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ARTICLE

A survey of mothers' experiences of shared parenting and domestic violence

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Abstract

This cross-sectional survey reports on the experiences and impact of mothers in shared parenting arrangements and their young children ages 0–4 years across three provinces in Canada (Alberta, Manitoba, Ontario). The purpose of the study was to explore shared parenting arrangements in the context of domestic violence, and we sought to recruit mothers from a range of experiences regarding reported violence in their relationships with their ex-partners. The online survey consisted of standardized tools to measure child development, depression, substance use, and anxiety, extent and severity of domestic violence, and coparenting. Recruiting during the pandemic was challenging, which required various recruitment strategies. The total sample included 84 mothers who completed questionnaires. Findings show that while mothers experienced various forms of domestic violence in shared parenting arrangements, experiences of coercive control were most evident. Implications are identified and discussed in relation to parenting plans, shared parenting and all forms of domestic violence including coercive control.

KEYWORDS

Alberta, Canada, coercive controlling behavior, co-parenting, domestic violence, family court, Manitoba, mothers/mothering, Ontario, shared parenting, young children

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Key points for the family court community

- While shared parenting is being routinely ordered in Canadian family courts in contested custody and access situations, domestic violence is not being screened for and mothers and children are subjected to current and ongoing acts of violence and coercive controlling behaviors.
- With legislation changes to the Canadian Divorce Act will come policies that require attention to coercive control and practices for ensuring the safety of mothers and young children.
- Greater attention to screening for coercively controlling behaviors for legal and social service actors will be as important as screening for physically violence behaviors.
- The correlation presented here between the HITS scores and the COPAFS scores imply some of the ways in which the CoPAFS may be used in practice as a means to support (or not) decisions for shared parenting.
- This study begins to paint a picture of the impacts of domestic violence beyond physical violence in shared parenting arrangements that is not currently being considered in Canadian family courts.

INTRODUCTION

Shared parenting is a parenting plan arrangement whereby children share approximate time with each parent following the separation of the parental relationship (Bala, 2014). While there remains no consensus about the breakdown of time to define shared parenting, parenting plans typically involve at least 40% of the time with both parents in Canada and are related to child support guidelines (Bala et al., 2017; Bala, 2014). The percentage of time with each parent ranges from 25% to 50% across jurisdictions (Bauserman, 2012). The presumption of shared parenting as the ideal parenting plan has become a dominant parenting plan policy debate that underpins legal judgments and service delivery, with pressures from advocacy groups to move to a presumption of shared parenting for each case involved in the courts (Bala et al., 2017; Statistics Canada, 2012).

While there has been a steady increase in shared parenting plans in recent years, a review of court files between 2010 and 2012 by the Department of Justice Canada found that only 21% of the files included children sharing at least 40% of their time with both parents. In the majority of the cases, the children were in the primary residency of one of the parents and had contact with the other parent (Bala, 2014). There is a growing trend for the courts to support shared decision making where the children reside primarily with one parent and the parents jointly decide on major issues that impact the children. For example, the Department of Justice Canada court file review found that 75% of parenting plan arrangements included shared decision making by both parents and an additional 20% of

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cases where the mothers were the primary decision makers, and 3% wherein fathers were the primary decision makers. This shift to joint legal decisions and shared parenting comes with little knowledge about the indicators that determine the success of shared parenting arrangements, particularly, in families where children are under the age of four and families in which domestic violence is occurring and where concerns of mental health and addictions can also be present. The current study reports on the impacts of shared parenting arrangements on young children (0–4 years) when domestic violence has occurred.

Domestic violence, also known as intimate partner violence (IPV), is gaining acceptance across many jurisdictions as more than just physical violence (Elizabeth, 2015), for example, in New Zealand (Elizabeth, 2017), Australia (Douglas, 2018), UK (Barnett, 2015), Hungary (Galátai et al., 2019), Canada (Fotheringham et al., 2013), and in the United States (Gutowski & Goodman, 2020; Walker, 2020). Domestic violence is defined in research literature as both physical violence and coercive control (Treloar & Boyd, 2014; Elizabeth, 2015), and is understood this way for our study. Earlier research in the United States, Hardesty and Ganong (2006) introduced the idea that domestic violence might include physical violence only, physical violence with coercive controlling behaviors, or coercive controlling behaviors alone. Stark (2007), identified that coercive control is a pattern of behaviors intended to "intimidate, isolate, humiliate, exploit, regulate and micromanage women's enactment of everyday life" (171–172), that represent bullying and intimidating behaviors that threaten to harm woman, her children and/or pets, and can include a variety of menacing acts such as harassing phone calls, texts or emails, and stalking (Stark, 2007, 2009). The intent of these patterned acts is to punish and instill fear in the woman (Stark, 2007, 2009). More recently, 'custody stalking' (Elizabeth, 2017) and 'paper abuse' (Miller & Manzer, 2021) have been identified as other forms of coercive controlling behavior. Coercive control can instill fear without physical violence and continue after the relationship ends (Crossman et al., 2015), and can include emotional, psychological, financial, sexual abuse, and spiritual harms (Fotheringham et al., 2013). Coercive control may continue to be exercised by the perpetrator to obtain information about the mother's activities (Callaghan et al., 2015; Holt, 2017) or hurt mothers by restricting contact between mothers and their children (Holt, 2017). It is the ongoing and cumulative effects of coercive control behaviors that impact the mothers (Galátai, et al., 2019) and can result in the risk of child neglect in young children (Nicklas & Mackenzie, 2013). In the UK, Katz (2015) found that controlling behaviors, isolation from family/friends, restricting activities and parenting time may impact children's social skills, confidence, and development.

