



Guiding Principles

Safe Havens: Supervised Visitation and Safe Exchange Grant Program



United States Department of Justice
Office on Violence Against Women
"Working Together to End Violence"

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Table of Contents

Section One: Supervised Visitation in Cases of Domestic Violence

Introduction.....	5
Separation and Custody in the Context of Domestic Violence.	6
Defining the Role of Grantees and Visitation Centers.	6
• Role of the Grantee	
• Role of the Visitation Center	
The Guiding Principles.....	8
• What Are They?	
• How Were They Developed?	
• Principles, Standards, and Practices	
• How To Use This Document	

Section Two: The Guiding Principles

Principle I: Equal Regard for the Safety of Child(ren) and Adult Victims.	13
Principle II: Valuing Multiculturalism and Diversity.....	19
Principle III: Incorporating an Understanding of Domestic Violence.....	23
into Center Services	
Principle IV: Respectful and Fair Interaction.	29
Principle V: Community Collaboration.....	33
Principle VI: Advocacy for Child(ren) and Adult Victims.	37

Section Three: Appendices

Appendix A: Glossary of Terms.....	43
Appendix B: Grant Program.	45
Appendix C: Contributors.	47

Introduction

Supervised visitation and exchange services provide parents who may present a risk to their children or to another parent the opportunity to have parent-child contact monitored by an appropriate third party.¹ Long recognized as a service crucial for families whose children have been removed from the home because of child abuse or neglect allegations, visitation centers have begun to emerge as a service for some families engaged in child custody disputes, and for families with histories of domestic violence and other allegations of parental misconduct.²

Advocates have long called for the use of supervised visitation services in domestic violence cases to reduce the risks to child(ren) and adult victims³ and to mitigate the effects of such violence on all members of the family.⁴ Although safer than unsupervised contact, traditional child welfare-based supervision has vastly different goals, security issues, and staffing issues than those necessitated by domestic violence cases.⁵

The United States Congress acknowledged the need for available and appropriate supervised visitation and exchange services for child(ren) and adult victims of domestic violence and established the **Safe Havens: Supervised Visitation and Safe Exchange Grant Program**⁶ (Supervised Visitation Program) as part of the Violence Against Women Act of 2000. This program is designed to increase supervised visitation and exchange services for victims of domestic violence, sexual assault, stalking, dating violence, and child abuse.⁷ The Supervised Visitation Program seeks to shift the focus of supervised visitation and exchange in domestic violence cases in an important way: where the traditional purpose of supervised visitation was to keep the children safe while allowing continued access by the parents,⁸ Supervised Visitation Program grantees, funded by the United States Department of Justice, Office on Violence Against Women (OVW),⁹ must consider as their highest priority the safety of both children and adult victims.

¹ Robert B. Straus & Eve Alda, *Supervised Child Access: The Evolution of a Social Service*, 32 FAM. & CONCL. CTS. REV. 230, 231 (1997).

² Nancy Thoennes & Jessica Pearson, *Supervised Visitation: A Profile of Providers*, 37 FAM. & CONCL. CTS. REV. 460 (1999).

³ While it is recognized that not all victims of domestic violence are women, a multitude of research supports that the overwhelming majority, in some studies as high as 95%, of domestic violence victims are women. See, e.g., Bureau Just. Stat., United States Department of Justice, *Family Violence Statistics: Including Statistics on Strangers and Acquaintances* 1 (2005) at <http://www.ojp.usdoj.gov/bjs/pub/pdf/fvs.pdf> (last visited Aug. 25, 2005).

⁴ M. Sharon Maxwell & Karen Oehme, Violence Against Women Online Resources, *Strategies to Improve Supervised Visitation Services in Domestic Violence Cases* 2, at <http://www.mincava.umn.edu/documents/commissioned/strategies/strategies.pdf> (last visited Sept. 11, 2006).

⁵ *Id.* at 3.

⁶ 42 U.S.C. § 10420 (2006) (creating Safe Havens for Children).

⁷ Supervised Visitation Program grantees are funded to serve victims of domestic violence, sexual assault, stalking, dating violence, and child abuse; the phrase “child(ren) and adult victims of domestic violence” is used throughout the document because the primary focus of the Supervised Visitation Program is serving domestic violence victims.

⁸ See, e.g., Kathryn Marsh, *The Service*, in NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN PROFESSIONALS’ HANDBOOK ON PROVIDING SUPERVISED VISITATION, 34 (Anne Reiniger ed., 2000).

⁹ See 42 U.S.C.A. § 10420 (2006) for the specific provision regarding the Supervised Visitation Program.

Separation and Custody in the Context of Domestic Violence

Separation often signifies an end to a relationship; but for many adult victims of domestic violence, separation marks instead an escalation of the batterer's violence and manipulative tactics. Emotional, psychological, sexual, financial and physical abuse, stalking, and harassment often continue at significant rates post-separation and may become even more severe.¹⁰ Awards of custody and visitation to the batterer ensure continued contact between the adult victim and the batterer, thereby creating an opportunity for the batterer to continue the abuse. Lethal violence occurs more frequently during and after separation than when the adult victim and batterer are still together,¹¹ and the children can be targets of or witnesses to this violence. It is difficult, however, to predict in exactly which case, or under what circumstances, the adult victim and the children are at risk.¹²

Even as courts continue to struggle to balance the competing considerations for safety from further domestic violence on the one hand and parental access on the other, they usually order some level of parent-child contact to the battering parent. Such orders often require adult victims to ensure that the parent-child contact takes place, in many cases resulting in compromised safety for themselves and the children during the exchange. Alternatively, courts may place custody of the children with the batterer and order the adult victim to visit the children in a supervised setting. Regardless of the situation, the Supervised Visitation Program seeks to provide services to families in ways that meet their individual safety needs.

Defining the Role of Grantees and Visitation Centers

Gearing supervised visitation and exchange services to achieve the program goals requires careful elucidation of the roles of the respective professionals and systems operating within the Supervised Visitation Program and solid collaboration among those involved.

Role of the Grantee

Per statutory requirement,¹³ the Supervised Visitation Program mandates that a unit of government apply for and maintain the grant and that grantee communities establish community working groups, which at a minimum must have representation from the domestic violence or sexual assault advocacy community, the court, the supervised

¹⁰ See PETER G. JAFFE, NANCY K.D. LEMON & SAMANTHA E. POISSON, *CHILD CUSTODY & DOMESTIC VIOLENCE: A CALL FOR SAFETY AND ACCOUNTABILITY* (2003).

¹¹ See Jacquelyn C. Campbell et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multistate Case Control Study*, 93 AM. J. PUB. HEALTH 1089-97 (2003); and Walter S. DeKeseredy, McKenzie Rogness & Martin D. Schwartz, *Separation/Divorce Sexual Assault: The Current State of Social Scientific Knowledge*, 9 AGGRESSION & VIOLENT BEHAV. 675 (2004), available at <http://www.ncdsv.org/images/Separationdivorcesexualassault.pdf> (last visited Sept. 12, 2006).

¹² Because it is difficult to determine lethality, adult victims play an essential role in safety planning as they often are more acutely aware of the intentions and potential risks of their batterer. For more discussion, see Principle I, Equal Regard for the Safety of Child(ren) and Adult Victims, *infra*.

¹³ U.S.C.A., *supra* note 9.

visitation and exchange program, and the unit of government. These partnerships allow grantee communities to:

- Build capacity for coordinated community responses;
- View the problems or challenges through diverse lenses;
- Address existing systems and improving responses; and
- Create a partnership and coordination among community entities in order to ensure continuity of services.

Role of the Visitation Center

The visitation center is part of a larger community response to enhance the safety of child(ren) and adult victims and hold batterers accountable, while providing access to visitation and exchange services. Visitation centers are among few programs that interact with each member of the family. As such, they have a unique opportunity to identify needs and gaps in services for child(ren) and adult victims, batterers, and the community at large. Visitation centers serving child(ren) and adult victims of domestic violence are in a position to:

- Provide a safe space for children to visit with the non-custodial parent;
- Help keep child(ren) and adult victims of domestic violence safe during exchanges and visitation;
- Hold batterers accountable for their violence and abuse during visitation and exchange;
- Be part of an expansion of services to support child(ren) and adult victims; and
- Provide access to meaningful referrals.

