Chapter 9
COVID-19 and Sheltering in Place: The Experiences of Coercive Control for College Students Returning Home

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Introduction

“The safest place you can be right now is at home.” We have all heard this statement in recent months from public health officials and our own community leaders as we attempt to slow the spread of the novel coronavirus (COVID-19), and for most of us, this is true. Yet what if the home you have returned to—more specifically, the home of one of your parents—is not a haven, but a place where one parent uses you as a “pawn” to harm your other parent? This parental alienation, a form of psychological abuse, and an aspect of coercive control usually becomes evident at the time of parental separation and refers to persistent, unwarranted denigration of one parent by the other, in an attempt to alienate the child from the other parent (Gardner 1998).

According to the US Department of Justice, Juvenile Justice Bulletin, about 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence (Hamby et al. 2011). There is much research on the impact of physical IPV, but very little agreement on the impact of coercive control on children, and the subsequent alienation that often occurs during the time following the separation of the partnership. The negative implications of IPV on child victims, specifically as it affects the young adult child prematurely returning home due to the pandemic, are vital to understanding and implementing support for this population. Their stage in development and their abrupt loss of independence due to the novel coronavirus, along with trauma they have experienced as witnesses and victims of coercive control, make this population extremely
vulnerable. Home indefinitely due to COVID-19, these young adults are taking up residence between two parents, one of whom has been a victim of coercive control, and the other an offender. This chapter will explore how these young adults are affected by coercive control and how they can be better supported by research and best practices of clinicians.

**IPV, Psychological Abuse, and Coercive Control**

The Centers for Disease Control and Prevention (CDC) (2019) defines psychological abuse as an **aggression that uses** communication, verbal and non-verbal, with intent to harm another emotionally or mentally, and/or to exert control over another. The WHO uses the term “violence” rather than abuse and describes psychological violence as including such things as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, and threats to take away children. Controlling behavior is defined as isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education, or medical care (World Health Organization 2012).

IPV, inclusive of psychological abuse, is a serious public health problem, having significant mental health ramifications, and a legal and social justice problem, shrouded in secrecy and shame. It is motivated by a need for control on the part of the perpetrator, and need to exert “power over” is part of a much larger systemic, cultural, and geo-historical problem of dominance (Price 2014). Physical abuse, the abuse recognized by our criminal justice system and known as the “violent incident model” (Stark 2012, p. 7), leaves a bruise and is horrifying, often requiring medical intervention. However, covert abuses related to the offender’s need for control do not require medical intervention. Psychological in nature, these abuses are more easily hidden and insidious, as well as more difficult to define or explain. Evan Stark uses the term “liberty crime” for abuse intended to undermine a person’s autonomy, freedom, and integrity (Stark 2007). A non-physical abuse, coercive control is prevalent in most IPV situations and oftentimes is a precursor to physical abuse, encompassing psychological, emotional, and financial abuse, along with “use of the children” and parental alienation. Sometimes called “intimate terrorism,” coercive control involves “tactics deployed to hurt and intimidate victims (coercion) and to isolate and regulate [victims] (control)” (Stark 2012).

Stark, the founder of one of the first battered women’s shelters in the United States, explains that these insidious patterns of coercively controlling another are often invisible to outsiders and due to the manipulated loss of autonomy, victims are often unaware of their victim status. Due to the ambiguity of defining psychological and emotional abuse, and the manipulation used by offenders, including portraying themselves as victims, the victim “becomes captive in an unreal world created by the abuser, entrapped in a world of confusion, contradiction and fear” (Women’s Aid, n.d., para. 4). Additionally, Stark states, coercive control is an abuse that is a “strategic course of oppressive behavior,” meaning it is rational, premeditated
behavior and not a loss of (the offender’s) control. It is “ongoing” rather than episodic, and based on multiple tactics like violence, intimidation, degradation, isolation, and control (Stark, personal communication, 2018, Aug 16). There is little that will prevent a perpetrator from continuing abusive behaviors, even if it means using and thereby harming “shared” (either legally or otherwise) children in the process.

