RDAQ Rural Doctors Association of Queensland

Coercive Control and Domestic Violence

From 26 May 2025, coercive control will be a stand-alone criminal offence in Queensland. It will be a criminal act for an adult to use abusive behaviours towards their current or former intimate partner, family member or informal carer with the intention to control or coerce them. *Read more.*

Policy Position

The Rural Doctors Association of Queensland (RDAQ) acknowledges coercive control and domestic and family violence as a major public health concern. RDAQ asserts that coercive control and domestic violence are never acceptable and such behaviours inflict substantial and varied harm. This inflicts significant detrimental effects on the health and wellbeing of the victim-survivor, their family and close connections.

Rural doctors play a pivotal role in identifying, responding to and supporting people impacted by coercive control and domestic violence. Coercive control undermines the social determinants of health in rural communities. All rural doctors and health care practitioners, including visiting specialists, have a duty of care. This includes to contribute to minimising the occurrence of coercive control and domestic violence.

All Queenslanders, regardless of remoteness and rurality, have the right to access quality primary healthcare and associated support services, where they live. No-one should suffer coercive control or domestic violence, nor be at risk of the significant associated perils. Rural doctors are well placed to play a key role in working with individuals and families to prevent and reduce risks of harmful outcomes.

The relationship between doctors and individuals creates an opportunity for preventative healthcare. Through conversations, doctors can acknowledge and unpack unhealthy situations. These situations may be compounding or escalating, posing a threat to the health and wellbeing of the person and their family. A full understanding and ongoing awareness raising is imperative. Rural doctors need to position themselves alongside and work collaboratively with, specialist supports, police and all levels of government to provide a strong response to this increasingly endemic problem.

DEFINITIONS

Coercive control

Involves perpetrators using patterns of domination, oppression and intimidation. It includes psychologically abusive behaviours such as isolating, restricting and controlling. This is exerted slowly and steadily with increasing intensity over time in a way that creates fear, humiliation, hurt and trauma and denies liberty and autonomy.

Coercive control is more than just a single act. It can be experienced differently by different people. Coercive behaviours can be subtle and difficult to identify on their own. However, when they are repeated or continuous, they can be seriously harmful and damaging.

The intention behind coercive control is to have power and control over another person. It can be disguised or justified as an act of love, however, manipulative or abusive controlling behaviours have no place in a healthy relationship.

	Spotting the signs and patterns of coercive control can be difficult for anyone. Seeking help when experiencing it, will likely be difficult. The warning signs of coercive control are best identified early to enable preventative care and support.
Domestic violence	Violent or aggressive behaviour within the home, typically involving the violent abuse of a spouse or partner. It happens in intimate relationships (regardless of gender), family (by marriage or blood), or informal care relationships. A complex pattern of behaviours that may include physical violence, sexual, emotional and economic abuse.

CONTEXT

It can happen to anyone

Coercive control and domestic and family violence can affect anyone regardless of their age, gender, sexual orientation, ethnicity, religion, ability, or location. It can happen in many different types of relationships. Anyone could find themselves susceptible to coercive control.

Predominance of Women

Women experience domestic and family violence at far greater rates than men do. *The Joint Position on Family Violence by Regulators of Health Practitioners* highlights the disproportionate impacts on women and children. The behaviours used by offending men to maintain control over their partners causes impacted women and children to live in fear.

First Nations women and children are disproportionately impacted by family and domestic violence. The *National Plan to End Violence against Women and their Children 2022–2032* has recognised First Nations people as a priority group and provides detail of imperative responses to address specific impacts.

Impacts / Nuances

It has taken some tragic events for Australia to take a strong stand against coercive control. It is still early days in growing public awareness, and we appreciate that for many, these are new conversations and discussions. We recognise it takes courage to talk about coercive control and domestic and family violence.

First Nations women and children often have reduced engagement with health professionals. They face unique barriers and challenges to reporting or seeking assistance, including calling the police. It is imperative the ongoing complexities and harms of colonisation, structural discrimination and systemic racism is acknowledged and deeply considered.

We need to be attentive to the nuances of coercive control and the individuals subjective experience of it. The development of self-esteem and empowerment sufficient to remove oneself from controlling relationships must be taken one step at a time and may be a process that takes years.

- Seeing something can take a long time
- Being able to acknowledge it can take a long time
- Being able to face it as a reality can take a long time
- Being able to recalibrate and recover from a controlling relationship can take a long time
- Being able to have a clear and strong response can take a long time.

Coercive control is often an underpinning dynamic of domestic and family violence. *Australian Institute of Health and* Welfare cites coercive control is almost always present in the escalation to the use of attempted lethal force and is a common indicator of risk. The general opinion of researchers across the western world is intimate partner homicide is in fact, one of the most predictable crimes.

