



From Survival to Safety: Responding to Domestic Violence Coercive Control in Child Welfare



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Behavioral Definition

"Domestic violence" means the infliction or threat of physical harm against an intimate partner, and includes physical, sexual, and psychological abuse against the partner, and is a part of a pattern of assaultive, coercive, and controlling behaviors directed at achieving compliance from or control over that intimate partner. It may include, but is not limited to, a categorization of offenses, as defined in RCW **10.99.020**, committed by one intimate partner against another.



Vocabulary

Adult victim,
victim-survivor,
survivor

Perpetrator,
abuser, batterer,
parent alleged to
be causing harm

DV vs IPV
(Intimate Partner
Violence)



Statistics at a Glance

- Globally, an estimated 27% of women aged 15-49 have experienced physical and/or sexual violence by an intimate partner (WHO, 2023). However, DV continues to be underreported and under-detected in healthcare settings.
- Children witnessed violence in nearly 1 in 4 (22%) intimate partner violence cases filed in state courts.
- 30% to 60% of intimate partner violence perpetrators also abuse children in the household.
- According to the US Advisory Board on Child Abuse and Neglect, domestic violence may be the single major precursor to fatalities from child abuse and neglect in the US.
- Between 48% and 89% of domestic violence victims with pets report that their animals have been threatened, injured, or killed by their abusive partner.
- The Federal Administration for Children and Families has declared domestic violence as a Public Health Crisis.