Jaffe et al. (2008) reference the work of Kelly and Johnson (2008) and suggest that there are various forms of domestic violence: abusive-controlling violent relationships (also known as coercive controlling violence); conflict-instigated violence; violent resistance; and, separation-instigated violence. For the purpose of this study, the broader definition of domestic violence that includes coercive and controlling behavior will be considered in its connection with shared parenting relationships where mothers have young children.

CANADIAN CONTEXT

Currently Canadian legislation provides both parents the right to participate in their children's upbringing post separation and divorce (Divorce Act, 1986) and supports regular and meaningful contact between both parents and the children. Until recently, legislation did not provide consideration for families experiencing domestic violence and where addictions and mental health issues were also present. Bill C-78, An Act to Amend the Divorce Act, has recently been enacted (March 1, 2021) in Canada and includes changes to federal legislation whereby domestic violence must now be considered when deciding on parenting plan arrangements. Prior to this recent enactment, only four provinces in Canada (British Columbia, Alberta, Manitoba, and Nova Scotia) had domestic violence as a factor in the Best Interests of the Child standard. Without a provision to consider domestic violence, the provision that requires courts to consider the level of support each parent provided the other parent (known as the friendly parent provision) worked against survivors of violence who were attempting to protect themselves and their children from

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the abuse (Archer-Kuhn, 2016; Jaffe, 2014). This friendly parent provision specifically placed mothers at risk of losing primary care of their children if they also attempted to address the violence (Mosoff et al., 2017).

CONTEXT OF DOMESTIC VIOLENCE IN PARENTING PLAN ARRANGEMENTS

Within a context of violence, mothers can be held to a higher standard than fathers in protecting their children from the systems that are designed to protect them and can be constructed as an unfit parent, regardless of cultural context (Boyd, 2017; Hughes et al., 2015). Additionally, the family law system may judge mothers for not protecting children from violence, and question the mother's motivation to keep their children safe (Boyd, 2017; Hughes et al., 2015) which can result in the loss of parenting time when a mother expresses safety concerns to professionals (Jevne & Andenaes, 2015; Mosoff et al., 2017). A mother's mental health is raised as a question of her capacity to care for children (Hughes et al., 2015; Qu, 2004); a risk factor for children. The Canadian Women's Foundation (2011) reported that female survivors of domestic violence have three to five times higher rates of developing depression and substance abuse challenges, and in North America, links have been made between domestic violence (DV), mental health (MH) and substance abuse (SA) (Briere & Jordan, 2004; Dillon et al., 2013). Indeed, researchers suggest a cumulative effect, meaning with each additional risk factor (DV, MH, SA) that mothers experience, their young children display increasing behavioral challenges (Cafferky et al., 2018; Whitaker et al., 2006).

Adding to this is the challenge inherent in the legal system, whereby solicitor-client privilege and the duty of confidentiality prevent lawyers from disclosing admissions of violent or abusive behavior from their clients. This means that lawyers may be well aware that coercive control defines a relationship and still argue on behalf of their perpetrating client for shared parenting. Disclosing coercive control until now has been subject to a lawsuit or professional misconduct (Sowter, 2021). The future harm exception allows lawyers to disclose knowledge of threats or acts of harm, but this is held to a high standard of "risk of serious bodily harm or death" (Sowter, 2021, p. 1).

Jaffe (2014) reports that violence does not end with separation and may escalate and notes a lack of outcome studies on differential parenting arrangements in the context of domestic violence. Further, although we do not intend to suggest that men who have been violent with their partner cannot provide care to their children, we do know that there is a higher risk of the co-occurrence of domestic violence and child maltreatment (Chan et al., 2021).

Researchers across developed countries report on shared parenting arrangements but little is known about the following three areas: domestic violence, high conflict, and families with children ages four and under. Some of these studies document general benefits to families in shared parenting arrangements (Bauserman, 2002, 2012; Trinder, 2010), especially when separated parents can get along with one another and can focus on the needs of the children (Jaffe, 2014). Authors of a recent qualitative study out of Sweden, where approximately one-third of children 0–5 years in divorced families spend their time in shared parenting arrangements, reported that parents valued shared parenting arrangements as a means to continue and strengthen children's relationships with both parents (Fransson et al., 2016). Other researchers point to the need to carefully consider risk factors that may impede these benefits. For example, in Australia, researchers report that there were risks to children's healthy development in some parenting arrangements when parents display particular characteristics. Children, under the age of 10 and in high-conflict parenting situations, were least satisfied with shared parenting arrangements while children under the age of four reflected negative impacts from shared parenting arrangements, such as higher irritability and distressed parent–child interactions (McIntosh & Chisholm, 2008; McIntosh et al., 2010; Trinder, 2010). In the United States, two quantitative studies reported similar negative outcomes for children in situations of domestic violence including short and long-term emotional and developmental outcomes (Udo et al., 2016) and neurological impacts (Easterbrooks et al., 2018). Additionally, a report from the USA on exposure to domestic violence for children ages one and two years noted an impact on the effect of behavior regulation (Easterbrooks et al., 2018). Increased externalized behaviors are also noted when young children (2–4 years) are exposed to domestic violence (Manning et al., 2014).