The Guiding Principles

What Are They?

The Guiding Principles of the Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Guiding Principles) are designed to guide the development and administration of Supervised Visitation Program centers with an eye toward addressing the needs of child(ren) and adult victims of domestic violence in visitation and exchange settings. The Guiding Principles look beyond the visitation setting to address how communities funded under the Supervised Visitation Program should address domestic violence in the larger community. In addition, the Guiding Principles:

- Provide guidance for communities developing or enhancing supervised visitation and exchange services for families experiencing domestic violence, child abuse, sexual assault, dating violence, or stalking;
- Serve as a reference for drafting policies and protocols for these services; and
- Assist collaborations with shaping, informing, and reviewing local supervised visitation and exchange services to address domestic violence.

How Were They Developed?

The Supervised Visitation Program National Steering Committee (Committee) developed these principles, standards, and practices during a three-year period beginning in November 2003. During the three years, the Committee met six times and engaged in concentrated discussions around the myriad issues associated not only with supervised visitation and exchange, but also with the personal and systemic obstacles facing child(ren) and adult victims of domestic violence. These discussions required representation from various disciplines of practice, which included members from the judiciary and legal community, child welfare and domestic violence services, supervised visitation and exchange services, batterer intervention services, culturally-specific organizations, mental health professionals, federal agencies, and the academic community. Just as the grantee communities bring various players to the table, so did the Committee, setting the stage for a document informed by the opinions, experiences, and lenses of this diverse group.

Because of the desire to draft a document that speaks to the philosophy of the Supervised Visitation Program and is usable by grantee communities on a practical level, representatives from Supervised Visitation Program grantee communities were brought into the process starting in 2004. A year later, a smaller group of grantees attended a Committee meeting and helped develop the standards and practices associated with each principle.

Principles, Standards, and Practices

The Guiding Principles document is broken down into three categories—principles, standards, and practices.

In total there are six guiding principles:

Principle I: Equal Regard for the Safety of Child(ren) and Adult Victims

Principle II: Valuing Multiculturalism and Diversity

Principle III: Incorporating an Understanding of Domestic Violence into Center Services

- Principle IV: Respectful and Fair Interaction
- Principle V: Community Collaboration
- Principle VI: Advocacy for Child(ren) and Adult Victims

The Guiding Principles embody the statutory requirements and objectives of the Supervised Visitation Program. Each guiding principle (overarching philosophy and perspective) is accompanied by standards (expectations based on the guiding principle) and practices (concrete activities based on the principle and standard). The goal of developing the Guiding Principles is to help guide best practice in the provision of safe visitation and exchange services and in the overall community response to child(ren) and adult victims of domestic violence.

How to Use This Document

This document is designed for use by all community partners and has been crafted using language that will speak to varying disciplines. Because definitions are not often universal, a glossary of terms is included at the back of the document (Appendix A). The principles outlined in this document were identified by the Committee and are intended to guide practice around supervised visitation and exchange for communities funded under the Supervised Visitation Program. As stated above, the Guiding Principles represent overarching philosophies that communities can use as a framework for center operation. Each principle includes:

- A narrative section, which provides context for each principle;
- Standards, which are general expectations that should be met by Supervised Visitation Program centers; and
- Practices, which are concrete ways to accomplish the expectations outlined in the standards.

While the standards and practices included in this document are considered to be good practice when addressing the needs of victims of domestic violence, centers funded under the Supervised Visitation Program can and are encouraged to go beyond the practices outlined within this document.



THE GUIDING PRINCIPLES

Principle I

Equal Regard for the Safety of Child(ren) and Adult Victims

Visitation centers should consider as their highest priority the safety of child(ren) and adult victims and should treat both with equal regard.

Visitation centers play a critical role in fostering the safety of child(ren) and adult victims during a time of increased danger when the parents separate.¹⁴ As more visitation centers increasingly work with families experiencing domestic violence and respond to the needs of child(ren) and adult victims, it becomes critically important that center services build safety into their practices, management structure, and work within their community collaborative.

If safety concerns are not adequately addressed, supervised visitation and exchange can increase a batterer's opportunity to commit continued, and sometimes lethal, violence against child(ren) and adult victims; to follow through with threats to abduct the children; or to further the abuse by stalking, harassing, refusing to cooperate in the exchange or visit, or attempting to coerce adult victims into returning to the relationship.¹⁵

Because of these risks, visitation centers have become an essential service for cases involving domestic violence.¹⁶ It is important, therefore, for visitation centers to understand that the safety needs of child(ren) and adult victims are often linked. Research shows that the well-being of children exposed to domestic violence can generally be restored if adult victims receive support to create safety and stability in their own lives,¹⁷ which in turn can provide a safer and more secure environment for the children.

Visitation centers are not expected to eliminate all of the dangers or risks present in domestic violence situations. However, with careful planning, centers can take steps that will enhance the safety of child(ren) and adult victims to the greatest extent possible.

¹⁴ DeKeseredy et al., *supra* note 11, at 675.

¹⁵ Maureen Sheeran & Scott Hampton, *Supervised Visitation in Cases of Domestic Violence*, 50 JUV. & FAM. CT. J. 13, 14 (1999); see also Peter Jaffe, Claire Crooks & Samantha Poisson, *Common Misconceptions in Addressing Domestic Violence in Child Custody Disputes*, 54 JUV. & FAM. CT. J. 57, 60 (Fall 2003) (discussing one study where 25% of the women reported that their lives were threatened during access).

¹⁶ Sheeran & Hampton, *id.*

¹⁷ SUSAN SCHECHTER & JEFFREY L. EDLESON, OPEN SOC'Y INST., DOMESTIC VIOLENCE & CHILDREN: CREATING A PUBLIC RESPONSE 5-6, 11 (2000) (stating that women's psychological well-being and mental health is strongly associated with obtaining multiple forms of social support including financial aid, social services, legal assistance, and informal social networks).

Standards and Practices

Use various methods to ensure the physical, auditory, and visual separation of parents while on-site and to decrease the likelihood that parents will come into contact with one another while traveling to and from the center.

- **Offer staggered arrival and departure times.**

Develop a policy requiring visiting and custodial parents to arrive and depart at staggered intervals. Because safety and other needs change over time, the arrival and departure schedule of each family should be designed (and redesigned when necessary) to meet the unique safety needs and concerns of the child(ren) and adult victims. In some cases, the visiting parent may be the victim and the custodial parent may be the batterer. Therefore, designing arrival and departure times based solely on custodial status is discouraged.

- **Examine facility design.**

Select a facility where the design will decrease the opportunity for parents to come into contact with one another and will include such features as separate entrances, separate parking lots, and separate waiting rooms. In circumstances where such features are not available or cannot be accommodated, develop enhanced procedures to ensure the parents do not come in contact with one another.

- **Allow custodial parents to wait on- or off-site.**

Allow custodial parents to wait on- or off-site, based on the safety needs, age, and developmental stage of the visiting children, needs of visiting children with disabilities, and other concerns of child(ren) and adult victims. Make the waiting area secure and in a location not accessible to the other parent.

Develop and implement security¹⁸ measures and protocols that meet the diverse safety needs of the community and individuals using visitation center services.

- **Develop security protocols.**

Develop security policies and protocols that meet the safety needs of the community and individuals using visitation center services, seeking input from the community collaborative. Policies and protocols can address such issues as the use of security personnel and security devices.

¹⁸ Security refers to the physical measures utilized to support the safety of staff and individuals using program services while on-site. Such security measures can include uniformed or plain-clothed officers, video monitoring equipment, metal detectors, panic buttons, etc.

■ **Inform referral agencies.**

Inform courts and other referring agencies of the security measures in place, along with the philosophy behind such measures, so that such agencies can make informed decisions about where to refer cases.

■ **Inform child(ren) and adult victims.**

Inform child(ren) and adult victims of the security measures and safety features in place, along with options for additional safety measures that could be put in place, so that child(ren) and adult victims can build into their safety plan those measures that will enhance their unique safety needs.

