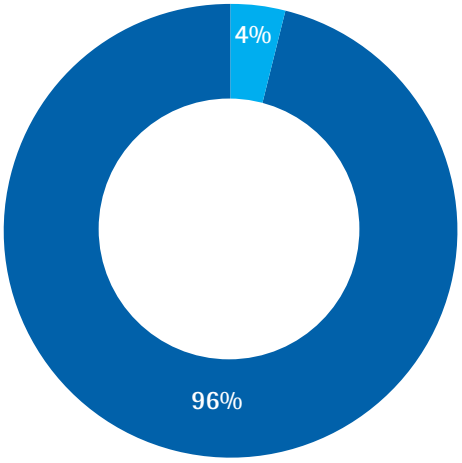


Figure 3: Survey respondents

- Midwives
- Maternity support workers

Table 1: Geographical location

Region	East Midlands	East of England	London	North East	North West	Northern Ireland	Scotland	South East	South West	Wales	West Midlands	Yorkshire and the Humber	Total
Number of survey respondents	18 (8%)	20 (8%)	17 (7%)	14 (6%)	24 (10%)	17 (7%)	14 (6%)	38 (16%)	30 (13%)	7 (3%)	25 (10%)	15 (6%)	239
Proportion in RCM membership	6%	9%	14%	4%	11%	4%	8%	6%	9%	5%	9%	8%	

Experience of domestic abuse

Within the RCM member survey, participants were asked whether they had experienced domestic abuse during their working lives. Of those who chose to respond (n=229), 187 indicated that they had, and 42 indicated that they had not (see figure 4).

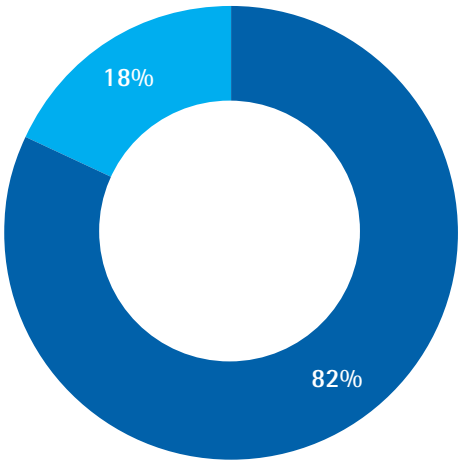


Figure 4: Have you experienced domestic abuse in your working life?

Yes
No

Help seeking

Of the RCM member participants who chose to respond (n=180), 60 indicated that they had asked for workplace support to deal with the issues they faced and 120 reported that they had not (see figure 5).

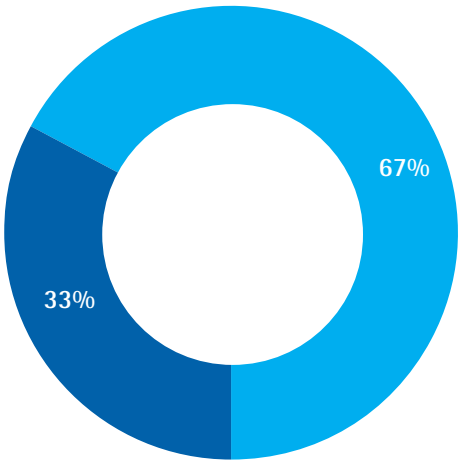


Figure 5: Did you ask for workplace support?

No
Yes

Help received

Within the RCM member survey, participants were asked whether they received help or not. Of those who chose to respond to this question (n=58), 28 reported that they did receive help and 30 reported that they did not (see figure 6).

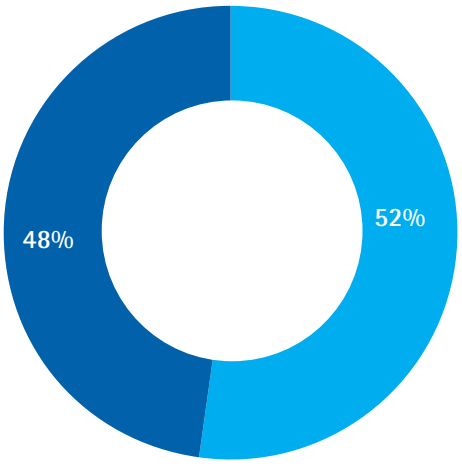


Figure 6: Did you receive help?

Qualitative Findings

Responses from HoMs and DOMs (n=32) were given in relation to their experiences of supporting midwives who have experienced domestic violence. Overall, 34 statements were categorised into four significant themes, presented in table 2. Most statements (n=23) described how HoMs and DOMs had been active in providing support and felt able to provide effective support to their teams. However, some (n=7) had no experience of supporting staff experiencing domestic violence and others (n=2) felt unable to support their staff in this regard. A further two statements describe how supporting midwifery staff in this matter can be complex, particularly in relation to help seeking and disclosure. These results have also been illustrated in figure 7.

Table 2: The HoMs' and DOMs' experience

Theme	Statement	Count
I am active and able in supporting staff	I have had experience of staff disclosing domestic abuse and I have felt able to support them with HR and OH and staff side support. This has involved supporting flexibility with working hours and location of work	23
	We have had a few cases where staff require support. we have been able to offer time off and support from occupational health if needed	
	Have met with a number of midwives who have experienced DA and SA. Referral for counselling. Support from PMA and managers	
	a 24 hour help line has been established by the organisation	
	I have had experience and also my Deputy and we are equipped and well supported by Human resource business partners	
	I have experienced this with staff and it has been easy to support them	
	I have experience of this as a manager and received good support from my workforce department	
	I have often had confidential conversations with midwives and felt comfortable supporting them	
	There is very good support available across the organisation e.g. security staff meeting staff in the car park and walking with them to work and also at the end of a shift. Giving staff lone worker devices to use at home	
	The organisation is very supportive of staff in this situation. We have had 2 staff who have been provided with excellent support. They have been given priority parking on site. Security staff have accompanied them from and to the car park before and after every shift. Lone worker devises have been provided for periods of time so that they can access help immediately. Flexible working has been given, support through EAP and Occupational health	
	In a previous role as matron I supported a member of staff. Support in that trust from an IDVA helped. I had received significant mandatory training about domestic abuse and felt well equipped	
	we have a help service and our IDVA will support staff	
	occupational health helps with this	
	All staff are offered employee wellbeing services. The UHB is in a fortunate position that there is an independent domestic violence advocate employed to support staff. Staff are also supported confidentially by managers who will signpost to the IDVA where necessary. All staff are required to undertake Statutory Violence against women training every 2 years	
	24/7 support line staff can phone managers to ask for support, colleagues look out for each other	
	This theme has been an issue in the last 2–3 years. Worked on LADO risk assessments and Trust HR department has supported with help. Hospital Independent DV advisors in place	
	have supported a colleague whose daughter was experiencing psychological abuse and was able to signpost her to help	
	feel able to respond to this issue if it arises	
	would have the skills to support and engage with other services to help	
	As an organisation we are equipped and have an IDVA worker within the trust that staff can access	
	We are part of the [RCM's] caring for you campaign	
	Good working with RCM reps and comprehensive action plan that has been followed up	

I feel unable to support staff	not well equipped to deal with it	2
	would need support as do not feel equipped	
Supporting staff is complex	Often disclosure is very late and sometimes comes after other performance or attendance issues arise	2
	No policy currently referral pathway if live in location where services are provided. Individualised plans re sickness and monitoring attendance of staff who have disclosed so we can provide support as required. Feel that staff would not always disclose this to employers and work is often a safe place to be.	
I have had no experience of supporting staff	Have not had to support members of staff with personal experience of this	7
	Not had any experience	
	I haven't had to do this	
	I have not had any experience	
	I haven't had any	
	Situation has not arisen	
	No experience – ask all midwives that I line manage but never had a positive response	
Total number of statements categorised		**34**

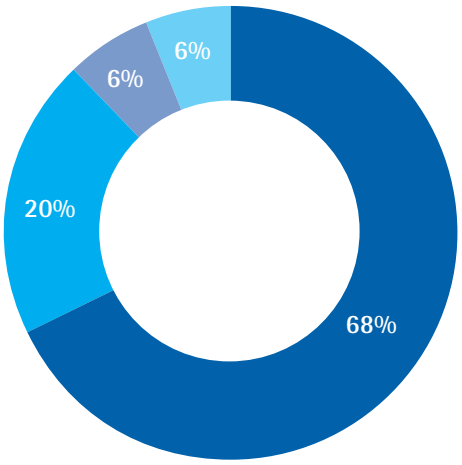


Figure 7: The HOMs' and DOMs' experience

- I am active and able in supporting staff
- I have had no experience of supporting staff
- I feel unable to support staff
- Supporting staff is complex

RCM member survey findings

Within the RCM member survey, a total of 561 statements were categorised from 476 RCM member responses under a framework comprising five themes. This process led to the development of 33 subthemes through a succession of refinements. Whilst the full analyses are presented in Appendix 1, a summary of these themes is presented in Table 3. This summary table presented is designed to give a voice to participants in relation to the data they provided.