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Research on shared parenting has primarily been a synthesis of studies examining the level of parental conflict (high/low) on children's and parents' satisfaction with the parenting arrangements (Nielsen, 2013, 2018) with a lack of outcome studies to understand the effects of domestic violence on young children (Jaffe, 2014). Previously, differentiating domestic violence in families has not been performed during the recruitment process across studies (Jevne & Andenaes, 2015; Koch & Pincolini-Ford, 2006). This is important because of the differentiated interventions that are required for each type of risk factor (Easterbrooks et al., 2018), and is the reason for our clear distinction during participant recruitment. Examining 1000 Ontario court files (2010–2015), Birnbaum et al. (2016), demonstrate that shared parenting is ordered more routinely for young children; in nearly half of the time (48%) for children under the age of five. This is noteworthy given leading experts in the field of domestic violence have identified concerns with shared parenting in cases of domestic violence (Jaffe, 2014; Jaffe et al., 2006). While some research has brought attention to the challenges of shared parenting for young children, these study designs and methodologies fail to account for different family formations, demographic factors, the presence of domestic violence, and the co-occurrence of addictions and mental health challenges. This study aims to address these within the Canadian context.

Utilizing primary data collection and a psychosocial perspective, we examined the impact of shared parenting on children 4 years and under in families. We aimed to: (i) explore how issues of domestic violence, as well as mental health and addictions issues for mothers in shared parenting arrangements, can impact young children, and (ii) inform debates regarding shared parenting arrangements for children 4 years and under in families who have experienced domestic violence. The specific research questions are:

1. Are there differences in child development for children 4 years and under in families where domestic violence has and has not been present?
2. In what ways are identity markers (depression, substance use, and anxiety) different or the same for mothers of young children where domestic violence has and has not been present?

METHODS

Our quantitative study includes an online survey. Recruitment of participants originally was intended to be face-to-face at family courts and community agencies, which serve mothers and young children, and mothers who have experienced domestic violence in each of the three provinces. Face-to-face recruitment has long been considered critical in developing effective recruitment strategies for mothers who have experienced domestic violence (Bender, 2017; Dichter et al., 2019). The pandemic hit at the time that we were preparing for recruitment, and we switched to online recruitment through advertising on our project's Facebook page (Archer-Kuhn et al, 2021) in addition to relying on a spectrum of our community partners (pediatricians, family lawyers, childcare providers, elementary school teachers, mothers' shelters) to bring awareness to our study. Community partners included the link to our Facebook page where our study was advertised on their social media pages. The inclusion criteria on the Facebook page invited women from three provinces, AB, MN, and ON to participate in the study if they are in shared parenting relationships and have children ages four and under. Potential participants were directed to a link where they encountered informed consent, followed by the survey operated by Survey Monkey. We received approval from the university ethics review boards.

MEASURES

To explore differences in child development for children 4 years and under in families where domestic violence has and has not been present, we set out to measure early child development to examine the potential impacts of shared parenting in situations of domestic violence. Child development was measured using the Ages & Stages

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Questionnaire Third Edition (ASQ-3; Squires & Bricker, 2009) and Ages & Stages Questionnaire Social–Emotional Second Edition (ASQ:SE-2; Squires et al., 2015). The ASQ-3 focuses on five areas of development: (i) personal social, (ii) gross motor, (iii) fine motor, (iv) problem solving, and (v) communication for children from 2 to 66 months; the ASQ:SE-2 focuses on social–emotional development for children aged 1–72 months. Specifically, we utilized the ASQ:SE-2 24-month assessment for children aged 0–2, and the ASQ-3 48-month assessment for children aged 3–4.

To determine identity markers (depression, substance use, and anxiety) different or the same for mothers of young children where domestic violence has and has not been present, we employed the Center for Epidemiological Studies Depression Scale (CESD) and Beck Anxiety Inventory (BAI). The CESD, a 20-item scale to measure symptoms of depression, has been used in depression epidemiology in Community Mental Health Assessment Surveys, has good internal consistency reliability, and has been used to assess levels of depression in cross-cultural studies with survivors of domestic violence (Li & Hicks, 2008) with Cronbach's $\alpha > 0.90$ in community samples (Koziol-McLain et al., 2015). The BAI is a 21-item multiple-choice self-report inventory with good reliability, Cronbach's $\alpha = 0.92$, and is considered to be an accurate measure of anxiety in adults over the age of 17 (Beck et al., 1988); it is recommended for use with survivors of domestic violence (Satyanarayana & Chandra, 2010).