■ **Work with law enforcement.**

Encourage, and work with, local law enforcement to develop a protocol for responding to calls from the center, and seek assistance from law enforcement in developing other security protocols.

Acknowledge and exercise the discretion visitation centers have in rejecting cases or suspending or terminating services or individual visits/exchanges in instances where such services cannot provide for the safety needs of child(ren) and adult victims. Centers should develop criteria by which such decisions are made, based on safety considerations.

■ **Reject cases.**

Communicate to individuals using services and referring agencies the criteria for rejecting a case; reject cases if the emotional or physical safety of child(ren) and adult victims, center staff, or other individuals using services cannot be ensured.

■ **End visits.**

End visits, or do not allow exchanges to take place, if parents engage in behavior that compromises or endangers the emotional or physical safety of child(ren) or adult victims, center staff, or other individuals using services. Prior to terminating a visit and if it is safe to do so, center staff can attempt to redirect or stop a parent's behavior.

■ **Terminate services.**

Develop criteria by which services to a family will be terminated based on the safety risks to child(ren) and adult victims, center staff, and other individuals using services; terminate a case accordingly.

■ **Inform referral source.**

Develop a protocol to inform the referring agency that a case was rejected or terminated and the underlying reasons for such action.

■ **Develop community response.**

Develop a protocol within the community collaborative to address cases that are too dangerous for supervised visitation services and that have been rejected or terminated; determine whether the protocol should address referring the battering parent to other services such as a batterer intervention program.

Develop policies and procedures addressing the way information is gathered, maintained, and released that promote the safety of child(ren) and adult victims; seek the guidance of community partners, including legal professionals, as needed.

■ **Develop an information-gathering policy.**

Develop an information-gathering policy that will facilitate the visitation center receiving adequate information regarding the safety needs and other concerns of child(ren) and adult victims.

■ **Develop an information-sharing policy.**

Develop an information-sharing policy that protects the safety of child(ren) and adult victims to the greatest extent possible and is consistent with state and federal laws, including mandatory child abuse reporting laws.

■ **Remove identifying information.**

In instances where information is or must be released, remove identifying information, such as addresses, phone numbers, e-mail addresses, name(s) of employer and name of school, from the report or file as is necessary to ensure safety and confidentiality.¹⁹

■ **Ensure internal confidentiality.**

Keep files confidential and identifying information secure and protected from public view at all times; share confidential information only with appropriate center staff as needed; identify staff members who will need access to confidential family member information; ascertain those staff members who will need limited family member information to complete their job function. Center employees and volunteers should be encouraged to refrain from discussing center matters outside of the workplace.

■ **Develop policies regarding destruction of records.**

Develop policies, consistent with state and federal laws, regarding the destruction of records. Centers are encouraged to seek assistance of legal counsel when developing such policies.

¹⁹The general rule is that an individual's information will not be shared outside of the visitation center unless the individual gives the center permission to do so. For more information, see *infra* note 44. Visitation center staff should define, with the help of local counsel, the parameters and limitations of confidentiality afforded to documentation and conversations that occur in the center and should inform individuals using services of such.

■ **Inform individuals using the visitation center.**

Communicate clearly information-sharing and confidentiality policies so that individuals using visitation center services can make informed decisions about the disclosure of information.

Principle II

Valuing Multiculturalism and Diversity

Visitation centers should be responsive to the background, circumstances, and cultures of their community and the families they serve.

Decades of grassroots advocacy have helped shape how various systems respond today to domestic violence. Yet, only recently has this response begun to address issues of culture²⁰ or diversity in relation to such violence or the provision of services.²¹

Generally, individuals, organizations, and communities often experience the world through their own cultural lens, whether it is recognized or named as such. Well-intentioned service providers, including visitation centers, have often established uniform approaches to services to increase efficiency or to make use of scarce resources.

However, a one-size-fits-all approach to delivering visitation and exchange services can limit a visitation center's ability to assess its own organizational culture and to recognize and be responsive to the different culture(s), life experiences, values, and circumstances of the individuals, families, and communities coming into contact with its services. Failure to understand the social and cultural context of those who use visitation centers can lead to decisions that increase the risks to child(ren) and adult victims and reduce the usefulness of services.

While many visitation centers operate with limited resources, it is important to realize that the most cost effective way of providing services may not be the safest or the most culturally appropriate. Valuing multiculturalism and diversity requires individuals and organizations to engage continually in self-reflection and self-critique, to become aware of their own cultural identities and backgrounds, and to examine their own patterns of unintentional and intentional bias against or for race, ethnicity, sexual orientation, religion, age, socio-economic status, disabilities, or other axes of identification.²²

Individuals experience their culture(s) differently and respond to traditional cultural values in different ways and to varying degrees. An individual's cultural reality comes from the unique perspective based on that person's life experiences in the context of the cultural

²⁰ One definition of culture is shared experiences or commonalities based on race, ethnicity, sexual orientation, religion, age, socio-economic status, physical abilities, or other axes of identification. See MICHAEL M. RUNNER & SUJATA WARRIER, FAMILY VIOLENCE PREVENTION FUND, CULTURAL CONSIDERATIONS IN DOMESTIC VIOLENCE CASES: A NATIONAL JUDICIAL EDUCATION CURRICULUM, Section 2.12 (2001).

²¹ Tricia B. Bent-Goodley, *Culture and Domestic Violence: Transforming Knowledge Development*, 20 J. INTERPERSONAL VIOLENCE 201 (2005).

²² See, Melanie Tervalon & Jann Murray-Garcia, *Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education*, 9 J. HEALTH CARE FOR POOR & UNDERSERVED 117 (1998), as cited in Praxis Int'l, Inc., *A Discussion of Accounting for Culture in Supervised Visitation Practices: The City of Chicago, Illinois Demonstration Site Experience* (Dec. 2005).

groups in which she or he moves.²³ Visitation center staff, therefore, must be willing to listen to and try to understand the individual experiences and perspectives of those with whom they work. Incorporating multiculturalism and diversity into center practice can enhance safety and lead to better outcomes for children, adult victims, and batterers.²⁴

Standards and Practices

When creating policies and services, consider the unique experiences, values, circumstances, and cultural backgrounds of the individuals receiving visitation and exchange services. This inclusive approach can be guided by input from the individuals served, as well as from the visitation center’s collaborative community partners.

■ Consider extended family.

Consider allowing extended family members, as identified by those receiving services, to participate in a visit if it is not prohibited under a court order and does not compromise the safety of child(ren) and adult victims.

■ Offer services in the primary language of the individuals.

Strive to permit individuals to complete orientations, receive information, ask questions, and participate in visits using their native or preferred language or sign language; work with collaborative community partners to facilitate the availability of visitation and exchange services in the individual’s native or preferred language, whether through the use of verbal or sign language interpretation services²⁵ or bilingual staff.

■ Inform interpreters.

Ensure that the role, policies, and safety precautions of the visitation center are clearly communicated to individuals being used as interpreters. For occasions when interpreter services are not available, explore alternative options, provided the safety concerns have been addressed.

■ Consider allowing food, music, and religious traditions.

Examine whether to allow individuals to celebrate the food, music, and/or religious traditions that they practice, provided that doing so is safe for child(ren) and adult victims.

²³ Patricia St. Onge et al., Nat’l Community Dev. Inst., *Through the Lens of Race and Culture: Building Capacity for Social Change and Sustainable Communities* (2003), at <http://www.ncdinet.org/culturally-basedcapacitybuilding.htm> (last visited Sept. 13, 2006).

²⁴ Firoza Chic Dabby & A. Autry, Fam. Violence Prevention Fund, *Activist Dialogues: How Domestic Violence and Child Welfare Systems Impact Women of Color and Their Communities* (2005); see also Fam. Violence Prevention Fund, *Cross-Cultural Solidarity* (2005) at <http://toolkit.endabuse.org/BuildPartnerships/Cross-Cultural> (last visited Sept. 27, 2006).

²⁵ For purposes of this document, interpretation means an oral or sign medium, rendering an oral or sign message from one language to another. See Isabel Framer, Legal Assistance Providers’ Technical Outreach Project, *Interpreting the Interpreter: What Every LAV Attorney and Advocate Needs to Know About Legal Interpretation* (2006).