Theme One: Thoughts on why workplace support was not made available when asked for		
Subtheme	**Participant Voice Description**	**Count**
In training	I was not given workplace support as I am a trainee.	3
Treated poorly	I have been treated poorly in the workplace rather than been supported.	8
Malicious acts	Either my partner, my colleagues or my workplace have acted maliciously toward me.	3
Treated unfairly	I have been treated unfairly, sometimes due to my cultural background and/or beliefs.	4
Tied by rules and practicalities	Workplace rules and practicalities meant that I could not be supported appropriately.	4
Lack of knowledge/ understanding	Colleagues in the workplace had little knowledge of my needs and experiences.	15
Theme Two: Thoughts on why help was not sought		
Subtheme	**Participant Voice Description**	**Count**
Lack of faith in the system	I do not believe that my colleagues and/or my workplace can support me.	26
Professionalism	Work is a place to be professional. Personal problems are separate.	13
Lack of knowledge, understanding & awareness	I lacked the knowledge and awareness to know that I needed help. I didn't know where to get it, and/or my workplace didn't know how to support me.	12
I didn't recognise it was happening to me	It is only now, in hindsight that I see how I have been abused and why I needed support.	7
Embarrassment & shame	I was too embarrassed and ashamed to seek help.	33
Workplace support not required	I did not require workplace support.	7
Denial and avoidance	I did not want to admit this was happening to me, I avoided disclosure.	11
Fear	I feared the consequences of seeking help.	12
Theme Three: Types of workplace support received and effectivity		
Subtheme	**Participant Voice Description**	**Count**
Occupational health/staff support service referral	I was referred to occupational health services or staff support services.	7
Counselling	I was offered counselling services.	9
Peer support, & gestures of kindness	My peers were my support, offering practical gestures of kindness to me.	25
Change to working arrangements	I was granted amendments and flexibility to my working arrangements to support my needs.	13
No support/poor experience	I received no help or had a poor experience of workplace support.	22

Theme Four: Alternative forms of support and effectivity		
Subtheme	**Participant Voice Description**	**Count**
Family, peers & friends	I turned to family, peers and friends for high quality support.	42
Police	I used police and police domestic abuse services. At times they were helpful, other times not.	25
Women's aid charities	I engaged with women's aid charities such as refuges and support lines. They were helpful.	54
Counselling & Psychotherapy	Counselling and psychotherapy were useful for me.	23
Independent advisors	I found professional and independent advisors useful for legal support, but expensive.	14
GP, social &community services	My GP and local community services were supportive and gave practical support.	18
Absence of or poor help seeking experiences	I did not seek help, and if I did, I had a poor experience.	35
Theme Five: General thoughts, feelings and experiences		
Subtheme	**Participant Voice Description**	**Count**
Suggested improvements and Top Tips	I have useful advice to give to other's in the same situation as me. I also have ideas to improve workplace support in the future.	24
Professionalism is paramount	I feel that professionalism is sometimes more important than supporting the 'person'	10
Communication is key	It is important to speak out, listen confidentially and communicate effectively.	14
Gaps in support	There are many gaps in support that can be identified. These need further attention.	22
Increased knowledge and awareness are required.	The lack of knowledge and awareness present needs to be remedied.	21
Support needs to be advertised	I did not know that support was available or where to go. This needs to change.	12
Reflecting on the positive	There are some positives I can reflect on and share as best practice.	13
Total number of statements categorised		**561**

Theme One: Thoughts on why workplace support was not made available

Within this theme, 37 statements were categorised. Here, a small number of participants (n=3) indicated that they did not receive support because they were in training either as students or as a participant on a return to practice course. Some participant statements (n=8) described incidents where they had been treated poorly by either colleagues or mentors, and others (n=3) described malicious acts performed either by their partners or colleagues. These episodes were given as reasons why the respondent had not received help. Additionally, some participant statements (n=4) described being treated unfairly, either in relation to cultural beliefs, injustice or conflicts of interest, whilst other statements (n=4) reported that general rules and practicalities had prevented them from receiving the help they required. In the largest subtheme, participant statements (n=15) also reported how a lack of knowledge understanding either in relation to themselves or others, had prevented them from receiving the help they required. Findings in relation to this theme are illustrated in figure 8.

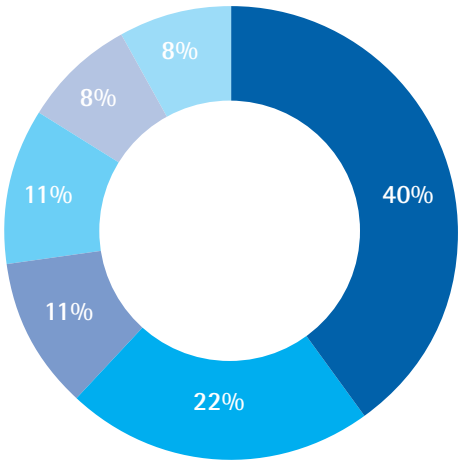


Figure 8: Why workplace support was not available

- Lack of knowledge and understanding
- Treated poorly
- Treated unfairly
- Tied by rules and practicalities
- Malicious acts
- In training

"They were unkind, unsupportive and finger pointing. It was the worst time of my life. I now have a 'black mark' on my career record which makes me feel I can never apply for a job elsewhere."

"I was told by someone who knows my ex-partner that my colleagues were sending him photographs of me and talking to him about me. I have a 5-year restraining order forbidding him to contact me or cause me harassment."

"Involved a staff member. When returned continued to be victimised, no support and no apology Because person I had accused was friend of a staff member and they had already spoken to him prior to my disclosure. I took an overdose."

"My manager tried to be supportive but explained she was tied by protocol. How is this right?"

"Not understanding my state of mind. Expected me to function as normal."

"I think that although people cared they lacked the ability or understanding to see how difficult it was to even get to work."

Theme Two: Thoughts on why help was not sought

Here, participants shared their thoughts feelings and experiences in relation to why they did not seek help. Overall, 121 statements were categorised within this theme. The largest subtheme of statements categorised (n=33) refers to feelings of embarrassment and shame. Other statements (n=26) expressed that a lack of faith in the system had led to inertia in seeking workplace support. Again, a lack of knowledge and awareness in relation knowledge of support available was cited in several statements (n=12) as being the reason why some participants did not seek help. Maternity staff are trained to ask women about domestic abuse. Yet here, statements (n=7) indicate that they are not recognising the signs of domestic abuse in their own lives. Other statements (n=12) revealed how participants were too fearful of the consequences to seek support. Fewer statements (n=11) alluded to denial and avoidance of support, whilst others (n=7) revealed that some participants did not require support. A more complex subtheme here referred to the notion of 'professionalism' in midwifery, where statements (n=13) referred to the fact that work and home life were two separate things. Findings in relation to this theme are illustrated in figure 9.

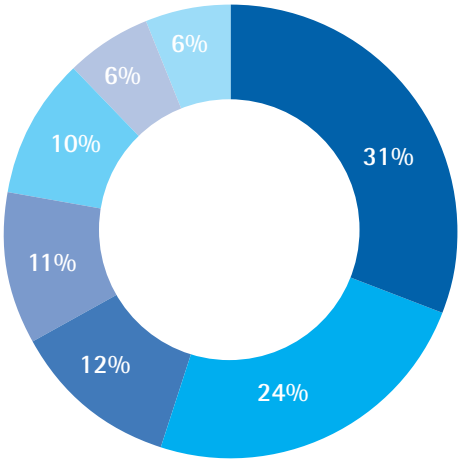


Figure 9: Why workplace support wasn't sought

"When you work in this profession it's seen as a professional failing to admit that things at home are anything but perfect."

"This support was never forthcoming, a token verbal agreement that was never routinely honoured or secure. If it had been I would have been able to fully free myself from this man sooner and the emotional and psychological damage would not have ensued for so long."

"Avoidance of shame which accompanies known domestic abuse."

"I would have been judged negatively. I was already ashamed."

"Dealt with it myself."

"I didn't want any favours or to be pitied I suppose. I was also concerned that they would take it further and I was scared."

"Had no idea how to start the conversation. Did not truly realise how abusive the relationship was until it ended."

"Didn't think it was their role to deal with it."

"I felt ashamed that as a midwife I was experiencing it."

Theme Three: Types of workplace support received and effectivity

Peer support and gestures of kindness were frequently mentioned in statements (n=25) referring to a positive type of workplace support received. Others (n=13) referred to practical changes to their working arrangements. Referrals to occupational health and/or staff support services were reported by several statements (n=7), though this type of support was not always productive. Similarly, some statements (n=9) demonstrated that counselling services were also not always helpful to those who were referred. Many participants took this opportunity to share statements (n=22) in relation to how they were either not supported in the workplace at all or had a poor experience of workplace support. A total of 76 statements were categorised in this theme. Overall findings for this theme are illustrated in figure 10.

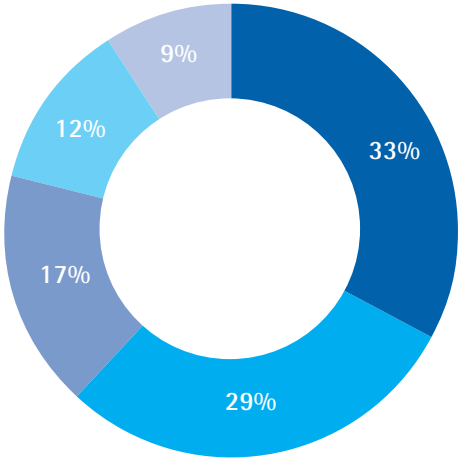


Figure 10: Types of workplace support

- Peer support and gestures of kindness
- No support/poor experience
- Change to working arrangements
- Counselling
- Occupational health/staff support service referral

"I was allowed to stay overnight on my delivery suite to avoid going home to an abusive partner."

"[I was] made to feel I was a nuisance, constantly asking me and contacting me, pressurising me in to coming back to work. I gave in and did but I was soon off again as I still wasn't well, and I then left midwife[ry] because I didn't want to be dismissed. I didn't receive any support that was effective for me."

"Supported me with shift patterns to accommodate court cases and childcare."

"given a specific senior midwife who I could go to for support, to discuss things at times when home was particularly bad and to deal with any sickness absence – helpful as one person knew what was going on and I could be truthful, especially about the reasons for sickness absence sometimes."

"Counselling. It had helped me to recognise that I needed to deal with the issue."

"Very emotionally supportive line manager, matron, deputy matron and supervisor of midwives."

