

Domestic Abuse Act 2021: What GPs and Surgery Staff Need to Know?

WHAT IS THE NEW ACT?

The UK Government through the Home Office, passed the Domestic Abuse Act in April 2021, primarily for England and Wales but with provision for Scotland and Northern Ireland. There are several reforms, with measures coming into force during 2022. The key aim is to “**raise awareness and understanding about the devastating impact of domestic abuse on victims and their families**”.

This call to action: support and protection for victims is crucial, involving recognition of the abuse and there is an increased focus on bringing perpetrators to justice. As of May 2022, the **statutory guidance for the Act** is in draft form but recognition and discussion of the health impacts of abuse is unlikely to change significantly.

The impacts of the Act may be immediately apparent to GPs but is a change in conceptualising domestic abuse (DA) and safeguarding within government and commissioners of all services and agencies will be asked to consider DA as a strategic priority.

WHAT ARE THE KEY NEW ASPECTS?

There is a **new statutory definition of domestic abuse**, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling, or coercive, and economic abuse.

Domestic abuse is child abuse, and the Act now recognises children as victims in their own right. As **the NSPCC states**, “Domestic abuse can have a serious impact on a child's safety, behaviour and overall wellbeing”.

There are new provisions on housing, looking to address issues with tenancy concerns and homelessness, as well as new powers for the police and criminal justice system, for example preventing perpetrators from being able to cross-examine their victims in court. Perpetrators can no longer rely on a “rough sex gone wrong” defence, with the Act recognising that “**a person is unable to consent** to the infliction of harm that results in actual bodily harm or other more serious injury or, by extension, to their own death, for the purposes of obtaining sexual gratification”.

There is a new, independent, statutory **Domestic Abuse Commissioner**, who will share good practice and hold organisations to account.

WHY DO I NEED TO KNOW ABOUT IT?

There will be increased focus on health problems caused by DA in patients of all ages, and how we identify and support victims throughout their lives. This builds on GP commitment to high quality care and patient safety and safeguarding.

There is a **specific section in the Act relating to GPs**: “Anyone who is applying for legal aid in instances of domestic abuse must not be charged for these letters in general practice”. This has been **BMA guidance** for a while, but now has statutory status.

WHAT DO I NEED TO DO NOW?

Make every contact count; health services can be the first, and only, point of contact for victims. GPs in particular are trusted professionals, trained to listen actively to patient stories and pick up on hidden cues.

Remember health professionals as victims, and ensure that practice staff are supported.

This is an opportunity to increase the confidence and skills of you and your team, and to identify and address gaps in knowledge and practice processes.

The **RCGP collates resources** open to you for learning and signposting on its website, as well as guidance on recording DA within patient records. Use your influence to advocate for funding of services and education.

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