■ **Identify transportation needs.**

Develop flexible policies and procedures that will account for various methods of transportation, which may necessitate extending arrival and departure schedules to enhance the safety of child(ren) and adult victims.

■ **Offer a range of visitation center hours.**

Offer a range of hours for visitation and exchange, such as accommodating weekend and evening visits or exchanges, in order to be inclusive of the varying types, hours, and places of employment for individuals using such services.

Design visitation center programming and physical space, and the recruitment and development of staff, to promote and encourage diversity in center services.

■ **Offer a diverse staff.**

Seek to hire bi-lingual and culturally diverse staff from within the community to be served who will work with the individuals using services and to inform them of the policies, procedures, and work of the visitation center.

■ **Encourage continual internal discussions about diversity.**

Continually assess forms, policies, procedures, and materials for cultural responsiveness, competence, and relevance, seeking outside assistance as necessary.

■ **Provide staff with training.**

Encourage visitation center staff to participate in culturally relevant, up-to-date, practical training on, and engage in continual self-reflection regarding, the following topics: the nature of power imbalances, social oppression, prejudice, and discrimination, and the ways in which these dynamics impact the development and delivery of center services to and interactions with community partners and individuals using center services.

■ **Examine the design of the physical space.**

If possible, design the visitation center facility to reflect the different cultures of the individuals who the center serves in terms of décor, toys and other playthings, resources available, accessibility,²⁶ and layout.

²⁶ For more information on accessibility, visit the United States Department of Justice, Americans with Disabilities Act, ADA Home Page at <http://www.usdoj.gov/crt/ada/adahom1.htm> (last visited Sept. 13, 2006).

In conjunction with the collaborative community partners, develop strong working relationships with culturally specific organizations to increase the visitation center's capacity to serve the diverse cultures in its community.

■ **Develop multicultural partnerships.**

Partner with representatives from the communities the visitation center has the potential to serve, including staff of culturally specific services.

■ **Offer staff development opportunities.**

Involve representatives from culturally specific organizations as trainers of and consultants to visitation center staff.

■ **Conduct cultural assessments.**

Conduct an organizational cultural competency assessment and invite representatives from diverse community organizations to assist in the design of the visitation and exchange program, including the development and review of its mission statement, policies, and procedures.

■ **Establish linkages for outreach.**

Work with representatives from culturally specific organizations to identify populations needing services, establish linkages for outreach, enhance accessibility, and promote relevant services.

■ **Ensure access to interpretation.**

Work with community collaborative partners and culturally specific organizations to identify and create access to interpretation services.

Principle III

Incorporating an Understanding of Domestic Violence into Center Services

Visitation centers should demonstrate a comprehensive understanding of the nature, dynamics, and impact of domestic violence and incorporate that understanding into their services.

Domestic violence involves a complex pattern of behaviors that take many forms (physical, sexual, psychological, emotional, and financial) and are used as a means of controlling the other partner.²⁷ These behaviors are neither impulsive nor a result of poor anger management, but rather are purposeful and instrumental to maintain compliance of the victim.²⁸ When adult victims leave their batterers, the likelihood increases significantly that the batterers will escalate their violence, kidnap or threaten to kidnap the children, stalk, attempt to undermine the relationship between child(ren) and adult victims, attempt to use the court system and service providers as tools of the abuse, and attempt to involve the children in the abuse. A heightened understanding of the nature, dynamics, and impact of domestic violence can help visitation center staff have a more comprehensive view of battering behaviors and how batterers often attempt to control the situation, the adult victim, and the children.

Battering Behaviors

Batterers often minimize or deny their violence or project blame on others, and can appear charming and in control. Visitation center staff who do not understand the nature and dynamics of domestic violence may have difficulty believing the batterer has abused the children or adult victim, and unwittingly comply with a batterer's tactics.

Visitation center staff, therefore, need to be aware of the ways batterers may attempt to use the services to threaten, intimidate, and control their victims. A sampling of tactics batterers use in a visitation setting include frequently changing the visitation schedule in a way that causes problems and anxiety to child(ren) and adult victims; passing messages to the adult victim by way of the children; or bringing to the visit a toy or object that the child(ren) or adult victim associates with past abuse.

Supervised visitation and exchanges are artificial situations that have protections built in to ensure the safety and appropriateness of the visit or exchange. In this context, a batterer is highly motivated to follow the rules. Therefore, it is important for visitation centers to understand and articulate to collaborative partners that observations of no battering behavior in this artificial setting provide little if any information needed to predict future behavior.

²⁷ See, e.g., CLARE DALTON, LESLIE DROZD & HON. FRANCES WONG, NCJFCJ, NAVIGATING CUSTODY & VISITATION EVALUATIONS IN CASES WITH DOMESTIC VIOLENCE: A JUDGE'S GUIDE 8 (2004, revised 2006) (citing Anne L. Ganley, *Understanding Domestic Violence: Preparatory Reading for Trainers*, in ANNE L. GANLEY & SUSAN SCHECHTER, DOMESTIC VIOLENCE: A NATIONAL CURRICULUM FOR CHILD PROTECTIVE SERVICES 1-32 (Janet Carter, et al. Ed., 1996)).

²⁸ DALTON, DROZD & WONG, *id.*

Victim Behaviors

Victims of domestic violence often experience repeated threats, violence, and intimidation, as well as physical, sexual, financial, emotional, and psychological abuse. Constant, repeated exposure to such abuse can have a profound effect on how adult victims perform daily activities, think, interact on a personal level, and view their sense of self.²⁹ Victims may also be in denial about the actual risk from their batterers and may take responsibility for the abuse.

The history of abuse experienced by adult victims and the concerns or fears they may have for themselves and their children create the context for their behavior. It is important for visitation center staff to understand this context in order to respond better to the needs of child(ren) and adult victims. Without such understanding, center staff may misconstrue a victim's protective behavior as being unfriendly, uncooperative, or antagonistic toward staff or the other parent,³⁰ which may in turn distract staff from ensuring safety for adult victims and instead focus their attention on the batterer's articulated needs.

It is also important for visitation center staff to understand that the victim of domestic violence may not be the custodial parent; and that although both parents may have a criminal record, only one of the parents poses an ongoing risk to the children or the other parent, or that the parent with such record is actually the victim, not the batterer.³¹

Children's Behaviors

Domestic violence plays out differently in every family experiencing such violence; therefore, child(ren) and adult victims coming to visitation centers will have their own unique safety needs, with the children's safety and well-being often dependent on the adult victim's safety.³² More than two decades of studies show that in families where women are abused, many of their children also are abused or neglected.³³ Other studies have found that children who are exposed to domestic violence often exhibit behavioral and emotional problems, cognitive functioning and attitude problems, and longer-term problems.³⁴ In addition, children may demonstrate good behavior in the presence of the batterer and act out in the presence of the adult victim for many reasons not readily apparent to or understood by visitation center staff.³⁵ The opposite could also occur if the children feel safe with staff present.³⁶

²⁹ Nat'l Cent. for Victims Crime, *Domestic Violence*, at

<http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32347#4> (last visited Sept. 25, 2006).

³⁰ See DALTON, DROZD & WONG, *supra* note 27, at 25 (citing Am. Psychol. Ass'n, *Issues and Dilemmas in Family Violence: Issue 5*, at <http://www.apa.org/pi/pii/issues/issue5.html> (last visited Dec. 6, 2005)).

³¹ DALTON, DROZD & WONG, *id.* at 13.

³² SUSAN SCHECHTER & JEFFREY L. EDLESON, NCJFCJ, *EFFECTIVE INTERVENTION IN DOMESTIC VIOLENCE & CHILD MALTREATMENT CASES: GUIDELINES FOR POLICY AND PRACTICE 11* (1999) [hereinafter GREENBOOK].

³³ *Id.* at 9.

³⁴ Jeffrey L. Edleson, VAWNet Applied Research Forum, *Problems Associated with Children's Witnessing of Domestic Violence* (revised Apr. 1999), at http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_witness.pdf (last visited Sept. 13, 2006). See also GREENBOOK, *supra* note 32 (citing various studies).