Theme Four: Alternative forms of support and effectiveness

Here, participants were asked 'Where else did you go for help?'. They were then asked to elaborate upon any other forms of support they had accessed and on how effective they had been. Overall, 211 statements were offered in relation to this theme. Often, statements referred to charities as being largely effective in providing support (n=54). 'Women's Aid' was reported to be a particularly supportive and popular resource, along with MARAC and the Samaritans. Additionally, support from family, peers and friends was reported via many statements (n= 43) to be a largely effective form of support with the odd exception. Other statements (n=23) referred to participants accessing a variety of psychotherapy and non-workplace-based counselling services. These were reported to be effective in most cases, yet ineffective for some. Similarly, of those statements referring to accessing support via the police (n=25), some reported that support was very effective; others reported police support to be ineffective. In statements (n=14) referring to seeking support from independent advisors, support provided by solicitors, legal advisors and Domestic Violence Advisors was reported to be largely effective, though costly when paying privately. GP, social and community services were also referred to in several statements (n=18) as effective providers of support. However, in several statements (n=35) participants took an opportunity once again to report how they did not access alternative support and/or had a poor experience when seeking support. Findings in relation to this theme are illustrated in figure 11.

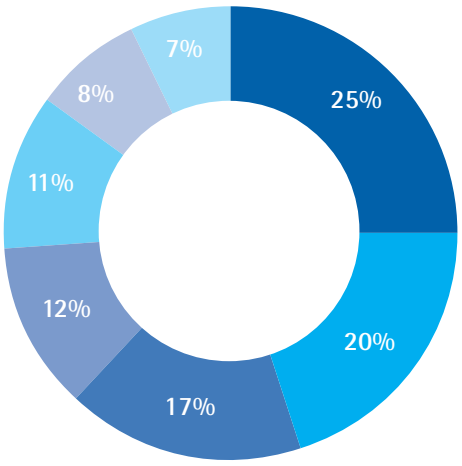


Figure 11: Alternative forms of support

- Women's aid charities
- Family, peers and friends
- Absence of poor help seeking experiences
- Women's aid charities
- Counselling and Psychotherapy
- GP, social and community services
- Independent advisors

"Independent Domestic Violence Advisor (IDVA) effective at helping me see what options I have legally and for safety planning."

"The police... useless, no help at all."

"Police were very supportive ensuring my safety."

"Police and social services were unhelpful, and no support provided. Neither myself or my children were offered counselling or directed to appropriate services despite asking several times for help. One police officer even commented that due to my ethnicity I could handle the situation myself."

"Women's Aid. They were amazing."

"We had attempted family therapy which was not helpful."

"GP was helpful, someone I could trust."

"Moved area completely & never told new colleagues because of discrimination experienced in previous trust."

"Counselling – very helpful, made me realise it wasn't my fault but his choice."

Theme Five: General thoughts, feelings and experiences

Here, participants were asked to share any other comments about workplace support for survivors of domestic abuse. Overall, 116 statements were categorised in relation to this theme. Many statements (n=22) identified the current gaps in support such as there being 'nowhere to go', a lack of support for ethnic minority groups and an overly heavy focus on patient support rather than staff support. Other statements (n=21) reported the need for increased awareness and knowledge, as the ignorance and misconception surrounding the subject of domestic abuse had had a negative effect in some way. Other respondents (n=12) referred to the need for workplace support provision to be advertised more widely, as many did not know of its existence, nor how to access it. Others (n=14) referred to communication being a key part of effective support, especially in relation to speaking out safely, with those listening displaying honesty, confidentiality, and being non-judgmental. Again, some statements (n=10) referred to the notion of professionalism being paramount, where the profession was reported to be more important than the person. Yet, other respondents (n=24) offered useful suggestions for improvement and top tips in relation to improving workplace support for those experiencing domestic abuse. The development of robust policy and the need for training featured prominently in these comments. A few statements categorised within this theme (n=13) reflected on the positive aspects of workplace support in midwifery for those experiencing domestic abuse. Findings in relation to this theme are illustrated in figure 12.

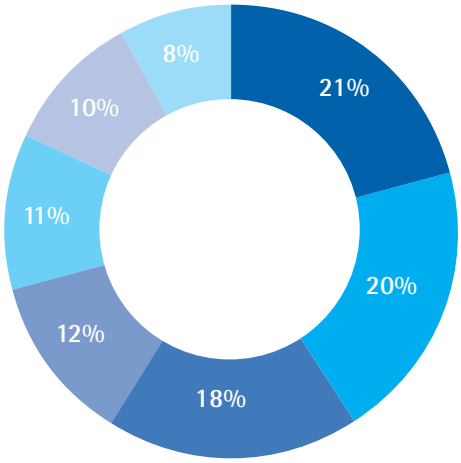


Figure 12: General thoughts, feelings and experiences

- Suggested improvements and Top Tips
- Gaps in support
- Increased knowledge and awarenesss are required
- Communication is key
- Reflecting on the positive
- Support needs to be advertised
- Professionalism is paramount

"All staff should be asked about domestic abuse on a regular basis."

"The stress at home resulted in me making a mistake at work which resulted in a full management investigation during which I was subjected to stress I had never known it was possible to endure."

"They can support and help clients, but colleagues are different."

"As a professional person, I would never

"Needs to be more obvious there is support for staff not just patients."

"It's good to talk!!!! When I started telling people I felt stronger in myself."

"I didn't know I would be broken but expected to carry on as though all was well. I am not just a midwife, a resource to be used without regard. I am a human being, just like our patients and I wish the leaders in the NHS/RCM would remember that our needs and lives matter too."

"Management need to foster a supportive environment so that staff feel able to report what is happening to them."

"They point fingers and 'haul you in' for one-way discussions. It is absolutely disgusting. I had no strength to stick up for myself at such a vulnerable time. All they care about is how they look to the public yet 1:4 women suffer this. I think I'd have been sacked if they'd had grounds just to remove the stigma."

"As a professional person, I would never ask for help having experienced domestic abuse. I would not want my work place to know as it would impact upon my NMC [registration]. Also, there is NO confidentiality within any NHS unit. Someone would say something to someone else. Would this be your HoM? Who knows, this could not be risked so better to say nothing. Also, it's not a work issue so why will work sort it out? The only person who can sort it is you!"

"I have been treated very badly by my place of work, absolutely no support or care and compassion."

"I think that the removal of supervisors of Midwives has lessened the support and the implementation of taking everything to managers have left people like me with nowhere to go."

"My colleagues did not understand it right. They were embarrassed and so was I."

"Try to take some pressure off, domestic violence can be in the form of threatening, bullying, coercive behaviour. Not every DV is visible to the eye which I think people lack understanding of. It also makes you run down and increases the likelihood of illness, I hated to have to explain everything during sickness interviews all my personal information about court cases, my tires had been slashed, wheels had been loosened. It's not just black eyes it's black broken hearts that people often have to deal with. Let people rest a little, take the pressure off in one little area of their life. We make it up when we are better and grateful. Show us that we are brave."

"I love the idea of this campaign, the more support in this situation the better, that's how people survive."

"Keep strong and believe! There's another world on the other side and there are people to support you! I'm living proof xxx."

Discussion

These findings add to the body of knowledge relating to workplace support for midwives and MSWs experiencing domestic abuse. Whilst there are some RCM members who report a positive experience, there are many who don't: barriers include a lack of knowledge and understanding, ideas around professionalism, misconceptions, practicalities and policies, distrust, shame, embarrassment and fear. Lack of formal support remained a strong theme throughout survey respondents' comments, along with the need to increase knowledge and awareness around the subject of domestic abuse experienced by maternity staff. Whilst many participants responding to this RCM member survey made suggestions for improvement and reflected on their positive experiences, others took this as an opportunity to reiterate the lack of support they had received from their workplace, and recount their poor experiences, even when the question did not invite these types of responses. This perhaps demonstrates the frustration and ruminating emotional distress that such poor experiences have caused.

Somewhat on the contrary, 68% of the HoMs and DOMs participating in this research felt that they were active and able in supporting their maternity staff experiencing domestic abuse. Only a minority felt unable to support staff. Others had no experience of this and some acknowledged that supporting staff in relation to this issue would be complex. However, as this question wasn't mandatory in the survey, HOMs/DOMs who have experience in supporting staff may have been more likely to respond than others who have not.

"I'd say to managers please really really take the time to listen and understand when someone makes a disclosure before jumping to social services referrals, especially if they are able to be clear about the reasons why a referral is not appropriate in their situation. Trust your staff member making the disclosure. Sometimes the best support is just having someone at work who will listen, who understands the significant stress and pressure that comes with our job. Not someone who tells you to leave your home, or tries to fix things, this is not supportive. "

Not asking for workplace support remained a strong theme throughout and was a result of several different factors. Being a knowledgeable and skilled NHS professional does not seemingly offer complete protection from manipulation and abuse, as some still do not recognise the signs of being affected by domestic abuse themselves, even when trained to see it in others. Other respondents felt support was not required, their need for support was not acknowledged or they did not realise that support was available. These findings emulate that of Evans et al. (2016), who report more generally upon how survivors of domestic abuse are seemingly reluctant to disclose their experience of domestic abuse, cannot identify the abuse and/or the negative effect on themselves, and are only able to seek help after prolonged periods of uncertainty[12]. Additionally, some participants feared the professional and personal consequences of seeking support, feeling too embarrassed or ashamed to seek help. These same barriers to help seeking have been reported in other research[13], suggesting that midwives can be just like any other victims of domestic abuse. This is despite the fact that they work in a professional environment and are perhaps more knowledgeable about support services and the health impact of domestic abuse. They too can feel disempowered.

