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# Change is Possible: An Enhanced Model of Supervised Visitation for Families Impacted by Domestic Violence

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## ACKNOWLEDGMENTS



This model  
is dedicated  
to adult  
and child  
survivors of  
domestic  
violence,  
who all  
deserve  
informed,  
responsive  
services that  
put their  
safety and  
dignity  
at the  
forefront.

As advocates who came to the work of supervised visitation and safe exchange by accident, and with deep skepticism and reluctance, our journey has tethered us both to a deeply held and heartfelt belief that this work is profound and life changing. We believe supervised visitation must be seen as an essential component to each community's response to addressing both safety and healing for families who have experienced domestic violence. This model is a labor of love, and a dedication to all the adult and child survivors who have been asking for us to do more, to help more, and to care more about their lived experience. Adult and child survivors hope for safety, healing and change; not only for themselves, but often for the people who have caused them harm.

While we have had the privilege of putting words to paper, this model is the result of years and years of collective thinking, mistake making, and the ardent passion we have shared with too many to name. But we know who you are. You are the risk takers, the thought partners, the inspirational leaders who mentored and made space for us take to this leap.

We have included content in this piece that, much like the real life work of supervised visitation, can be overwhelming, anguishing, and painful to sit with. This content is included because we must sit with these truths if we are to enhance our approaches. But, we encourage you to sit with these stories in a gentle and thoughtful way that allows you to care for yourself.

We offer our deepest gratitude to our partners and funders in Chicago. Leslie Landis, you have always been a friend, a partner and a champion for our work. Thank you to Neha Gill and Board of Apna Ghar who believed in Inspire Action and our work. And sincere thanks to the staff at Apna Ghar who shared their reality and struggles so that we could ground our work in the needs and experiences of individuals providing this key service. Finally, thank you to the Pelino family and Betsy Brill and Maureen Johannigman from Strategic Philanthropy who had the vision and the courage to fund a project that would push the visitation field to take risks and create change.

We wish you luck as you embark on your exploration and journey to do more, do differently and do better for the women, children and men who come seeking an opportunity to heal.

**- Beth McNamara & Jennifer Rose**

## INTRODUCTION

*Julie Wilson, 34, was shot in her Northeast Side home Thursday morning as her four children hid in a bedroom. Her 17-year-old daughter called 911 and told police that she thought her stepfather had shot her mother. The call came one day after Ms. Wilson had told police on Wednesday night that her ex-husband had spat on her and struck her while dropping off their four children from a court ordered visit. The police told Julie she had “better work it out because he is the father of her four youngest children.” Police indicated in their report that they have responded numerous times to this home, and Ms. Wilson had a history of recanting her accusations and not appearing at hearings.*

*Desire Clark was a 28-year-old aspiring part-time fashion designer and up-and-coming writer. Desire had finally left her husband after a 10-year abusive relationship – they had two children. The court granted her husband overnight visits every other weekend. On April 17, Desire called 9-1-1 screaming at the top of her lungs in fear, crying out for help – a man could be heard yelling in the background “get off the f\*cking phone, I’m taking my kids.” Nearly three minutes into the call, Desire is heard begging her husband to stop and asking why he was there – stating he can’t pick the kids up until Friday. The 9-1-1 dispatcher can hear Desire saying “please, please stop – why are you taking them?” Approximately seven minutes into the call, she*

*According to the Centers for Disease Control and Prevention (CDCP), an estimated **1.3 million women** are victims of physical assault by an intimate partner every year, and there are **16,800 homicides of women** at the hands of an intimate partner.*

*tells her attacker “please, please, please...why are you doing this to them.” Desire repeatedly screams “help.” The police arrive and Desire was laying on the floor of her apartment lifeless – her children and her husband were gone.*

These are the brutal and heartbreaking stories of two women who lost their lives trying to follow court orders requiring them to facilitate visitation between their children and their ex-partner. Unfortunately, there are many more stories just like these that occur all too often. According to the Centers for Disease Control and Prevention (CDCP), an estimated 1.3 million women are victims of physical assault by an intimate partner every year, and there are 16,800 homicides of women at the hands of an intimate partner. The CDCP’s 2011 National Intimate Partner and Sexual Violence Survey (NISVS) revealed that more than one in three women in the United States have experienced



rape, physical violence, and/or stalking by an intimate partner in their lifetime.<sup>1</sup> Approximately one third of all incidents involving female victims take place in homes in which children ages twelve and under reside. More than fifteen million American children live in families in which domestic violence occurred at least once in the past year. Roughly half of these children live in families in which severe violence took place.<sup>2</sup>

Families experiencing divorce or separation compounded by violence in the relationship struggle to find support and safety as they navigate custody and visitation. Victim parents continue to lose custody, and abusive partners continue to misuse the justice system as an on-going tactic of abuse. This can result in children continuing to be placed in unsafe custody and visitation arrangements that do not center the child's experience as a victim of violence, or protect them from ongoing trauma exposure.

Furthermore, abusive parents are more likely to seek sole custody than nonviolent ones<sup>3</sup> and they are successful about 70% of the time.<sup>4</sup> Allegations of domestic violence have no demonstrated effect on the rate at which

fathers are awarded custody of their children, nor do such allegations affect the rate at which fathers are ordered into supervised visitation (i.e., abusers win unsupervised custody and visitation at the same rate as non-abusers).<sup>5</sup>

For many adult victims of domestic violence, separation can often result in the escalation of their partner's violence and increased potential risk. Post-separation violence includes, but is not limited to, emotional, psychological, sexual, financial and physical abuse, and stalking. Harassment often continues and increases when a woman leaves her abusive partner. As noted above, children are often the direct recipients of violence and abuse in these situations, while almost always being exposed to the domestic violence. There are few services for families' post-separation, which means many women and children who have experienced domestic violence are left with limited support and resources. With a significant lack of resources and support, victims often resort to returning to the violent relationship. Supervised visitation services are among one of the few services that provide support, safety and protection in an on-going way.

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<sup>1</sup> Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>2</sup> Centers for Disease Control and Prevention. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence--United States, 2005. *Morbidity and Mortality Weekly Report*, 57(5);113-117. Retrieved at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm>.

<sup>3</sup> American Psychological Association, *Violence And The Family: Report Of The American Psychological Association Presidential Task Force On Violence And The Family*, (1996), available at <http://www.apa.org/pi/viol&fam.html>

<sup>4</sup> American Judges Foundation, *Domestic Violence and the Courthouse: Understanding the Problem...Knowing the Victim*, available at <http://aja.ncsc.dni.us/domviol/page5.html>

<sup>5</sup> Kernic, Monary-Ernsdorff, Koepsell & Holt, *Children In The Crossfire: Child Custody Determinations Among Couples With A History Of Intimate Partner Violence* 11(8) *Violence Against Women*, 991-1021 (2005).

# HISTORY OF SUPERVISED VISITATION

Supervised visitation and exchange have been occurring for years in both formal and informal settings – from parking lots at fast-food restaurants, to the homes of friends and relatives, to law enforcement lobbies. As child abuse and neglect received increased public and governmental attention in the mid-late 1960s, more formal arrangements emerged, with social workers supervising visits in their offices.

Formal supervised visitation was initially developed to provide state oversight of parents who had been deemed abusive or neglectful by order of juvenile courts, reinforced by a child welfare agency such as child protective services. Supervised visitation provided a protective mechanism where parents who were considered a risk to their children could have court ordered contact with them. Services with a child abuse orientation emphasized the safety of children with a goal of reunification between parent and child. Sometimes the visit itself occurred with a child welfare worker while other communities contracted with nonprofit organizations to provide services that could extend to weekend and evening hours.

When concern about risk to a child emerged after allegations of parental misconduct during a divorce or parental separation, nonprofit supervised visitation programs expanded their response to include a focus on divorce-related parental access. The primary issues programs responded to often revolved around a parent's

ability to care for their child, drug use or mental health concerns. Domestic violence as a risk to the children in supervised visitation was not always recognized as an issue of concern.

At the same time, domestic violence programs responded to the needs of survivors during the process of separating and leaving abusive relationships, and found a need for supervised visitation and safe exchange services that emphasized protecting the safety of women and their children before, during, and after visitation and exchange services, with a domestic violence specific lens.

Despite the different disciplines and organizations involved, supervised visitation has developed historically in isolation from other service providers and community organizations. This has resulted in services that are often philosophically fractured from each other, and do not reflect the complex, multi-layered lives of survivors (adults and children alike) who have a myriad of both struggles and strengths that should be incorporated into their supervised visitation plans.



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In 2002, the Department of Justice, Office on Violence Against Women (OVW) established the Supervised Visitation and Safe Exchange Grant Program, supported by the Congressional Violence Against Women Act. This grant program made it possible to start examining supervised visitation that accounted for the safety of domestic violence victims, including children. During this time, there was a tremendous shift in how supervised visitation programs address the complexities of domestic violence.

Supervised visitation that is centered on protecting victims of domestic violence and their children is grounded in the recognition that the process of separating from and leaving an abusive partner can increase rather than diminish danger for victims of domestic violence and their children. Further, men who use violence often use visitation and exchange of children as an opportunity to inflict additional emotional, physical, and/or psychological abuse and control.<sup>6</sup>

Supervised visitation programs provide the necessary safety, security, and resources needed to support victims of domestic violence and their children after separating from an abusive partner and co-parent. These services are an essential component of community safety nets supporting survivors seeking safety for themselves and their children.

In addition to the emphasis on centralizing safety for adult victims and their children, the OVW Supervised Visitation Grant Program also encouraged providers to integrate supervised visitation and safe exchange into the larger community response to domestic violence. This shift helps to address the fractured services that survivors and their children can experience when visitation services are not embedded within a larger community response.

The Supervised Visitation Grant Program<sup>7</sup> encouraged an understanding of the ways in which coercion and control underpin domestic violence. It required that the visitation and exchange services provided through its grants reflect:

- 1 An understanding of the dynamics of battering and other forms of domestic violence,**
- 2 The impact of domestic violence on children, and the importance of holding abusers accountable for their actions, and**
- 3 A linkage of supervised visitation and exchange with a wider community response by requiring grantees to include visitation programs, courts, and domestic violence advocacy agencies in their projects.**

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<sup>6</sup> Bancroft and Silverman, *The Batterer as Parent*. Carolyn Rebecca Block, "How Can Practitioners Help an Abused Woman Lower Her Risk of Death?" and Jacquelyn C. Campbell et al., "Assessing Risk Factors for Intimate Partner Homicide," *NIJ Journal*, National Institute of Justice, Issue 250, November 2003. Ruth E. Fluery et al., "When Ending the Relationship Does Not End the Violence: Women's Experiences of Violence by Former Partners," *Violence Against Women*, December 2000.

<sup>7</sup> OJP, Office on Violence Against Women, *Safe Havens Supervised Visitation and Safe Exchange Grant Program*, 2002 Program Brief.