³⁵ DALTON, DROZD & WONG, *supra* note 27, at 12.

³⁶ *Id.* at 12.

Understanding that children could have their own valid reasons to criticize or be afraid of the batterer is important to understanding more fully the safety needs of child(ren) and adult victims.

Standards and Practices

Ensure visitation center staff know and understand the issues related to domestic violence, sexual assault, child abuse, dating violence, and stalking.

■ Train staff.

Provide visitation center staff and volunteers with comprehensive training on domestic violence prior to or within the first few weeks of employment, and additional training periodically throughout the duration of employment; design the training workshops in partnership with domestic violence victim advocates and include information on, but not limited to, the following:

- Fundamentals of power and control;
- Tactics of battering and coercive control;
- Post-separation violence and domestic violence, including child sexual assault;
- Intersection of domestic violence and substance abuse;
- Adult sexual assault, particularly the intersection with domestic violence;
- Stalking;
- Working with child(ren) and adult victims;
- Working with batterers;
- Providing culturally-responsive services;
- Interrupting and redirecting conversations during visits;
- Child development; and
- Systems within which families come into contact.

Design visitation center practices and operations to reduce a batterer's opportunity to continue the abuse during visitation and exchanges.

■ Prohibit conversations about the victim.

Do not allow a batterer to talk or inquire about the victim with staff; redirect such conversation to the batterer's interaction and relationship with the children.

■ Address continued abuse.

Discuss with the adult victim the options available for addressing or reporting occurrences of a batterer's continued abuse of the victim, whether such abuse is witnessed by or reported to staff.

■ **Check in frequently with the adult victim.**

Out of the presence of the children, follow up with adult victims to determine if the visitation center's policies and the visitation or exchange plan are meeting their safety needs.

■ **Address non-compliance.**

Address safety issues that may arise from a batterer's non-compliance with either the visitation center's policies or the visitation or exchange plan.

■ **Encourage adult victims to check in with the center.**

Encourage adult victims to check in with the center about a batterer's compliance with center policies and the visitation or exchange plan, if that is their preference; be prepared to address safety issues that may arise from a batterer's non-compliance.

■ **Identify safety needs.**

Identify and address the unique safety needs of each family and gear visitation center policies and practices toward taking an individualized approach with each person using the center.

Design services specifically tailored to meet the unique safety needs and concerns of child(ren) and adult victims; ensure visitation center staff have an understanding of the circumstances that bring families to the center.

■ **Develop a referral policy.**

Work with the court and other referral sources to develop a policy addressing the information that visitation centers need at the point of referral, including the specific reason for the referral, the court order to use the supervised visitation center or exchange program, current protection orders or other restrictions on activities, and custody and visitation arrangements such as whether supervised visitation or safe exchange is required.

■ **Perform a comprehensive orientation.³⁷**

Conduct a comprehensive orientation with each parent and each child prior to commencing services; gather information about the family's experiences related to domestic violence; determine whether there are safety or other concerns. If there are concerns, work with the parent to create a plan to address those concerns, focusing on safety related to the visitation or exchange services, including traveling to and from the visitation center and safety during a visit.

³⁷ The practice of orientation, conducted individually with each member of the family, occurs at a visitation center apart from and prior to the first visit or exchange in order (1) to establish a purposeful relationship of engagement with each parent and child; (2) to exchange information with each parent and child so that the center can provide meaningful and safe services to each individual, and each individual can best use the services offered by the center (which includes identifying and responding to the complex needs and identities of each individual); and (3) to begin the process of undoing the harm to child(ren) and adult victims caused by the violence and reducing the opportunity and inclination for batterers to cause further harm.

■ **Offer different levels or types of monitoring.**

Consider offering different levels or types of monitoring³⁸ (e.g., one-on-one or group visits) as space allows, while still ensuring safety; select a level in consultation with the adult victim that meets the safety needs of that parent and the children, yet is the least intrusive as possible; depending on the specificity of the original referral or court order, transition families through various levels or types of monitoring as needed based upon periodic assessments; inform the court and other referring agencies as to what types of services and levels of monitoring are available from the center.

■ **Offer support during transitions.**

Work with both the adult victim and the batterer prior to the family transitioning out of supervised visitation or exchange services by providing assistance such as connecting the adult victim with an advocate to develop a post-supervised visitation or exchange safety plan or offering the center as a continuing resource should either parent so desire or require.

Focus documentation practices on the reason the family has been ordered or referred to the visitation and exchange center.

■ **Develop documentation practices.**

When developing documentation policies and procedures, consider the implications of sharing information about a family with the court, community collaborative partners, the parents or their attorney, or other outside agencies; consider documenting only information that is necessary and will not compromise the safety of child(ren) and adult victims.

■ **Document critical incidents.**

Document critical incidents, which may include rule violations or attempts to continue abuse, particularly instances in which action is taken by staff (such as ending a visit) or by an outside third party, such as law enforcement. A critical incident may also include problematic behavior that necessitates a change in the level of monitoring.

■ **Review files for adherence to policies.**

Regularly review files for adherence to and consistency with the visitation center's policies on confidentiality and documentation; provide ongoing training on confidentiality and documentation policies and philosophies to ensure all center staff have an understanding of and comply with them.

³⁸ Monitoring involves the presence of a third person who is responsible for observing, supervising, and promoting a safe environment for those families participating in supervised visitation or exchange. The third party's actions during the visitation session will vary depending on the orders of the court or the protocol of the visitation center.

Determine if and what information will be reported to the court, balancing the expectations of the court with the need to keep child(ren) and adult victims safe, and taking into consideration what is required by state or federal law.

■ **Communicate reporting policies.**

Communicate visitation center reporting policies and procedures to court staff, including the philosophy behind the policy and the limitations of the information gathered by the center; communicate this policy to individuals using the visitation center prior to the commencement of services.

■ **Identify abusive behaviors.**

Include information related to abusive behaviors demonstrated during a visit or exchange in a report, keeping in mind the reason the family was ordered to supervised visitation (i.e., domestic violence, sexual assault, child abuse, dating violence, or stalking), and whether such behaviors raise safety concerns.

■ **Refrain from making recommendations.**

Avoid including in reports to the court recommendations regarding a parent's parenting of the children or custody and visitation arrangements.

■ **Provide context.**

Include in a report a statement of why the family was referred to the center so as to contextualize the information contained within the report.

■ **Increase awareness of the limitations of information.**

Work with courts and other partners to increase awareness of the limitations of the information that can be provided by the visitation center.

Principle IV

Respectful and Fair Interaction

Visitation centers should treat every individual using their services with respect and fairness, while taking into account the abuse that has occurred within the family.

The goal of the Supervised Visitation Program is to promote the safety of child(ren) and adult victims of domestic violence during visitation and exchange. Individuals using visitation center services often do so because one family member has abused another. Because the majority of families who use visitation or exchange services are often doing so by court order, adult victims may feel re-victimized and powerless, particularly if they are the visiting parent; batterers may feel that the court and the visitation center are siding with the victim; and the children may feel responsible for the abuse and its consequences. In addition, individuals often view visitation center staff as holding positions of power, a perception that may be underscored if staff are not representative of the community in which the center operates.

Even so, visitation centers can still acknowledge the abuse perpetrated by the batterer and provide for the safety of child(ren) and adult victims while treating all individuals with respect and fairness. Treating individuals fairly and courteously, as well as recognizing each individual's right to personal dignity, is a cornerstone to the provision of effective visitation and exchange services.

Understanding the issues that impact the individuals using visitation and exchange services, including issues of poverty, homelessness, immigration, and unemployment, will help visitation center staff gain and retain the trust of each person using the center. To that end, responses to battering behavior need to be accomplished in a manner that does not dehumanize the batterer. If a batterer has a positive reaction to using the visitation center, safety for child(ren) and adult victims may be enhanced.

However, visitation center staff need to be cognizant of the power imbalance inherent in a relationship where one parent has been abusive to the other. In such cases, fairness is rarely achieved through notions of sameness or impartiality. Each individual using the visitation center has her or his own unique experiences that must be accounted for in designing appropriate visitation and exchange services. Fair and respectful treatment of all individuals, while not ignoring the circumstances that bring families to the center, promotes the overall goal of the center—ensuring the safety of child(ren) and adult victims of domestic violence and holding batterers accountable for their actions.