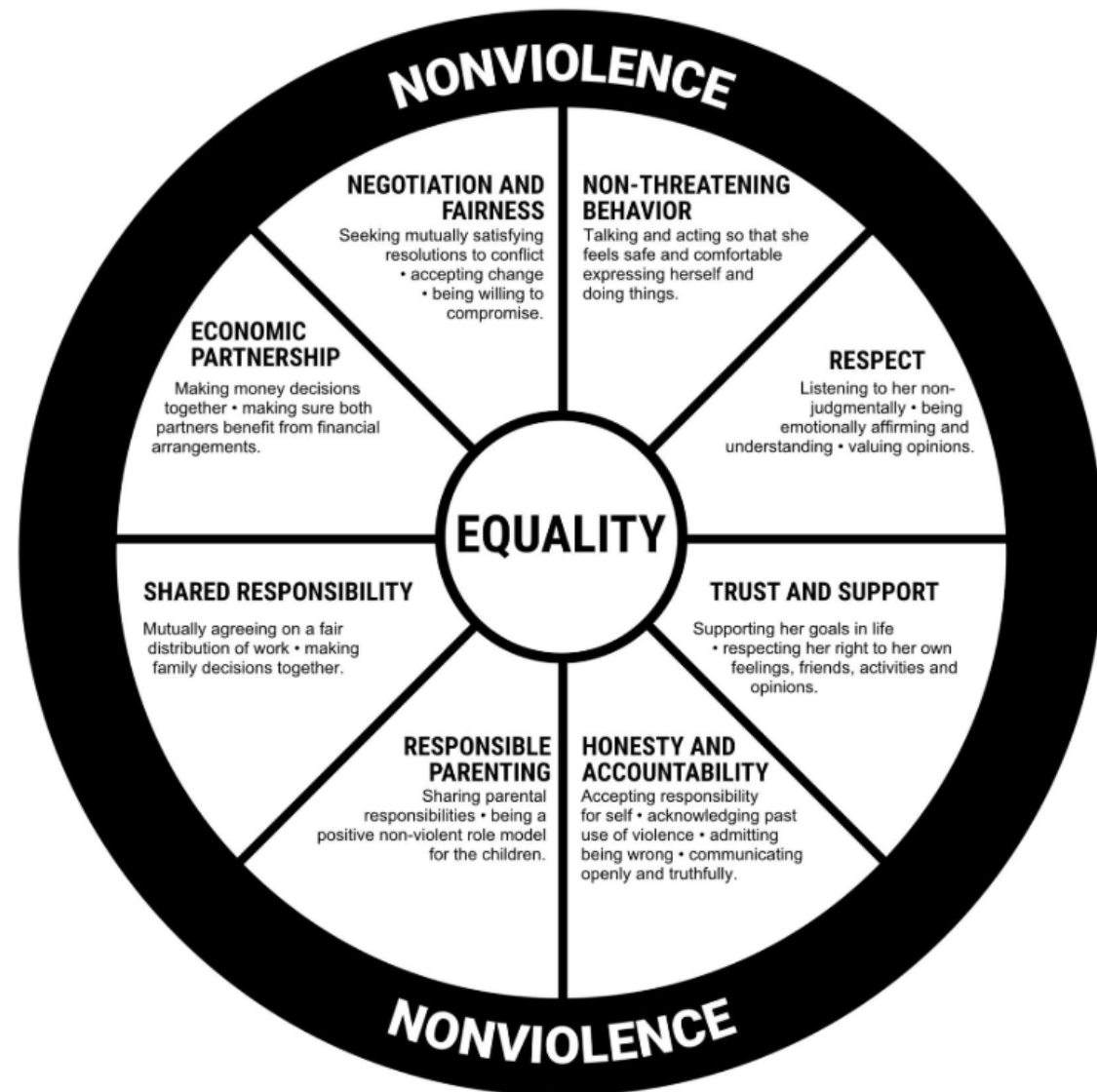


Identifying Survivor vs Perpetrator



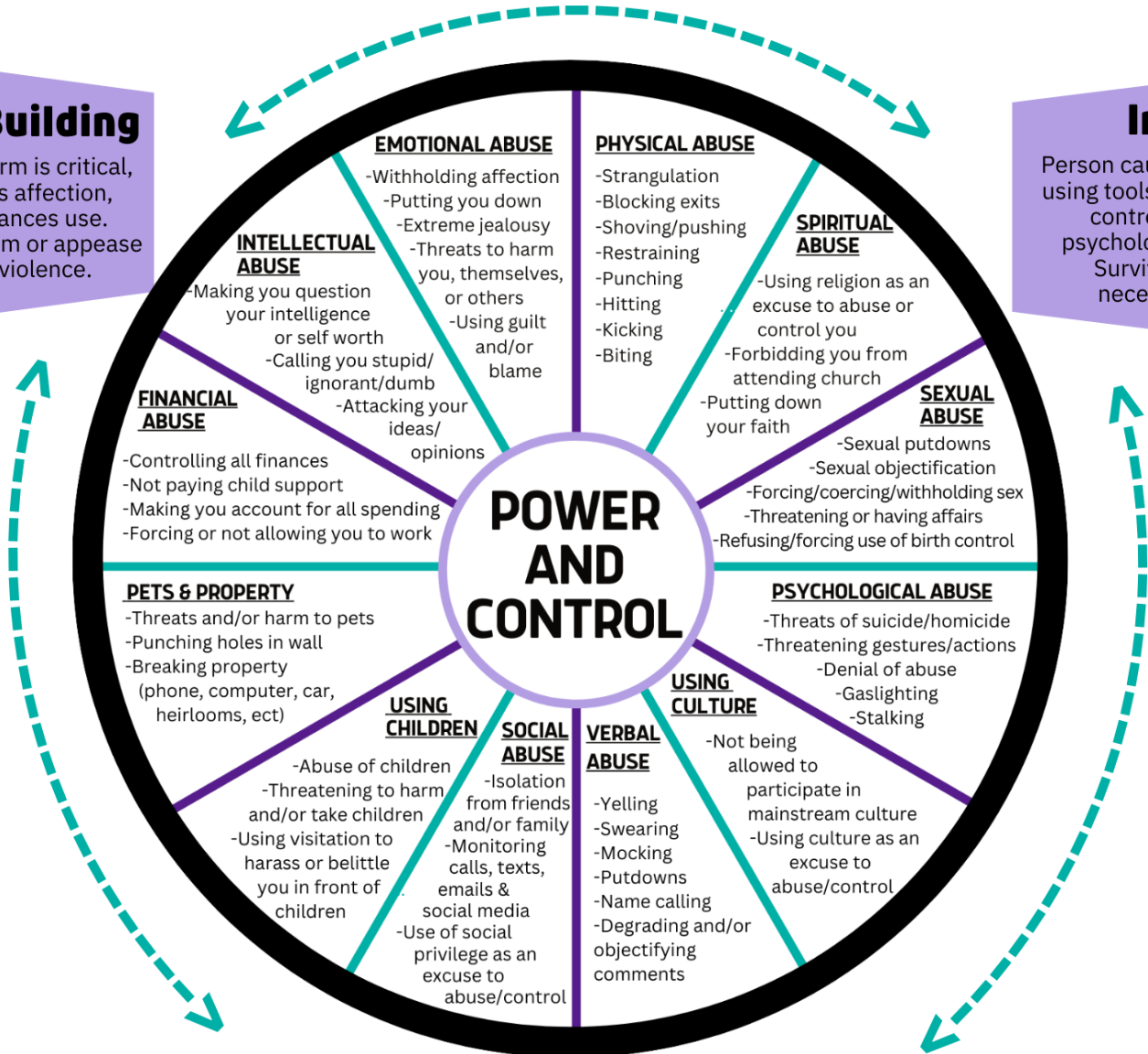
- Who is afraid of who?
- Whose use of physical force creates fear?
- What is the intent of each person's physical force?
- Who suffers the most consequences?
- Who is exerting control through other coercive tactics?
- Is one partner more vulnerable?