Post-separation Abuse

Only recently we have recognized a specific form of coercive control occurring in the context of separation and divorce, known as Post-Separation Abuse (PSA). The time of exiting the relationship is the time when the victim is most at risk for injury or death (Sharp-Jeffs et al. 2017) and is when PSA occurs through coercive control. Sharps-Jeff et al. found that leaving the relationship was only the first step of the process of ending the abuse, and “over 90 percent [of victims] experienced post-separation abuse” (2017, p. 182). At this time the coercively controlling behaviors escalate, and where children are involved, the abuse is inclusive of “using the children” and parental alienation, making them also the victims of this PSA. According to Kelly et al. (2014), women make up 95% of those who experience coercive control. The National Domestic Violence Hotline (2013) reports that it takes a victim of IPV approximately seven attempts to leave the relationship (The National Domestic Violence Hotline 2013), and it can be assumed that each time is a risk to the victim’s well-being. According to the Domestic Violence Shelter, Inc., of domestic violence homicides, 75% occurred when the victims attempted to leave the relationship or after the relationship had ended (n.d.). A study by Adhia, Austin, Fitzmaurice, and Hemenway found that 20% of child homicides were related to IPV (2019), and research suggests there is an association between child domestic homicide and adult domestic violence, since child domestic homicide is often preceded by adult domestic violence (Bourget et al. 2007).

Coercive Control and Subsequent Parental Alienation

The impact of witnessing coercive control perpetrated by one parent against another, and experiencing these controlling behaviors through the role of a “pawn” for the perpetrator, creates a victimization not readily explained. This use of the children as “pawns” is central to PSA; however, research on this aspect of coercive control is focused on children as minors and in relation to custody disputes, not on how young adults are used in this manner, as custody is not typically an issue. These young adults are often going off to live on their own and/or to college, partially escaping an abusive situation but coming home to the same circumstances on school breaks or weekends. With the COVID-19 pandemic, these young adults have returned home unexpectedly, and because of quarantining, do not have a choice about the
extent of time spent under these conditions, with little opportunity for reprieve. These intensified circumstances have given perpetrators carte blanche to exert their control.

In coercive control scenarios, parental alienation occurs when the perpetrator or “alienating parent” (AP) intensifies his behaviors at the time that his partner, the “targeted parent” (TP), exits the relationship and the AP realizes the extent to which he has lost control. This typically occurs against the backdrop of relationship dissolution and heightened risk that adult victims and their children enter child custody proceedings (Jeffries 2016, p. 3). The AP sets their sights on the child(ren) to exert control and to terrorize the TP, “weaponizing the children” and turning the coercively controlling behavior on to the children (Jeffries 2016). The parental alienation appears to have three basic narratives: the abuser’s need for control, the abuser’s need to “win,” and the abuser’s desire to hurt or punish the TP.

Parental alienation syndrome (PAS) refers to one possible outcome of experiencing PA, and refers to a condition in which a child has been successfully indoctrinated and controlled by an AP, resulting in unwarranted fear, hatred, and rejection of the TP. The psychological foundation of parental alienation, “lack of empathy and inability to tolerate the child’s separate needs and perceptions – is also the foundation of psychological maltreatment” (Baker and Ben-Ami 2011, p. 473). This psychological maltreatment, inclusive of manipulation, has often started well before the separation of the parents through “splitting” (Bernet et al. 2017). Splitting is the attempts of the AP to engage the children in the rejection of the TP through the psychological abuse tactic of gaslighting, whereby the person in a position of power undermines an individual’s sense of self in an attempt to confuse and distort a person’s reality (in this case, a child’s) such that the individual must accept the imposed reality in place of their own (Sweet 2019). The TP may be portrayed as “evil, dangerous, or not worthy of love” (Bernet et al. 2017, p. 777).