Standards and Practices

Seek to use a least-intrusive approach to services, consistent with safety, level of risk, and cultural needs.

■ Reduce the impact of monitoring.

Train monitors to lessen the impact of their presence during the visit by engaging with the visiting parent and children only when necessary to redirect the visiting parent's conversation, when asked to do so by the visiting parent or children, or to provide supportive assistance to the parent and/or children.

■ Offer a range of service.

Offer various levels and types of monitoring (e.g., one-on-one or group visits) and select a level in consultation with the adult victim that meets the safety needs of that parent and the children, yet is the least intrusive as possible; periodically re-assess the safety needs of child(ren) and adult victims and transition families through various levels or types of monitoring as needed.

Recognize and make an effort to honor the input of children.

■ Check-in with children.

Give children the opportunity to express concerns or ask questions prior to commencement of services and on an on-going basis.

■ Support conversations.³⁹

Support children's requests to initiate conversations with the visiting parent about what brought them to the visitation center only if center staff have the requisite training and expertise⁴⁰ to guide a case-specific conversation and have ascertained with input of the adult victim that it is safe to allow conversations about the case.

■ Respect children's wishes.

Refrain from forcing children to participate in a visit; explore with children, in a non-coercive manner, their reason(s) for not wanting to participate in a visit and offer them alternatives, including saying hello to the visiting parent, participating in a shorter visit (of the children's desired length), or drawing a picture or writing a letter for the visiting parent.

³⁹ Campbell, Gordon & McCalister Groves, Fam. Violence Prevention Fund, *Beyond Observations: Considerations for Advancing Practice* (pending publication 2007) (guidelines for practice around therapeutic supervised visitation and exchange in cases of domestic violence).

⁴⁰ Such requisite qualifications may include expertise on child and adolescent development and in-depth and up-to-date training on appropriate conversation techniques with children.

■ **Inform children.**

Work with the custodial parent to inform the children, in an age-appropriate manner, why they are visiting at the center; let parents know what center staff have told the children.

■ **Conduct an exit survey with children.**

Ask children, in age-appropriate terms, what they thought of the visitation or exchange experience and how the center could improve.

Strive to mitigate the artificial environment of visitation centers by inquiring about each individual's preferences, and make an effort to meet those preferences within the parameters of safety, resources, and the role of the center.

■ **Seek to accommodate preferences.**

Ask visiting parents about the types of activities they would like to engage in with the children, and attempt to make those activities available during visitation if it is reasonable and safe to do so for child(ren) and adult victims.

■ **Establish respectful interaction.**

Interact with courtesy and kindness during orientation (e.g., ask individuals who use the visitation center how they prefer to be addressed and then address them as such).

■ **Allow participation by extended family.**

Allow extended family members to participate in a visit, if the victim parent approves and if it is not prohibited under the court order. Extended family members should understand and follow the same policies and procedures in place for visiting parents.

Inform the parents and children about the role and parameters of the visitation center.

■ **Inform parents and children.**

During orientation and as needed, inform parents and children of the:

- Expectations of the visitation center, including the rules and the consequences for not abiding by those rules;
- Policies and procedures of the visitation center;
- Safety features of the visitation center;
- Role of the visitation center, including its relationships with other agencies or systems with which the individuals may come into contact; and
- Steps taken to protect confidentiality and the limits of such confidentiality.

■ **Prepare visiting parents.**

Discuss with visiting parents what their expectations are for the visit(s) and the visitation center's ability to meet those expectations; prepare visiting parents for the children's potential reaction to the visit (e.g., not wanting to participate in the visit) and offer support to visiting parents as needed; in the event the visiting parent is a victim of domestic violence, address safety concerns and identify and make linkages for additional services if needed.

Treat batterers with respect while recognizing that they have used violence; set parameters around their behavior to provide for the safety of child(ren) and adult victims.

■ **Discuss expectations.**

During orientation, explain to parents that the rules are intended to promote positive relationships with their children, provide for the safety of everyone, and are not intended to be punitive.

Principle V

Community Collaboration

Visitation centers should seek to operate within a community collaborative which has as its goal to centralize safety of child(ren) and adult victims and hold batterers accountable. The community collaborative will strive (1) to ensure a holistic response to each family member's needs; (2) to stop continued abuse of child(ren) and adult victims; and (3) to eliminate the social conditions that cause intimate partner violence.

Separation is often the catalyst for long-term safety concerns and potentially dangerous circumstances for child(ren) and adult victims that require appropriate services and community dialogue in order to balance the safety needs of child(ren) and adult victims with parental access to the children. The need for safe visitation and exchange does not exist in isolation of other issues threatening the safety and well-being of individuals using those services, such as substance abuse, poverty, homelessness, mental illness, undocumented-immigrant status, disabilities, functional illiteracy, unemployment or underemployment, gender bias, rural isolation, and other social and cultural differences.

Visitation centers are well positioned to work with the broader community to identify the needs of families and community members in areas fundamental to safety and well-being (e.g., domestic violence and legal advocacy, housing, nutrition, income, employment, education, health, and transportation). The responsibility for balancing safety and access in these situations rests not only with the centers, but also with the communities in which they operate. Therefore, centers should work as part of a broad community network that responds holistically to a family's range of needs.

Visitation centers provide a service that is part of a larger consortium of services designed to enhance safety and protection for child(ren) and adult victims of domestic violence. To be successful in meeting their mission, centers funded under the Supervised Visitation Program must operate within a collaborative framework that includes a **core partnership** (state, tribal, or local unit of government, visitation centers, courts, and domestic violence or sexual assault programs) **and a community collaborative** (other community members and services).

The core partnership is the primary source of information and services surrounding use of visitation centers. Visitation centers receiving funding through the Supervised Visitation Program are required to establish working relationships with each core partner. It is at the core partnership level that important issues such as effective case processing, information exchange, and safe services can be addressed. Cooperation and active participation from each core partner are essential.

The community collaborative refers to a network of resources for child(ren) and adult victims of domestic violence and includes the core partners, social service agencies and other service providers, child welfare agencies, law enforcement, health care systems, faith institutions, neighborhood and cultural associations, community leaders/people of influence, and families who use visitation services and their friends and extended family members. These collaboratives can address systemic, policy, or legal barriers to achieving safety and well-being for child(ren) and adult victims through community-based efforts that prioritize safe and appropriate custody and visitation arrangements; identify barriers to service delivery; reach out to community members not accessing services; support the understanding of the role of visitation centers within the community; participate in community efforts to resolve other issues such as substance abuse, poverty, racism, or gender bias; and identify solutions to service fragmentation.

Family members are often drawn into a complex maze of legal, administrative, and service-oriented processes during the protracted period of determining visitation and custody arrangements. The combined community response to the family can be fragmented, often involving several cases, agencies, and dozens of practitioners. These multiple levels of interventions can contradict one another, be so broad that they miss important opportunities to address victim safety, or actually produce actions that can endanger adult victims. It is the responsibility of the community collaborative to identify and address gaps in services.

Both the core partnership and the community collaborative are instrumental not only in providing safe services for the individuals using visitation centers, but also in identifying and eliminating barriers to achieving safety and stability for child(ren) and adult victims.

Standards and Practices

Work proactively with the core partners—the court, domestic violence or sexual assault program(s), and governmental unit—to develop mechanisms for referrals to the visitation center, information sharing, and other procedures.

■ Develop referral procedures.

With guidance from the core partners, develop policies and protocols regarding what types of cases should be referred to the visitation center, how the referral will occur, and what information will be shared between the center and other partners.

■ Develop an information-sharing policy.

Develop a policy with guidance from the core partners regarding what, if any, information will be shared by the visitation center to the referring agency, and a mechanism for sharing that information.

Work with core partners to develop a community collaborative, or join an existing community collaborative effort, which has as its goal to enhance the community's response to child(ren) and adult victims of domestic violence, with a focus on post-separation violence and supervised visitation and safe exchange.

■ **Identify community collaborative membership.**

In developing a community collaborative, work with core partners to identify agencies, institutions, community members, and culturally relevant community programs whose work includes a focus on ending domestic violence.