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As part of the Safe Haven's demonstration initiative, a workgroup of experts and practitioners created a set of guiding principles to shape the practice and policy of the field. Use the following link to download the guiding principles.

<https://www.justice.gov/sites/default/files/ovw/legacy/2008/08/06/guiding-principles032608.pdf>

OWW has created and supported countless forums for communities across the country to collaborate and engage in discussions about how to build supervised visitation and exchange services that focus on the safety of adult victims of domestic violence, as well as their children.

This collective work has encouraged a new understanding of supervised visitation and safe exchange as critical post-separation services for victims of domestic violence and their children. Growth and critical analysis of supervised visitation services have moved the needle and opened the door for continued advances in the field.

Inspire Action for Social Change<sup>8</sup>, in partnership with many other national technical assistance providers, professionals in the field, and countless communities, has been working for years to improve the lives of those impacted by domestic violence and further expand how we can support safety and healing for families. Inspire Action for Social Change (Inspire Action) believes that every person has the right to a safe environment free from violence and our society has a responsibility to ensure safety for all family members and that people who

choose to use violence have the potential to change and deserve the opportunity to develop their strengths over their weaknesses. Further, we believe that supervised visitation programs are in a unique position to positively impact the lives of families by enhancing their safety, ensuring no further harm is experienced, and motivating men to renounce violence and become healthy, engaged fathers and supportive parenting partners.

We hear from countless mothers that regardless of the harm that has been caused, they still want their child to have a relationship with their father.

*"I want my children to have a relationship with their father. I just want it to be safe."*

– mother, listening session participant

Women tell us they know the important role a father plays in their child's life; they also tell us they can't support such a relationship unless it is free of violence, and they know their children will be safe.

<sup>8</sup> Inspire Action for Social Change is a nonprofit training and technical assistance organization working create change and improved opportunities for women and children experiencing barriers to safety as a result of domestic and sexual violence. It accomplishes its mission by providing support, leadership, and technical assistance to organizations, communities, and institutions working to end violence against women and children. [www.inspireactionforsocialchange.org](http://www.inspireactionforsocialchange.org)



Children also tell us and show us their sincere desire to have their dad in their lives. But they also share the fear, anxiety and hesitation around their father's violent behavior.

***"I want to see my dad, just not when he's being super scary."***

*– child visitation participant*

We also hear from men about how much they love their children and want to be with them.

***"I care about my children. I know they think I'm a bad person. I'm a good father and I love them."***

*– father, interview participant*

Research also supports the importance and significance that safe, nonviolent relationships can have on children's lives. Research demonstrates that children who have caring, nonviolent and engaged fathers benefit

emotionally, cognitively, socially, financially and academically.<sup>9-12</sup> A study of preschool aged children demonstrated fewer depressive, anxious and somatic symptoms if they had safe weekly contact with their violent fathers. Those children who saw their fathers regularly in a safe, monitored environment also had fewer negative representations of their mothers.<sup>13</sup>

Children who have experienced violence in their homes have mixed and complex feelings about their parents. Despite having fear of the parent who has caused harm, many children continue to love and care deeply about their father. Children can feel caught in the middle of their two parents, feeling divided loyalties which may cause confusion and additional stress. Additionally, while they may feel afraid or threatened by their father, some children may harbor resentment and anger towards their mother for keeping them away from their dad.<sup>14</sup>

Research demonstrates that men who are willing and able to recognize the impact of their violence on their children may be much more motivated to change their violent

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<sup>9</sup> Lamb, M.E. (2010) *The Role of the Father in Child Development* (5th ed.) Hoboken, NJ: John Wiley and Sons.

<sup>10</sup> Edleson, J.L., Nguyen, & H.T., Kimball, E. (2011). "Honor Our Voices: A Guide for Practice When Responding to Children Exposed to Domestic Violence". Minneapolis, MN: Minnesota Center Against Violence and Abuse (MINCAVA).

<sup>11</sup> Edleson, J.L. (2006). "Emerging Responses to Children Exposed to Domestic Violence". Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved September 22, 2016, from: <http://www.vawnet.org>

<sup>12</sup> Groves, B. (1999). "Mental Health Services for Children Who Witness Domestic Violence". *The Future of Children Domestic Violence and Children*, Vol 9.

<sup>13</sup> Stover, C. S., Van Horn, P., Turner, R., Cooper, B., & Lieberman, A. F. (2003). "The Effects of Father Visitation on Preschool-aged Witnesses of Domestic Violence". *Journal of Interpersonal Violence*, 18(10), 1149.

<sup>14</sup> Edleson, J.L., Nguyen, & H.T., Kimball, E. (2011). "Honor Our Voices: A Guide for Practice When Responding to Children Exposed to Domestic Violence". Minneapolis, MN: Minnesota Center Against Violence and Abuse (MINCAVA).



behavior, indicating that interventions that support a father's relationship with their children may be an effective approach to support child well-being.<sup>15</sup>

The challenge is that very few interventions focus on the intersection of fathering and family violence. *Fathers for Change*<sup>16</sup> is a rare example of such a model. It focuses on men as fathers and seeks to increase their feelings of competence as a parent while deepening an understanding of their important parenting role. *Fathers for Change* works to provide motivation to fathers to change their behavior and their choice to use violence as an outlet for their own negative feelings and maladaptive behaviors. This intervention was designed to be offered individually to men with a history of intimate partner violence who have children under ten years of age and uses psychodynamic, family systems and cognitive behavioral theory and techniques.

*Strong Fathers*<sup>17</sup> is another program for men who batter and are referred by child welfare in North Carolina. This group program uses the concepts of restorative justice to engage men who use violence in a process of identifying the suffering they have caused, reassessing their actions, working to change how they are relating to their intimate partners and children while restoring their personhood.

*Caring Dads: Helping Fathers Value Their Children*<sup>18</sup> is a 17 week group parenting intervention for men who have been identified as or are at high for maltreating their children and/or exposing them to domestic violence. Based in Toronto, Ontario, Canada, Caring Dads is now being offered in cities all over the United States. The goals of this manualized parenting group intervention are as follows: **(1)** To help fathers accept the consequences of their violence and to rebuild a relationship of trust with their children, **(2)** To help fathers to promote their children's well-being, and **(3)** To raise awareness and create accountability regarding violence and its consequences.

These models weren't developed for use in a supervised visitation setting, but there are several innovative elements that we can modify for use in an enhanced supervised visitation model that we will introduce in this paper.

## PHILOSOPHICAL APPROACH

An enhanced supervised visitation model is a strengths-based, optimistic approach centered on the belief that change is possible, and people can bring about the change they wish to see. The starting point of such change are the strengths, resilience and capacities of the person seeking change.

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<sup>15</sup> Guille, L. (2004). Men who Batter and their Children: An Integrated Review. *Aggression and Violent Behavior*; 9:129-163.

<sup>16</sup> Stover, C. S. (2011). *Fathers for Change Research Manual Version 1*. Yale University Child Study Center: New Haven, CT.

<sup>17</sup> Pennell, J., Sanders, T., Shepherd, J., & Staroneck, L. (2013). Family Violence, Fathers, and Restoring Personhood. *Restorative Justice*, 1(2). Doi: 10.5235/2050472.1.1.2.1

<sup>18</sup> Scott, L., Dr. K. (2015). *Caring Dads: Helping Fathers Value their Children*, 2nd Edition. CreateSpace Independent Publishing Platform.

# GOALS & PURPOSE OF AN ENHANCED SUPERVISED VISITATION MODEL

The aim of an enhanced model of supervised visitation fosters a sense of safety, honesty, trust and well-being by creating an environment that increases the adult victim and child's sense of safety, and allows for reparative experiences and opportunities in a warm, caring and humanistic environment. An enhanced supervised visitation model provides an opportunity for men who use violence to cause no further harm to their partner and children, create a healthy, safe and caring relationship with their children, and potentially change their behavior.

## **THE MODEL IS DESIGNED TO PROMOTE:**

- ▶ Increased responsibility for the violence and harm caused to adult and child survivors.
- ▶ The development of empathy of the abusive parent for both adult and child survivors of violence.
- ▶ A strong, safe, and caring father-child relationship.
- ▶ A strong survivor-child relationship.
- ▶ Pathways for healing and change.
- ▶ Children and youth empowerment.
- ▶ A sense of safety and predictability for children and youth during visitation.

## **THE MODEL IS NOT DESIGNED TO:**

- ▶ Reunify families.
- ▶ Determine if or when a parent will be safe outside of the visitation setting.
- ▶ Determine that a parent who uses violence has changed, no longer poses a risk to the survivor parent and child, and/or won't cause further harm.
- ▶ Replace other important interventions that are designed to help people who use violence change their behavior, or provide life saving advocacy and safety for adult and child survivors, or provide reparation and/or therapeutic work with children exposed to violence.
- ▶ Work in isolation as the sole intervention in a family's life.

While the authors of this document realize there are many and varied reasons why families are ordered to supervised visitation, it is important to remember that this document is focusing only on families who are referred to supervised visitation because of the harm caused by one parent to another.

A key component to the implementation of an enhanced model of supervised visitation is the centralizing of each survivor's self determination and safety. While it is understood that each parent and child will have unique needs, ensuring that no further harm comes to adult and child victims has to be paramount to any enhanced practice.

Strategies to avoid causing further harm to adult and child survivors are as follows:

- ▶ Prioritize building trust with survivors. It is important for adults and children to know they can talk to providers about ongoing risk and harm that may be occurring.
- ▶ Create regular and ongoing opportunities for checking in and building relationships with survivors.
- ▶ Ensure every aspect of the supervised visitation program is grounded in equity and racial justice.
- ▶ Create policies and practices that are grounded in a deep and complex understanding of domestic violence and battering.
- ▶ Hold regular staff meetings and supervision sessions with all staff.
- ▶ Facilitate and provide the time and resources necessary for staff to engage in

self reflection work to support the wellbeing and care of staff.

An enhanced supervised visitation model includes a continuum of services that can meet and respond to each family's unique needs, including multiple types of supervision. The continuum of services includes monitored supervised visitation (MSV), engaged supervised visitation (ESV), therapeutic supervised visitation (TSV), and safe supervised exchanges (SSE).

#### **MONITORED SUPERVISED VISITATION (MSV):**

Provides a safe environment for supervised visits where safe contact is the goal of the service. Workers are exclusively observers and intervene only when immediate safety is at risk.

#### **ENGAGED SUPERVISED VISITATION (ESV):**

Provides an environment for staff to engage with families during supervised visits, incorporating strategies that support safety and create opportunities for growth and change.

#### **THERAPEUTIC SUPERVISED VISITATION (TSV):**

Provides a formal therapeutic environment for parents and children to engage in clinician supported visitation that assists parents and children to repair the harm, restoring hope and creating opportunities for healing and change.