To measure the extent and severity of domestic violence, we used the HITS (Hurt-Insult-Threaten-Scream), which is a 4-item domestic violence screening tool that assesses both male and female victims and demonstrates good internal consistency and validity (Sherin et al., 1998). HITS has been empirically validated and is the only known tool that measures predictive validity, which is important as a risk tool for potential future violence in the context of parenting plan arrangements. Each item is rated on a 5-point Likert scale, with a total possible score range from 4 to 20, where higher scores are indicative of the higher frequency of domestic violence. A cut-off score of 10.5 has been shown to reliably differentiate victims of abuse in a community sample (Sherin et al., 1998). We added three additional (non-standardized) items including stalking, excessive texting, and restricting access to finances, also rated on a 5-point Likert scale.

To measure the dimensions of co-parenting, we used the Co-Parenting Across Family Structures (CoPAFS-27; Saini et al., 2019) scale. The CoPAFS assesses five core dimensions of co-parenting: respect, trust, communication, animosity, and valuing the other parent. Each item is rated on a 5-point Likert scale, with a possible total score ranging from 29 to 228, where higher scores indicate successful co-parenting. The scale has been shown to have good internal consistency (Cronbach's alpha = 0.98; Saini et al., 2019).

DATA ANALYSIS

We analyzed the quantitative data by applying descriptive and bivariate analyses using SPSS software. We wanted to explore how issues of domestic violence, mental health, and addictions for mothers impact shared parenting with children ages 4 and under. Therefore, we apply a psychosocial lens to explore the experiences of mothers in shared parenting arrangements with young children. Specifically, we considered the relationship between shared parenting and domestic violence for mothers and the impact on young children in Alberta, Ontario, and Manitoba to address critical gaps in knowledge.

FINDINGS

Of the mothers who participated in the survey, 84 answered all four sections; demographics, domestic violence and mental health, shared parenting, child development, and having at least one child aged 0–4. A total of 44% ($n = 38$) of the sample was from Ontario, 42% ($n = 35$) from Alberta, and 13% ($n = 11$) from Manitoba. Nearly two-thirds of the participants were between the ages of 26 and 35 (63%; $n = 53$), with the remaining ranging from 21 to 25 (11%; $n = 9$), 36 to 40 (14%; $n = 12$), and 41 to 50 (11%; $n = 9$). Most of the mothers (71%; $n = 60$) identified as

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Caucasian/white, while 14% ($n = 12$) identified as racialized (non-white). The mothers identified as being separated (67%; $n = 56$) or divorced (19%; $n = 16$) from the other party, while 9.5% ($n = 8$) were never married to and were not currently in a relationship with the other party. Two-thirds reported no history of child protection involvement for either party. The majority have some post-secondary education (88%; $n = 74$), while 70% have a college diploma or university degree, with 58% ($n = 49$) earning over $40,000 annually, employed full or part-time (64%; $n = 54$). Altogether, there were 100 children aged 0–4; 49 were aged 0–2, and 51 were aged 3–4 (See Table 1).

Based on the completion of the HITS and additional three questions that captured various forms of domestic violence (hurt, insult, threat, scream, stalk, excessive text, restrict finances), all 84 participants (100%) endorsed at least one of the seven domestic violence/coercive control (DV/CC) survey items, with many endorsing several of the DV/CC survey items. For example, 69 (82%) participants identified three or more of the seven items, whereas nearly one-third (32%) of participants experienced all seven items of DV/CC (see Figures 1 and 2).

A total of 50% of the respondents indicated they had been physically hurt by a partner at least once; 97.6% reported being insulted or talked down to; two-thirds of the respondents have been threatened with harm; 81% reported being screamed or cursed at; more than half of respondents have been stalked by a former partner; 71.4% reported receiving excessive texts from a former partner; and more than two-thirds have had access to finances restricted by a partner (See percentages by former partner Table 2).

When considering the survey data from all seven DV/CC indicators there were a few mothers who had low DV total scores, meaning a score of 8–10, suggesting only a few incidences of DV/CC behaviors (See Table 3 for DV total score frequencies), whereas, mothers who indicated ever being physically hurt by a partner had significantly higher DV total scores compared to mothers who had never been physically hurt (t [82] $= -9.8$, $p < 0.001$).

The added indicator of physical violence seems to reveal higher total DV scores than situations where physical violence was not an indicator. The same is true for being insulted (t[2.597] $= -8.9$, $p < 0.01$), threatened (t[82] $= -8.0$, $p < 0.001$), screamed at (t[50.158] $= -11.8$, $p < 0.001$), stalked (t[82] $= -8.6$, $p < 0.001$), excessively texted (t[59.860] $= -8.1$, $p < 0.001$), and having finances restricted (t[82] $= -7.1$, $p < 0.001$). This means that when a mother reported "yes" to experiencing any one of the 7 DV indicators, they were also more likely to score above the cut-off for the HITS and to have a statistically significantly higher total DV score compared to a mother who said "no" to the same question (see Table 4). Additionally, the survey data on the four DV/CC indicators from the HITS screening tool (standard cut-off of 10.5) show that the mothers who reported ever being physically hurt by a partner had a HITS mean total score above the cut-off ($M = 15.3$; SD $= 2.7$), and this was significantly higher than the mothers who reported never being physically hurt and had a mean total score below the cut-off ($M = 8.5$; SD $= 2.9$; t[82] $= -11.2$, $p < 0.001$). The same is true for being insulted (insulted group $M = 12.1$; SD $= 4.3$; never insulted group $M = 4$; SD $= 0.0$; t[81.000] $= -16.9$, $p < 0.001$), threatened (threatened group M $= 14.3$; SD $= 3.2$; never threatened group M $= 7.2$; SD $= 2.3$; t[71.633] $= -11.5$, $p < 0.001$), and screamed at (screamed group M $= 13.3$; SD $= 3.6$; never screamed at group M $= 5.8$; SD $= 1.4$; t[63.029] $= -13.3$, $p < 0.001$). An indicator of physical harm seems to be correlated with the higher scores of coercive controlling behaviors for both the 7 indicators and for the 4 indicators of DV/CC (see Table 4) for indicator frequencies.