■ **Articulate role of community collaborative.**

Work with the core partners to articulate clearly the role of the community collaborative, seeking input from those who will participate in the collaborative effort.

■ **Work with existing response effort.**

If a coordinated community response to domestic violence already exists, work with core partners to determine how the core partners can be integrated into the existing community collaborative; identify the process by which the core partners will seek to join this response effort; strive to make post-separation violence and services, including supervised visitation and safe exchange, a priority of the coordinated community response effort.

Work within the community collaborative to enhance the community response to post-separation violence through visitation and exchange services that are targeted to meet the safety and other needs of child(ren) and adult victims.

■ **Share expertise.**

Emphasize the importance of utilizing each community collaborative member's expertise and developing opportunities for cross-training in order to enhance the knowledge and skills of those who work with batterers and/or child(ren) and adult victims of domestic violence.

■ **Obtain feedback.**

Develop mechanisms with core partners and the community collaborative to obtain feedback from community groups and from individuals who use the visitation center regarding the quality of services provided; such mechanisms could include focus groups and surveys.

■ **Refer to culturally relevant resources.**

Work with the community collaborative to provide or refer families to culturally relevant community resources or services.

Work with the community collaborative to address systemic problems and harmful or ineffective practices that have been identified by the visitation center and the individuals who use its services, domestic violence practitioners, and others—particularly those issues related to post-separation violence.

■ **Identify issues.**

Work with the community collaborative to develop mechanisms to identify systemic problems or gaps in services routinely, such as conducting focus groups with child(ren) and adult victims, batterers, domestic violence practitioners, and center staff. The issues identified may include the lack of legal representation for adult victims, loss of custody by adult victims, or lack of post-separation advocacy or appropriate services.

■ **Develop solutions.**

Encourage the community collaborative to coordinate an inter-agency meeting to develop creative solutions to address issues related to the systemic problems or the harmful or ineffective practices that have been identified.

■ **Provide resources.**

Work with the community collaborative to provide or seek out resources to fill gaps in services and address systemic problems.

Seek to integrate the principles of the Supervised Visitation Program into the coordinated community response to families who use the visitation center.

■ **Review history of the grant program.**

Provide a collaborative-wide training with the core partners on the need for and history of the Supervised Visitation Program, including information on the post-separation needs of child(ren) and adult victims of abuse and the tendency of batterers to continue their coercive and controlling behavior post-separation through the use of systems and institutions.

■ **Develop mission/vision statements.**

Develop a mission and a vision statement for the community collaborative that are in line with the Guiding Principles of the Supervised Visitation Program.

■ **Develop a sustainability plan.**

With core partners, develop a plan for sustainability and encourage the community collaborative to support the plan.

Principle VI

Advocacy for Child(ren) and Adult Victims

Visitation centers should work with the community collaborative to ensure that child(ren) and adult victims have meaningful access to services and should actively link individuals to those services.

For purposes of this document, advocacy⁴¹ can be defined as working with child(ren) and adult victims to understand their circumstances and experiences of violence and abuse in order to provide accurate information about and referrals to available services that can best meet their individual needs. Advocacy includes linking child(ren) and adult victims to trained domestic violence service providers and other appropriate resources and supportive services.

An essential component of effective advocacy is having supportive community conditions, community-based intervention services, policies, and resources that centralize victim safety and hold batterers accountable. Because visitation centers are one of the few services that interact with each member of the family, they are in a unique position to identify the needs and gaps in visitation and exchange services, both for individuals and for the community at large.

Advocacy has been a longstanding role and function of most programs concerned with the safety of child(ren) and adult victims of domestic violence. Visitation and exchange services can supplement traditional victim services by offering supervised settings in which parent-child relationships can continue safely.

Visitation centers can serve as a gateway through which needed services can be more readily accessed by child(ren) and adult victims who may not be aware of additional services available in the community. However, it should be understood that visitation centers do not advocate for, or speak on behalf of, adult victims of domestic violence or serve as domestic violence advocates within the overall scope of the visitation center. Rather, visitation centers can work with the community collaborative to ensure that child(ren) and adult victims have direct access to trained domestic violence advocates and culturally appropriate resources available to assist them in securing a range of supportive services.

When visitation center staff take time to understand the issues that child(ren) and adult victims face, they can better provide accurate information about and referrals to resources. In addition, visitation center staff that have such understanding are also more equipped to provide appropriate referrals for parents who batter to address and change their battering behavior, to stop using violence, and to prevent further harm caused by domestic violence.

⁴¹ As noted in Principle V, harmful or ineffective systemic responses identified by the visitation center and the individuals who use its services, domestic violence practitioners, the courts, and others, particularly those issues related to post-separation violence, can be addressed through the work of the community collaborative; in this way, the center's advocacy efforts can expand beyond individuals and effect overall systems change.

Standards and Practices

Provide meaningful access to community resources to help meet each family member's individual needs, which may include legal, administrative, or service-oriented resources to end or reduce post-separation violence and to meet their other needs.

- **Develop relationships with community organizations.**

In order to make meaningful referrals, develop relationships with other programs offering relevant resources in the community in order to acquire an in-depth understanding of the program, including its mission, philosophy, and services.

- **Develop an understanding of each parent's and each child's needs.**

Strive to understand each parent's and each child's specific safety and other needs, which can be identified during orientation and periodic safety check-ins, before making referrals; explain to the parents or children how the referral agency can meet their needs.

- **Identify referral sources.**

Identify appropriate referral sources to programs that prioritize the safety of child(ren) and adult victims.

- **Explain available resources.**

Explain to individuals how specific community resources or services can assist them in dealing with issues identified during orientation or through periodic safety check-ins.

- **Provide meaningful referrals.**

Work with adult victims to provide meaningful referrals to advocates, such as allowing adult victims to call an advocate from the center, or calling on their behalf, if requested.

Work with domestic violence and other advocacy organizations to ensure the visitation center is adequately addressing the safety and well-being of child(ren) and adult victims.

- **Develop a policy on information sharing.**

Develop a clear and consistently applied policy regarding sharing confidential, identifying information with the domestic violence agency regarding individuals who use the visitation center.

- **Facilitate meaningful access.**

Develop policies and protocols with the domestic violence agency to facilitate meaningful access to community resources for child(ren) and adult victims (e.g., have an advocate who is

knowledgeable about the post-separation needs of child(ren) and adult victims meet with them at the visitation center if requested to do so).

■ **Provide cross-training.**

Together with the domestic violence agency, develop a cross-training program to educate the staff of both the visitation center and the agency about domestic violence, the dynamics of the post-separation period, supervised visitation and exchange, how to work effectively with child(ren) and adult victims from diverse backgrounds, and the services provided by each.

■ **Consult with domestic violence agencies.**

Consult with the domestic violence agency in developing and implementing visitation center policies and procedures to ensure safety and other needs of child(ren) and adult victims are met.

Define clearly the role of the visitation center with regard to its advocacy efforts, particularly in relation to existing domestic violence advocacy programs and services in the community.

■ **Define scope.**

Define the visitation center's scope regarding advocacy (e.g., providing accurate information about and referrals to available services that can best meet the individual needs of children, adult victims, and batterers).

■ **Articulate the visitation center's limitations on advocacy.**

Inform individuals and other programs as to which services are outside the scope of visitation and exchange services (e.g., helping adult victims fill out a protective order and going to court as an advocate, providing counseling related to the abuse experienced by the victim, and providing legal counsel).

Encourage the community collaborative to support the development and implementation of quality post-separation advocacy services in the community where none exist.

■ **Identify gaps.**

Seek input from adult victims, advocates, visitation providers, and representatives from other relevant organizations to develop an understanding of the gaps in services for child(ren) and adult victims who have left their batterers.

■ **Provide cross-training and outreach.**

Encourage the community collaborative to make resources available through cross-training and outreach to victim advocacy services. Such efforts can help enhance the visitation center's knowledge of traditional victim advocacy issues, while domestic violence agencies can obtain insights into unique issues that arise in the area of post-separation services. In this way, the skills and capacity of professionals in both systems can be improved.