#### **SAFE SUPERVISED EXCHANGES (SSE):**

Provides a safe location and a trained staff member to safely transfer children from one parent to another with the goal of ensuring no further harm comes to the parent needing protection, and/or her children during the exchange.

The enhanced model of supervised visitation focuses primarily on ESV and TSV.



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## OVERVIEW OF THE LITERATURE REVIEW

Inspire Action conducted a literature review of the current research in the field, compiling promising practices that would contribute to the successful development of this project.

The literature review included research in the areas of supervised visitation, therapeutic interventions in supervised visitation, interventions with children exposed to domestic violence, domestic violence informed therapy with families, parent and child trauma-informed therapy, interventions with men who use violence in their intimate partner relationships, and differential approaches to working with system involved families. From our research, we have been able to cull from an extensive review of the literature to support the development of a varied and viable method of creating an enhanced model of supervised visitation for families who have experienced/lived with violence from their parents and partners.



The full literature review can be found at  
**<http://www.inspireactionforsocialchange.org/resources/>**



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# COMMUNITY & ORGANIZATIONAL READINESS

## COMMUNITY READINESS

Community readiness is a key factor to the success and safety of implementing the enhanced model of supervised visitation to its fullest potential. To ensure safety and no further harm comes to adult survivors and children, it is important that visitation programs are working as part of the larger community response to domestic violence.

Successful and established collaboration with the larger domestic violence and social service system is a primary indicator of community readiness. This work is not meant to be done in isolation; therefore meaningful partnerships and ongoing collaboration with key stakeholders is essential to providing any type of supervised visitation services to families experiencing domestic violence. These partnerships are even more important when providing an enhanced model of visitation services. Supervised visitation is a key component of a community's response to domestic violence. It is important to remember that the service itself is provided in an artificial setting that is created to ensure

no harm comes during visitation, and is not predictive of any ongoing safety risks a person who uses violence poses to adult and child survivors. To ensure safety and change for families, there needs to be other interveners supporting safety for victims and accountability for people who use violence. Below we offer direction for engaging key partners including the courts, domestic violence advocacy services, programs working to prevent and reduce violence, programs working with children and youth exposed to violence, and attorneys and other legal service providers.

It is essential that communities develop shared beliefs and values about working with adult survivors, children, and people who use violence. While each community partner has a specific mission and purpose, it is essential for partners to work towards a shared set of values and beliefs. When values and beliefs are out of alignment, it can create gaps that allow for people who use violence to mis-use the very systems designed to hold them accountable for their behavior.



“Creating Opportunities for Safety and Change in Supervised Visitation Programs: A policy framework for engaging men who use violence” is a publication that provides information and resources on community readiness and tools to complete a community asset mapping exercise as well as further community readiness exploration. The publication and worksheets can be downloaded for free at

<http://www.inspireactionforsocialchange.org/resources/>

In conducting a community readiness assessment for the enhanced model, supervised visitation centers should determine if there are shared beliefs and a common understanding about domestic violence and supervised visitation services among intervening systems and providers. Using Appendix A, complete the “Enhanced Supervised Visitation Community Readiness Worksheet.” This worksheet explores the following questions for each of your community partners **(1)** holds the belief that people who use violence against an intimate partner can change, **(2)** holds the belief that perpetrators of violence should be held accountable and responsible for the violence they have caused and follows this belief with action, **(3)** believes that offenders of domestic violence should be offered services to support repairing the harm and creating opportunities for change is useful in some instances, **(4)** understands that a parent who perpetrates domestic violence and also demonstrates appropriate parenting without incident in a supervised setting does not remove the safety risks present at the time of referral, **(5)** will not be swayed in their decision to maintain safety for adult victims and their children by only offering enhanced engagement and positive supervised contact in lieu of services that work to change violent behavior, and **(6)** holds the belief that a supervised visitation center should be able to autonomously make decisions to deny, suspend, or terminate services.

Once a supervised visitation center has explored the beliefs its community holds around

domestic violence and supervised visitation, the next step is creating a community roadmap for supporting the program to move forward with an enhanced model. To create the roadmap, centers should explore and address the following questions in partnership with key partners:

- ▶ How is the supervised visitation program connected to the court system? What are the strengths in the current partnership? What areas need nurturing and support? Does the center have key stakeholders and community partners, including those with lived experience and child trauma and healing expertise at the table? If new and different partners are needed, who is the best person to initiate that engagement? Who is the best person to nurture this engagement in an ongoing way?
- ▶ What are the other referral sources in the community? How is the supervised visitation center connected to those sources? What are the strengths in the current partnership? What areas need nurturing and support?
- ▶ What resources and referrals are available in the community that provide support to families experiencing domestic violence? What is missing?
- ▶ What strong partnerships should the center rekindle and nurture that will support an enhanced model of supervised visitation?
- ▶ What strong partnerships should the center establish that will support an enhanced model of supervised visitation?



## **CROSS TRAINING**

Cross training provides opportunities for each partner to gain a deeper understanding of the roles, responsibilities and limitations of other partners to share and enhance each other's knowledge. Cross training, observing each partner's work, and taking opportunities to build relationships helps build trust, and ultimately stronger partnerships.

The following key partners can share the essential expertise described below:

### **Domestic Violence Programs**

- ▶ Understanding of domestic violence and battering.
- ▶ Common behaviors of adult victims.
- ▶ The lived experiences of adult and child survivors.
- ▶ Legal and community resources for survivors and their children.
- ▶ Strategies for safety planning.

### **Court Systems**

- ▶ Laws and legal remedies for victims of domestic violence.
- ▶ Laws and legal remedies pertaining to custody, visitation and divorce.
- ▶ Understanding of how the civil and criminal legal system works and can be accessed.

### **Programs Working to Reduce Violence**

- ▶ Understanding of beliefs and behaviors underlying domestic violence and battering.

- ▶ Effective strategies for engaging people who use violence.
- ▶ Resources for people who use violence.

### **Programming for Children Exposed to Violence**

- ▶ Understanding of the experience of children and youth exposed to violence.
- ▶ Impact of trauma on children and youth.
- ▶ Key tenants for healing and resilience for children and youth.
- ▶ Strategies for engaging and supporting children and youth.

## **PROBLEM-SOLVING CONSULTATIONS**

Consultations can offer opportunities for more indepth understanding and creative problem solving for the benefit of improving each program and the larger community response. Working with families experiencing domestic violence is complex and requires both an in-depth knowledge of domestic violence and battering, but also requires working with key partners whose expertise can enhance and supplement workers knowledge and expertise. For complex circumstances, it can be useful to invite key partners to participate in problem-solving consultations. It is important to organize these consultations so that specific people and circumstances are not disclosed unless there is informed consent from parents allowing practitioners to share information. All partners should be aware that there are some circumstances where it would be difficult to talk about specific issues without breaking confidentiality, which is especially

true in small communities. It is essential that programs and practitioners take the necessary steps to ensure confidentiality is maintained or informed consent is given prior to consultation sessions in these circumstances.

Problem-solving sessions can serve the purpose of:

- 1) Supporting workers to better understand the dynamics of battering, coercion, and escalating risk that may be occurring at the center.
- 2) Help workers consider different safety planning strategies for adult survivors and children.
- 3) Support a deeper understanding of the complexities of domestic violence.
- 4) Provide information about additional resources available to families.
- 5) Enhance programs knowledge on the needs and experiences of children and youth who have been exposed to violence.

## **REFERRALS**

Visitation programs should carefully establish how families will be referred to the program. We recommend the courts provide a formal referral that includes the possible case issues that apply such as: impression; allegations or evidence of risk that are relevant to the safety of a child and the protected parent; the reasons why services have been ordered; the date of the next court appearance regarding custody and visitation; whether there is a current or previous restraining/protective order; an overview of the other services that have been ordered; and any special guidelines the visitation program should consider enforcing for each referred

family. A sample court referral form (Appendix B) can be found at the end of this document. This sample form is not intended as a model practice or form, but rather meant to be used to facilitate a discussion between the supervised visitation provider and the court to develop a referral process that fits the needs of a specific community.

In addition to the courts, domestic violence programs and other service providers can be referral sources to the visitation program. Appendix C provides a sample community referral form that can be adapted and modified to meet the unique needs of a community.

## **PARTNERING WITH THE COURT SYSTEM**

Courts are important partners and often the primary referral source for many visitation programs. Engaging the courts early in the process of building enhanced visitation will support the development of shared goals, expectations, and systems that will support the success of enhanced supervised visitation services. When working with local court systems, centers will want to co-create policies and practices that clearly articulate the referral process, documentation and information sharing practices, and case review procedures.

Despite receiving a court referral, the center should still have the authority and flexibility to determine if the center can adequately and safely provide services. Risk is ever changing for families. Based on the information shared from referral sources, conversations with parents and children, collateral information acquired by the program, and behavior witnessed, program staff should have the authority to determine whether the center can safely provide services.



If they do believe they can provide services, a center must be permitted to determine the level of engagement it can effectively provide to families.

### **PARTNERING WITH DOMESTIC VIOLENCE PROGRAMS**

Working with local domestic violence advocacy partners and/or the domestic violence program within the larger agency that houses the visitation program, services are more likely to be grounded in needs of adult and child survivors. Domestic violence service providers can play an important role in supporting both adult and child survivors, provide training to supervised visitation program staff, and participate in case consultation when authorized and needed. Additionally, advocates can provide support around understanding the complexities of domestic violence and offer strategies for safety planning. With the help of the field and our own experiences, we have learned that it is important to create intentional strategies for working in close partnership both externally and internally between supervised visitation service providers and domestic violence programs. Building strong, meaningful partnerships with community based domestic violence programs is a key strategy for ensuring adult survivors and children have access to individual advocacy and support that is outside the role of the visitation program.

### **PARTNERING WITH PROGRAMS WORKING TO REDUCE VIOLENCE**

Providing an enhanced model of supervised visitation requires centers to have a strong

partnership with programs working to reduce intimate partner violence. Many communities have strong programs working with people who use violence, and there are many communities still struggling to provide an effective intervention program. If a community has an effective domestic violence intervention program, a meaningful partnership is essential. Ideally, people who use violence are also receiving services to address their beliefs and behavior, making these programs key partners in creating a seamless and coordinated response for families experiencing domestic violence. Further, their partnership with supervised visitation programs can often provide crucial information when the person who uses violence is escalating, and may present increased risk to the adult and child survivor. This information is critical to effective safety planning related to visits and exchanges.

