Submission cover sheet

Inquiry into the Crimes (Coercive Control) Amendment Bill 2026

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CarersACT

Carers ACT Submission into the Inquiry on Crimes (Coercive Control) Amendment Bill 2026

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Acknowledgement of Country

Carers ACT operates on Ngunnawal Country. We acknowledge the traditional custodians of these lands and recognise any other people or families with connection to them. We acknowledge and respect their continuing culture and the contribution they make to the life of the cities and regions in which we work and care.

About Carers ACT

Carers ACT is the leading body representing carers in the ACT. We work to improve outcomes for carers in health, wellbeing, social connection and financial security, and to ensure caring is recognised as a shared responsibility of families, communities and government. Our purpose is to support, connect and empower carers to sustain their caring responsibilities while maintaining their own wellbeing. This work is guided by the *Carers Recognition Act 2021 (ACT)*[1], which recognises the value of carers and sets out how they should be considered in policy and service delivery.

In the ACT, more than 58,000 people provide care as family members, friends, relatives, siblings or neighbours, making a substantial contribution to community wellbeing and the sustainability of health and social systems.

The *Carers Recognition Act 2021 (ACT)* defines a care relationship as one in which a carer provides care to a person who has a disability, mental illness, an ongoing medical condition, or who is aged and frail, or who is a kinship or foster carer for a child or young person.

A carer's role may include personal care, medication support, transport, meals, health care coordination, literacy support and emotional support.

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Executive Summary

Carers ACT welcomes the opportunity to provide recommendations to the inquiry into the *Crimes (Coercive Control) Amendment Bill* 2026. We recognise that introducing coercive control as a standalone offence is an important and positive step towards strengthening protections for victim-survivors of domestic, family, and sexual violence (DFSV). We support the intent of the Bill and acknowledge the significant impact caused by patterns of coercive and controlling behaviour. Legislative recognition of coercive control has the potential to improve perpetrator accountability, supports earlier intervention, and better reflect the lived experience of victim-survivors.

While we support the objectives of the Bill, we have concerns about how the proposed changes may apply in the context of caring relationships. Coercive control within domestic and family violence is itself a complex area, and caring relationships introduce additional complexities that are not always recognised within domestic and family violence frameworks.

As noted in our submission on the *Family, Personal and Sexual Violence Legislation Amendment Bill 2025*[2] the unique nature of caring relationships is often overlooked in family violence legislative and policy frameworks. This can lead to inappropriate responses, including the misidentification of carers as perpetrators due to a limited understanding of the carer relationship and the responsibilities it entails.

The Bill does not clearly distinguish between coercive controlling behaviours and legitimate caring practices. Nor does it adequately recognise the context of caring relationships involving disability, mental ill-health, cognitive impairment and dependency. Carer support includes managing finances or appointments on behalf of the person they support, supervising medication or treatment, monitoring a person's wellbeing and safety, supporting decision-making where capacity is impaired, or implementing behaviour support strategies. Without clear under understanding of caring context, these necessary and protective actions could be incorrectly interpreted as coercive control to carers acting lawfully and appropriately in their caring role.

To address these concerns, we propose embedding recognition of carers within the Crimes Act and family violence response frameworks. We also suggest the Bill to be amended and provide clear statutory guidance on distinguishing coercive or controlling behaviours from lawful, protective and caring conduct within complex caring relationships beyond the fault of element of intent. Embedding carer context within the Crimes Act and broader DFSV response frameworks would better align the proposed changes with the *Carers Recognition Act 2021 (ACT)*[3] and help ensure carers are unintentionally criminalised for fulfilling their caring responsibilities.

We welcome the establishment of the Coercive Control Advisory Committee and see it as an opportunity to ensure carers' lived experiences inform the implementation of the proposed changes. Carers remain largely invisible within DFSV frameworks and, when they are recognised, are often misidentified as perpetrators rather than acknowledged as victim-survivors. We recommend explicit recognition of carers as potential victim-survivors and ensure their experiences are reflected in policy, practice, and system responses.

To support the successful implementation of the Bill, targeted investment in carer and trauma-informed capability building is needed across all implementing agencies to promote consistent recognition and understanding of caring relationships.