Differences in child development for children 4 years and under in families who have experienced domestic violence

Of the 39 children aged 0–2, mothers of 24 (62%) of the children reported the child was meeting age-expected milestones, as assessed by the ASQ:SE-2, while 5 children (13%) may benefit from monitoring of development, and a further 10 children (26%) warranted a referral for a professional assessment of their development. The children aged 3–4 were assessed by their mothers to be meeting milestones in most cases, with only 4%–14% of children warranting a referral for professional assessment (scored across five subscales and reported in a range). The frequency with which mothers experienced domestic violence did not have an impact on child development scores in this sample.

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TABLE 1 Demographic characteristics.

Demographic		*n* (%)
Age	21–25	9 (10.7)
	26–30	21 (25.0)
	31–35	32 (38.1)
	36–40	12 (14.3)
	>40	9 (10.7)
Province	Alberta	35 (41.7)
	Manitoba	11 (13.1)
	Ontario	38 (45.2)
Race	Caucasian/White	60 (71.4)
	Racialized	12 (14.3)
Education attained	High School Diploma & Other	10 (11.9)
	Some post-secondary	15 (17.9)
	College/Technical degree	26 (31.0)
	University Degree	33 (39.3)
Employment status	Full time	44 (52.4)
	Part time	10 (11.9)
	Unemployed, seeking work	6 (7.1)
	Student	5 (6.0)
	Social assistance	4 (4.8)
	Other	15 (17.9)
Annual gross income	<$20,000	19 (22.6)
	$20,000–$39,999	16 (19.0)
	$40,000–$59,999	27 (32.1)
	>$60,000	22 (26.2)
Relation to other party	Separated	56 (66.7)
	Divorced	16 (19.0)
	Never married, not together	8 (9.5)
	Other	4 (4.7)
Child protection involvement	Yes	27 (32.1)
	No	57 (67.9)
Age of children (in years)	<1	7 (7.0)
	1	18 (18.0)
	2	24 (24.0)
	3	21 (21.0)
	4	30 (30.0)

Using independent samples *t*-test, no significant differences were noted in ASQ total scores for any of the seven domestic violence/coercive control variables (dichotomized as Yes/No). For example, the mean ASQ scores of children of mothers who indicated they had never been physically hurt, compared to mean ASQ scores of children of mothers who indicated never being physically hurt were not significantly different. The same finding is true regardless of how the frequency was dichotomized.

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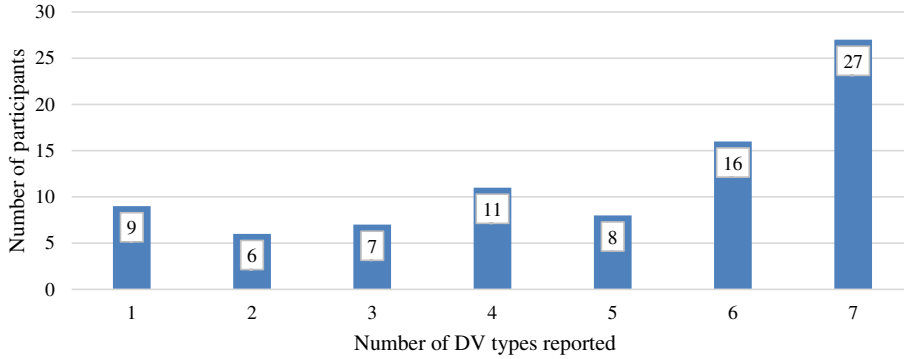


FIGURE 1 Number of domestic violence (DV) types reported by participants.

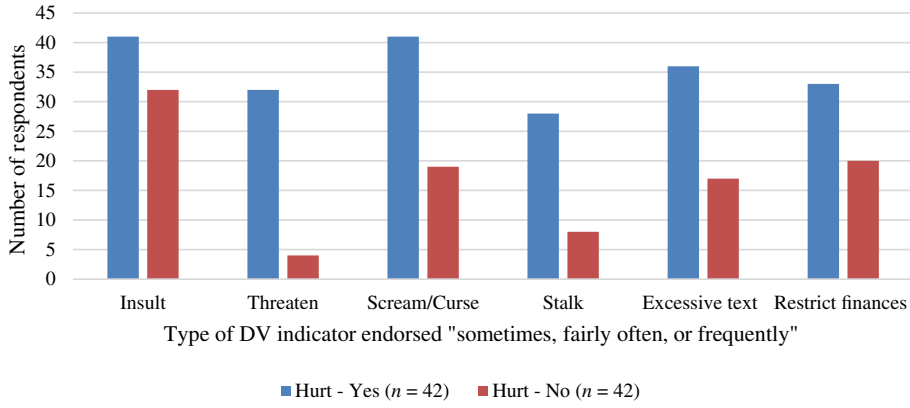


FIGURE 2 Frequency of domestic violence (DV) indicators endorsed (sometimes, fairly often, frequently) with and without physical violence.