### **PARTNERING WITH PROGRAMS ADDRESSING CHILDREN'S EXPOSURE TO VIOLENCE**

Children and youth need a diverse and responsive community to support their safety, resiliency and healing. It is important for visitation providers to have an in depth understanding of children's exposure to violence, the impact of domestic violence and trauma on child development, impact of stress on the brain, and unique considerations for different aged children and youth who have experienced violence. It is also important for providers to understand the other types of trauma and violence a young person might be experiencing. Having a gender and racial justice lens when understanding children and youth's experience is also essential when



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developing strategies for engagement, building relationships, and creating a safe and welcoming space that allows for the possibilities of healing and change. Partnering with programs and clinicians that work specifically with children and youth who have been exposed to violence will help provide young people with a network of loving, caring adults to support them in partnership with their protective parent. Further, these critical partners can help centers develop policies and practices that are centered on the healing and well being of children and youth.

### **PARTNERING WITH ATTORNEYS AND OTHER LEGAL SERVICE PROVIDERS**

It is important for visitation programs to work closely with local attorneys and legal service providers. The legal community can provide assistance in policy development, particularly related to confidentiality and documentation practices. A strong partnership also serves to ensure the legal community understands the role and responsibilities of the center, as well as its limitations. Working with legal providers can also facilitate mutual respect between them and families impacted by domestic violence. This relationship can also help each partner support families who are navigating custody and visitation issues and strengthen each partner's ability to offer appropriate referrals when needed.

### **ORGANIZATIONAL READINESS**

In addition to assessing community readiness, visitation programs need to explore their own readiness and capacity to provide more ESV services with families experiencing domestic violence. Anyone

who has worked in the field of supervised visitation recognizes that it requires tremendous skill, self awareness, supportive teams and regular supervision. Moving to an enhanced model requires programs to assess their willingness to expand their ideas about the role of monitors, and to invest in providing staff with the training and skills necessary to carry out the work. In some ways, the enhanced model requires programs to develop a new identity that allows for a more complex and humanistic way of engaging with families using the center. An engaged model requires staff to partner with parents, children and youth, engage as facilitators, and explore strategies to support healthy, safe and caring relationships between a visiting parent and their child (when requested and appropriate). Implementing a continuum of visitation services requires programs to enlist in an honest and reflective assessment of their capacity and ability to provide an engaged model of visitation services to families.

When engaging in an exploration of organizational readiness, it is necessary to explore organizational beliefs, the capacity of the organization, the leadership strengths, and the level of the organization's inclusiveness. Appendix D is an organizational assessment tool designed to help programs explore these areas and assess their own readiness to provide an enhanced model of supervised visitation. This tool should be used to assess the organization's strengths, as well as areas needing improvement before moving forward with an implementation phase. The following are the areas supervised visitation centers must explore:



### EXPLORATION OF BELIEFS WITHIN THE ORGANIZATION

- What are the organizational beliefs about the role of a supervised visitation program in supporting healing and change for women, children and men who have experienced domestic violence?
- What are the organizational beliefs about the capacity for people who use violence to change?
- What is the organizational beliefs about the role of culture, community and family in supporting individuals and families who have experienced domestic violence?
- How do organizational beliefs support the center's ability to provide a more engaged model of visitation? What obstacles might they create?
- What would help shift organizational beliefs that create barriers to implementing a more engaged model of visitation? What support is needed to make those changes?

### CAPACITY AND TRAINING

- In what ways is the center already providing more ESV services?
- Which center practices are already aligned with the model?
- What enhanced model practices does the center wish to implement?

- What skills and tools does the center need to implement an enhanced model?
- How could the center get those skills and tools?
- What practices are missing in programming to support an enhanced model?

### LEADERSHIP AND INCLUSION

- How is leadership shared in the organization? How is leadership shared in the visitation program specifically?
- Is there diversity within organizational leadership that includes shared power and decision making across a variety of lived experiences?
- Does everyone have a voice? How is space made for all voices to be heard and considered?
- When microaggressions occur (across all staffing levels of the organization), how are complaints and challenges handled? Is there a clear set of expectations and a transparent accountability process for addressing concerns?
- Is there anyone whose voice is missing or needs to be included?
- How is the center incorporating the voices and lived experiences of women, children and men who use services?



Based on the answers to these questions above, centers should gauge how prepared they feel to provide a more engaged level of supervised visitation. Then, answering these questions below should help organizations determine priorities for next steps.

**What are the strengths that will support a more engaged model?**

**What are areas needing more work?**

**Who is needed to make those changes?**

**Who can create a plan for addressing the gaps and moving forward?**

A supervised visitation program will need to have controls and supports in place when workers fall back into old habits such as:

- 1 Monitoring with little or no engagement,**
- 2 Assessing, monitoring, and intervening around general perceived parenting skill deficits,**
- 3 Imposing their own personal standards of parenting or,**
- 4 Moving to a method of being overly rigid in their responses to families.**

We must remember that even if change is desired, it comes with challenges and can prove to be hard at times. There are differing needs and resources an organization needs to put in place when there is a shift from a more traditional model of supervised visitation services to an enhanced model of supervised visitation. An organization must be willing to put in place additional staff training and supervision to support staff, and prepare for the extended amount of staff time needed to effectively support an enhanced model.

## PROGRAM STRUCTURE

As mentioned earlier, this model offers a continuum of ways to provide supervised visitation to families experiencing domestic violence. Most programs currently provide monitored supervised visitation and safe exchange. While this is an important service and appropriate for some families, both literature and experience teaches us that if most people are treated with dignity and respect, are engaged in a manner that supports their humanity and lived experience, most people will benefit from a more engaged approach to supervised visitation.

An enhanced model allows space for parents and children to engage with each other in a manner that is safe and allows for a genuine and authentic engagement, in what can be experienced as an artificial environment.

The enhanced model is designed to allow families and workers to be in partnership before, during, and after visits with the goal of supporting safety and potential for change and healing. In a monitored only setting, a worker would typically just observe and watch a parent struggle to engage and connect with their child. In an enhanced model, the worker has the ability to support the parent and offer suggestions so the parent can bring about the change they wish to see. In an enhanced model, a worker would be engaged and much more strongly connected to each parent and child in the family, so if a parent employs a battering tactic or pushes a boundary that compromises safety, the worker has the ability to identify this much more quickly and will have the ability to interrupt that behavior

in a more humanistic but effective manner. Interrupting battering behavior and holding parents responsible for their behavior is more effective if there is an established and intentional relationship, and that parent feels cared for and respected. The enhanced model strives to build strong non-colluding relationships that allow for the type of support and intervention described above.

While the majority of families can receive a more engaged model of supervised visitation, it is important to note that some families, based on risk and additional safety concerns, may require a heightened level of monitored visitation with the sole purpose of ensuring no further harm comes to adult and child victims. This may change over time. However, some families will always need this intensive and heightened level of service and engaging in a model that promotes healing may not be appropriate or welcome, and may actually be further traumatizing to the child. Depending on the level of existing risk and/or escalating

violence, the safest strategy for working with some families will always require heightened vigilance and rigid boundaries which require a visitation monitor to focus solely on ensuring no further harm occurs during the visit. Monitored visits would be recommended to ensure the role and guidelines are clear and concrete for a parent who may try to manipulate, undermine and/or attempt to use the center as a platform for ongoing battering.

Some considerations for possibly not being able to effectively or appropriately move to an enhanced model with the person using violence include:

- ▶ Ongoing stalking.
- ▶ Continued threats of and/or acts of violence, intimidation and harassment.
- ▶ Allegations and/or findings of child sexual abuse.
- ▶ Ongoing attempts to manipulate staff and/or use the center for ongoing battering and harm.
- ▶ Children express fear and concerns about the visiting parent.

The majority of families served in a visitation setting should receive an engaged model of services, and there will be some families who will be ready and willing to engage in TSV. The degree of engagement should be tailored to meet each family's unique needs and will ebb and flow depending on the ever changing circumstances in each family's life. As with all services and supports we offer to survivors of domestic violence, engaging an enhanced model will always require ongoing

reassessment and connection to the realities of each person's lived experience.

### **FOUNDATIONAL ELEMENTS TO SUPPORT AN ENHANCED MODEL**

Providing an enhanced model of supervised visitation will require programs to develop the infrastructure needed to support engaging families in an intentional and supportive manner. In order to provide this model the following foundational elements should be in place:

**Staffing:** At a minimum, programs will want to have at least two staff on site during visitation. Providing enhanced visitation services requires the ability to be responsive to what takes place in a visit. It may require taking breaks, interrupting visitation and having the ability to support both parents and children, often simultaneously but separate from each other. A key tenant to an enhanced model is making sure there is staff available to meet these needs.

**Staff Skills:** All types of visitation with families who have experienced domestic violence require a high level of skill; however, providing enhanced visitation services requires additional skills.

#### **These skills include but are not limited to:**

- ▶ Active listening skills.
- ▶ Excellent communication and conflict resolution skills.
- ▶ Self awareness and the ability to set aside personal bias and beliefs.
- ▶ Ability to show empathy and compassion to all parents and children.



- ▶ Willingness to address power differentials and privilege and the impact that has on building relationships and trust.
- ▶ Ability to set strong boundaries.
- ▶ Demonstrate cultural humility by searching for understanding and taking action toward racial, gender, and class equity.
- ▶ Strong ability to support adult victims, children and people who use violence simultaneously.

**Staff Qualifications:** We recommend specific qualifications for staff who will be providing ESV and TSV. These are minimum qualifications for a position that requires tremendous skill, self awareness, and humility. Proposed staff should have a minimum of two to five years of experience working with survivors of domestic violence, children who have been exposed to violence and people who have used violence; and/or two to five years working in domestic violence, social services, social justice or related experience and/or training; OR any equivalent combination of education and experience such as volunteering, lived experience, and employment experience in other fields should be considered. Ongoing

and regular related training should be provided by the organization, including a minimum of 40 hours of domestic violence training provided by a domestic violence organization.

**Supervision:** Supervision is an essential tenant to providing enhanced services. Staff should have regular supervision as well as access to immediate support and supervision. A minimum of twice per month staff meetings and once per month small team and/or individual one-on-one meetings are encouraged. Supervision should be non-judgmental, compassionate and responsive to the impact of secondary trauma. Reflective supervision is ideal, whenever plausible.

### UNDERSTANDING THE ROLE OF VISITATION WORKERS ACROSS THE CONTINUUM

The role of monitors across the continuum will vary based on level of engagement. Monitored visitation, the most restrictive level of visitation, is set up to ensure no further harm comes within the context of the visit. A worker's role in monitored visitation is more limited, and the approach is focused on rules and observation rather than engagement and support. While this type of visitation requires tremendous skill



*Additional TSV qualifications include being a licensed mental health clinician – with the availability of consultation as needed, or a license eligible mental health clinician with regular one-on-one clinical supervision from a licensed mental health clinician. It is highly recommended that the licensed clinician has a background and experience working with families who have experienced trauma and violence, including people who use violence, individuals with PTSD, and a strong understanding and experience working with addiction and mental health. We also strongly recommend the clinician has a comprehensive understanding of the dynamics of power and control.*



and training, its scope is primarily about safety and does not include supporting ongoing healing and change for parents and children. A worker's role in an enhanced model, while also centralized in safety, also includes a role in supporting parents and children, facilitating opportunities for change, and working with families on a path towards healing. A clinician offering TSV would do deeper therapeutic work with parents and children towards explicit goals, with a desired outcome of changing behaviors, learning new skills, and taking concrete steps towards repairing the harm and healing.