APPENDICES

Appendix A: Glossary of Terms

Batterer Intervention Program

Batterer Intervention Programs (BIP) were developed to help battering parents stop their violence in intimate relationships. The primary goal of a BIP is to help offenders understand their socialized beliefs about male dominance; that violence and abuse are intentional and a choice designed to control their intimate partner; that the effects of abusive behavior damage the family; and that everyone has the ability to change.⁴² Such programs vary widely, with most BIP curricula taking a psycho-educational approach that focuses on beliefs and assumptions participants hold about women and relationships with women.⁴³ Facilitators engage men in dialogue about what they believe about men, women, marriage, and children; critical thinking; self-reflection; and exploring alternatives to abuse.

Confidentiality

The general rule that an individual's information will not be shared outside of the visitation center unless the individual gives the center permission to do so.⁴⁴

Cultural Competency

Cultural competency is a complex process where practitioners develop, over time, knowledge, skills, and attitudes in order to work effectively with individuals who appear and may be different from them. This process is life-long and involves continuous self-assessments and critical thinking. It also requires that the practitioner take into account the long history of oppression and the individual's experiences of it in his or her life; an awareness and understanding of the practitioner's own biased cultural lens; and an understanding of how power shapes cultural differences, a practitioner's knowledge of cultural differences, intersectionality, the ways in which information is gathered, presented, and processed, and the ways in which practitioners use the skills they develop.⁴⁵

Diversity

Diversity addresses the differences that exist in people that may affect the identification of and the manner in which domestic violence is addressed. Some of the differences include, but are not limited to: race, ethnicity, sexual orientation, gender, language, age, socio-economic status, and disability. [See also *Cultural Competency*.]

Domestic Violence

Domestic violence, also referred to as battering, refers to physical, psychological,

⁴² See Minn. Program Dev., Inc., *Recent Research Countering Confusion about the Duluth Model*, at <http://www.duluth-model.org> (last visited Nov. 6, 2006).

⁴³ Fam. Violence Prevention Fund, *Breaking the Cycle: Fathering After Violence: Curriculum Guidelines and Tools for Batterer Intervention Programs* 8 (2004) at <http://endabuse.org/programs/display.php3?DocID=342> (last visited Sept. 27, 2006).

⁴⁴ Jill Davies, Fam. Violence Prevention Fund, *Confidentiality & Information Sharing Issues for Domestic Violence Advocates Working with Child Protection and Juvenile Court Systems* (2000).

⁴⁵ Sujata Warrier, Fam. Violence Prevention Fund, *Culture Handbook* (Mar. 2006).

emotional, financial, stalking, or sexual abuse that takes place in the context of an intimate (or prior intimate) relationship and can involve a pattern of purposeful and assaultive behaviors that can be used to maintain control and compliance of the victim.⁴⁶

Multiculturalism

Operating in a manner that accounts for cultural and lingual differences, as well as other dimensions of diversity, among families who use center services; not excluding anyone overtly or unintentionally because of cultural differences or related circumstances, including, but not limited to, immigration status, religious affiliations, or ability to pay; and making services accessible to every family needing the protected environment of visitation centers to facilitate safe visitation and exchange of children.⁴⁷

Practice

The social, psychological, and ethically sound method of procedure that promotes safe visitation and exchanges.

Principle

The overarching philosophy and perspective that promotes safety for child(ren) and adult victims of domestic violence.

Safety Plans

Written or oral outlines of actions to be taken by a victim of domestic violence to secure protection and support after making an assessment of the potential dangerousness of the situation.⁴⁸ They are individualized plans developed by adult victims, often in conjunction with domestic violence advocates, to reduce the risks they and their children face and can include safety plans for children. These plans include strategies to reduce the risk of physical violence and other harm caused by a batterer and also include strategies to maintain basic human needs such as housing, health care, food, child care, and education for the children. The particulars of each plan vary to meet the unique concerns and circumstances of child(ren) and adult victims.

Standard

A universal practice that incorporates socially and psychologically sound procedures to help insure the safety of child(ren) and adult victims.

⁴⁶ See also DALTON, DROZD & WONG, *supra* note 27.

⁴⁷ Adapted from the Guiding Principles, Principle IV, *supra*.

⁴⁸ NAT'L COUNCIL JUV. & FAM. CT. JUDGES, MODEL CODE ON DOMESTIC AND FAMILY VIOLENCE 2 (1994).

Appendix B: Supervised Visitation Program

Accounting for safety in cases of domestic violence is by no means an easy charge, but it is the very charge that many communities representing states,⁴⁹ Indian tribal governments, and units of local government have undertaken. The following is a list of factors considered for selection of grantees:

- The number of families that potentially could be served by the proposed visitation programs and services;
- The extent to which the proposed services and programs serve underserved populations;⁵⁰
- The extent to which the applicant demonstrates cooperation and collaboration with nonprofit, nongovernmental domestic violence and sexual assault entities in the local community. The role of the nonprofit, nongovernmental program should be meaningful and ongoing and include compensation for participation; and
- The extent to which the applicant demonstrates coordination and collaboration with state and local court systems, including mechanisms for communication and referral.⁵¹

Program Essentials

The purpose of the Supervised Visitation Program is to enhance safety for child(ren) and adult victims by increasing opportunities for supervised visitation and safe exchange, by and between custodial and non-custodial parents, in cases of domestic violence, child abuse, sexual assault, dating violence, or stalking. Grantees must be grounded in the belief that domestic violence is criminal behavior and that services provided should reflect an understanding of the dynamics of domestic violence, sexual assault, child abuse, dating violence, and stalking; the impact of domestic violence on children; and the importance of holding offenders accountable for their actions. Following are the statutory and program requirements of the grant.⁵²

At a minimum, grantees must:

- Demonstrate expertise in family violence, domestic violence, and/or sexual assault, as appropriate;
- Ensure that any fees charged to individuals for use of programs and services are based on the income of those individuals, unless otherwise provided by court order;

⁴⁹ For purposes of the Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program), a state is defined to include all states, the District of Columbia, the Commonwealth of Puerto Rico and the Virgin Islands, American Samoa, Guam and the Northern Mariana Islands. Office on Violence Against Women, United States Department of Justice, Supervised Visitation Program, *Solicitation*, at <http://www.usdoj.gov/ovw/fy2006svsolicitation.pdf> (last visited Oct. 18, 2007).

⁵⁰ "The term 'underserved populations' ... includes populations underserved because of geographic location (such as rural isolation), underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the State planning process in consultation with the Attorney General." *Id.*

⁵¹ The information in this list is highlighted on the United States Department of Justice website, *supra* note 49.

⁵² For more information on the grant requirements, including the information in the following lists, see the United States Department of Justice website, *id.*

- Demonstrate that adequate security measures, including adequate facilities, procedures, and personnel capable of preventing violence, are in place for the operation of supervised visitation programs and services or safe visitation exchange; and
- Prescribe standards and protocols for supervised visitation or safe exchange services.

Types of activities that grantee communities commit to undertake:

- Establish or expand supervised visitation and exchange services;
- Develop community-based consulting committees to plan and/or implement visitation and exchange services;
- Develop and implement policies and procedures regarding security, intake, case referral, record keeping, and confidentiality;
- Develop or enhance program services that address special needs of the target population and are responsive to the different cultures, backgrounds, and circumstances of the individuals that will use these services; and
- Develop and implement effective training for project staff, volunteers, and community partners.

Applicants are discouraged from proposing any of the activities listed below:

- Mediation, alternative dispute resolution, or family counseling as a response to domestic violence, sexual assault, or stalking.
- Offering perpetrators the option of entering pre-trial diversion programs. Diversion programs and alternative dispositions can send a message to victims and perpetrators that abuse is not a serious crime.
- Batterer intervention programs that do not use the coercive power of the criminal justice system to hold batterers accountable for their behavior.
- Provision of services on the condition that victims seek protection orders, counseling, or some other course of action with which they disagree.
- Programs that exclude victims and their children from receiving services based on their age, immigration status, race, religion, sexual orientation, mental health condition, physical health condition, disabilities, criminal record, work in the sex industry, or the age and/or gender of their children.

Appendix C: Guiding Principles Contributors

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