Tension Building

Person causing harm is critical, mean, withdraws affection, increases substances use. Survivor tries to calm or appease them to avoid violence.



Incident

Person causing harm lashes out using tools to maintain power & control. Can be verbal, psychological, physical, etc. Survivor does what is necessary to survive.

Cycle of Violence

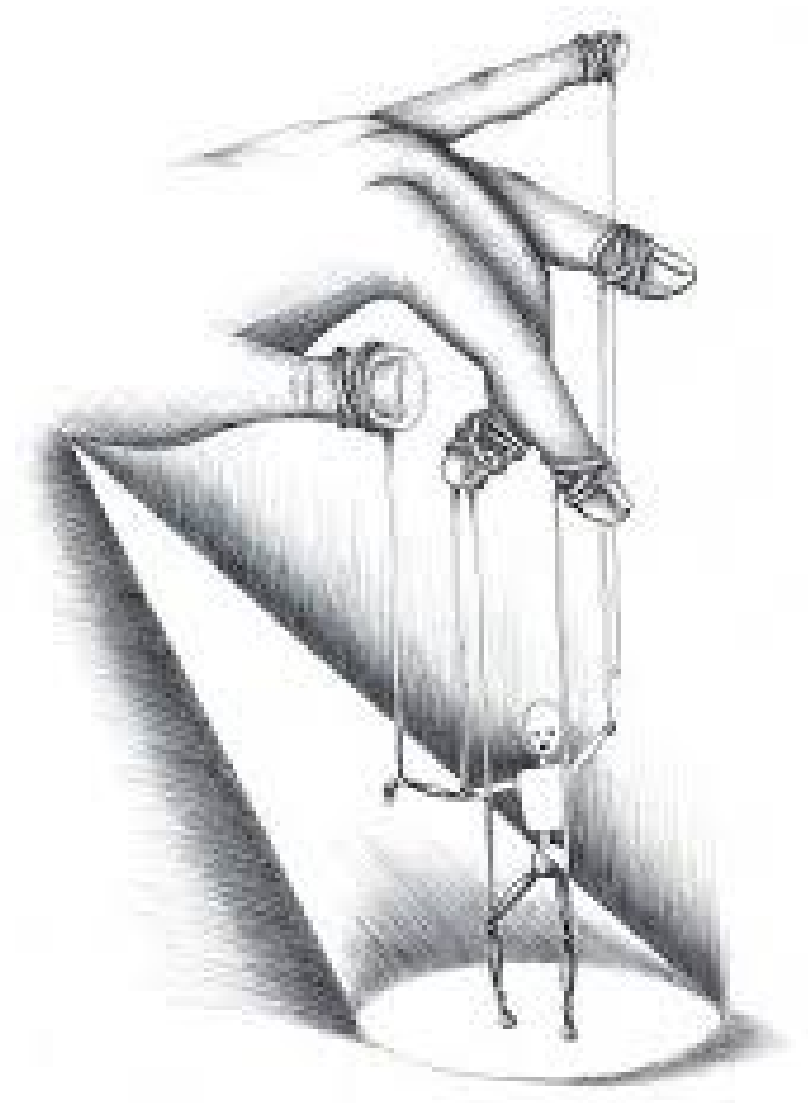
Honeymoon Phase

Person causing harm apologizes, buys gifts, makes excuses & promises. Survivor accepts apologies due to normal feelings of love & hope for their partner or relationship. Survivor feels hope.

Defining Coercive Control

"Coercive control" means a pattern of behavior that is used to cause another to suffer physical, emotional, or psychological harm, and in purpose or effect unreasonably interferes with a person's free will and personal liberty.