Summary of Recommendations

Amendments and other considerations	Recommendations
Explicit recognition of carers and complex caring relationships.	1. Embed recognition of carers within the Crimes Act and DFSV response frameworks, consistent with *the Carers Recognition Act 2021 (ACT*), to reflect the complexity and diverse roles of caring relationships.
Part 3B Coercive control Section 72I defines a course of conduct of coercive control which includes (a) conduct that is repeated or continuous or both; and (b) a series of incidents of conduct that do not occur in immediate succession or form an unbroken series. Section 72J (1) Coercive control of family member will be considered an offence if (c) the person intends the course of conduct to coerce or control the family member; and (d) a reasonable person would, in all the circumstances, consider the course of conduct likely to result in harm to, or fear of harm in, the family member or someone else. Section 72 J (3) (1) the offence does not apply if the course of conduct was reasonable in all the circumstances	2. Amend the Bill to provide clear statutory guidance and examples that distinguish coercive control from lawful, protective, and caring conduct, including factors for assessing when repeated behaviour in caring relationships meets the threshold for an offence.
Part 21 Coercive control advisory committee Section 433 Advisory committee	3. Ensure carer representation on the Coercive Control Advisory Committee to strengthen carer informed implementation.
Carer as a victim-survivors of coercive control	4. Ensure that carer experiences as potential victim-survivors are reflected on the crimes and DFSV response frameworks.
Building capability with carer-trauma informed approaches	5. Invest in education and training to ensure effective implementation of the Bill. 6. Review and strengthen DFSV assessment frameworks to ensure they are trauma-informed and responsive to the diverse experiences of victim-survivors including carers.

Application of the Offence in Caring relationships

Recommendations

1. Embed recognition of carers within the Crimes Act and DFSV response frameworks, consistent with the *Carers Recognition Act 2021 (ACT)* to reflect the complexity and diverse roles of caring relationships.
2. Amend the Bill to provide clear guidance on how a course of conduct will be assessed including statutory examples that distinguish legitimate coercive or controlling behaviour from lawful, protective, and caring conduct and factors to be considered when determining whether repeated conduct meets the threshold for coercive control in the context of caring relationships.

Explicit carer recognition and caring complex relationships

We have consistently advocated for the explicit recognition of carers within legislative and policy frameworks, including DFSV legislative and policy frameworks.[4] As carers are often subsumed within broader family relationships, it is critical to recognise that carers may simultaneously occupy multiple roles, including as a family member, advocate, carer, decision-maker and guardian. In DFSV situations, carers may be victims, respondents, or on occasion both respondents and perpetrators, or responsible for making decisions on behalf of the person they are caring for. Explicit recognition of these multiple roles they assume will help support greater understanding of the realities of caring relationships.

Additionally, caring relationships are often complex and may involve managing complex health conditions, disability, mental ill-health, cognitive impairment, behaviours of concern, and perceived power imbalances, which are unique from traditional family dynamics.

Recognition of this complexity within the Bill and its implementation frameworks is fundamental to support the effective application of the proposed offence and should be consistent with the *Carers Recognition Act 2021 (ACT*). Doing so would help reduce the risk of carers being misidentified as perpetrators, ensuring that system responses can appropriately differentiate between abusive behaviour and actions undertaken as part of legitimate caring responsibilities.

Assessing a course of conduct in caring relationships

Section 72I – defines a course of conduct as "*conduct that is repeated, continuous, both and a series of conduct that do not occur in immediate succession or form of an unbroken series"*. While we recognise that the definition is aimed to provide some flexibility to capture patterns of coercive control, caring relationships inherently involve ongoing and repeated actions. These may include supervision, financial management, transport, medication support, advocacy and decisions relating to safety and wellbeing. These actions occur regularly and often over extended periods as a necessary part of the caring role.

Evidence suggests that frontline workers face challenges in identifying pattern of controlling or coercive behaviours and assessing whether the evidence threshold for prosecution have been met.[5] In the absence of statutory examples that clearly distinguish unlawful coercive or controlling behaviours from lawful caring

conduct and, clear minimum threshold for conduct that constitutes the offence, carers will be impacted. This may result in significant emotional, financial, legal, and practical pressure on carers who are undertaking legitimate caring responsibilities.

Assessing intent and reasonableness in caring relationships

We have concerns regarding how the intent and reasonableness under sections 72J(1)(c) and 72J(1)(d) would be applied in caring relationships.

Section 72J(1)(c) requires that *" the person intends the course of conduct to coerce or control the family member***", while section 72J(1)(d) requires that** *"a reasonable person would, in all the circumstances, consider the course of conduct likely to result in harm to, or fear of harm in , the family member or someone else"*

Caring responsibilities may appear restrictive or controlling but are often undertaken for legitimate purposes, such as protecting health, safety and wellbeing, managing risk, or providing necessary support. Without clear understanding of the caring context, responders may struggle to distinguish legitimate caring conduct from coercive or controlling behaviour.

This reflects broader concerns about whether existing assessment frameworks capture the complexity of different relationship contexts,[6] particularly where caring relationships involve complex support needs, decision-making arrangements and risk-management responsibilities.