For all level of services, this work requires that programs and workers are engaged in an ongoing process of self-reflection, critical thinking, and learning. To hold the balance of the unique safety needs and opportunities for healing and change will require self awareness, understanding of privilege and power as well as the ability to recognize implicit bias and beliefs that may interfere

with providing these services in a manner that is not judgmental, assuming and/or shaming.

A self-reflection process is not a one time event, and programs are encouraged to use staff meeting time as well as other opportunities to have staff engage in this work. Appendix E provides self-reflection worksheets designed to support this process. We encourage programs to have staff complete these worksheets individually, and then as a staff team discuss the process and insights that were gleaned. The worksheets offer a first step into this process. If programs want to engage in a deeper process, Inspire Action has developed a "Self-Reflection Journal for Supervised Visitation Staff". This comprehensive publication provides tools for staff and others to engage more fully in this process of self awareness and growth. The journal is designed to support individuals who are engaged in supporting others to better understand who they are, what they bring to the work, and areas for growth.



"Self-Reflection Journal for Supervised Visitation Staff" can be found at  
**<http://www.inspireactionforsocialchange.org/resources/>**

# OPERATIONALIZING A CONTINUUM OF VISITATION

Families come to supervised visitation with unique and different experiences, and deserve services that account for and address their unique and diverse needs. Offering a continuum of visitation services allows programs to work with individual parents and children to support a sense of safety, honesty, trust and well-being.

It is also important to recognize that just like family needs, safety is not static. The continuum allows programs to provide services in a fluid and flexible manner that adapts to families individualized and sometimes changing needs. There are many shared strategies that are implicit at every level of visitation. These strategies are further outlined later in the document, however are important to highlight as we consider ways to operationalize the continuum.

## **These strategies include:**

- ▶ Centralizing safety for adult and child survivors.
- ▶ Respect the humanity and unique life circumstances of each individual.
- ▶ Connect and build strong relationships with each parent and child.
- ▶ Recognize and respond to the experiences and tactics of family violence.

An enhanced model allows for workers and families to work in partnership. There is not a prescribed way that each family will

experience the engaged model. With the intentional application of the key strategies outlined later in the document along with an in depth understanding of domestic violence, supervised visitation programs have the ability to shift the work of visitation to enhance safety, support families and provide opportunities for change and healing.

There will be some families who are appropriate for TSV, work which can not only plants seeds and provide opportunities for change, but can work intentionally with families on a set of goals that allows for reparative experiences. This can include actively working with the abusive parent to increase responsibility for the violence and harm caused to their family, and work towards a process of healing. TSV for families who have experienced domestic violence is designed to provide clinician supported visitation that strives to assist parents and children to work towards repairing the harm and creating an environment for a child and their parent to engage in a process of healing and change.



## **SUPPORTING SAFETY FOR ADULT AND CHILD SURVIVORS IN VISITATION**

All aspects of the enhanced model should occur in close consultation and connection with the victim parent as well as other interveners, when needed. It is especially important when providing TSV to ensure the intervention is not causing further harm.

### **Approaches to supporting safety include the following:**

**1. Build and deepen existing relationships between workers and the parent needing protection.** The process and outcome of both enhanced supervised visitation and TSV can be transformative for each family member but it can also increase risk. It is important that all workers, including TSV clinicians, have an ongoing relationship with the victim parent to ensure there is regular and open communication about any unintended consequences that may emerge as a result of the therapeutic work happening between the abusive parent and their children.

- 2. Work with victims to build on supportive social connections.** These can be formal and informal. Breaking isolation and supporting survivors to build community can be an important strategy. While your domestic violence partners will have programs and services to support some survivors, not all survivors want to attend support groups, have an advocate, or engage in programming. Exploring with survivors who and what they turn to in their natural networks, and encouraging those connections, is a critical strategy. Survivors come from widely diverse cultural, social, ethnic, racial, religious, etc., backgrounds, and weaving natural personal and community networks into support plans is a respectful and dynamic way to recognize and honor those strengths.
- 3. Creating a solid program infrastructure, which prioritizes ongoing training and supervision of staff and implementing policies that are consistent with best practices, will help to sustain and deepen**



### **IMPORTANT NOTE ABOUT TSV**

*It is important to note that this process is not designed for the purpose of reunification. The purpose of reunification therapy is to reintroduce a parent (or parents) back into a child's life in a safe, facilitated, and therapeutic manner. The long term goal of reunification therapy is to reconnect and reestablish the relationship between parents and children, to act again as a primary caregiver. The expectation and stated therapeutic goal of reunification therapy is to bring family members engaging in services back together as a family unit. This is not an expectation or goal of TSV for families who have experienced domestic violence. TSV for families experiencing domestic violence has the explicit goal of facilitating healing and safety, which may or may not include reunification and is not recommended for all families. If it is supported through TSV, then specific reunification therapy may also be recommended.*

**a visitation practice that is more engaged.**

This is especially important for programs providing TSV.

**4. Work on building a coordinated community response that offers a range of legal and non legal interventions for people using violence.**

Most communities have limited resources that support people who use violence, and even fewer programs that work to reduce violence that are not connected to the legal system. An enhanced model of visitation would be augmented if the community had additional resources and support for people who use violence to engage in, and work to change beliefs and behaviors that are underlying their use of violence.

Staff must have the skills, knowledge and ability to screen the abusive parent's behavior in the context of a power and control dynamic. It is important to note the distinction between screening and assessments. When we refer to screening, we are referring to a process

that all providers should be utilizing in an ongoing way to determine what services a family could participate in and which services could be useful to provide as resources and referrals. Screening should be completed with regularity. It is not a process that only happens once at the onset of services, but should occur intermittently so programs are consistently exploring current indicators, shifting circumstances or changing risk.

Screening procedures should involve talking with children, the protective parent and the parent who uses violence - all with the goal of hearing each person's story and understanding their unique needs. Part of the screening process should include reviewing records such as: court orders, protective orders, and referral forms, as well as providing referrals and making linkages to other needed community resources. In addition, with consent, staff may consider consulting with other interveners such as private therapists, advocates, batterers' intervention program staff, and/or substance abuse program staff.



*It is recommended that adults and children who are engaging in TSV should also be engaged in individual therapy or dyadic survivor parent/child trauma recovery therapy, and/or involved with other providers who are supporting their work in TSV. If a parent or child is engaged in therapy, it would be important to explore the benefits and risks of the TSV clinician having contact with individual or parent/child therapists. This connection could help TSV providers to be informed of any unintended harm that is being created as a result of the TSV. It may also serve to enhance the TSV, if successful shared methodologies and therapeutic goals are integrated. If individuals are not working with a private therapists or receiving other programming, it is recommended that TSV clinicians are paying very close attention to any adverse reactions or negative consequences that might be occurring for the child and/or parent needing protection. Additionally, and as with all supervised visitation staff, it is essential for practitioners to have an in-depth understanding of domestic violence and battering.*



## ELEMENTS FOR PROVIDING AN ENHANCED MODEL OF SUPERVISED VISITATION

Parents and children needed to be prepared for ESV and TSV. Actively helping parents prepare for visits will be an important component of providing the enhanced model overall. The more prepared parents are for all aspects of services, the higher the likelihood that ESV and TSV will serve to promote change and safety for each member of the family. Additionally, it will be important to prepare the victim parent for the work that will be occurring in both ESV and TSV as a strategy to promote transparency, avoid inadvertent collusion with the abusive person, as well as unintended consequences and risk. Preparing the victim parent will also serve to support both the parent and child before and after visits, and will bolster the protective parent and child relationship.

Below are some suggestions for preparing each parent and child for an enhanced model of visitation:

### Preparing the Protective Parent Who is Also the Custodial Parent for ESV and TSV

Working to help prepare the protective parent for enhanced supervised visitation services is an important step prior to services commencing. Staff can assist the protective parent to establish and support a routine in their children's lives and can employ practices to help the children in both ESV and TSV.<sup>18</sup>

#### RECOMMENDED APPROACHES:

- Understand the protective parent's hopes and fears. Taking time to explore what the parent is expecting, as well as any fears they may have, will assist staff in building trust, avoiding collusion, and gaining key insights into the unique dynamics of the family.
- Learn what the protective parents strategies have been to keep themselves and their children safe. What has worked well and what didn't?
- Be transparent about the process.
- Establish regular and on-going opportunities for information sharing.
- Explore what they think will happen as a result of engaging with the other parent. What might have a positive impact and what might cause harm?
- Encourage the protective parent to find support during and after visitation.
- Give the protective parent choices about service delivery whenever possible.

<sup>18</sup> Groves, B. (1999). "Mental Health Services for Children Who Witness Domestic Violence". *The Future of Children Domestic Violence and Children*, Vol 9.



## Preparing the Child(ren) for ESV and TSV

It is essential for programs to work with children and youth to prepare them for any level of visitation. This will help young people build trust and confidence with the center, and can help inform programs about how a child is feeling. Further, children who have been exposed to domestic violence need clearly stated expectations, routines, rituals, and predictability. Otherwise, retraumatization can occur.

### RECOMMENDED APPROACHES:

- Before talking about potentially overwhelming topics that many children and youth will naturally avoid, spend time getting to know the child on their level. Express interest in them, and authentically engage with them as people. Even five minutes can make a difference.
- Explore and develop an understanding of children's hopes and fears about coming to visitation. Provide the child with different ways to share information. For example they can talk, they can draw, they can play. Support them in knowing they have options.
- Explain, in age responsive ways, what they can expect during each session. Go slow, be curious, and let the young person lead.
- Include their ideas and expectations into the planning process.
- Create routine and rituals that will support the child during transitions (especially beginnings and endings of visits) and difficult moments.
- Establish time before and after each session to check in with each child.
- Give young people age appropriate choices. Empower young people to take the lead when possible.
- Don't make promises you can't keep.
- Children who push us away the hardest tend to need us the most. Be consistently warm, clear with your expectations, and engaging with children and youth, even if they are dismissive, nonresponsive, avoidant, etc. Patience is a key skill.
- Normalize the experience as much as possible.



### Preparing the Parent Who Uses Violence Who is Also the Visiting Parent for Supervised Visitation

Supervised visitation staff should consider providing guidance to the abusive parent about the child's needs for consistent and reassuring routine, as well as being prepared for their child's complex feelings toward him.<sup>19</sup> It will be important to understand his hopes and fears as well as expectations. Engaging the parent in practice role plays can provide support and confidence and even help prepare them for difficult moments during visitation.