"Having a safe place to tell someone is so important"

Of those RCM members that did receive workplace support, peer support and gestures of kindness were most frequently referred to as being most effective. This echoes the findings of previous research conducted to illustrate what shows workplace compassion for healthcare staff[14]. Practical amendments to working arrangements were also cited as a useful form of workplace support, echoing the findings of Prowse and Prowse (2015), where flexible working and effectively managing a work-life balance were reported as potentially beneficial for everyone in maternity services[15]. This sentiment is also reiterated by one HoM who stated that **"I have had experience of staff disclosing domestic abuse and I have felt able to support**

them with HR and OH and staff side support. This has involved supporting flexibility with working hours and location of work." Similarly, both HoMs/DoMs and RCM members found Independent Domestic Violence Advisors (IDVAs) to be a useful tool in the provision of support. Likewise, the usefulness of IDVAs in hospital settings has been explored by SafeLives in their 2016 report 'A Cry for Help: why we must invest in domestic abuse services in hospitals'[10].

"We have an onsite IDVA. Very helpful "

Worryingly, those RCM members in training felt that their 'lesser' position as a non-permanent or non-registered member of staff was a contributing factor in not receiving workplace support. This finding parallels with the Freedom to Speak Up report of Sir Robert Francis, which found students to be particularly fearful of speaking up and reporting poor workplace practices[16]. Equally, other RCM members had a lack of faith in the system and identified this as the reason for them not seeking help. One participant stated that his/her faith in the system was reduced by a **"large number of older midwives who take a dim view of women who don't leave partners exhibiting poor behaviour"**. This finding adds weight to the body of evidence gathered by the more recent Work, Health and Emotional Lives of Midwives in the UK (WHELM) study, were episodes of bullying and undermining behaviour were found to contribute to emotional distress in the workplace[17]. Here, this finding particularly related to mangers who might **"tell everyone"**, which some feared may then result in something similar to **"gossips"**.

"I myself am now a health and safety rep for the RCM and I hope that I can be a link between anybody suffering this who is a colleague be that I meant fellow midwife or health care support worker as well as in my professional role as a midwife screening the women in my care. I'm not being afraid to ask the question and have the knowledge to be able to signpost them to help"

Of those RCM members who sought help outside of the workplace, counselling was cited as being more effective, along with GP, social and community services. Some participants had paid privately for effective tailored and independent advice. Again, support from peers, friends and family seemingly provided the most effective support along with women's charities. Those who accessed police services reported a mixture of both negative and positive experiences in relation to support for domestic abuse. Other work has suggested that such negative responses from the police may serve to undermine the women's autonomy, causing the women to remain silent and increase their vulnerability[18].

Whilst some participants had access to occupational and/or staff support services in the workplace, they were not cited to be particularly effective and one participant had decided not to engage at all. This is understandable given that such services are often avoided because of the negative consequences staff fear may occur[19]. Only one statement in relation to workplace counselling cited positive effect, others stated that this intervention did little to ameliorate their distress. This is perhaps because such counselling may be more general and not tailored to individual needs. Whilst there are interventions to support the psychological wellbeing of midwives in the workplace[20], these may not yet include specific counselling in relation to domestic abuse.

Staff support may also not yet be effective because specific Trust policies remain insufficient. Our freedom of information (FOI) request to 160 NHS Trusts/Health Boards in relation to the provision of specific policies to support staff who may suffer domestic violence has revealed a mixed picture. In England, responses to the FOI request revealed that 56 trusts currently have a specific policy in place to support staff who may suffer domestic abuse, whilst two trusts are currently in the process of agreeing one. Yet 57 trusts do not have a specific policy to support staff who may experience domestic abuse. Of these, 40 stated that such support was covered by other policies such as their safeguarding policy, managing violence policy, various absence

policies and flexible working policies. Others stated that staff are directed to local charities/ support groups, occupational health departments or their employee assistance programme. In other parts of the UK, the situation is reflected quite differently. For example, all 14 health boards in Scotland and all five in Northern Ireland have a specific policy to support staff who may experience domestic abuse. In Wales six of the seven health boards have a specific policy to support staff who may suffer domestic violence. The seventh did not respond to the request. Here, 35 (66%) HoMs/DOMs reported that their Trust had a specific policy to support staff who may suffer domestic violence, yet only nine (25%) reported that they had referred to it. This suggests that specific workplace policies may be lacking, unenforceable or underutilised.

"There needs to be a policy that the mangers legally HAVE to comply with. Their compliance should be recorded and audited."

The RCM believes that a specific policy to support staff is the most appropriate as there are employment issues that should be included such as paid leave and adjustments to working arrangements which would not be covered by a service user or safeguarding policy. Likewise including as part of a special leave or flexible working policy would not include vital resources such as safety and financial considerations, a confidential means for seeking help or signposting to resources. Yet the overall picture presented in relation to the provision of specific policies via this FOI request illuminates that such policies are fewer in England than in the rest of the UK. Future research could usefully evaluate the effectiveness of such policies in supporting maternity staff in areas where they are made available in comparison to where they are not.

"Management need to foster a supportive environment so that staff feel able to report what is happening to them."

For HoMs/DOMs to provide support to midwives, they will also need to be supported themselves. This point is illustrated by one particular statement made by a HoM/DOM where **"good support from [my] workforce department"** was described as being an enabler to offer support to other midwives. However, decision makers must remain mindful of the fact that some midwives **"Don't need"** or **"Don't want"** workplace support in relation to domestic abuse. Others also may not engage in workplace support due to concerns regarding 'professionalism' and HOMs/DOMs need to be mindful that some of their staff will see professionalism in this particular way.

"Throughout my university degree we were always being reminded about professionalism and 'not bringing your personal baggage to work'. I suppose that mentality stuck."

Themes concerning professionalism occurred frequently in relation to why those suffering from abuse may not seek support, and in reference to the general thoughts, themes and experiences of participants. Here, participants describe the belief that personal problems are to be kept separate from the professional arena. This proved unhelpful for some, who described their human experience as being of equal importance to those of the patient in some cases. Previous research has established how the overarching superhuman philosophy that midwives should 'just be able to cope' does nothing to promote either increased safety or quality in maternity services or positive help seeking behaviours in midwifery populations2. This is again reflected in the findings here, as one participant attributes their poor workplaces experiences to the incidence of a medical error, another describes the workplace as their "safe haven", and others attribute their poor experiences to leaving the profession altogether. These particular findings demonstrate that the professional and personal lives of both midwives and maternity support workers may not be so easily separated and may be inter-reliant, impacting upon each another. The challenge will be to implement effective strategies and policies whilst recognising that the workplace support needs of individual midwives vary greatly because of how they view 'professionalism'.

Discussion

"I think if management believe a member of staff is behaving out of character for them, making odd decisions re employment such as handing in notice when failing a test etc. they should ask the question outright. I may have disclosed if someone had asked."

The results from this survey indicate that it would be inappropriate to categorically endorse the provision of any one type of workplace support intervention over any other, due to the mix of both positive and negative experiences reported. However, we do recommend the development of individualised and evidence-based support interventions, designed specifically for those experiencing domestic abuse. In line with suggestions made by participants here, such interventions may include confidential screening programs, the provision of domestic abuse focused counselling delivered confidentially by qualified professionals, confidential help lines and survivors' forums.

Recommendations

Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured because of domestic abuse[21]. This number is inclusive of midwives and maternity support workers who are a highly valued workforce, providing safe and high-quality maternity care. Based on the findings of the surveys presented here, and guidance offered by both the Department of Health and Social Care5, and the Health, Safety and Wellbeing Partnership Group[22], the RCM puts forward the following evidence-based recommendations. These will enable maternity service managers and NHS Trusts/Boards to support staff experiencing domestic abuse more effectively.

1. All NHS Trusts/Health Boards should develop specific policies to support staff who are victims of domestic abuse, aligned to existing guidance from the NHS Staff Council developed in 2017. Local policies should be developed in partnership with staff side representatives, with detailed commitments to provide special paid leave, adjustments to working arrangements and safety considerations if appropriate.

2. NHS Trusts/Health Boards should provide and publicise confidential domestic abuse support services for affected staff, including access to IDVAs, external counselling and legal services as appropriate.

3. NHS Trusts/Health Boards should ensure that all managers and supervisors are trained on domestic abuse issues, so that they can recognise signs of domestic abuse in their staff and confidently undertake their safeguarding obligations.

4. NHS Trusts/Health Boards should ensure that staff at all levels are trained on domestic abuse issues and made aware of relevant workplace policies as part of their induction programme and continuous updating and are made aware of support services.

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Appendix One: Framework analysis

Theme One: Thoughts on why workplace support was not made available

Theme One: Thoughts on why workplace support was not made available when asked for		
Subtheme	**Statement**	**Count**
In training	Was completing return to practice, the university were supportive	3
	Was in the middle of completing my return to practice.	
	When in final months as a student, removed from course and told I could be prosecuted for slander when broke down on placement Lost weight, remained medicated etc.	
Treated poorly	my mentor was very unkind	8
	They were unkind, unsupportive and finger pointing. It was the worst time of my life. I now have a 'black mark' on my career record which makes me feel I can never apply for a job elsewhere.	
	the area manager was awful	
	[Name] general hospital does not care for their staff.	
	The work place bullying at the time was awful at management level and there was no support in any way	
	When my family and I got flu after finally moving out and away from my husband (all of which she was aware) it was Christmas time and any absence had to go directly through her, she threatened my job saying if this continued?!? she might have to reconsider my position.!!	
	I've been off work now for 1 year and have experienced severe domestic violence. I'm happy to tell my story and help in any way. My workplace [hospital] have been unsupportive and have threatened me with losing my job.	
	Nothing was mentioned again to me or any adaptations. I was actually pressured to report and advised it was my duty to protect his future partner	
Malicious acts	My ex launched malicious Social service complaint which meant I was suspended.	3
	I was told by someone who knows my ex-partner that my colleagues were sending him photographs of me and talking to him about me. I have a 5-year restraining order forbidding him to contact me or cause me harassment.	
	My ex even lied anonymously to my work making false allegations and I got put under investigation which made it even worse for me. My job was all I had and was my ticket out of the area I lived in. I felt even more pressure and stress.	
Treated unfairly	Cultural barriers and stereotypes	4
	I was treated like the perpetrator. I was reported to the NMC for fitness to practice, yet I have a 100% clean work record over my long career. (It was thrown out by the NMC).	
	Involved a staff member. When returned continued to be victimised, no support and no apology Because person I had accused was friend of a staff member and they had already spoken to him prior to my disclosure. I took an overdose	
	Yes, the NHS needs to function etc., but they now have one less working midwife as I am now doing something different after a period of time out of work. If I want to return to practice it will be out of my own pocket, doesn't seem fair, the abuser ruined my life, destroyed who I was, I was left with nothing, the clothes I stood up in and a few personal belongings, yet I will always be paying for it whilst he gets away with it.	