Parental alienation comes in covert ways, such as monitoring behaviors in ways that intrude upon children’s thoughts and feelings, and implementing manipulative parenting techniques, such as guilt-induction, shaming, and love withdrawal (Barber, 1996 as quoted by Soenens and Vansteenkiste 2009). This “psychological control” can also be assumed to inhibit children’s development of a secure sense of self, as we know psychological control is a form of psychological maltreatment. Children inducted into parental alienation dynamics are not allowed the freedom to develop an autonomous emotional life (Ben-Ami and Baker 2012), with the AP demanding obedience and threatening retaliation, much as the child may have already witnessed against the TP.

The AP will go to great lengths to destroy the relationship between the child and the TP. In extreme cases, any mention of the other parent is forbidden within the family or any mention of the other parent must be one of extreme negativity (Kelly and Johnston 2001). Clinical observations have been corroborated by qualitative research carried out by Baker (2005), whose study involved adults who had experienced parental alienation as children. Baker identified 33 alienating strategies used by alienating parents, such as regularly speaking about the other parent in a negative manner, limiting contacts with the other parent, becoming angry or demonstrating
less affection for the child if the child acts positively toward the other parent, and telling the child that the other parent does not love him or her.

**The Impact of Coercive Control and Parental Alienation**

As Baker and Ben-Ami found in their research (2011), “to turn a child against a parent is to turn a child against himself” (p. 472), and there is a correlation between parental alienation and low self-esteem, higher rates of depression, insecure attachment styles, and self-medication, i.e., substance abuse. Additionally, parents utilizing parental alienation tactics can be considered to be psychologically maltreating their children because the strategies result directly in children feeling “worthless, flawed, unloved, endangered, or only of value in meeting other’s needs” (Binggeli et al. 2001, p. 6). The consistent negative feedback, insidious or otherwise, that children receive in such situations, leads to feelings of despair, confusion, sadness, and a profound sense of loneliness that may together manifest as depression (Lammers et al. 2005).

Until recently, conceptualizing children living in households with IPV as “witnesses” rather than as “victims” has been the norm. A study by Callaghan et al. (2015), however, determined that child victims (ages 8–18) of coercive control are direct victims, not passive “witnesses” or “collateral damage,” since their experiences can be described as victimization using abusive control (p. 1551). Harman, Kruk, and Hines stress the importance of seeing coercive control in the form of parental alienation as a type of family violence which specifically impacts children in the form of psychological abuse (2018). They cite parental alienating behaviors “an unacknowledged form of family violence” (p. 1275).

Paramount to our understanding the impact of children being coercively controlled is the recognition of coercive control as a form of child maltreatment. Indirect experiences, such as seeing or hearing violent episodes, or being used as a “pawn” to hurt a parent, result in direct damage to the child. We know that there are significant long-term psychological associations in the lives of adults who experienced parental alienation as children, with vulnerabilities different from those experienced by children in non-PSA situations. Nathanson, Shore, Tyrone, and Rhatigan’s research (2012) found that psychological abuse is a predictor of post-traumatic stress disorder (PTSD). Additionally, children exposed to IPV are at a greater risk of both attachment insecurity and internalizing/externalizing problems (Levendosky et al. 2012). Studies suggest that the risk of IPV (victimization or perpetration) may be carried intergenerationally (Caron et al. 2018). Exposure to IPV may lead to a child’s inability to regulate emotions to higher rates of aggression with adverse impact on mental health and development, particularly as violence exposure becomes more extensive and as stressors in the family increase (Graham-Bermann et al. 2012), as one might experience in PSA. Studies of long-term effects have shown that childhood exposure to IPV is associated with increased risk for delinquency, greater mental health problems, and the potential for intergenerational
violence in dating and intimate partner relationships (Cater et al. 2015). Loue (2005) describes psychological maltreatment as “the most elusive and damaging of all types of maltreatment for a child” and represents “the core issue and most destructive factor across all types of child abuse and neglect” (p. 311).

