

Domestic Abuse Survey

To keep us aware of the needs of staff we are asking you to spend approximately 10-20 minutes during work time to complete this survey.

Your opinions matter. All information collected will remain completely anonymous and no-one will be identified or approached as a result of having completed this questionnaire. The general findings from this survey will be published on the source by Christmas 2007.

Thank you, in advance, for your time.

Please complete by Monday 19th November.

If you have any problems or issues filling in this form, please contact Rachel Martin (01392) 382233.

Definition and Identification of Domestic Abuse

Which of the following behaviours, whether an isolated incident, or a course of events, would you consider to be domestic abuse? (Please select as appropriate)

	Yes	No
Physical violence, including pushing, hitting, punching, slapping, biting, kicking, strangling etc.	<input type="checkbox"/>	<input type="checkbox"/>
Threats to do any of the above	<input type="checkbox"/>	<input type="checkbox"/>
Threats to kill	<input type="checkbox"/>	<input type="checkbox"/>
Use of or threat with a weapon	<input type="checkbox"/>	<input type="checkbox"/>
Threats against children	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging children to join in the abuse of their other parent	<input type="checkbox"/>	<input type="checkbox"/>
Harassment such as stalking, unwanted phone calls, hate mail etc.	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of property, including furniture and other possessions , including pets	<input type="checkbox"/>	<input type="checkbox"/>
Emotional and verbal abuse, including shouting, general undermining of the partner through private and public ridicule and humiliation	<input type="checkbox"/>	<input type="checkbox"/>
Psychological abuse, including constant criticism about the partner's appearance, cooking, house-keeping, parental abilities, and the abused being blamed for everything including the violence itself	<input type="checkbox"/>	<input type="checkbox"/>
Isolation from family and friends, including not allowed visitors, to use the phone or the threat to prevent the victim from going out to work	<input type="checkbox"/>	<input type="checkbox"/>
Economic dependency, including having to ask for money for everything	<input type="checkbox"/>	<input type="checkbox"/>
Imprisonment and control of movements	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse, including rape and having to agree to sex to prevent other violence	<input type="checkbox"/>	<input type="checkbox"/>

Sexual humiliation including having to perform possibly painful sexual acts against one's will, and/or being forced to watch pornography Yes No

Non-verbal intimidation, including stares, body-postures, etc. Yes No

Have you been at the receiving end at home of any of these behaviours? (Please select as appropriate) Yes No

The role of Devon County Council as employer in relation to domestic abuse

Please tick as appropriate:

Did you know that Devon County Council has a staff policy about domestic abuse? Yes No

Have you read the Council's policy on domestic abuse? Yes No

If 'Yes', have you any comments to make about the Council's Domestic Abuse policy?

(write in box)

What type of 'support' do you think Devon County Council, as an employer, should provide?

(Please select as appropriate)

Opportunity for staff to discuss abuse in supervision Yes No

Opportunity for staff to be able to talk confidentially about their domestic abuse to their manager Yes No

Access to information about support services to victims Yes No

Access to information about support services to perpetrators Yes No

Flexible working options (e.g. time off to visit solicitor/support service; flexible hours; advance pay for particular purpose; change role/venue to safeguard individual; keep phone number/address strictly confidential) Yes No

Access to someone to talk to confidentially within DCC independent of manager/directorate Yes No

Posters and leaflets to raise awareness Yes No

No support Yes No

Other Yes No

If you answered 'Other' please specify:

How many staff do you manage?

(Please select as appropriate)

- None, don't manage any staff
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 30
- 31 to 40
- 41 to 50
- Over 50

Your role as manager

Please tick as appropriate:

- | | Yes | No |
|--------------------------------------------------------------------------|--------------------------|--------------------------|
| Have you received any general training about domestic abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you attended DCC's domestic abuse training for managers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the training help you understand how to deal with this as a manager? | <input type="checkbox"/> | <input type="checkbox"/> |

If 'Yes', how did it help:

If 'No', what further help do you need?

If not, do you intend to?

If you were aware that a member of your staff was experiencing, or perpetrating, domestic abuse at home, would you say and/or do something? (Please select as appropriate) Yes No

What would you say or do if you were aware that a member of your staff was experiencing or perpetrating domestic abuse?

Why would you not say or do anything if you were aware that a member of your staff was experiencing or perpetrating domestic abuse?

Has domestic abuse been discussed at:

(Please select as appropriate)

- Your Directorate management team
- Team meetings
- Neither

Have you had to deal with a member of staff about a domestic abuse problem?

(Please select as appropriate)

- Yes, as a victim
- Yes, as a perpetrator
- No

Did you feel confident in dealing with the situation?

(Please select as appropriate)

- Yes
- No

If 'No', please explain why you did not feel confident:

Colleagues directly affected by domestic abuse

Do you know anyone in your workplace who is a victim or a perpetrator of domestic abuse?

(Please select as appropriate)

- Yes, victim
- Yes, perpetrator
- No

If 'Yes', does this person 'present' with any of the following:

(Please select as appropriate)

- Takes unusual amounts of time off sick
- Unexplained changes or fluctuations in work performance
- Arrives late
- Displays anxiety when leaving to go home
- Is withdrawn
- Wears clothing to 'cover up' bruising or injury
- Receives regular telephone calls/emails/texts from home
- None of the above

How do you think this person's experience affects the workplace?

If you are directly affected by domestic abuse

Is the abuse current?

(Please select as appropriate)

- Yes
- No

Are you receiving support from agencies within or outside DCC?

(Please select as appropriate)

- Yes, from within DCC
- Yes, from outside DCC
- No

If 'Yes', who have you contacted for support?

(Please select as appropriate)

- | | |
|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> GP | <input type="checkbox"/> Women's Aid Outreach |
| <input type="checkbox"/> Health Visitor | <input type="checkbox"/> DCC Counselling Service |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Rape and Sexual Abuse Line |
| <input type="checkbox"/> A&E | <input type="checkbox"/> Confidential Helpline |
| <input type="checkbox"/> DCC Manager | <input type="checkbox"/> Samaritans |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Police |
| <input type="checkbox"/> Victim Support | <input type="checkbox"/> DCC Colleague |
| <input type="checkbox"/> Women's Aid Refuge | <input type="checkbox"/> Other |

If you selected 'Other' please specify:

The following questions are asked to set your previous answers in context, they will not be used to identify you.

Are you:

- Female
- Male

What age category are you in?

- 16 to 24
- 25 to 34
- 35 to 54
- 55 to 64
- 65 or over

Thank you for completing this questionnaire.

**Results will be published on [the source](#),
and publicised through [insider](#).**

Press submit once to send your response.