Briefing: Domestic abuse among NHS healthcare workers

Overview

This briefing outlines findings from a survey conducted at Chelsea and Westminster Hospital NHS Foundation Trust, which explored the prevalence and impact of domestic abuse (DA) among healthcare workers. The study highlights significant gaps in workplace support and calls for urgent policy action across NHS organisations.

Key findings

- 56% of respondents had experienced DA, either currently or in the past.
- Over a third said abuse affected their ability to work, and more than a quarter had taken time off because of it.
- Ten perpetrators were reported to work in healthcare, including six within the same NHS trust.
- 84% of those affected had not sought workplace support, citing concerns about confidentiality and stigma.
- 40% of all respondents were unaware of available support options, despite a third knowing a colleague experiencing abuse.

Implications for NHS policy

Domestic abuse has direct and indirect consequences for staff wellbeing, clinical performance, and patient safety. NHS organisations must recognise DA as a workplace issue and respond with robust, trauma-informed policies.

Recommendations

- 1. Develop and implement comprehensive DA policies
 - Ensure policies are inclusive of staff, not just patients.
 - Include clear guidance on confidentiality, leave entitlements, and disciplinary procedures for perpetrators.
 - Address both on-site and off-site abuse, including abuse perpetrated by fellow staff members.
- 2. Improve awareness and accessibility of support
 - Make support options visible and easy to access.

- Ensure all staff know where to find help, including referral pathways to Independent Domestic Violence Advocates (IDVAs).
- Provide trauma-informed emotional support services.

3. Provide flexible and practical support

- Offer flexible working arrangements for affected staff.
- Consider economic and logistical support, such as help with relocation or financial assistance.

4. Train all staff, not just managers

- Deliver training across all roles to raise awareness of DA and how to respond.
- Include education on psychological and emotional abuse, not just physical violence.
- Ensure training is trauma-informed and sensitive to survivors' experiences.

5. Address perpetration within the workforce

- Require staff to disclose relevant legal orders (e.g., non-molestation orders).
- Take disciplinary action if domestic abuse is perpetrated using organisational resources or time.
- Notify professional regulatory bodies when appropriate.

6. Create a culture of safety and support

- Reduce stigma and fear around disclosure.
- Encourage peer support and informal networks.
- Recognise the long-term impact of domestic abuse on staff wellbeing and performance.

7. Monitor and evaluate policy effectiveness

- Regularly assess the uptake and impact of domestic abuse policies and support services.
- Use staff feedback to refine approaches and ensure they meet diverse needs.

Next steps

- NHS Trusts should review existing DA policies and ensure they are inclusive, accessible, and trauma-informed.
- Senior leadership should prioritise DA as a workforce wellbeing issue.
- Cross-sector collaboration with specialist organisations is encouraged to strengthen support pathways.

Paper: Behind the mask: A domestic abuse survey of healthcare workers to highlight support needs. Sandi Dheensa, Jessica Whittock, Vanessa Sloane, Charlotte E Cohen. Published in *Journal of Workplace Behavioral Health*. September 2025.