Theme One: Thoughts on why workplace support was not made available when asked for		
Subtheme	**Statement**	**Count**
Tied by rules and practicalities	I was off long-term sick because domestic abuse (it caused depression and anxiety) and they were bringing me in for a final sickness meeting, if I hadn't resigned they would have sacked me, I'm accordance with the sickness protocol and Bradford scoring system, which isn't considering personal circumstances in its equation. That was their idea of support!	4
	I asked my senior manager for help (I asked her to speak with my colleagues and ask them not to communicate with him. The response I got back was that the midwives can communicate with whoever they wish to outside of work). Knowing that they were talking to him made me feel scared and alienated. I no longer speak to these colleagues other than on a professional level.	
	I asked for set shifts, so I could more easily arrange childcare and provide some stability for my children. They let me do set nights, but I was repeatedly and constantly reminded that it was short term only and that the needs of the unit were that I was available to work 12hr shifts night and day 365 days a year. This added extra stress as I knew they were not happy with my set shift pattern, there was even a sigh from my manager when I wanted to drop a shift a month so that I would be working slightly less than full time.	
	My manager tried to be supportive but explained she was tied by protocol. How is this right?	
Lack of knowledge and understanding	I don't think they knew what would help. They suggested I look for a new job, so I could move away from my ex.	15
	Was a lack of understanding as how DV [domestic abuse] affects emotional and mental well-being	
	At that time (2007) I don't think emotional and financial abuse was seen as DA [Domestic abuse]	
	I was asked not to talk about it.	
	Manager was more concerned about my fitness to practice and took disciplinary route	
	I asked to be let off shift due to an incident – It was declined. When I was unable to come to work the next day because of the DA incident I was accused of taking a day off because it was nice weather not because I had family issue.	
	I was a new member of the staff, and I think I was not taken seriously, so I was not only facing with the abuse by my ex-partner but also the lack of understanding by my manager and colleagues.	
	I needed time off work as I was made homeless – with 2 children – after my husband beat me up. Work gave me 2 weeks as annual leave.	
	I was offered occupational health and a counselling service. The real help I needed regarding work was an appreciation of how difficult that time of life was for myself and my children. I think this requires a more in-depth and personal understanding as well as managers having to be flexible.	
	Don't think my colleagues knew how to help	
	Lack of empathy or understanding from my manager at the time.	
	Not understanding my state of mind. Expected me to function as normal.	
	When I wanted to report an incident where I'd been abused and kicked by a woman my manager said she didn't think it would make much difference, but it was up to me if I wanted to	
	Felt there was little interest in private life	
	This was in my previous trust in the south east of England. It made me run down and sick. I was tired, Stressed and emotional. We were already short of community midwives and couldn't get shifts, or clinics covered. I think that although people cared they lacked the ability or understanding to see how difficult it was to even get to work.	
Total number of statements categorised		**37**

Theme Two: Thoughts on why help was not sought

Theme Two: Thoughts on why help was not sought		
Subtheme	**Statement**	**Count**
Lack of faith in the system	From who? No one to discuss this with	26
	Workplace reps are scarce. They usually cover a large area.	
	Because a friend who had experience abuse at the same hospital was not supported in a violent relationship and had her employment terminated	
	Staff always busy	
	They knew and didn't offer any just put me on a sickness plan for time off	
	Didn't see how they could help	
	None in place at the time. Went to A&E but no help.	
	Lack of confidentiality between band 7s and band 6s in a small team.	
	I did later ask for support to balance work/home life balance as a single parent so that I didn't have to rely on my ex to have my son on nights shifts or on call which was a lever he used to try and coerce and control. This support was never forthcoming, a token verbal agreement that was never routinely honoured or secure. If it had been I would have been able to fully free myself from this man sooner and the emotional and psychological damage would not have ensued for so long.	
	Didn't feel I would really have help	
	Didn't know who to trust	
	Large number of older midwives who take a dim view of women who don't leave partners exhibiting poor behaviour	
	From witnessing others asking for support I felt I would be told to manage my shifts or take unpaid leave. Individuals were kind, but I didn't think management would help	
	because I felt that it would be useless	
	People are too busy to care about staff and their problems	
	Unsupportive team	
	I also would not want the people who are managers within the organisation .... all very judgmental, middle class girls to think that I would need any support from them ...I don't.	
	People treat you differently once issues from home are known to staff at work and word gets around quickly	
	I did not know my workplace either could or would help me.	
	None available just interested in absence	
	No one really interested, indiscreet manager who would tell everyone and then it's just gossips	
	Knew I would NOT be supported NOR would my situation be kept confidential.	
	I knew they wouldn't understand. All that mattered was that I was at work and not calling in sick.	
	I didn't feel there was any support available	
	Bad managers	
	I would have been judged negatively. I was already ashamed	

Theme Two: Thoughts on why help was not sought		
Subtheme	**Statement**	**Count**
Professionalism	Didn't want people to know, work was a place where I could be confident and demonstrate what I could achieve.	13
	I think the main reason is we are advocates for women and provide support and information to other women experiencing DV, therefore I felt a bit hypocritical going through it myself. Also, it's something I wanted to keep separate from my work place as I don't want to be judged or seen as not competent to carry out my job.	
	wanted to keep professional appearance at work	
	I wanted to keep my home life and work life separate.	
	Not a work-related concern	
	When you work in this profession it's seen as a professional failing to admit that things at home are anything but perfect.	
	I did not feel it was appropriate	
	Felt it was personal and not an issue to raise at work.	
	I did not think this was anything to do with my work /professional life.	
	It didn't even cross my mind to. Throughout my university degree we were always being reminded about professionalism and 'not bringing your personal baggage to work'. I suppose that mentality stuck.	
	I felt like I needed to maintain privacy	
	I felt it was a personal/private issue	
	Personal issue and not work related	
Lack of knowledge, understanding and awareness	Did not know at the time it was available.	12
	Didn't know it was available	
	lack of understanding	
	Did not know there was any support	
	Perhaps the other issue is that I wouldn't know who to turn to within management/ who would be most appropriate. We don't have close links with management, so I imagine it would feel awkward – it was my biggest darkest secret so why would I tell an almost-stranger who happened also to be one of my managers?	
	unaware available in workplace	
	Wasn't aware there would be any official support other than supportive chat from colleagues	
	Unaware it was on offer at the time	
	Did not know this was available	
	Didn't think it was their role to deal with it.	
	was not aware there was support	
	Didn't occur to me that I could.	
I didn't recognise it was happening to me	I've only just accepted that I've been abused.	7
	Didn't realise at that time that I was in an abusive situation	
	I am now a midwife I was working as an HCSW /MSW when in an abusive relationship It was emotional Psychological financial and at time physical I felt embraced and I was in the relationship for 9 years it took until 7 years in before I worked out or could see what was happening to me.	
	I didn't realise the abuse was happening. It was mostly emotional	
	At the time I didn't recognise my experience as domestic abuse, only through legal and therapeutic support did I recognise the reality of my experience.	
	Had no idea how to start the conversation. Did not truly realise how abusive the relationship was until it ended. Was emotional, coercion abuse	
	Took me a long time to realise that it was domestic abuse. Insidious build up. I always thought that it was a "difficult marriage" and that he was "tricky". It was only after I had been on a study day about domestic abuse that I realised that's what I was suffering from.	

Appendix One

Theme Two: Thoughts on why help was not sought		
Subtheme	**Statement**	**Count**
Embarrassment and shame	I'm too embarrassed to tell work colleagues.	33
	Too ashamed	
	Too embarrassed. Too ashamed.	
	I was deeply ashamed that I had allowed myself to be treated in that way and I didn't want others to know.	
	Embarrassing	
	I felt ashamed that as a midwife I was experiencing it	
	Too embarrassed to disclose the situation.	
	Embarrassed	
	I didn't want them to know about. I felt ashamed	
	I was ashamed	
	I felt too ashamed of what was happening to me.	
	Too much pride. Embarrassment	
	I was embarrassed that I had 'allowed' it to happen to me	
	Ashamed	
	Too embarrassed	
	Because I felt somehow, I was a failure! That this was something I had to put up with. I felt there was no escape	
	Shame	
	I was too embarrassed.	
	Embarrassed	
	Ashamed	
	I felt that I wanted to keep it confidential	
	embarrassed to disclose	
	I didn't want anyone to know. I took time off when I had broken ribs. I had to tell my line manager what happened as I changed my phone number and moved out. I had hoped this would stay confidential, but I know other midwives found out.	
	Embarrassed	
	Ashamed to admit as a healthcare professional I was experiencing abuse.	
	Ashamed	
	Shame	
	Avoidance of shame which accompanies known domestic abuse	
	Too embarrassed to ask	
	Ashamed	
	I was a senior midwife at the time. Did not want my colleagues to know.	
	Embarrassed	
	Embarrassment	