A person-centred response

The person experiencing coercive control needs a personalised understanding of their cultural and social context and situation. They need sensitive awareness of their lived experience, their relationships and the acute and chronic physiological impact of threat. They need their story and feelings to be heard and expressed in complete safety. They need a multidisciplinary approach of support and ongoing care, which is trauma-aware, healing-informed and culturally safe.

RDAQ advocates and calls for:

- The end of coercive control and domestic and family violence.
- Safe and supportive local responses for those experiencing coercive control and domestic violence.
- An educated, well-equipped and prepared rural doctor workforce, in detecting early warning signs.
- An integrated and whole service system that works together to improve safety, with a shared tool for risk assessment for victims across Queensland.
- Significant improvement measures, including education and training, to ensure all services are culturally safe for consumers.
- Adequate and contemporary responses for perpetrators of coercive control and domestic violence.
- Ongoing awareness raising initiatives for healthy relationships commencing during the teenage years and continuing into adulthood throughout the country.

RDAQ role

GPs are a trusted source of support for people and can make a significant difference in combatting coercive control and domestic and family violence. Rural and remote doctors are well-positioned for early recognition of risks. Doctors can support access to safety planning and safe exits for those experiencing coercive control. Through advocating for and equipping doctors, RDAQ can positively impact on their community's health and wellbeing.

The challenge and dangers of coercive control in remote and rural settings in Queensland

Remote and rural settings can compound isolation and disconnection, due to geography and distance to community and facilities. This allows potential risks to escalate for those experiencing coercive control.

Special consideration is required for the development of appropriate steps and actions in remote and rural settings. The lack of support services in rural and remote areas of Queensland make it vital for doctors to be adequately resourced. Doctors need to be prepared for both preventative and emergency responses, along with ongoing long-term support for those who have been deeply wounded and are still challenged by the harm inflicted upon them.

What do doctors need?

Doctors need to be well-equipped in detecting early warning signs. They need readily available resources and tools to enable them to be alert to all the subtle signs and respond in a sensitive and comprehensive manner. They need to be prepared for opening conversations around possible coercive control.

Doctors need information and resourcing so they can respond in collaboration with existing services and other specialists including Aboriginal and Torres Strait Islander experts. Doctors need an extended network of support with local options and responses in remote and rural communities. This needs to be woven into a broad support system which is responsive, prioritises care and is protective of all adults and children subjected to coercive control.

Strategies and solutions to address the challenge and dangers of coercive control

We need a well and fully functioning integrated and whole service system, that is free of racism and works together to improve safety. Whole-of-government and community must work together, and be resourced, in a coordinated way to achieve successful outcomes.

We need a rural doctor workforce with the coordinated efforts of an extended network, able to be both locally and broadly responsive, in protecting and serving individuals and their families' health and wellbeing.

RDAQ is committed to supporting remote and rural doctors by:

1. **Advocating for** awareness raising, education initiatives and support resources, about coercive control and domestic violence, for remote and rural doctors.

2. **Developing** consistent and positive messages regarding the central role remote and rural doctors hold in working to respond to this public health concern in local communities.

3. **Seeking membership input** to identify local community needs, which will support an improved early and preventative response to coercive control and domestic violence behaviours and in turn minimise the associated risks.

4. **Forming statewide partnerships** to enable and strengthen the preventative and early, rural and remote response of supports for individuals and families affected by coercive control and domestic violence.

5. **Fostering local connections** with key stakeholders including Aboriginal and Torres Strait Islander peoples to enable a comprehensive, wrap around, person centred, local and protective response whenever needed.

RDAQ emphasises that remote and rural doctors in Queensland require specialised consideration, due to their unique position in providing care within local community settings.

In the prevention of and response to coercive control and domestic violence, RDAQ members and colleagues are well positioned to play a significant role.

REFERENCES

The following sites have informed the development of the *RDAQ Coercive Control and Domestic Violence Policy Position*.

Queensland government

- New Queensland legislation — Coercive-control-laws
- What is coercive control? — What is coercive control?
- Need to know — Need-to-know/coercive-control
- See the patterns of coercive control — See the patterns of coercive control

RDAQ

- RDAQ Remote and Rural General Practice in Queensland Policy Position — RDAQ

National

- Joint Position on Family Violence by Regulators of Health Practitioners — Joint Position on Family Violence
- National Plan to End Violence Against Women and Children — Ending-violence
- Coercive control -Australian Institute of Health & Welfare — Coercive Control – AIHW

Further Reading and Assistance

List of support helplines	Helplines
Australian Government	Coercive Control
ATSI Action Plan	Aboriginal and Torres Strait Islander Action Plan 2023-2025
QCOSS – Qld Peak Agency	Queensland-DFV-peak agency