#### RECOMMENDED APPROACHES:

- Explore the visiting parent's hopes and fears.
- Build an understanding of the visiting parents expectations for the visit. Learning and addressing this up front may help avoid certain disappointments and frustrations.
- Plan up front for how the parent will manage challenges that arise to help avoid further harm to the child and/or other parent.
- Create a plan for how you will intervene when there is an issue, with the caveat that if there is risk or harm being caused, you will do what is necessary to interrupt the behavior.
- Explore with the visiting parent how they think their child(ren) may feel about supervised visits, and help them to understand developmental expectations.
- Normalize the experience as much as possible.

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<sup>19</sup> Groves, B. (1999). "Mental Health Services for Children Who Witness Domestic Violence". *The Future of Children Domestic Violence and Children*, Vol 9.



### **Preparing the Parent Who Uses Violence Who is Also the Custodial Parent for Supervised Visitation**

Talking to a custodial parent who is the abusive parent will require having an in-depth understanding about the experiences of the visiting victim parent. It will be important to receive guidance from the victim parent about how to talk to the other parent, what information they think will be helpful to share, as well as information about how to support the child(ren) before and after supervised visits. Staff will want to keep the focus of on supporting the child(ren) and work with the parent to create strategies for supporting child(ren) before and after visits. Understanding the abusive parent's beliefs about the impact of visitation on their children, how they support or try to interfere with visits, and/or their resistance to visits will be useful information when planning for your engagement with that parent. Remember, supervised visitation services are not confidential services, so it will be important to maintain the safety of the victim parent as a priority in your process. Preparing the abusive parent for their children's visits should focus on the children and the importance of supporting their child(ren) throughout this process.

#### **RECOMMENDED APPROACHES:**

- Stay focused and redirect back to needs of the child(ren).
- Explore with parents strategies for supporting their children and partner with the parent to implement those strategies.
- Prepare parents to support children's feelings.
- Make referrals and suggestions about getting the child(ren) additional support.

# ENHANCED MODEL KEY STRATEGIES

The five key strategies listed below offer a guidepost for how programs should work with families in an enhanced model. Each interaction, intervention, and engagement should utilize these strategies. The level of visitation will dictate the depth to which these strategies will be used.

Center staff should consistently check in with adult and child survivors to clarify expectations and safety measures, with the understanding that strategies will likely change over time. Be prepared to change course as needed, be flexible, and remember that families using your programs deserve love, respect and compassion, regardless of why they walked through your doors.

## **1. Connect and Build Strong Relationships with each Parent and Child**

Building strong relationships with each parent and child using visitation services is an essential strategy for providing an enhanced model. Relationship building begins with the first interaction and should be intentional throughout the course of services. Building a relationship with a family requires workers to bring their authentic and genuine selves to each interaction. Relationships allow for trust building and create a space for open and honest feedback and support. Building

relationships requires time and attention, and a willingness to foster equity and reciprocity between yourself and parents. Staff must work to find commonalities and a shared humanity to avoid the pitfalls of creating a one way relationship that is directed by staff and not shared with parents. Enhancing the visitation environment by offering services in a warm and welcoming space requires that staff build rapport with each parent and child prior to services commencing, as an important aspect of building a strengths-based approach to services.<sup>20</sup>

Concrete practices to build trust and connections with individuals and families:

- ▶ Facilitate orientations and regular check-ins with each parent and child.
- ▶ Create opportunities for each family member to share their story and experience and incorporate what you learn into future engagements.
- ▶ Use active listening by conveying your

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<sup>20</sup> Smith, G. T. (2014). "A Strengths-based Approach to Supervised Visitation in Child Welfare. Child Care in Practice". *Northern Ireland Journal of Multi-Disciplinary Child Care Practices*, 20(1), 98.

desire to be present both verbally and non-verbally.

- ▶ Provide a welcoming environment for women, men, and children.
- ▶ Do not express judgment.
- ▶ Foster a sense of safety, honesty, trust and well-being.

## 2. Engage From a Humanistic and Compassion Driven Approach

When we recognize a person's humanity we are able to see the whole person and find places of connection and commonality. When working with families who have experienced domestic violence, it is easy to make assumptions about who is "good" and who is "bad," who deserves respect and dignity and who does not. When providing an enhanced model of visitation, developing compassion and empathy for each parent and child is an important strategy for supporting safety and creating opportunities for change. Leading from a place of caring demonstrates to families that they count and are worthwhile. It can also help soften the barriers and fears that parents and children may have when entering into services.<sup>20</sup>

Concrete practices to help workers engage in a humanistic and compassionate manner with individuals and families:

- ▶ Create a warm, caring and welcoming environment.
- ▶ Acknowledge each parent and child's

feelings and concerns about services.

- ▶ Show compassion and dignity to every person who enters your doors.
- ▶ Avoid assumptions.
- ▶ Build authentic partnerships with women, men, and children.
- ▶ Be transparent about roles and expectations.
- ▶ Be flexible.

## 3. Respect the Humanity and Unique Life Circumstances of Each Individual

Each family and individual within the family brings a personal story and life experience that must be accounted for in an enhanced model of visitation. Valuing each person's social identity and social location, as well as staff understanding their own areas power and privilege, is a key strategy to helping individuals feel seen and heard at the center. Starting with each parent and child's strengths and assets will help build a response that starts with what is working well in people's lives, rather than the obvious places of struggle. Be open and curious about each person's unique identity, and avoid making assumptions. Explore how to create a space that feels culturally relevant and responsive to families accessing visitation.

Concrete practices to help workers respect the humanity and unique life circumstances of each individual:

<sup>20</sup> Smith, G. T. (2014). "A Strengths-based Approach to Supervised Visitation in Child Welfare. Child Care in Practice". *Northern Ireland Journal of Multi-Disciplinary Child Care Practices*, 20(1), 98.



- ▶ Listen. Allow families to be the experts in their own lives.
- ▶ Tailor your response with an appreciation and respect for where people are coming from, and where they are socially located.
- ▶ Take opportunities to let women, children and men know they are not alone.
- ▶ Recognize and understand the flood of feelings and emotional turmoil caused by the violence.
- ▶ Ensure the program is culturally relevant and accessible to everyone in the community.
- ▶ Create an environment that values and incorporates diverse approaches that reflect families needs and values.
- ▶ Treat all men coming to the center with respect, dignity, and fairness. This may also serve to reduce their anxiety and potentially minimize their hostility toward their partner.
- ▶ Conduct a screening with each parent and child to better understand the whole picture of their lives. Domestic violence may not be the issue they describe as the most pressing. Based on expressed needs, create a plan that supports all parents and children. Make referrals as needed, and help people access community resources. Acknowledge that it's difficult to engage in a process of change when basic human needs are not being met.

#### **4. Centralize the Safety for Adult and Child Survivors**

The primary purpose of all levels of supervised visitation for families experiencing domestic violence is safety for adult and child survivors. The definition of safety is broader

than physical safety, and accounts for the emotional, psychological, mental and spiritual safety of adults and children. Centers must create an environment that is attuned to the impact of violence on adults and children, and creates a space that is sensitive and responsive. Additionally, supporting safety for survivors requires programs to actively avoid recreating dynamics of power and control within the program.

Concrete practices to help workers centralize safety for adult and child survivors:

- ▶ Create an environment that increases the adult victim and child's sense of safety.
- ▶ Be regularly informed by the parent needing protection of the impact of services.
- ▶ Create an environment that interrupts and intervenes in battering tactics, minimizes risk, and works to reduce opportunities for ongoing battering.
- ▶ Be flexible and open to safety strategies that will change over time.
- ▶ Be informed and knowledgeable about the dynamics of domestic violence so that red flags and risk are identified. Additionally, create opportunities to learn about the unique dynamics in each family.
- ▶ Safety plan with women and children.

#### **5. Counteract the Experiences and Tactics of Family Violence**

Visitation programs have a unique opportunity to counteract the experiences and tactics of family violence. Workers have an important role that requires they intervene and interrupt any on-going battering tactics that play out



in a visit or at the visitation center. There are many ways to intervene, and workers should tailor interventions based on the circumstances of each family. Counteracting the experiences of battering is more than stopping a behavior that occurs in the center. Engaging parents from a place of partnership and equity, giving adult survivors a voice and the ability to make their own decisions, naming the harm as well as believing survivors and children are all ways to counteract the experience of living in a home with power and control.

Concrete practices to help workers counteract the experiences and tactics of family violence:

- ▶ Support and protect the relationship between the protective parent and their child.
- ▶ Interrupt and/or intervene on behavior that is causing harm to the child or is meant to harm the other parent.
- ▶ Model respectful and fair interactions.
- ▶ Understand how victims of battering are subjected to judgment and seek to reduce it in oneself and in other interveners.
- ▶ Establish clear expectations.

### **PROVIDING TSV TO FAMILIES EXPERIENCING DOMESTIC VIOLENCE: CONSIDERATIONS, CONDITIONS AND CAUTIONS**

TSV for families with a history of domestic violence has not been without controversy. For some practitioners and survivors, the risk felt too high; providers feared that people using violence would manipulate the situation. For some it was, and still is, believed

to be unsafe for adult and/or child victims to be open and honest with an abusive person in a therapeutic setting, based on the history of power and control and the potential for retaliation.

These concerns are true for some families. But for some families, when TSV is implemented with the considerations and cautions outlined in this enhanced model, it can be a catalyst (if not an opportunity) for people using violence to take responsibility for their behavior and work towards repairing the harm caused to their families. Clinicians should be transparent with all parties involved that TSV is not reunification therapy. Additionally, TSV will likely be a long process that requires pauses, as well as modifications to the therapeutic approach, based on the responses, reactions and experiences of children and adult survivors.

Goals of TSV work include helping the family create a safe, stable, and nurturing environment. Creating clear goals with parents who have used violence will support the practitioner's ability to effectively monitor progress. Families can come into TSV through many different avenues. Some families will be existing participants at the visitation center, some may be court ordered and others may be referred by other community partners. When providing TSV to families who have a history of domestic violence, the following considerations and approaches will be necessary to avoid further harm to the adult and child survivor. These conditions should be met and monitored regularly.

### Conditions for the Parent Who Uses Violence Who is the Visiting Parent to Engage in TSV Services

- Is not participating in behavior that causes harm to their partner or children.
- Demonstrates respect and support for their child's other parent.
- Is complying with all current court orders and intervention stipulations.
- Ideally the parent has participated in battering intervention and/or other programs designed to address domestic violence and battering behavior. If the parent has not participated in any of these programs or they do not exist in your community, we recommend that the parent using violence also participate in individual counseling with an individual therapist who has an in-depth understanding of domestic violence and battering.
- Has a support system.
- Has insight into the factors that warrant the need for supervised visitation services.
- Has the ability and willingness to accept responsibility for their abusive behavior and actions.
- Can recognize that his behavior caused harm to his family, and can show empathy for the effects of his actions on his family.
- Can attend services regularly.