It is also unclear how the 'reasonable person' assessment will apply in caring contexts. A person unfamiliar with disability, cognitive impairment, mental ill-health, supported decision-making or behaviour support may view the conduct differently from someone who understands caring relationships and support needs.

While the intent requirement is an important safeguard, legitimate caring responsibilities may still be assessed against assumptions that do not reflect caring relationships. Actions intended to support safety, wellbeing or daily care could therefore be misinterpreted as coercive control.

We recommend clear carer-informed safeguards and assessment frameworks for intent and reasonableness, including practical examples of legitimate caring conduct, to reduce the risk of carer misidentification.

Additionally**, section 72J (3)** states *"Subsection (1) does not apply if the course of conduct was reasonable in all the circumstances."* While we welcome the inclusion of this safeguard, we are concerned that this may not provide sufficient protection for carers in practice. Carers may still be subject to investigation, legal scrutiny, and potential prosecution and required to present evidence demonstrating that their conduct was reasonable in the circumstances, creating an additional pressure alongside their existing caring responsibilities.

Carers are time-poor, and the burden of demonstrating that their actions were reasonable may disrupt essential caring responsibilities, create support gaps, and increase the risk of neglect where alternative supports are not in place. This concern is particularly significant given evidence that coercive control offences can be difficult to prosecute as reported in England and Wales.[7] Similar challenges can be found in New South Wales, which reported relatively few recorded incidents progressed to charges, reflecting the evidentiary challenges inherent in proving a pattern of coercive conduct.[8] For carers and the people they care for, this will lead to unnecessary trauma and financial hardships.

Coercive Control Advisory Committee

Recommendation

3. Ensure carer representation on the Coercive Control Advisory Committee to strengthen carer informed implementation.

Carer representation

Section 433 sets out the establishment of the coercive control committee to provide advice to the Minister on the implementation of the Bill. We support the establishment of the Coercive Control Advisory Committee and consider it important for the successful implementation of the proposed changes. Diverse insights and expertise will be critical to ensuring the offence is applied as intended and leads to better outcome for the wider community.

For inclusive representation, we propose the inclusion of a carer representative on the Advisory Committee. This will help ensure that the unique dynamics and complexities of caring relationships are appropriately considered in the implementation of the offence. It will also support the identification and mitigation of unintended impacts on carers and the people they support and help ensure that legitimate caring responsibilities are not inadvertently criminalised.

We also recommend that this should be complemented by ongoing meaningful engagement with carers and carers representative organisations to ensure carer experiences are embedded throughout implementation of the proposed changes.

Carers as Victim-Survivors

Recommendation

4. Explicitly recognise carers as potential victim-survivors of coercive control for tailored responses and supports in line with the Carers Recognition Act 2021 (ACT) which requires public agencies to recognise and respect the role of carers.

Carer recognition as victim-survivors of the offence

Carers often find themselves in caring roles unexpectedly, taking on significant responsibilities out of commitment, necessity and concern for the wellbeing of the person they support. While this care is provided in the best interest of the person they support, it can come at considerable personal cost, including impacts on a carer's health, wellbeing, social participation and financial security.[9] Caring relationships can also create circumstances where carers are exposed to coercive and controlling behaviours from the person they support, placing them at risk of harm.

As noted in our submission on the *Family, Personal and Sexual Violence Legislation Amendment Bill 2025*, carers can also be victims-survivors of DFSV, including coercive control behaviours. This is particularly relevant

where behaviours associated with a person's cognitive, developmental, or medical condition become aggressive, threatening or unsafe.

Carers have reported experiencing coercive and controlling behaviours from the person they support. This has included threats, intimidation, and manipulation aimed at influencing the carer's actions, maintaining dependency, or discouraging the carer from taking steps to protect their own safety and wellbeing.[10] [11]

We have also heard from carers who have been threatened with the loss of housing, income, or financial security if they attempt to step back from their caring role or seek support. Similarly, informal kinship and foster carers have reported threats and other forms of abuse from birth parents.[12]

Unpublished 2025 Mental Health Carers Voice data also found that ACT carers who had been in their caring role for more than six years were almost twice as likely (50%) to report feeling unsafe compared with those who had been caring for a shorter period.[13] While 39% of ACT mental health carers reported feeling unsafe. Consistient with the evidence, a study by the Queensland University of Technology, conducted with Carers Queensland, found that nearly 42% of carers had experienced abuse from the person they support, with higher rates among older carers. [14]

Despite this evidence, carers' experiences of abuse are often overlooked, misunderstood, minimised, or dismissed when disclosed.[15] Many carers are also reluctant to report coercive and controlling behaviours because of their emotional commitment to the person they support, feelings of responsibility, and concerns about the consequences of disclosure. As a result, carers may become increasingly isolated and less likely to access appropriate supports.[16] Without a clear understanding of the caring context, actions taken by carers to safeguard the person they support may be misconstrued as controlling behaviour.