Theme Two: Thoughts on why help was not sought		
Subtheme	**Statement**	**Count**
Workplace support not required	Everybody appeared to be in a similar position therefore we all supported each other without asking for it.	7
	Dealt with it myself	
	Didn't feel the need to	
	didn't feel it was needed.	
	Didn't need it	
	Don't want it	
	I used MIND.	
Denial and avoidance	Didn't want to admit to what was happening.	11
	Didn't want to discuss	
	I did not want to share my personal issues in the work place	
	Didn't want to discuss my issues in my personal life. When people started noticing I was missing work they called a meeting.	
	I felt uncomfortable discussing it.	
	Did not want work colleagues finding out.	
	[not] comfortable with asking for help	
	I did not disclose it to anyone	
	Attempt to keep it private	
	too difficult a subject to discuss with my peers at the time it was happening. Work was my safe haven a place of normality	
	Because at the time I felt I had to deal with it. And buried my head in the sand	
Fear	Fear of children's services getting involved.	12
	Worried about feeling judged	
	nor did I wish for my colleague or managers to think less of me	
	scared	
	leak of confidentiality.	
	worried re potential impact	
	I didn't want any favours or to be pitied I suppose. I was also concerned that they would take it further and I was scared	
	The fear of my partner finding out that I had told.	
	I didn't want anyone at work judging me.	
	worried people may think it would affect may practice	
	I did not want to be judged or for people to know I was experiencing it. You often hear I don't understand why women stay with these men.	
	Didn't want it to jeopardize my job, registration or being treated differently in work	
Total number of statements categorised		**121**

Theme Three: Types of workplace support received and effectivity

Theme Three: Types of workplace support received and effectivity		
Subtheme	**Statement**	**Count**
Occupational health/staff support service referral	Referral to staff support for stress related issue.	7
	Asked to see occ health to see if I was fit for work.	
	With our safeguarding midwife	
	Referred to occupational health	
	She provided the NHS helpline counselling telephone number.	
	Occ health referral was all well and good but they couldn't do much if they had decided to dismiss me.	
	I was offered off health support but declined this.	
Counselling	Offered counselling	9
	Support received from outsourced counselling service	
	Gave counselling	
	My manager arranged 6 counselling sessions with the trust. The counsellor wasn't very helpful.	
	accessed counselling	
	Counselling. It had helped me to recognise that i needed to deal with the issue.	
	Counselling from Amica	
	Waited for month for a counselling referral to go through and for me to be seen and it didn't help me anyway.	
	Private counselling arranged.	

Theme Three: Types of workplace support received and effectivity		
Subtheme	**Statement**	**Count**
Peer support, and gestures of kindness	Security and my work colleagues were supportive	25
	Sympathetic support from some of my peers.	
	My band 7 supported me when I had sickness issues. Most of the help was when they treated you like a normal woman and not a midwife. Listening was invaluable	
	Shown dash form. Assistance with social care referral and MARAH referral	
	Found a very supportive tutor at the university	
	the manager and RCM rep kept in touch regularly asking if they would do anything for me	
	Helpful support – given a specific senior midwife who I could go to for support, to discuss things at times when home was particularly bad and to deal with any sickness absence – helpful as one person knew what was going on and I could be truthful, especially about the reasons for sickness absence sometimes.	
	My SoM [supervisor of midwives] provided support although manager felt that this wasn't the role of a SoM	
	very emotionally supportive line manager, matron, deputy matron and supervisor of midwives	
	Listening.	
	I was given time and help to escape my abusive marriage and support with mental health, my supervisor was amazingly supportive and remains in touch	
	My HOM was really supportive through the whole process too	
	The team I work with were very supportive with encouragement and kindness following this extremely unexpected home birth incident	
	Managers were supportive and guided me to the relevant authority and checked that I had done it and was happy with the results for the client	
	Emotional support	
	Opportunity to discuss with management.	
	One to one support from Safeguarding lead Midwife	
	Emotional support. Ideas for an emergency plan.	
	Given telephone number and name to contact at Victim Support	
	Was able to use the telephone safely and privately to call women's aid.	
	My colleagues were amazing support.	
	CEO was very supportive, and I had open access to him. My midwifery manager was also very supportive.	
	I was allowed to stay overnight on my delivery suite to avoid going home to an abusive partner	
	Matron was supportive with my abusive marriage once I had the strength to walk away.	
	Confidential support of manager and close work colleagues.	

Appendix One

Theme Three: Types of workplace support received and effectivity		
Subtheme	**Statement**	**Count**
Change to working arrangements	Supportive with change of workplace	13
	when I had to relocate my notice period was adjusted to enable me to leave as soon as I had an escape plan in place	
	I was threatened that he would end my career as I ended the relationship. I was allowed to work back in the hospital instead of community for my protection, when this happened he then escalated his actions by making false allegations to the police and NMC. I was assisted brilliantly by Thompsons and regional officer through the whole process. Ended with no case to answer, and an apology from the police for their inaction.	
	In London my manager allowed me to be off on Tuesdays, so I was able to attend therapy with Solace.	
	Altered shift pattern.	
	During the separation I required time off work	
	supported me with shift patterns to accommodate court cases and childcare	
	Flexible working pattern	
	some time off	
	In order to return to work my workplace manager and RCM representative both worked hard to obtain the family friendly hours I needed to remain as a midwife and being a single mum with two young children.	
	To a certain extent paid sick leave	
	I reduced my hours by email and don't have to travel into work.	
	I asked to move to another area of work and this was facilitated	
No support/poor experience	Hospital mentor was very unsupportive and seemed to have no understanding	22
	None whatsoever	
	I received no work place support	
	None	
	None	
	None	
	No support from line management.	
	Colleagues were more supportive than management. No real support given.	
	I had my contract terminated after 15 years	
	I did get not support whatsoever whilst working in Manchester.	
	nil	
	I didn't	
	Unhelpful support – referral to social services which led to an investigation involving my children, their school, our GP, and obviously my husband being involved. I was clear before the referral was made that it was not necessary and would be counterproductive. Social services closed the case after investigating, but nothing is going to make my husband forget that I've obviously spoken to someone at work.	
	Also unhelpful was the investigation into my practice as a midwife to ensure I was following correct procedures and not colluding with women in a similar situation to my own.	
	HR and the safeguarding team caused me a lot of additional stress	
	None	
	Little from hospital	
	Definitely felt management could have been more supportive.	
	Made to feel I was a nuisance, constantly asking me and contacting me, pressurising me in to coming back to work. I gave in and did but I was soon off again as I still wasn't well, and I then left midwife because I didn't want to be dismissed. I didn't receive any support that was effective for me	
	None whatsoever. It was a terrible experience.	
	none, I asked for shifts that would make my life easier (even if it was 1-night shift per week) but I was refused	
	Suspended.	
Total number of statements categorised		**76**

Theme Four: Alternative forms of support and effectivity

Theme Four: Alternative forms of support and effectivity		
Subtheme	**Statement**	**Count**
Family, peers & friends	My friends	42
	Best friend (who happens also to be a midwife)	
	Family and friends. I received excellent support.	
	Family support	
	Friends	
	Family, close friends	
	I had support from close friends. But nobody knew for years about it	
	Friends	
	talking with colleagues	
	Caring trusted colleagues were very supporting. And opening up to family was the best thing I did.	
	My friends and family supported me when they knew what was going on.	
	Sharing with friends n they listen n provided some emotional support.	
	Family	
	good support Close friends	
	family	
	Family support	
	Family	
	It was a good friend who was impartial who encouraged me to open up to family and have the courage to get out	
	My friends and family supported me.	
	Friends	
	Relative. Not always taken seriously.	
	Family support was invaluable.	
	Friends and family.	
	I just spoke to family members	
	After 16 years of abuse – physical and mental, I informed my family and they helped me to escape and gave me the support I needed.	
	Friends and family.	
	To family members	
	I eventually found a room in a house with friends. I lived here for 3 Years with my kids until I saved enough to get a shared ownership property with a housing association.	
	Friends who were professionals supportive.	
	Family	
	Family support – limited success	
	Friend. Family.	
	Family. Again, contacting agencies made me feel like a failure not being able to address the issues myself.	
	Friends, family	
	Friends and family only.	
	My sister's place	
	Family	
	family and friends – helpful I didn't know where else to access support	
	Friends	
	friends and family	
	friends	
	I was supported by a few family members and friends when I decided to end the relationship. It has been a long time and I have only recently been able to admit I was in an abusive relationship	

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Theme Four: Alternative forms of support and effectivity		
Subtheme	**Statement**	**Count**
Police	Police	25
	Police were very supportive ensuring my safety	
	Police liaison officers.	
	Police	
	Police were fantastic.	
	Police victim support	
	Do officer with police. Not helpful in the slightest.	
	police	
	police – limited success	
	Police	
	Police. Very unsupportive.	
	Police after legal threat from staff member	
	police	
	Police Service of Northern Ireland (PSNI)	
	I did inform the police but did not press charges	
	Police	
	Police advised me to leave the area which I did.	
	police – not helpful	
	Police [Brilliant]	
	Police	
	The police.... useless no help at all	
	I contacted the police and was supported there.	
	Police	
	Police Domestic Abuse Unit	
	One stop shop. Police. Very helpful.	
Women's aid charities	North wales domestic abuse support line	54
	Worth services.	
	Victim support.	
	Samaritans	
	Care Call	
	Local and national charities	
	Freedom programme.	
	women's refuge	
	Women's aid	
	I did phone woman's aid and followed some of the advice they gave me.	
	Woman's Aid	
	Women's aid	
	I rang WA and they were helpful.	
	Women's Aid. Provided advice only.	
	Women's aid	
	Solace, Women's aid	

	women's aid – very useful	
	Women's aid Non-molestation order from court	
	Women's aid	
	Women's aid	
	Women's aid was only able to give minimal support as I had moved out of the home and was safe physically.	
	Women's aid	
	women's aid	
	Woman's aid	
	Women's Aid telephone support.	
	women's aid	
	Support line – Women's Aid.	
	Phoned woman's aid	
	Women's aid. They were amazing.	
	Women's aid	
	Women's aid who were fantastic.	
	Women's aid helped me see things clearly & gave me sound advice	
	Women's refuge was an incredible support.	
	My ex-husband is an alcoholic/gambler so mine was financial abuse. I tried gamcare who said he would have to seek advice and accept he needed help. Same for alcohol. He didn't see it as a problem.	
	Court aid was great.	
	Care in Crisis, a local Christian charity support group	
	MARAC	
	I was also in touch with WORTH a Council based domestic abuse charity	
	Relate	
	Phoned Samaritans and a help line for abuse but do so confused I needed confirmation I was being emotionally abused	
	citizens advice	
	Discussion with my minister who helped me to see that the treatment was wrong. I had to rely on my own decision making to come out of it.	
	Local DV centre.... also, no help	
	Without abuse group	
	I had no money despite working 7 days a week (doing bank shifts) to pay household bills etc. Sustained debts because husband was spending excessively. Step change were fantastic. They helped me realise the magnitude of the problem.	
	Al anon group	
	MIND for counselling. They were excellent.	
	MARAC	
	I tried Gamcare and Alcoholics Anonymous who couldn't help other than say I should encourage my ex-husband to seek advice about his addictions. But he would not acknowledge his problems.	
	supportive charities	
	Local Domestic Abuse Centre for group support	
	Samaritans.	
	Trident Reach. Both were brilliant, especially Trident Reach. They were appalled how I'd been treated by my employer. I don't know where I'd be now without them.	
	Domestic violence forum .... very supportive and non-judgmental.	