- Is willing to assume responsibility for his actions and behavior.
- Has the capacity to engage in a process with a healthy perspective and willingness to create change.
- Can listen to and take suggestions and cues from supervised visitation staff.
- Any other underlying issues (e.g. substance abuse or mental health issues) wouldn't hinder the ability of the parent to fully participate in TSV services.
- Is willing and able to move at the child's pace and respect their boundaries.
- Is willing to debrief each therapeutic supervised visit and can accept feedback.
- Is able to engage in setting goals for therapeutic visitation.
- Is willing to seek outside support if needed.

A key component to providing safe TSV with parents who have caused harm to their families is their willingness and desire to engage in this process. Assessing and monitoring factors for readiness should be an ongoing process. Attachment F: "Assessing Readiness to Engage in Therapeutic Supervised Visitation" found at the end of this document can be used to explore a parent's readiness, in conjunction with screening and ongoing input from the parent needing protection and their child(ren).

### **Conditions for the Victim Parent/ Protective Parent Who is Also the Custodial Parent to Agree to TSV Services**

- Believes that TSV services will not create further harm for her and/or her children.
- Believes that TSV services will not create traumatic effects on her or her children's emotional and physical health and functioning.
- Has outside support and the resources to care for self and children.
- Supports the goals of TSV services.
- Can support the process for the child in a positive way.
- Believes TSV services won't compromise the relationship with their child.
- Feels comfortable with TSV, and is able to provide feedback regarding ongoing risk and/or harm.

### **Conditions for the Victim Parent/ Protective Parent Who is Also the Visiting Parent to Engage in TSV Services:**

- Believes that TSV will not create further harm for her or her children.
- Believes that TSV will not create traumatic effects on her or her children's emotional and physical health and functioning.

- Has outside support and the resources to care for self and children.
- Has co-created the goals of TSV services and is able and willing to agree on working to meet these goals.
- Can support the process for the child in a positive way.
- Is complying with all current court orders and intervention stipulations.
- Has insight into the factors that warrant the need for supervised visitation services.
- Has the capacity to engage in the process with a willingness to create change.
- Can listen to and take suggestions and cues from supervised visitation staff.
- Any other underlying issues (e.g. substance abuse or mental health issues) wouldn't hinder the ability of the parent to fully participate in TSV services.
- Is willing and able to move at the child's pace and respect their boundaries.
- Is willing to debrief each TSV and accept feedback.
- Can attend services regularly.
- Is willing to seek outside support if needed.

### Conditions for Children to Engage in TSV Services

- Has demonstrated a capacity to participate in the process without distress (emotional, behavioral, or physical).
- Has outside support from at least one caring adult.
- Has the developmental and emotional capacity to engage in TSV.
- Does not feel pressured to engage in TSV.
- Feels safe, respected and supported in participating in TSV.

TSV provides opportunities for a deeper level of work with parents and children. It allows workers, who have clinical training, to engage with parents in a more intentional and directed manner. The key element that differentiates TSV from ESV is the creation of therapeutic treatment goals and interventions designed to create change and repair harm. Below are some guidelines and considerations for creating those goals.



A Comprehensive Review of Interventions for Children Exposed to Domestic Violence is a great resource

for clinicians to explore the wide range of evidence based and practice informed interventions for children and youth.

**<http://promising.futureswithoutviolence.org/files/2012/01/Comprehensive-Review-of-Interventions-for-Children-Exposed-to-Domestic-Violence-FINAL.pdf>**

Additionally, the Promising Futures Website has a wealth of information to help inform and support your use of the engaged model.

**<http://promising.futureswithoutviolence.org/>**

## THERAPEUTIC GOALS

TSV goals should:

- ▶ Include a comprehensive plan with measurable therapeutic outcomes reflecting the reason for referral.
- ▶ Allow the person seeking change to identify what change they wish to work towards.
- ▶ Encourage older children to be a part of the goal setting process.

Establishing a TSV plan that establishes a predictable routine is an important aspect of setting up services. It is essential that children/youth feel heard, safe and empowered in this process. If a routine must be significantly modified or changed, it is important that children/youth are included in this process prior to the change being implemented. These initial meetings with each parent help to establish a relationship where a child's strengths are uncovered, visitation goals are set, and plans to support the goals are discussed.

TSV session components should be goal-orientated and leverage family strengths and foster hope, while recognizing each parent's strengths in responding to the child. They should also support the visiting parent's ability and desire to improve their skills. Structured and unstructured activities should be planned into each session, and staff should provide resources that allow parents to develop their own activities. Activities should be ideally developed in consultation with the child(ren), if possible. Each session should

also support downtime to accommodate a variety of unique circumstances to ensure families have time to be together. Establishing regular check-in with each party – victim parent, child(ren) and separately the parent who used violence - to review, celebrate and adjust plans as needed is essential. During TSV sessions, staff should work directly with the visiting parent as much as possible, rather than directly with children so parents are able to interact with and modify behavior to support their children on their own.

Clinicians should help parents **(1)** give their children their full attention at each visit, **(2)** articulate their children's needs to be met in visits, and **(3)** supportively remind the parent immediately before and during the visit of how they planned to meet their child's needs during the session. These are all elements of the New York City Administration for Children's Services Visit Coaching model, which we suggest provides strategies that can be effective in therapeutic visits.<sup>21</sup>

The safety risks, past experiences and unique needs and circumstances of each family will inform the specific components of the TSV plan. Some of the components that can be considered when developing a plan for each family can include:

- ▶ Create a written visit routine that can be printed and hung on the visitation space during each family's visits.
- ▶ Establish a greeting ritual and a goodbye ritual.

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<sup>21</sup> Beyer, M. (2004). "Visit Coaching: Building on Family Strengths to Meet Children's Needs". New York City Administration for Children's Services, Visiting Improvement Project.



- ▶ Plan a specific time during each session that includes structured activities.
  - ▶ If appropriate, allow time to prepare and/or share a meal or snack together.
  - ▶ During the check-in with the visiting parent ask what worked, what they would change, what they would like to plan to do next time.
  - ▶ During the check-in with the custodial parent, ask questions that allow the parent to share what is going well and if anything is causing harm and/or risk. Allow room for the parent to share any and all thoughts, fears and concerns. Examine how staff and/or the parent can support the child.
  - ▶ During the check-in with each child, explore what is going well and if there are things that the child would change or wants to be different. Inquire if there is something the child would like to do in the next visit and if they need anything from you or either parent. Remember this time is for the child and they may want to play, be quiet or skip checking in.
- CONSIDERATIONS AROUND DISCONTINUING AND/OR PAUSING TSV SERVICES**
- Staff must be able to identify and be attuned to the indicators that indicate harm and/or trauma is being caused by TSV.
- Below are some indicators to watch for:
- ▶ Child is distressed in response to the TSV.
  - ▶ The child demonstrates signs of concern outside of TSV that can include but are not limited to (and vary based on developmental stage): change in appetite, withdrawn behaviors, increased acting out behaviors, decline in school performance and/or attendance, increase in real or perceived health problems, toileting issues, regression in developmental milestones, change in sleep, decline in maintaining existing friendships and/or positive social interactions, increase in anxious or depressive symptoms, adoption of substance use by older children/youth, etc.
  - ▶ Any of the above signs of concern escalate before or after TSV.
  - ▶ Parent needing protection becomes increasingly anxious and concerned about visits.
  - ▶ Parent has continued to cause harm or threatened to cause harm to the child and/or victim parent, inside or outside the visitation setting.
  - ▶ Parent who uses violence is unable or unwilling to accept responsibility for the abuse they have enacted.
  - ▶ Reports/information from a referral sources indicates an escalation in harmful and/or potentially harmful behavior.

## POLICY EXPLORATION

From previous work developed by the authors, we recognize that creating supervised visitation center policies is a very difficult task.<sup>22</sup> Center staff can spend long hours laboring over each policy, worrying that errors and oversights may lead to increased risk for families. It becomes easy to see why policy documents can become very long lists of program restrictions and mandates about what parents can and cannot do at the center.

We know this does not occur out of malintent, but rather an attempt to ensure that violence and harm do not happen during a supervised visit. But creating and maintaining a rigid set of policies often results in:

- ▶ Staff working from a place of habit and rigidity, rather than meeting the needs and safety concerns of the families they are working with.
- ▶ Overly scrutinizing participants who have backgrounds different than the staff they are working with, thus potentially increasing micro and macro aggressions.
- ▶ Not being reflective of the realities of the those who come to the center for services.
- ▶ Creating unnecessary conflict and tensions between staff and parents.
- ▶ Potentially creating greater risk to those who need protection.

- ▶ Replicating power and control dynamics for survivor parent.
- ▶ Focusing only on risk at the cost of promoting resilience.
- ▶ Create a heightened sense of stress and crisis among staff that can inhibit trauma sensitive service delivery and organizational culture.

After a dangerous or traumatic incident takes place in a center, there tends to be a reactive inclination to create more restrictive and/or punitive policies. These policies are often, understandably, developed out of fear in a time of crisis, conditions that usually don't allow for critical investigation of what actually promotes safety and wellbeing within the center. Over time, these reactive policies can add up to a complicated set of requirements that place stress on center staff and families, and may actually decrease

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<sup>22</sup> McNamara, B., Rose, J. (2015). "Creating Opportunities for Safety and Change in Supervised Visitation Programs: A policy framework for engaging men who use violence". Inspire Action for Social Change and Futures Without Violence.



safety. It is important to recognize that you can't begin to predict every possible incident or problem at the center and that not every "incident" is a safety risk for every family. We also recommend that center staff know exactly why every policy is in place, and how it serves the center and families. If leadership and staff lose sight of why a policy is in place, it is a time to assess its utility.

When centers shift to an enhanced model of services, they must balance the desire to standardize and create a system of "sameness" for every family with being attentive to the individualized circumstances of every family. It is not unusual to want to create a consistent system to follow; but it is important to be aware of the risks associated with this method of organizing your work, and act to ensure that safety is not compromised by your policies/procedures. We encourage centers to think about how they can develop clearly stated expectations around a set of predictable policies that also allow for agility and in the moment decision making.

Policies that provide a clear explanation of their significance and address each family's needs will result in **(1)** staff better equipped to understand the meaning behind each policy, and be able to explain to participants the reason for each policy, **(2)** parents are better able to understand the purpose of each policy and the way in which policies are designed to support the safety and wellbeing of everyone in their family, and **(3)** the center being able to improve the long-term safety and post-separation skills of every family using services.

Different and changing levels of risk will require different levels of response. Many

family circumstances are unique and will change over time, so flexibility must be built into your policies. Centers should be able to determine what their "core" set of policies should be for every family, and then have many more considerations that are only applicable for some families based on the level and type of risk. Consider including words such as "may" or "can" instead of "will" or "shall" when writing policies that may not need to be applied to everyone using the center.