Post-separation Abuse and College Students Returning Home Due to COVID-19

Events that provoke stress, including natural disasters, pandemics, and economic downturns, can increase the number of IPV incidences, with experiences of violence after disasters appearing to be gendered, in that women experience increased rates of violence when compared to men (Bell and Folkerth 2016). A study completed by Josie Serrata (2019) concluded that families affected by Hurricane Harvey who had already experienced IPV had higher rates of both IPV, including child abuse, during and after the hurricane. She also notes additional research with a similar pattern of increased IPV after disasters, citing a study completed by Lauve-Moon and Ferreira (2017) that found that those directly impacted by the Deepwater Horizon oil spill in the Gulf of Mexico were more than twice as likely to experience physical and emotional IPV. Hurricane Katrina post-disaster saw an increase in IPV from 33.6% to 45.2% victimization rate for women, and 36.7–43.1% for men (Schumacher et al. 2010). Specifically looking at young people, a study of 2000 adolescents who experienced tornadoes in Tuscaloosa, Alabama, and Joplin, Missouri, in 2011 found that they had significantly higher rates of suicidal ideation post-disaster when they had experienced IPV in their homes pre-disaster (Zuromski et al. 2018), and research by Sallouma et al. (2011) suggests that exposure to prior trauma is related to increased distress post-disaster. This finding demonstrates how an already vulnerable population may be at greater risk of developing mental health issues post-disaster than children who have no exposure to trauma.

Serrata affirms that we are seeing increases in IPV and mental health issues with the pandemic, similar to those seen in the wake of other major disasters and crises. In addition, many of the resources usually available to victims are no longer available during the pandemic, leaving victims trapped in an escalating cycle of tension, power, and control. Pre-pandemic solutions, including the ability to flee a violent situation by staying with a family member, going to a shelter, or having access to the judicial system to file a protective order, are less available (Abramson 2020). Victims who have been able to acknowledge their abuse and seek support, or who are preparing to seek support, are in a potentially dangerous situation by living with their abusers, and this was true even without considering the current lockdown protocols. The worst-case scenario has materialized (Fetters and Khazan 2020).

When people feel powerless in one area of their lives, such as the AP does, and it is compounded by the stressors of the current pandemic, they often seek to establish more power over other areas of their lives. This is particularly dangerous in
situations where coercive control is the dominant pattern, since at its core coercive control is an effort by one to dominate and establish psychological, emotional, physical, and sexual control over another (Wagers 2020). IPV-perpetrating fathers may use opportunities that present themselves to victimize children post-separation, such as physical custody arrangements or parenting time (Hardesty and Ganong 2006), which may include increased time during this pandemic.

Anecdotal evidence and early studies and reports from the United States, China, Brazil, and Australia indicate an increase in IPV and child abuse due to isolation and quarantine. France reported a 32–36% increase in domestic abuse complaints following the implementation of self-isolation and quarantine measures (Reuters News Agency 2020). China, the first country to impose mass quarantine, saw reported domestic abuse incidents rise threefold in February 2020 compared to the previous year (Allen-Ebrahimian 2020). As Europe imposed quarantine measures, the Italian government began commissioning hotels to provide shelter to the increasing number of people fleeing abusive situations (Davies and Batha 2020). In the United States, IPV rate increases due to COVID-19 have been 21–35% (Wagers 2020).

Holt and Elliffe (2020) note, “Covid-19 respects no boundaries” and suggest that perhaps being in school, with possible exposure to the virus, is less dangerous for this population than staying at home. School provides safety, and at least a temporary escape from the reality of problems at home. Due to quarantine, many children are also missing the buffering effect of extended family and the inability to spend time with people outside the household who are positive influences in the child’s life. Even friends may be off limits, as well as employment; those who are working or going to school may be doing so from home, which creates further entrapment. During isolation, there are fewer opportunities for people living with family violence to call for help. Isolation also helps to keep the abuse hidden with physical or emotional signs of family violence and abuse less visible to others (Stark 2009). Finally, for some young adults already reticent about seeking out support, telehealth, like online learning, are “not the same,” and without school counseling services, there have been fewer interventions and support (Holt and Elliffe 2020).