TABLE 2 Participant number and percentages of (former partner) domestic violence by indicator.

Type of domestic violence	Participant reported experience of domestic violence (*n*)	Percentage (%)
Physically hurt	42	50.0
Insulted or talked down to	82	97.6
Threatened with harm	56	66.7
Screamed or cursed at	68	81.0
Stalked	45	53.6
Received excessive texts	60	71.4
Access to finances restricted	58	69.0

Experiences of domestic violence and coercive control in mothers who have anxiety and depression symptomatology and who use drugs

Of the 84 mothers, 17 (20%) scored in the "moderate" range for anxiety, 11 (13%) scored in the "severe" range, and 51 (61%) scored above the cut-off for depression. Utilizing the Mann Whitney U test, there were no significant

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TABLE 3 Frequencies of domestic violence total scores.

DV total score	Frequency	Percentage
8	6	7.1
9	2	2.4
10	2	2.4
11	4	4.8
12	1	1.2
13	3	3.6
14	2	2.4
15	4	4.8
16	3	3.6
17	6	7.1
18	5	6.0
19	3	3.6
20	2	2.4
21	4	4.8
22	2	2.4
23	3	3.6
24	4	4.8
25	5	6.0
26	2	2.4
27	4	4.8
28	4	4.8
29	5	6.0
30	3	3.6
31	2	2.4
33	3	3.6

TABLE 4 Frequency of reported domestic violence (DV) indicators.

	Frequency				
IPV type	Never	Rarely	Sometimes	Fairly often	Frequently
Physically hurt	42	16	18	6	2
Insult	2	9	15	16	42
Threaten	28	20	14	10	12
Scream/Curse	16	8	12	20	28
Stalk	39	9	20	6	10
Excessive text	24	7	25	14	14
Restrict finances	26	5	11	16	26

differences on anxiety or depression total scores when comparing mothers' scores on the measure of domestic violence. About half (50%) of the mothers indicated they had never been physically hurt by a former partner, and 50% indicated they had been physically hurt at least once; there were no differences between these two groups on the

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BAI or CESD. The same is true for the remaining six domestic violence/coercive control descriptors (insulted, threatened, screamed at, stalked, texted excessively, and access to finances restricted). Additionally, using Crosstabs (Chi-square statistic), there were no significant relationships between the HITS cut-off and anxiety or depression cut-off scores.

Using the Mann Whitney U test to analyze the current sample, there was no relationship between substance use (when dichotomized as never/7+ days in the past year) and domestic violence, anxiety, or depression total scores.

Shared parenting time

When mothers scored below the cut-off for the HITS (representing fewer indicators of DV), 54.5% ($n = 18$) of the other parents had 0%–40% parenting time, and 45.5% ($n = 15$) had 41% or more parenting time; a nearly equal split between groups. This is in contrast to when mothers scored above the cut-off for the HITS, where 76.5% ($n = 39$) of the other parents had 0%–40% parenting time, and only 23.5% ($n = 12$) of the other parents had 41% or more ($|^2$ [1, $N = 84$] = 4.41, $p < 0.05$). The mean score on the HITS was significantly higher (representing more indicators of DV) for the mothers who reported that the other parent had 0%–40% parenting time ($M = 12.6$; SD = 4.3), compared to 41% or more parenting time ($M = 10.5$; SD = 4.4; t[82] = 2.04, $p < .05$). See Table 5.

The percentage of mothers who reported experiencing the DV/CC indicators was higher for those who indicated the other parent had 0%–40% parenting time compared to 40% or more parenting time; this was true for all DV/CC indicators except stalking. See Table 6.

Of the 51 mothers who scored above the cut-off on the HITS (more indicators of DV), 15 had sole custody of the child, 12 had joint legal custody with the child in the mother's care, 11 had joint physical custody, 1 had joint legal custody with the child in the father's care, 1 had split custody, and 11 reported another type of arrangement.

Mothers who reported having shared custody ($n = 29$) scored significantly higher on the CoPAFS (mean rank = 50.81) than mothers who did not share custody ($n = 55$; mean rank = 38.12; $U = 1038.50$, $p = 0.023$). There were, however, no significant differences on child development scores when comparing mothers who reported shared parenting time and those who did not share parenting time.

TABLE 5 Other parent's parenting time and hurt-insult-threaten-scream (HITS) scores.

		Other Parent's parenting time (*n*)%	
Mother's position with HITS scale	**HITS mean score**	**0–40%**	**41% or more**
Mothers below HITS cut-off	7.2	(18) 54.5	(15) 45.5
Mothers above HITS cut-off	14.9	(39) 76.5	(12) 23.5

TABLE 6 Mothers reporting domestic violence (%) and time child spent with other parent.