Appendix One

Theme Four: Alternative forms of support and effectivity		
Subtheme	**Statement**	**Count**
Counselling & Psychotherapy	Private counselling.	23
	Local counsellor	
	I was studying at the time and was able to access counselling through the University and later through work. These were essential in my recognition of what had and was occurring and the role I played and in beginning to heal and build my confidence. This was an incredibly long process.	
	I also accessed a private counsellor who was brilliant and helped me turn things around and take control over my life	
	I was referred to CICS for stress by work over another matter and the counsellor helped me talk about what was happening at home.	
	Counselling.	
	We had attempted family therapy which was not helpful.	
	had one to one counselling and support was offered group counselling but declined as was within area that I was community midwife which meant proved difficult professionally	
	Counselling via work	
	Private counselling	
	Counselling – very helpful, made me realise it wasn't my fault but his choice	
	Counselling	
	private psychologist.	
	Saw a counsellor which helped	
	I had private counselling at the time	
	care call counselling services somewhat effective	
	I paid privately to see a psychotherapist who was extremely helpful.	
	Had support from occupational health counsellor but this was not supported or listened to	
	Counselling when finished course to deal with how I was treated by staff members	
	Counselling but this was a few years later	
	urgent crisis counselling	
	Counselling	
	Relate counselling.	

Theme Four: Alternative forms of support and effectivity		
Subtheme	**Statement**	**Count**
Independent advisors	Legal advice from solicitor although this was costly	14
	Solicitors for injunction very good but costly.	
	My own solicitor that I was using to sort out the house that we co owned did a FOI request to assist in gaining evidence for me to defend myself against the allegations to the NMC.	
	Solicitor	
	I also sought legal advice.	
	good support solicitor for divorce	
	solicitor	
	I went to my university (I'm a student midwife). University were extremely supportive	
	Court and options	
	Independent Domestic Violence Advisor (IDVA)	
	hospital based Independent Domestic Violence Advisor (IDVA)	
	Thompsons gave me amazing advice when dealing with the police (my ex-partner repeatedly contacted them making false allegations to the police about me). Throughout all this support the regional officer was involved (I'm a workplace rep).	
	Independent Domestic Violence Advisor (IDVA) Effective at helping me see what options I have legally and for safety planning.	
	Solicitors	
GP, social and community services	GP	18
	Doctors	
	GP	
	Psychiatrists and community nurses. Helped in my recovery.	
	I saw my GP	
	Health visitor	
	GP was helpful, someone I could trust.	
	GP	
	GP	
	GP	
	Social services	
	GP	
	Social care	
	GP in relation to mental well-being	
	GP. I was signed off for a week to try and get better.	
	GP – very helpful and signed me off to sort my domestic situation	
	GP	
	My GP when I finally confided some of what was happening in my relationship to my line manager I was referred to occupational health for counselling which happened a lot sooner than it would have via the GP but no one I worked with knew the extent of the domestic abuse they just thought that I was splitting up with my partner and becoming a single mum	

Theme Four: Alternative forms of support and effectivity		
Subtheme	**Statement**	**Count**
Absence of or poor help seeking experiences	Staff support services not really for domestic abuse	35
	I did not seek help.	
	Filled in a Datix and did get a response from management but did not get any physical support from them.	
	None	
	Police and social services were unhelpful, and no support provided. Neither myself or my children were offered counselling or directed to appropriate services despite asking several times for help. One police officer even commented that due to my ethnicity I could handle the situation myself.	
	None	
	I didn't access any other help.	
	I did not disclose but divorced abuser	
	I did not 'go for help'.	
	My work has been terrible and today have told me my job is on the line!	
	NHS employee counselling service not particularly helpful. No practical advice.	
	I didn't – I ended the relationship	
	Colleagues discussed amongst themselves.	
	None	
	Didn't access help. Only told someone after the relationship had ended.	
	Nowhere there was no one I could talk to	
	I didn't tell anyone at the time and managed to end the relationship. After separating, there was a further incident of physical assault, whereby several people telephoned the police. I did not proceed with charges	
	Nowhere	
	No one knew	
	None	
	I accessed no support	
	None	
	None	
	Nowhere. I kept it to myself. Although his patents knew that he was volatile and moody. His mother would ring me up and whisper down the phone "how is he today?"	
	No one	
	No support I divorced him	
	I never turned to anyone for help.	
	None	
	No where	
	Moved area completely & never told new colleagues because of discrimination experienced in previous trust	
	No where	
	I have not sought support	
	None	
	I used my knowledge dealing with it at work to help me and then I found the courage to break the relationship	
	I never accessed a formal support mechanism.	
Total number of statements categorised		**211**

Theme Four: Alternative forms of support and effectivity

Theme Five: General thoughts, feelings and experiences		
Subtheme	**Statement**	**Count**
Suggested improvements and Top Tips	Having a safe place to tell someone is so important	24
	I have only met women experiencing DV within my role and I think it's important to ask the woman as many times as possible how she would like to be supported from being aware to putting measures in place to remove them from their situation.	
	Management need to foster a supportive environment so that staff feel able to report what is happening to them.	
	Be careful who you disclose information too but don't be deterred from seeking support	
	We have an onsite IDVA. Very helpful.	
	A safeguarding lead that is not a midwife so looks at things from another angle. Come up every day to wards and offers support and guidance	
	Independent confidential support by qualified professionals is essential.	
	Needs to be a bit separate from own working environment	
	A 24-hr. chat line would be useful.	
	I think any senior staff member taking on a roll like this needs some training maybe, and somewhere to go to offload themselves – some of the conversations we have had are horrible in content and I feel guilty that she has to have these things in her head.	
	I'd say to managers please really really take the time to listen and understand when someone makes a disclosure before jumping to social services referrals, especially if they are able to be clear about the reasons why a referral is not appropriate in their situation. Trust your staff member making the disclosure. Sometimes the best support is just having someone at work who will listen, who understands the significant stress and pressure that comes with our job. Not someone who tells you to leave your home, or tries to fix things, this is not supportive.	
	It took me to reach crisis point to involve my workplace. Remember your managers know the person you are not what your perpetrator is trying to make you believe.	
	I would have liked to have received some form of counselling specifically for victims of domestic abuse.	
	I believe each trust should have a very clear guide of how management will help those who are suffering domestic abuse including long term shift requests, alternative sickness policy, possibly a confidential coding system for times you can't get to work. It doesn't always help to have prolonged absence from work as work can be used to escape abuse. In my case I didn't always want to say the reason why I was going to be off i.e. he just didn't turn up to look after his children or crying and anxiety from my then 5-year-old at the thought of me leaving him with carers. So, my sickness record looked like lots of random reasons and this was used against me later. A specialist counselling service that has experience in dealing with domestic abuse or a fund to help pay for independent counselling.	
	As unfortunate as it sounds I would actually say to survivors in regard to work that they should engage with work place management even if you feel work is not affected at the time. Take a witness to all meetings and get them formally documented including the fact that they acknowledge your situation. Keep a diary and document any issues at work in case you need it later.	
	It would be great to have a line dedicated to calling in these incidences	
	I believe that an open acknowledgment that this abuse is happening makes it possible for survivors to be open. Sickness policies should recognise that episodes of ill health can be related to living with abuse	
	Take them seriously. Non-judgmental and also could be protecting future victims by speaking up.	
	It would be great to have a survivor's forum.	
	Mandatory training for managers would be beneficial.	
	There needs to be a policy that the mangers legally HAVE to comply with. Their compliance should be recorded and audited.	