Does not include protective actions taken by a party in good faith for the legitimate and lawful purpose of protecting themselves or children from the risk of harm posed by the other party.



Mental Health Coercion Definition

Abusive tactics targeted towards a partner's mental health as a part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include deliberately attempting to:

- undermine a survivor's sanity
- preventing survivor from accessing treatment
- controlling a survivor's medication
- using a survivor's mental health to discredit them with sources of protection and support
- leveraging a survivor's mental health to manipulate police or influence child custody decision
- engaging mental health stigma to make a survivor think no one will believe them



Psychological Manipulation



Gaslighting: Form of psychological manipulation where a person, over time, causes the victim to question their own reality, memories, or perceptions to gain power and control over them. The abuser denies facts or twists situations, leading the victim to experience severe self-doubt, confusion, and co-dependency.



Mental Health Symptoms and Trauma

- According to the World Health Organization, 50-80% of survivors develop severe psychological conditions like PTSD.
- Complex trauma symptoms long after violence has ended
- Did DV cause, increase, or interfere?
- Cultural considerations and barriers to care



Tips for Assessing and Engaging

- Do they have support of the other parent in making it to their mental health appointments?
- Does their partner use the survivor's state of mind to discredit them?
- Does one partner accuse the other of 'being crazy' or 'bipolar'?
- What barriers are there to accessing support?
- “Reality check in” with survivor.
- Are they already engaging in support? Strengths-based empowerment and validating layers of protective efforts.

Substance Use and DV Statistics

- According to ASAM, substance abuse has been found to co-occur in 40-60% of IPV incidents across various studies.
- 55-99% of women who have substance abuse issues have been victimized at some point in their lifetime.
- 80-90% of women in drug treatment had experienced severe domestic and/or sexual violence from a partner during their lifetime.
- 47-90% of women in addiction treatment have experienced intimate partner violence, with 67% reporting abuse within 6 months prior to treatment.
- 90% of women attending a methadone clinic reported experiencing IPV in their lifetime.



Substance Use Coercion Definition

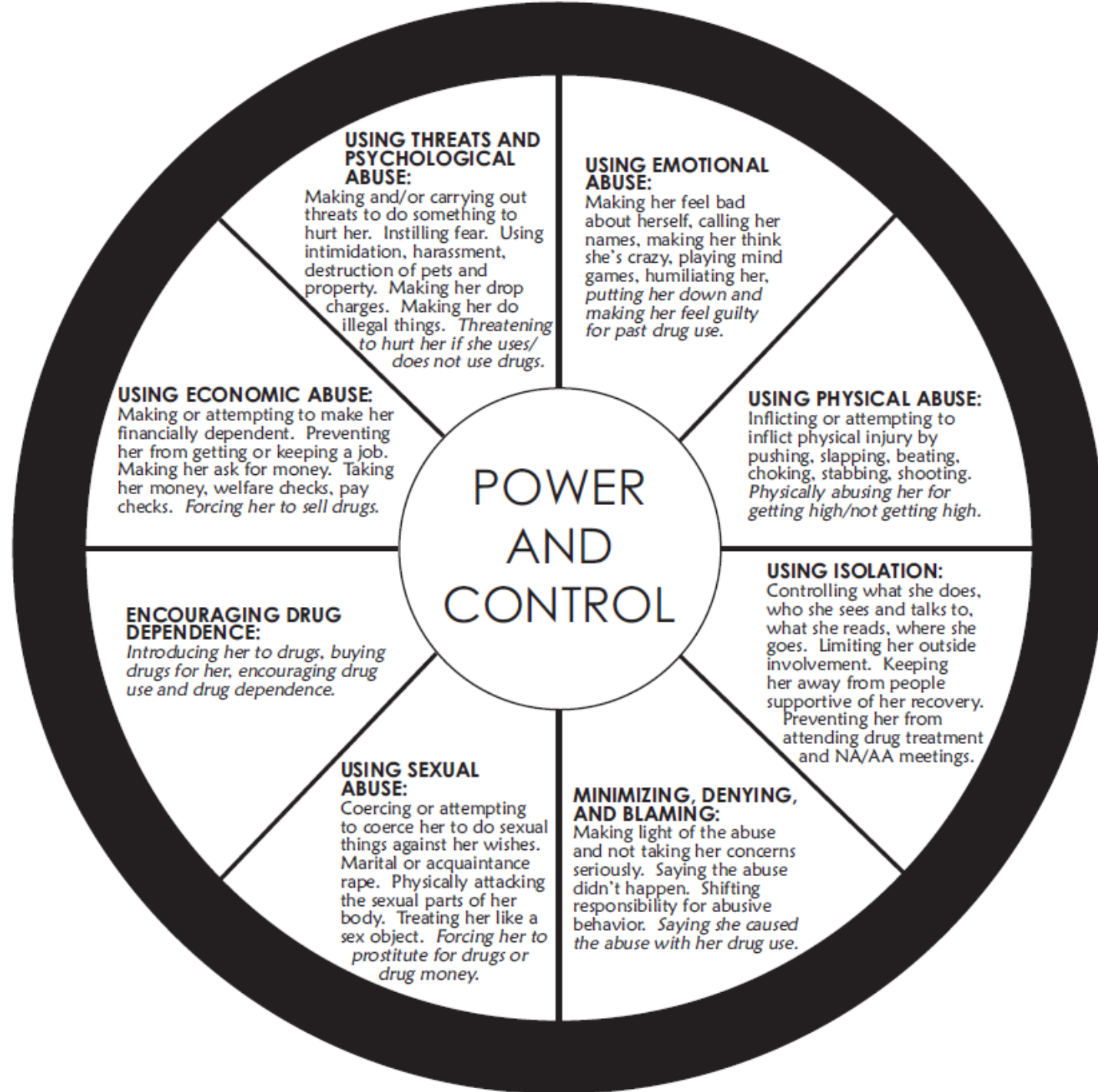
Abusive tactics targeted towards a partner's substance use as a part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include:

- Forcing a survivor to use substances or to use more than they want
- Using survivor's substance use to undermine and discredit them with sources of protection and support
- Leveraging a survivor's substance use to manipulate police or influence child custody decisions
- Deliberately sabotaging a survivor's recover efforts or access to treatment
- Engaging substance use stigma to make a survivor think that no one will believe them
- Forcing withdrawal



Substance Use as a Control Tactic

- Introducing partner to substances
- Complacency while under the influence
- Withholding substances
- Threatening harm
- Forced use
- Humiliation and shame around use
- Prevention from access to care



Substance Use as a Coping or Protection Mechanism



- Coping with day to day, feeling numb
- Survival skills behind use
- Encouraging an abuser to drink until the point of passing out
- Trying to improve the relationship, “bonding”
- Having sex to placate abuser and protect children from violence
- Tolerance of abuse while under the influence

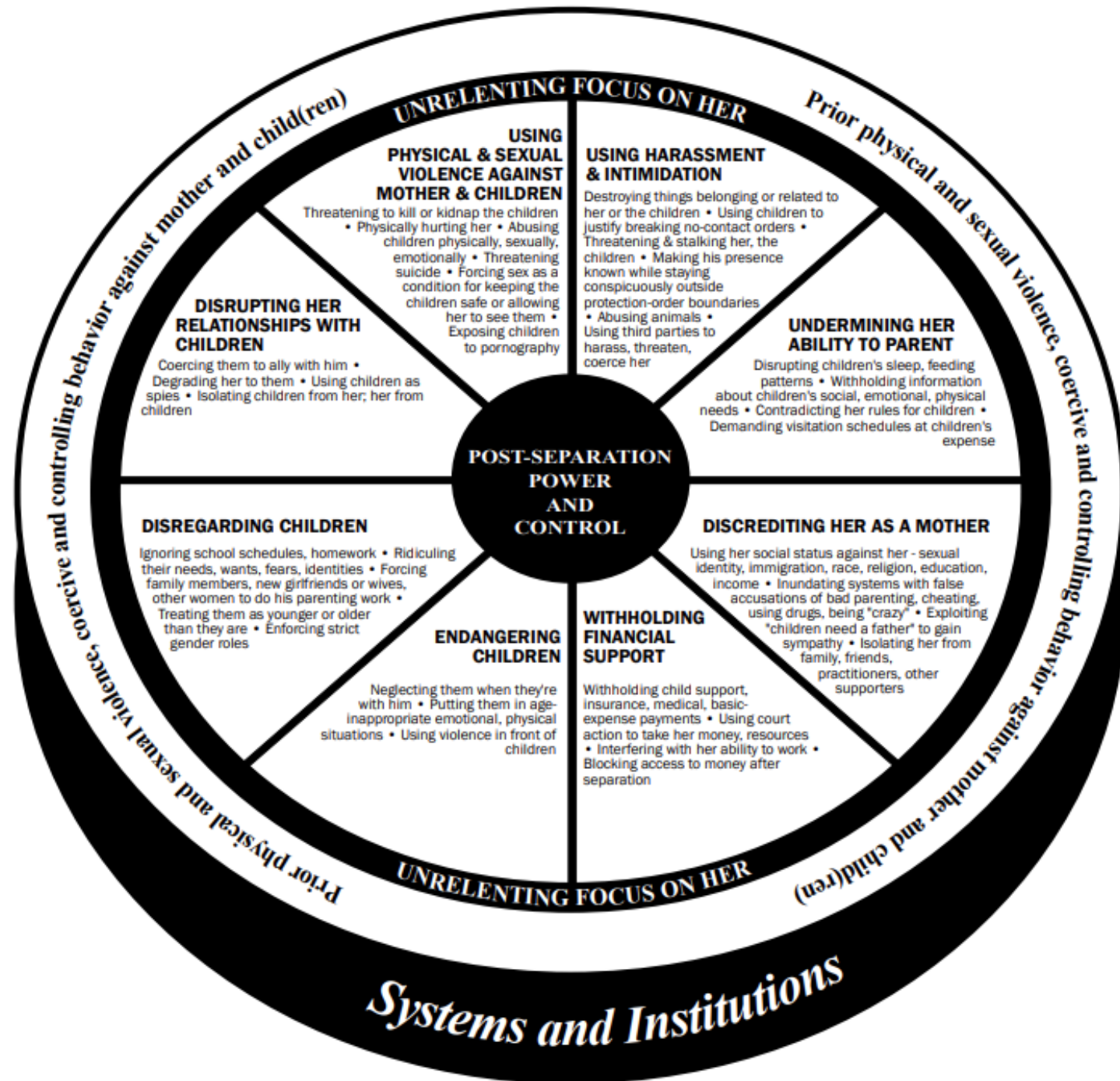


Tips for Assessing and Engaging

- Has your partner or anyone else ever forced or coerced you to use?
- Is your partner the person that introduced you to substances?
- Does your partner monitor, restrict, leverage, or control your use?
- Has their partner ever indicated that they would tell others of survivor use to discredit them?
- How does your partner support your parenting and the safety of the children when you are using?