	Time child spent with other parent	
Domestic violence indicator	**0–40%**	**40% or more**
Physically hurt	57.9	33.3
Insulted	100	92.6
Threatened	70.2	59.3
Screamed at	87.7	66.7
Stalked	50.9	59.3
Excessive texting	75.4	63.0
Finances restricted	73.7	59.3

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TABLE 7 Relationship between CoPAFS sub-scales and the hurt-insult-threaten-scream (HITS).

CoPAFS sub-scale	Below HITS cut-off ($n = 33$) Mean rank	Above HITS cut-off ($n = 51$) Mean rank	*U* value
Communication	53.14	35.62	490.5**
Respect	53.30	35.51	485.0**
Trust	52.59	35.97	508.5*
Animosity	54.00	35.06	462.0**
Valuing	49.24	38.14	619.0*

*$p < 0.05$; **$p < 0.001$.

TABLE 8 Relationship between CoPAFS total score and domestic violence (DV) indicators when reported never/rarely vs. sometimes, fairly often, or frequently.

		Frequency DV indicator reported		
Measure	DV indicator	Never/rarely Mean rank	Sometimes/fairly often/frequently Mean rank	*U* value
CoPAFS total score	Insult	62.05 ($n = 11$)	39.55 ($n = 73$)	186.5*
	Threat	49.72 ($n = 48$)	32.88 ($n = 36$)	517.5*
	Scream/Curse	55.58 ($n = 24$)	37.27 ($n = 60$)	406.0*
	Stalk	48.51 ($n = 48$)	34.49 ($n = 36$)	575.5*
	Excessive text	51.68 ($n = 31$)	37.13 ($n = 53$)	537.0*
	Restrict finances	59.90 ($n = 31$)	32.32 ($n = 53$)	282.0**

*$p < 0.05$; **$p < 0.001$.

Results show that mothers in shared parenting arrangements have not been screened out despite the coercive control (Table 2). Using the Mann Whitney U test, we found that mothers who scored below the cut-off on the HITS (i.e., less experience of DV; mean rank = 55.09) scored significantly higher on the CoPAFS (see Table 7) than mothers who scored above the cut-off (mean rank = 34.35; $U = 426.00$, $p < 0.001$).

The relationship between the HITS and each of the CoPAFS subscales was also statistically significant, whereby mothers who scored lower on the HITS (less experience of DV) scored higher on the CoPAFS subscales (Table 3): Communication ($U = 490.50$, $p = 0.001$); Respect ($U = 485.00$, $p = 0.001$); Trust ($U = 508.50$, $p = 0.002$); Animosity ($U = 462.00$, $p < 0.001$); Valuing the Other Parent ($U = 619.00$, $p = 0.032$). Not only was the HITS total score significantly correlated with the CoPAFS, but so too were the individual DV items when the frequency was dichotomized as "never/rarely" or more often; this was true for six out of seven scale items ('Hurt' was not significant; Table 4): Insulted ($U = 186.50$, $p = 0.004$); Threatened ($U = 517.50$, $p = 0.002$); Screamed at ($U = 406.00$, $p = 0.002$); Stalked ($U = 575.50$, $p = 0.009$); Texted excessively ($U = 537.00$, $p = 0.008$); Finances restricted ($U = 282.00$, $p < 0.001$). When the 'Hurt' item was dichotomized as "yes/no", its relationship with the CoPAFS (see Table 7) was also statistically significant in the same direction ($U = 581.00$, $p = 0.007$) (Table 8).

DISCUSSION

Importantly, we have learned from this study that all participants reported experiencing behaviors indicative of domestic violence. Although half of the mothers reported experiencing physical violence, all participants experienced

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controlling and emotional/psychologically violent behaviors that fall within the six indicators that we have identified. One-third of participants experienced all seven (physical violence and coercive control) while the majority experienced three or more indicators of CC and 100% experienced at least one or two indicators. We appreciate that we might have used alternative measures, for example, Geyer and Ogbonnay (2021) used the How My Infant/Toddler/Child Usually Acts questionnaire, developed for the National Longitudinal Survey of Youth (Center for Human Resource Research, 2000) for the purposes of examining the relationship between maternal DV and infant/toddler (ages 0–3) emotional regulation. We chose the HITS because of the predictive validity of DV and we had hoped originally to have a sample of women who experienced DV and another group who had not experienced DV. We learn a significant story in this study about domestic violence, that is, in our sample, all mothers who experienced domestic violence in shared parenting arrangements experienced a variety of forms of violence and not limited to physical violence. This raises an important question about family court orders for shared parenting. What explorations of the past and current relationship and the distinctive behaviors occurring between parents are investigated or examined? For example, is the focus solely on physical violence? Is information about other controlling behaviors being provided to the court? Is it being asked? Still unknown is the impact on children when controlling behaviors are the form of violence compared with physical violence perpetrated on mothers by their former partner, however, data is suggesting that the impacts of coercive control (emotional, psychological, financial violence and control) on young children needs to be explored further, separate and apart from physical violence and control.