	If there is a period of time that someone has to be out of work to deal with what happened, to make it an easy transition back in to work that doesn't have an impact financially.	
	Close colleagues may need to intervene if stalking occurs during work hours.ie turning up unannounced, or threatening phone calls. You may need to alter work patterns. find alternative safe parking area.	
	All staff should be asked about domestic abuse on a regular basis.	
Professionalism is paramount	Haven't resolved anything. Still expected to be professional on duty like nothing is wrong even though you want to cry and don't want to go home!	10
	They point fingers and 'haul you in' for one-way discussions. It absolutely disgusting. I had no strength to stick up for myself at such a vulnerable time. All they care about is how they look to the public yet 1:4 women suffer this. I think I'd have been sacked if they'd had grounds just to remove the stigma.	
	As a survivor of financial and emotional abuse I can now see there was a way out but at the time just buried my head and kept working	
	I feel that the trust has to meet staffing requirements rather than look at individual circumstances.	
	Other people are uncomfortable with situation. They can support and help clients, but colleagues are different.	
	Many of us are single parents and although every NHS organisation has flexible working policies, in my Trust we are actively encouraged not to apply for flexible arrangements as we all knew what we were signing up for when we became midwives.	
	I didn't know I would be broken but expected to carry on as though all was well. I am not just a midwife, a resource to be used without regard. I am a human being, just like our patients and I wish the leaders in the NHS/RCM would remember that our needs and lives matter too.	
	Basically, the attitude at my work was as long as you do your job, we aren't interested in your home situation, deal with it yourself. It makes me desperately sad to think of anyone else experiencing the lack of support, empathy and basic kindness I did from my managers.	
	As a professional person, I would never ask for help having experienced domestic abuse. I would not want my work place to know as it would impact upon my NMC PIN. Also, there is NO confidentiality within any NHS unit. Someone would say something to someone else. Would this be your HoM? Who knows, this could not be risked so better to say nothing. Also, it's not a work issue so why will work sort it out? The only person who can sort it is you!	
	I tried to keep it separate from my work. Work was my refuge. Where I felt valued and respected.	
Communication is key	It can be very difficult to discuss this issue at work as I felt it was ashamed that I could let someone treat me like that when I come across as a confident individual	14
	Talk to someone! Tell them so they know what you are going through	
	I think if management believe a member of staff is behaving out of character for them, making odd decisions re employment such as handing in notice when failing a test etc. they should ask the question outright. I may have disclosed if someone had asked.	
	I am quite open about the abuse I suffered but need to talk with others who have experienced the same	
	I'm summoning up the courage to discuss it with other agencies. I've had to move 3 times in as many years, as my abusive partner managed to find out where I live. It's been one of the most stressful periods of my life.	
	It's good to talk!!!! When I started telling people I felt stronger in myself	
	This is an emotive subject. Very difficult to share with colleagues n friends at times.	
	I wish more people had asked me directly about what they suspected.	
	Everyone should be supported Sometimes just listening is all that's needed.	
	It's difficult-if you are a victim of any domestic abuse. It's so important to open up and talk to someone. Not deal with it alone. If you are the victim, it's so difficult to make that move. But talking to an old friend was the breakthrough for me. They made me realise I didn't have to tolerate my husband's behaviour. So, my take home message is Talk to someone!	

	Still there is a reluctance to talk about	
	Tell someone, I spent years listening and helping others whilst hiding my own situation, the love support and strength I got from my colleagues made me realise that I too, was worth being safe and valued	
	People need to be more open and honest	
	Listen. Confidentiality	
Gaps in support	I think that the removal of supervisors of Midwives has lessened the support and the implementation of taking everything to managers have left people like me with nowhere to go	22
	Work place support is minimal.	
	There is no current support in workplaces for survivors of domestic abuse, and there should be.	
	The NHS is a large employer, we do much to provide support for patients who are survivors but little for staff	
	No support whatsoever given only interested if your off sick	
	New sickness leave policies to not support midwives who may be subject to abuse and who may not wish to disclose	
	I have been treated very badly by my place of work, absolutely no support or care and compassion	
	As far as I am aware there is no support	
	There doesn't appear to be any	
	At the time Work we're worse than supportive. I felt it was a miracle that I managed to hold my job down. I had no choice to keep working (my ex never paid me anything towards bringing up the children) but there was no flexibility in the shift patterns at the time. And no one ever said to me well done for being so strong as to keep going	
	I was recently advised I was going to rotate into the community and I tried to tell management that I could not go (without telling them the real reason why) but they would not respect the fact I knew I wouldn't be able to go alone into people's homes because of my fear and mistrust of men. I lasted in the community 6 weeks before I handed in my notice – I have been a midwife for 17 years. It was only then I was called into see my manager and I broke down and told her just a small portion of my experiences with a violent man.	
	I still don't think there is much work place support available	
	Safeguarding told me that I had put everyone at risk on the ward. HR came to interview me whilst doing a delivery and then expected me to go back to work. I was not informed that I could have someone with me while they interviewed me.	
	The stress at home resulted in me making a mistake at work which resulted in a full management investigation during which I was subjected to stress I had never known it was possible to endure.	
	My workplace was appalling, and I am ashamed of how badly as midwives we support victims of domestic abuse in our own work.	
	Personally, in my workplace I don't know of any support available for staff going through DV.	
	Very poor	
	my experience was that management didn't care less!	
	There was little at the time, but I don't think there is any better support locally now.	
	management overall were unsympathetic and unsupportive	
	There is no support. I don't talk about it as too ashamed	
	Working in a predominately white British environment lots of stereotypes exist amongst midwives and other professionals about ethnic minority groups and domestic violence and the support is not as forthcoming as it appears to be when dealing with women from a white British background. Support services specific to the needs of ethnic minority groups is limited both within the workplace and outside.	

Theme Five: General thoughts, feelings and experiences		
Subtheme	**Statement**	**Count**
Increased knowledge and awareness are required.	It's such a personal thing. If it's physical abuse, then bruises may be obvious but if it's mental abuse then it's so difficult to quantify. How do you support someone who is being told every day " you stupid woman? You are so stupid" except to say leave him. But when your confidence has been eroded over a long time then finding that courage is hard. The is assuming that the person opens up and talks about their relationship.	21
	This is still a taboo subject even among midwives	
	I think managers need to be more aware of this.	
	Making staff aware of signs of dv in their colleagues.	
	My manager put me in a dangerous situation by writing to occupational health about stress at home which she sent a copy of to my house and my ex-husband opened and read. I was pressured to admit in an interview that I was under stress at home and my relationship was unsupportive, much to my humiliation, and then told that it wasn't relevant to them in another interview.	
	Absence rates are always a priority for managers but sometimes frequent days off are a sign that someone has bruises or injuries. It can be hard to tell genuine absence from those who abuse the system, but managers will know those who are hardworking and may need support.	
	Midwives are not managers. They don't know how to properly manage people.	
	My colleagues did not understand it right. They were embarrassed and so was I	
	Sometimes it's important to remember that coercive control can mean the perpetrator tries to destroy the victim's credibility	
	It is a lonely, long and complex process to heal from domestic abuse and many people do not understand and are extremely judgmental.	
	When I returned to work after a period of sick leave to deal with my situation I talked more openly about the abuse I has experienced and was told by one of the same managers who said it wasn't relevant during the investigation that I should be careful leaving work in case he was waiting for me in the car park! My ex-husband was all about emotional abuse but to be told this did nothing for the anxiety I was already experiencing.	
	Management need to realise that sometimes things aren't as clear cut and should make allowances.	
	I don't think they knew what to do	
	Midwives and managers need to better understand domestic abuse. The midwives and managers helped my ex-partner to continue to control my life.	
	Misunderstandings about DV	
	Try to take some pressure off, domestic violence can be in the form of threatening, bullying, coercive behaviour. Not every dv is visible to the eye which I think people lack understanding of. It also makes you run down and increases the likelihood of illness, I hated to have to explain everything during sickness interviews all my personal information about court cases, my tires had been slashed, wheels had been loosened. It's not just black eyes it's black broken hearts that people often have to deal with. Let people rest a little, take the pressure off in one little area of their life. We make it up when we are better and grateful. Show us that we are brave	
	Acknowledging abuse is going on is so important.	
	To be more open. Many still see this problem as the victim's fault. I still only share my experiences with a few trusted soles for the fear of being judged a victim and not being seen as a strong survivor. Attending a freedom programme would benefit many staff victims and perpetrators.	
	Need to be empowered to make changes.	
	I would love to see all HCPs do the freedom programme so as to expand their knowledge of all types of abuse.	
	I wouldn't speak to management because they wouldn't understand, and fear of my private life being exposed.	

Theme Five: General thoughts, feelings and experiences		
Subtheme	**Statement**	**Count**
Support needs to be advertised	If there is support, it is not widely publicised	12
	I do feel there should be more posters available stressing that we should not need to tolerate abuse in any shape or form in the workplace.	
	Needs to be advertised that it's available	
	Is there any? If so it is not advertised	
	I am a rep and make sure staff know how to access support	
	Needs to be more obvious there is support for staff not just patients	
	There needs to be a better comma piece about what support is available	
	it isn't very well known	
	it isn't well advertised	
	advising all staff about available support would help	
	Management need to raise awareness of what support is available and how they might be able to help	
	Need to make it really obvious that you are there to help. When you are ground down you are struggling to keep going. You are not necessarily proactive.	
Reflecting on the positive	Everyone was very supportive	13
	Keep strong and believe! There's another world on the other side and there are people to support you! I'm living proof xxxxxx I'd happily tell my story if it helps! Xxx	
	The support I received in the end was faultless	
	I could not have been supported more by the manage at the time. The RCM representative was absolutely outstanding in the support she offered. I would not still be a practising without them.	
	Very supportive colleagues	
	I love the idea of this campaign, the more support in this situation the better, that's how people survive	
	The best support I have now is from the senior midwife I can go to, not the DA charities or IDVA etc. – whilst she can't really understand my home life fully, she does understand my work life, and how the two impact on each other – my ability to cope at work is directly related to how things are at home, she is like my safety net at work, I can go to her when things are a struggle. I wish everyone in my situation had this as it is invaluable.	
	Individual midwives helped me a lot	
	I think there is more support available now in terms of self-referral to clinical psychology and peer support.	
	Now I'm divorced from my ex-husband I have disclosed the domestic abuse/violence to some of my colleagues. I have also given talks on training days about domestic abuse. This has not been insinuated by management but by the safeguarding midwife.	
	There is more understanding of domestic abuse now than 25 years ago, so hopefully what I experienced should no longer happen	
	Telling the police was the best thing I ever did as I just needed it to be recognised; I instantly felt better and gained weight and stopped medication	
	I myself am now a health and safety rep for the RCM and I hope that I can be a link between anybody suffering this who is a colleague be that I meant fellow midwife or health care support worker as well as in my professional role as a midwife screening the women in my care I'm not being afraid to ask the question and have the knowledge to be able to signpost them to help	
Total number of statements categorised		**116**

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