The experiences shared by carers are not intended to diminish cases where carers have perpetrated abuse.[17] In such cases, we fully support the use of appropriate intervention and accountability measures, including the enforcement of the proposed offence. However, without explicit recognition that carers can be victim-survivors of coercive control, and without consideration of the unique dynamics of caring relationships, the proposed offence risks perpetuating the under-recognition of carers' experiences and limiting their access to protection and support and carers will remain invisible within legislative and policy frameworks.

Building capability in carer and trauma informed approaches

Recommendations

5. Invest in education campaign and training to ensure effective implementation of the Bill.
6. Review and strengthen Crimes and DFSV assessment frameworks to ensure they are carer and trauma-informed.

Education and training

To support the implementation of the proposed changes, prioritising investment in education and training is critical. This should include building understanding of the nuances involved in complex caring relationships as described earlier. This aligns with our submission to the *Inquiry into the Family, Personal and Sexual Violence Legislation Amendment Bill 2025*, which we called for increased investment in specialised frontline education and awareness initiatives to improve understanding of domestic and family violence involving carers. A similar investment is required to support the recognition and response to coercive control in these contexts.

Education campaigns should be complemented by targeted training for intake teams, police, social workers, healthcare workers, courts, police and other justice system stakeholders. Training should focus on strengthening the identification of coercive control, understanding its presentation within caring relationships, and improving responses and referral pathways for those affected.

Experience from other jurisdictions that have criminalised coercive control highlights the implementation challenges faced by police and courts in recognising, investigating, and responding to this form of abuse. For example, reviews of the implementation of section 76 of the *Serious Crime Act 2015* in England and Wales found that police officers lacked confidence in identifying patterns of coercive and controlling behaviour and experienced difficulties gathering evidence and applying the offence in practice. [18]

These challenges may be pronounced in caring relationships, where coercive control can present differently to other family violence contexts. Without adequate training and awareness, carers may be at increased risk of misidentification or inappropriate responses. This reflects broader concerns identified in First Nations peoples, migrant and refugee communities, and is consistent with reports from carers themselves, highlighting ongoing gaps in frontline understanding of complex relationship dynamics. Strengthening education and training will therefore be critical to ensuring the offence is applied safely, consistently, and as intended.

Consistent with the National Principles, efforts to improve understanding of coercive control should be informed by lived experience to support more effective responses and outcomes.[19] Education and training should extend beyond frontline services to the wider community to promote a clear understanding of the offence and its application. This will support carers to understand the implications of the proposed reforms within their caring role and help reduce the risk of misidentification by fostering greater community awareness of the unique dynamics of caring relationship.

Carer trauma- informed risk assessment frameworks

To support the effective implementation of the proposed offence, we recommend for the review and strengthening of the existing crimes and DFSV risk assessment frameworks, tools and guidance to ensure caring relationships are appropriately recognised and considered across all implementing agencies. This includes ensuring that risk assessment processes used to identify and respond to coercive control reflect the realities and complexities of caring relationships and are informed by carers' lived experiences.

When caring relationships are not identified early in the assessment process, there is a risk that assessments may be incomplete or inaccurate, leading to inappropriate responses and potential misidentification. It also means that carers' experiences may not be captured in data collection processes, limiting understanding of how coercive control frameworks and related responses affect carers and the people they support.

Consistent with our submission on the *Family, Personal and Sexual Violence Legislation Amendment Bill 2025*, greater efforts should be prioritised to collecting and reporting data on carers' experiences. This should include expanding data collection measures to capture carer experiences alongside those of other priority cohorts, including people from culturally and linguistically diverse communities, people with disability, Aboriginal and Torres Strait Islander peoples, women, children and young people will strengthen the evidence base for policy development, service design and implementation.

The risk assessment frameworks must be informed by trauma-informed practises. Coercive control often leads to traumatic experiences for many victim-survivors.[20] Effective responses depend on frontline workers, justice agencies and the broader DFSV service system having the skills and guidance to recognise and respond to trauma appropriately. Without strengthened trauma-informed measures in place, the proposed changes may not be realised.

Trauma-informed approaches should consider complex caring relationships similar to existing legislative, policy and procedural DFV frameworks that have already embedded trauma-informed practise for cohorts such as Aboriginal and Torres Strait Islander people, people living with disability, CALD communities, LGBTIQ+ people and aged people.

As highlighted from our recent submission on the *Family, Personal and Sexual Violence Legislation Amendment Bill 2025*, improved recognition of carers through legislation, policy, practice and data collection would strengthen the evidence base for service planning and support more effective, trauma-informed responses across the criminal justice and DFSV systems.

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