Further, we have learned that a number of children (26%), ages 0–2 in this study, were reported by their mothers to be showing signs of not meeting developmental milestones while another 13% required developmental monitoring. These findings support previous studies (Udo et al., 2016; Easterbrooks et al., 2018) which raise similar concerns about the developmental outcomes, behavior regulation, and neurological impacts of domestic violence behaviors on young children. While we can state that 38% of the children aged 0–2 were showing signs of developmental concern and their mothers had reported at least one form of DV; however, we do not have evidence (from the findings) to suggest that these two variables are associated.

Our findings show that there is not a lot of difference between the experiences of coercive control for women who have parenting arrangements where children spend less than 40% of their time with each parent compared to those where children spend more than 40% of their time with each parent. This is concerning given the implications of coercive controlling behaviors on women's mental health and potential impact on young children, combined with the increasing number of orders made in family court in Canada for shared parenting. Now that the amendments to the Divorce Act have been enacted, it will be imperative to know the extent to which DV is being considered when orders are made for shared parenting.

Given the lack of studies separating out domestic violence in shared parenting arrangements, this research provides some direction for further study. Not only is it important to separate families experiencing domestic violence from those engaged in high conflict, but it is also apparent that domestic violence needs further attention to ensure appropriate screening and identification. A larger sample may provide more information about the impacts of young children's exposure to controlling behaviors, or emotional and psychological violence.

LIMITATIONS

The results are based on a cross-section and non-random sampling of women's experiences of domestic violence and shared parenting and these results may not be representative of all women in similar situations. Preliminary results require further exploration with a larger sample to make definitive statements and to generalize results. Further research is also needed to explore these results with comparisons of women not reporting domestic violence. Children's impact was measured indirectly by mothers rather than through direct observation and this may influence these results given the previously reported differences in cross-informant consistency (Romano, Weegar, Babchishin, & Saini, 2018). Also, not all participants answered every question, and because some questions in the

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survey allowed for entry of free text, some responses were uninterpretable (e.g., "Canadian" as a race) and therefore some of the demographic responses do not sum to the total sample. Our sample was smaller than we would have liked and limited our ability to complete a factor analysis. Finally, although the HITS screening tool has good predictive validity, it should be noted that it is a screening tool.

IMPLICATIONS

We identify four important implications arising from this study. First, we need to consider the implications of the significance and correlation between the HITS scores and the COPAFS scores that might suggest the ways in which the CoPAFS might be used in practice as a means to support (or not) decisions for shared parenting. Understanding the quality of the co-parenting relationship is crucial to knowing whether parents will be successful as co-parents and whether the shared parenting environment will be safe for children, especially young children. Second, preliminary results suggest that greater attention to screening for coercive controlling behaviors will be as important as screening for physically violent behaviors. Third, as policies develop to respond to the changes in the Divorce Act in Canada, it will be important to clearly articulate policies to address both physical violence and coercive control. This is particularly time-sensitive as Bill C-78 was enacted in March 2021 with specific language to include coercive control in the best interests of the child doctrine (Sowter, 2021). With the legislation, change will come policies that require attention to coercive control and practices for ensuring the safety of mothers and young children. This is particularly important given Sowter's explanation that "psychological harm is harder to identify than bruises and broken bones, yet the harm is understood to be longer lasting and more severe suggesting a heightened need for intervention" (Sowter, 2021, p. 14). Lastly, we need to further study to understand the impacts of emotional and psychological harm on mothers and consequently on young children when deciding on parenting arrangements, including shared parenting. This study begins to paint a picture of the impacts of domestic violence beyond physical violence in shared parenting arrangements that are not currently being considered in family courts.

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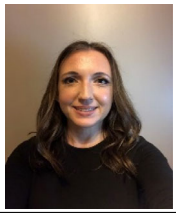
Dr. Judy Hughes is Associate Professor at the University of Manitoba, Faculty of Social Work. Her continuing program of research centers on exploring the meaning of violence in women's lives with a particular focus on how professional service providers respond to violence in women's lives and the accessibility of community resources and services for women who are leaving their abusive partners. These past projects have focused on community and professional service providers, such as women's advocates working in women's shelters, community health nurses, and child welfare workers. Two projects have focused on how family law professionals, family law lawyers, mediators, and custody assessors respond to women who have experienced intimate partner violence.



Dr. Dora Tam is Professor at the University of Calgary, Faculty of Social Work. Dr. Tam has extensive practice and research experiences with women and children who are impacted by domestic violence, specifically those from racialized communities, and has been awarded multiple Tri-Council Grants. She was the lead researcher of an international research project funded by the Canadian Institutes of Health Research in 2007 to examine "Collaborative Health Initiatives to Prevent and Intervene in Violence against

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Women in China" and was a co-investigator on a research project examining "Pre and Post Migration Stressors and Marital Relations among Arab Refugee Families in Canada" in 2016. Moreover, Dr. Tam is a lead author on a peer-reviewed journal article titled "Racial Minority Women and Criminal Justice Response to Domestic Violence" to examine how well specialized criminal justice responses address the needs of racial minority women and protect these women and their children from further violence. Dr. Tam was most recently awarded a 3-year SSHRC grant for international research to explore children's mental health in Alberta and southern China.



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