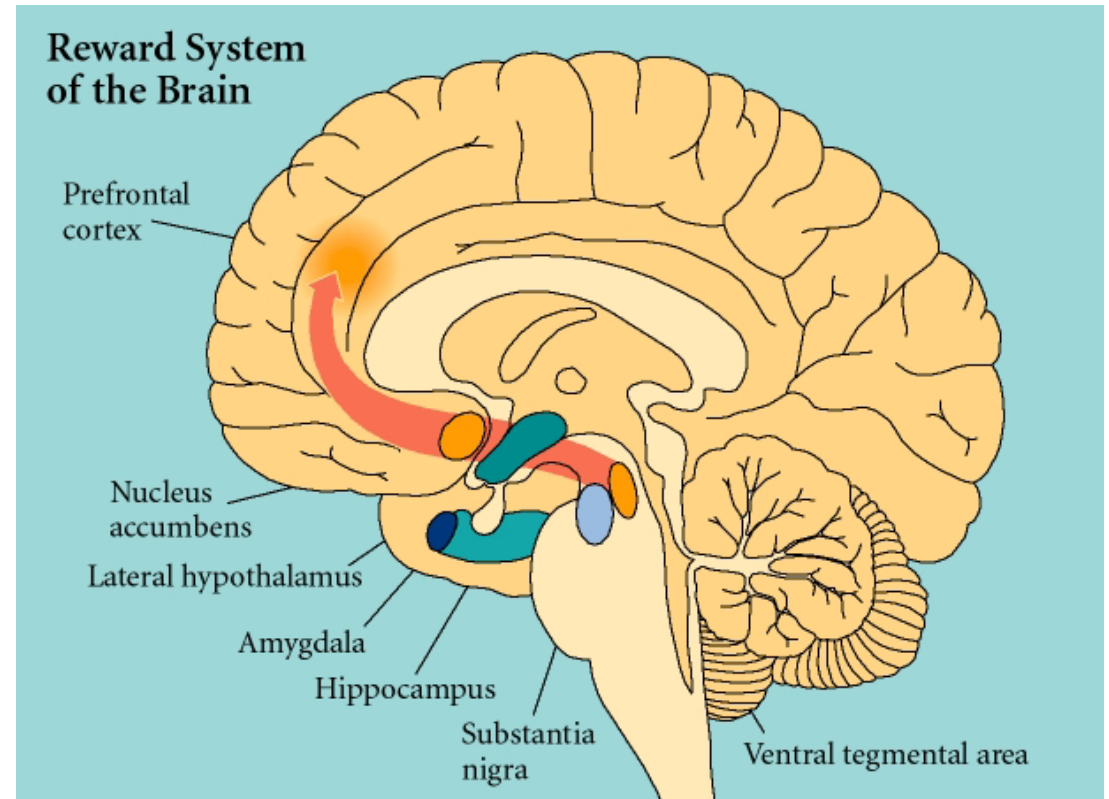
Post-Separation Control

- Coercive control of children
- Manipulation of systems
- Continued cycles
- Impacts to recovery



Understanding Impacts of Trauma

- Complex trauma impacts and presentations
- Impact on the brain and reward system
- Increased susceptibility to mental health symptoms and substance use



Behavioral Signs of Coercive Control



- Dysregulation
- Exaggerated responses
- Over explaining
- Confusion
- Questioning their own reality
- Behavior that does not seem to make sense
- Reluctance to service engagement
- Difficulty following through
- Returning to partner



Case Planning Considerations

- Fear behind self disclosures.
- Did the DV cause, exacerbate, or interfere with?
- Partnering to identify service engagement and barriers.
- Holding perpetrator accountable for parenting decisions of restricting access to care (for instance, restricting access to shared vehicle to attend appointments or caring for children).
- Intersection between MH, SUD, DV. Resources that address them concurrently, if possible.

Engaging Alleged Perpetrators (draft slide need to add)

- Normalize the process and only talk about the facts
- Do not react to their response to questions
- Engage them throughout the life of a case
- Assess for strengths and commitments to their families



Primary Goal in Responding to Domestic Violence

Increase safety of children by:

- Working with DV victims to increase their safety
- Respecting the efforts and decision making of adult DV victims
- Working with families in culturally competent ways
- Holding DV perpetrators accountable both for their abuse and for changing to become safe parents
- Working collaboratively with community partners, as well as with families, to promote solutions and resources



DV Safety Plan Vs. DCYF Safety Plan

DV Safety Plan(ning)	CA Child Maltreatment Safety Plan
A process for thinking through with adult victims and children how to assess risks and increase safety related to DV	A written agreement with all caregivers regarding how to keep all children in the household safe
Addresses risks to both the child and the adult DV victim from the DV perpetrator's specific tactics of control	Immediately addresses dangers and threats to the child's safety from the cause of maltreatment
Ongoing process to address immediate and longer term risks from DV to child and adult victim	Short-term plan to address immediate harm to child



Considerations for Safety Planning

- Risk of lethality significantly increases when the perpetrator feels as if they are losing control of the victim (i.e.- when leaving)
- Separation alone does not always equate to the safety and well-being of children
- Collaboration between DCYF and DV Advocacy programs is essential
- Increase protective factors



Safety Plan Task Examples

- School/daycare will be given a list of approved pick-up people only and informed of safety concerns
- The caregiver will establish a code word or phrase with trusted supports to signal danger
- The caregiver will keep a phone charged and accessible at all times
- The caregiver will identify two safe places they can go with the child at any time (family, friends, shelter)
- ***PULL examples from QA to modify/edit slide***



When is a Safety Threat met?

4. There has been an incident of domestic violence (DV) that impacts child safety.

- a. The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim/caregiver of the child?
- b. The domestic violence perpetrator has seriously harmed or threatened serious harm to the child?
- c. The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur?
- d. There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons?



Domestic Violence Hotlines and Resources

National Domestic Violence Hotline

1-800-799-SAFE (7233) or text by texting BEGIN to 88788.
(TTY) 1-800-787-3224

National Domestic Violence Hotline for Teen Dating Violence

(ages 13-18) 1-866-331-9474
or text LOVEIS to 22522

StrongHearts Native Helpline

844-7NATIVE (762-8483)

King County DV Hopeline

206-737-0242

The Network/La Red's LGBTQ+ Hotline

1-800-832-1901

National Domestic Violence Deaf Hotline

855-812-1001 (videophone)

Gender Based Violence Specialty Services

Call and Text Line 877-757-8297



Questions? Thank you!



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