Coercive control – disguised compliance and overoptimism

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Coercive contol

- This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

- Coercive control creates invisible chains and a sense of fear that pervades all elements of a victim's life.

- It works to limit their human rights by depriving them of their liberty and reducing their ability for action.

(Women's Aid)

Some examples of coercive control

- Isolating you from friends and family
- Depriving you of basic needs, such as food
- Monitoring your time
- Monitoring you via online communication tools or spyware
- Taking control over aspects of your everyday life, such as where you can go, who you can see, what you can wear and when you can sleep

Some examples of coercive control

- Depriving you access to support services, such as medical services
- Repeatedly putting you down, such as saying you're worthless
- Humiliating, degrading or dehumanising you
- Controlling your finances
- Making threats or intimidating you

Disguised compliance

Disguised compliance is defined by the NSPCC as:

involving "a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention."

Examples of disguised compliance

- Parents who fail to engage with professionals and avoid contact;
- Repeated cancelling and rescheduling of appointments;
- Parents who tell workers ‘what they want to hear’, and who appear to agree about thechanges needed but who then put little actual effort into making any change;
- Selective engagement - where parents do ‘just enough’ to keep professionals at bay;
- Parents who manipulate situations and make it difficult for professionals to see thechild(ren) alone;

Examples of disguised compliance

- Parents insisting on pre arranged visits (perhaps in order to clean the house first);
- Sporadic compliance - such as a sudden increase in school attendance, attending a run ofappointments or engaging well with some professionals for a limited period of time;
- Deflecting attention - for example by criticising other workers;
- Controlling discussions - ensuring focus is on the parents and their problems, rather thanthe needs of the child(ren).

Possible indicators

- Parents seeking to avoid contact with professionals, including missed appointments;
- Parents seeking to control meetings with professionals and divert focus from the child to their own issues / problems;
- The child's account differs to that of their parents / carers;
- Despite appearing to agree that changes are required, parents/carers then put little effort into making agreed changes work;
- Parental engagement with services is superficial and there is no significant change at reviews despite significant input from professionals.

Tips

- Establish the Facts
- Keep the Child in Focus
- Ensure that Plans put in place to Safeguard Children Focus on Outcomes
- Support and Supervision
- Assessing Capacity to Change

Why does it occur?

- Most parents whose families are the focus of child protection interventions are involuntary participants in a process they may resent;
- agencies can be perceived as a threat meaning that families are fearful and reluctant to cooperate.
- Families can develop skilful strategies to keep professionals at ‘arms length’.
- Disguised compliance occurs when parents want to draw the professional’s attention away from allegations of harm and unsafe parenting with the aim of minimising or avoiding agency interventions in family life.

Overoptimism

- the "Rule of Optimism" exists within most of the helping professions
- We want things to work out. After all, we go into these professions seeking to make a positive difference in the lives of the people we work for.
- We want to believe that what we are doing is working.
- The rule of optimism can blind us to what is really going on.

This can lead to several areas of practice concern:

1. Believing that what we are seeing is progress;
2. Filtering out or minimizing areas of concern;
3. Anticipating that the intervention will work;
4. Believing that "one more try" and the family will get it;
5. Focusing only on strengths and ignoring what is not working and the risks that arise from that; and
6. Overly positive interpretations of what is going on.