As Callaghan et al. (2015) observe, similar to adult victims, children victimized by coercive control have a sense of constraint imposed on their lives, both prior to and post-separation, and they learn early on to monitor their speech and their space, remaining ever “vigilant” and aware of the perpetrator’s mood. Children describe constant fear as a regular feature of their lives. During the COVID-19 pandemic, traumatizing symptoms may occur simply with the knowledge of needing to quarantine in a coercively controlling environment. As one college student and anonymous blogger for the Atlanta Journal-Constitution writes:

Home is not that way [happy and with unconditional love] for me. Home is the place where I first learned fear, pain, and heartbreak. It is the place I have suffered a great deal of lovelessness, violence, and trauma. It is where I feel manipulated, hopeless, and resigned to deep depression and suicidal thoughts. Home is dark for me. (Downey 2020)

In an IPV situation, and with children contending with PSA, typical support services are minimal or entirely absent (Gramigna 2020), and college students have
their own set of unique circumstances. The uncertainties surrounding COVID-19 heighten the risk of anxiety (Gramigna 2020) and contending with IPV will add to these stressors. Suicide risk is higher for those who have experienced violence, including child abuse, bullying, or sexual violence. Feelings of isolation, depression, anxiety, and other emotional or financial stresses are known to raise the risk for suicide also (Centers for Disease Control and Prevention 2015).

Sheltering in place in a coercively controlling relationship, inclusive of PSA, may only exacerbate these risk factors. Feelings of hopelessness are aggravated by lack of contact with the outside world, lack of activity, and the increased rumination that tends to accompany long days at home (Conrad et al. 2020). van Gelder et al. (2020) describe how the “perfect storm” has been created to instigate more family violence: the combination of isolation with psychological and economic stressors, along with the potential increases in negative coping mechanisms (e.g. substance abuse).

Due to COVID-19, college students can no longer access mental health services confidentially, as they could have on campus (Zhai and Du 2020). This lack of support may exacerbate their psychological symptoms and increase some students’ risk for suicide and substance abuse. These safety nets and safe zones have been removed during this lockdown period, and according to Campbell (2020), the loss of these institutions is devastating, since they provided critical emotional support and a reprieve from abusive home environments.

Due to this intense period of “sheltering in place,” it can be assumed that many of these young people, forced to acknowledge the coercive control by one parent against another, and/or re-experience the coercive control that they were able to flee from by going off to college (or summer internships, employment, etc.), will experience a compounded impact on their overall mental health and well-being, this trauma, the main outcome of IPV. When traumatic events have occurred repeatedly and/or chronically, then a complex form of post-traumatic stress disorder is diagnosed, complex post-traumatic stress disorder (C-PTSD). The incidences of this occurring may increase among this population, with victims in a state of captivity, under the control of perpetrators (Lewis-Herman 1992).

**COVID-19, Coercive Control, and Clinical Implications**

Not “sheltering in place” with an abusive parent may mean making a choice to have no relationship with that parenting. When the child chooses to create boundaries with the unhealthy parent by sheltering instead with the TP (or elsewhere), the AP’s loss of control over the child will manifest with psychologically abusive tactics such as verbal assaults, stonewalling (complete ignoring of the child) or worse, discard, the same tactics used with the TP. Research on the emotional maltreatment and/or psychological abuse of children tends to focus on minor children; there is very little research specific to young adults who have witnessed the coercive control of one parent, have become aware of their own victimization (coercive control) by the
offending parent, and have come to terms with the recognition of the tactics used. Katz (2016) acknowledges that much research on children’s experiences with domestic violence focuses on physical abuse rather than on experiences contending with a coercively controlling parent. In a study of 30 participants, including 15 children under the age of 15 years, Katz found that coercively controlling tactics perpetrated by fathers/father-figures against mothers cause many of the same consequences on the children as the adult victimized partner. If it takes an adult victim of IPV seven attempts to leave an abusive relationship, then one can only imagine the difficulty in doing so as the child victim of the perpetrator. For this reason, and for the many particular pressures the COVID-19 pandemic has imposed on families and college students returned home, the time is ripe for addressing how to help victims of college-aged children who are victims of coercive control within their families.

From the state level to the international level, including the World Health Organization, authorities have provided information to support victims of IPV during COVID-19. The Battered Women’s Justice Project (2020) discusses how skilled abusers find ways to use crises to their advantage by confining family members at home, for example, interfering with children’s visitation with the other parent using COVID-19 as an excuse. This is helpful information, but again, not specific to the young adult victim who is sheltering in place with a coercively controlling abuser. No longer eligible for child welfare services, this victim also lacks access to campus support services, nor any direct support that is focused on his/her population, and is grieving the loss of independent living that college affords. Now isolated, the burden of contending with this abusive behavior and being “used as a weapon” against the TP wreaks havoc on the mental health of this young adult.

To maintain control and punish ex-partners post-separation, perpetrators/fathers often manipulate both children and professionals. Thiara and Gill (2012) highlight fathers manipulating children by buying them expensive presents and blaming mothers for all the problems in the family. Monk (2017) and Bancroft et al. (2011) show how some professionals inadvertently assist and collude with perpetrators/fathers owing to the perpetrators’/fathers’ skill at “lying, threatening, charming, playing the victim or the hero” (Monk, 2017, p. 18).

It is apparent that, like COVID-19, IPV respects no boundaries—whether of geography, religion, class, or culture. Some of the research on IPV and COVID-19 recommends that victims do not leave unless it comes to a crisis point, referencing the risk factors when a woman decides to leave. Instead, IPV supportive websites ask victims to reach out to support personnel before making the decision to leave during this time (Victim Support 2020). Such recommendations are quite startling, to say the least, and clinicians working with adult clients who have had experiences of coercive control need to be aware of the best practices being utilized to support victims, such as the advice aforementioned about leaving the situation during this quarantine time.

Clinicians also need to be cognizant of the client’s children being victimized. The heightened use of the children and alienation that may occur due to PSA must be addressed and anticipated. Educating coercive control victims on how their own experiences of this abuse may be replicated in their children is imperative to ensure
that this insidious abuse is not missed. As the research illustrates, children who experience these abuses are victims, and as such may not recognize their abuse. This may leave them unable to process how long-standing psychological abuse inclusive of controlling behaviors was used against them. Their C-PTSD will manifest in maladaptive coping schemas unless these children are given a safe environment in which to process their experiences. Having a mentally stable, healthy parent who is patient and consistent, providing unconditional positive regard, is of primary importance yet difficult after possible parental alienation and rejection. Educating and supporting the “healthy” parent on how best to support the child(ren) and heal herself offers the best hope for mitigating significant traumatic experiences.

Conclusion

It will be some time before we understand the impact of the pandemic on the rates and nature of IPV, but it is critical to acknowledge the experiences of the young adults who are victims of coercive control, seen all too often in PSA. As Miller-Graff explains (2020), the pandemic has brought to the forefront the many gaps in our support services for victims of IPV, specifically, the lack of resources and research to support the young adult victims of this abuse. Further research to help understand and address the very toxic circumstances of children being “used as pawns” for the sake of an abusive parent is paramount. A greater awareness of coercive control and how children of all ages are often targeted is necessary, as is making resources readily available for this marginalized population, during COVID-19, post-COVID-19, and into the future.

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