Changing and modifying policies to adapt to the changes that arise within families can be complex. Preparing for the potential of change upfront can help mediate the potential issues that may arise when center staff want to adapt and/or modify original agreements with a family. Here is a sample statement to include in initial agreements with families:

***"Every family and situation has unique circumstances. This means that occasionally staff will need to make case-by-case determinations of additional policy and procedure requirements. Staff will evaluate each problem, concern, and family individually and will respond accordingly. In the event that additional policies/procedures are required, staff will put these agreements in writing and review them with parents."***

External policies should be written in plain language so that people with varying literacy and levels of stress/trauma can easily understand. For instance, "Please DO NOT leave the center until staff tells you it is okay" is much more effective than "Please depart from the visitation center at your assigned



specified time and from your assigned designated location at the facility".

Policies can be created to solely address the "two hours" of a visit, but centers also have the opportunity to develop policies that may impact post-separation safety for the longer term. However, It is important to recognize that most regular center services are typically not intended to be long-term solutions for most families. An enhanced model supports creating policies that provide opportunities for change and strives to support non-violence post-center services.

Below are a list of characteristics of policies that are generally ineffective and can cause harm and/or stress in the center:

- ▶ Policies that require participants to stay in the "here and now".
- ▶ Policies that don't allow participants to talk about what brought them to the center.
- ▶ Policies that don't allow participants to talk about their family – including the child's mother under any circumstance.
- ▶ Policies that focus on redirecting what staff perceive and believe to be "poor parenting".
- ▶ Policies that assume the person who uses violence is the visiting parent and doesn't account for the safety needs of survivors of domestic violence who use center services as the visiting parent.
- ▶ Policies that impose a particular cultural value that is not universal, for example: gift giving restrictions for everyone, dress codes for visiting parents, policies that do not allow visiting parents and their children to watch television or play video games, or restrictions

on bringing and sharing meals together while at the center.

- ▶ Any policy that is driven by culturally based values/perceptions.
- ▶ Policies that require adults and/or children to digest and integrate information immediately (particularly when shared via only one type of communication - ie, just verbally or just in writing), which is not sensitive to the impact of stress and trauma on the brain.

Programs should review current policies and procedures and consider the following questions when reviewing:

- ▶ What is the intent of this policy/procedure?
- ▶ How does this policy/procedure support an engaged model?
- ▶ How does this policy/procedure create barriers for an enhanced model?
- ▶ What would need to change about this policy/procedure to allow for alignment with an enhanced model? What are the benefits to the change? What issues or challenges will we face if we change it?
- ▶ From whose cultural perspective was this policy written? Whose view of the world is being centered, and how is the norm defined?

At the completion of exploration, centers can begin the development or re-examination of policies. Each policy created and/or evaluated should reflect this foundational work. If a policy doesn't support or is in conflict with the center beliefs, vision, and mission, that policy should be reexamined.

# CONFIDENTIALITY, RECORD-KEEPING & DOCUMENTATION PRACTICES WHEN PROVIDING AN ENHANCED MODEL

A critical aspect of maintaining safety includes taking thorough and informed action to ensure that the information we gather, create and maintain will not pose safety risks or create harm to victims of domestic violence and their children.

Unfortunately, there are countless examples of how men who use violence have successfully gained information, often times legally, to stalk, threaten or harm their partner. Supervised visitation providers must be diligent about not providing a forum for men who use violence to use the documentation gathered to cause harm.

Documentation and confidentiality are closely linked in the field of supervised visitation. The conundrum is that supervised visitation providers do not typically have legal provisions to be able to protect any information that is collected or recorded, and client/therapist privilege does not apply to TSV. Due to the inability of visitation centers to protect information or ensure that the information collected cannot be used to cause harm, it is essential that providers take great care in developing good practice around the information they hold.

Unfortunately, it is not uncommon for

centers to begin gathering information on forms and never question the importance, usefulness or risk of the information being gathered. Centers often feel justified in collecting very detailed information such as risk assessments, detailed history, criminal history, mental health history, substance abuse history, etc; however, are not clear about why they are collecting such information. It is important to ensure the information that is collected is vital to providing supervised visitation services and doesn't compromise the safety of adult victims and children. Further, it is not trauma sensitive to ask invasive questions about personal struggles and traumatic histories without the specific purpose of relieving suffering and/or increasing safety.

Information should only be collected and maintained if a center is able to clearly justify why it would be necessary for service provision. For example, recording an



employer's address is not typically relevant to the reason why a person would be using visitation services. A possible unintended consequence of documenting such information and releasing it to an abusive parent can result in increased risk to the victim parent if the abusive parent may not have otherwise had this information. Other types of information that could put victims at risk includes, but is not limited to **(1)** name of child's school, **(2)** referrals that have been provided, **(3)** medications used, **(4)** mental health details, **(5)** name of shelter, domestic violence program or advocate, **(6)** driver's license or social security numbers, **(7)** survivor's goals and safety plan, **(8)** suicidal thoughts or attempts, **(9)** abuse/sexual assault history/detailed trauma narrative, **(10)** reports of abuse as a child, **(11)** living condition status, **(12)** immigration status, or **(13)** country of origin. Data or information that doesn't comply with state and federal laws, such as confidentiality statutes and the Americans with Disabilities Act regulations should also not be collected.

Centers need to develop a clear organizational policy and practice that explains the terms of record-keeping, confidentiality limitations, and access to records. Center standard practice should be that NO information is provided to any entity unless a valid informed consent and release of information has been obtained, OR there is a statutory or court mandate. A court mandate must be a valid order, signed by a judge and contain the specific information that is being requested. It is important to

note that despite a court mandate, if a program believes releasing such information would cause harm or create a safety risk it can resist this mandate by asking for a move to quash or request to hold an in-camera review. Having good legal representation and/or advise is highly suggested for programs who provide an enhanced model of supervised visitation.

Participants should be thoroughly informed about what it means to sign a consent to release information form. Some key aspects to discuss with participants include **(1)** the clearly stated right to sign or not sign a consent to release information. Services should not be contingent upon signing this form, and a participant should be able to refuse to sign the form and still be able to access services, **(2)** consent is provided in writing, with no exception for any verbal consent to be given, **(3)** consent must have a reasonable time-limit that is tailored by each participant, with an understanding of their ability to revoke or update the consent form at anytime, **(4)** consent must be specific and include clearly articulated identifiable items that are subject to the release, **(5)** participants ability to choose the method (phone, writing, email, fax, personal delivery) in which information is shared, **(6)** information regarding the benefits and risks of releasing their information, and **(7)** clarification of when your organization is required to release information with or without consent (e.g. court order, child protection mandate, harm to self or others, etc...).

The Federal Violence Against Women Act



A fact sheet on US Federal Law on confidentiality for victims of domestic violence:  
**[http://nnedv.org/downloads/SafetyNet/OVW/NNEDV\\_](http://nnedv.org/downloads/SafetyNet/OVW/NNEDV_USFederalLawOnConfidentialityFAQ_2011.pdf)**  
**[USFederalLawOnConfidentialityFAQ\\_2011.pdf](http://nnedv.org/downloads/SafetyNet/OVW/NNEDV_USFederalLawOnConfidentialityFAQ_2011.pdf)**

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(VAWA) provides clear guidance on specific legal requirements to follow if a program receives federal funding.

Developing a team to critically examine each and every form the center gathers and maintains is a good exercise to avoid the common trap of “this is just always how we have done it,” or making the assumption that particular documents and forms are vital to service provision without truly questioning their usefulness. To engage in a critical analysis of your documentation practices, ask the following questions of each form you maintain:

- ▶ Does the form collect information that is not directly related to the services we provide?
- ▶ Does this form contain information that could be potentially harmful and compromise the safety of a survivor and her children?

- ▶ Does this form contain information that may be illegal to collect/maintain?
- ▶ Why do we capture and collect this information?
- ▶ Who benefits from the information being captured or collected?
- ▶ How could the information captured or collected create risk for the parent needing protection and her children?
- ▶ How could the parent who uses violence use or misuse this information?
- ▶ Does the information tell us who is at risk and how?
- ▶ Does the information support the purpose of why we exist as a center?

Once the team has analyzed forms and documentation the next step is to create a plan to make the necessary changes. This process should be included as part of any ongoing program evaluation process.

## CAUTIONS AROUND AN ENHANCED MODEL

To create new opportunities for authentic change for families, supervised visitation programs need to be more than a court compliance exercise or a place to gather documentation of parent/child interactions. Programs also need to be more than the long arm of the court, informing the court in the unrelated issues such as whether a parent poses parenting skills or how parents choose to spend time with their children during supervised visits.

To create new opportunities, the field needs to be open to new thinking and engage with families in new and innovative ways. The enhanced model offers these opportunities; at the same time, there are risks that need to be considered. While there is never a guarantee that no further harm will ever come, providers of all types still must be willing to listen to families, and partner with them to envision and to facilitate healing and change. When programs support a strengths-based optimism approach centered on the belief that change is possible, new opportunities arise. Programs are able to foster a healthy, safe and humanistic environment that can support healing and attempt to reduce risk when they take an enhanced approach.

The following are important cautions for programs to be aware of:

- ▶ Remember that the service itself is provided in an artificial setting that is created to ensure no harm comes during visitation, and is not predictive of any ongoing safety risks a person who uses violence poses to adult and child survivors. To ensure safety and change for families, there needs to be other interveners working to support safety for victims and accountability for people who use violence.
- ▶ Programs must develop strong messaging for the court and other partners that supervised visitation is not risk assessment. Families can have visits that go well, even for a long period of time, but that



is not indicative of whether or not there is potential risk for further violence to the parent needing protection and their children.

- ▶ Workers need to be aware of how their own values and beliefs shape their work, and how they may be imposing their worldview on parents and children in a way that can cause harm.
- ▶ An enhanced model should not include or provide a parenting skills assessment. Remember, providing parenting skills support nor the ability to demonstrate

improved parenting skills DO NOT increase safety or reduce safety risks that a person poses to their children and partner.

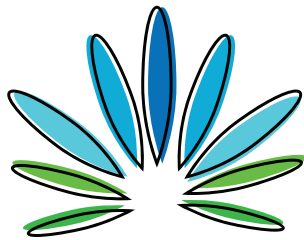
- ▶ Centers need to clearly articulate and distinguish between parenting skill concerns and abusive behavior that is based on power and control. The use of children as an ongoing battering tactic is different than identifying behavior as poor parenting/lack of parenting skills. Programs need to ensure ESV / TSV is not used as the vehicle by which detrimental and harmful relationships are facilitated or encouraged.

## NEXT STEPS

**As centers embark on efforts to provide an enhanced model of supervised visitation, we invite you to be our partners in taking the next steps needed to deepen our work and continue our learning.**

There is a great need for both evidence and practice based knowledge in the area of supervised visitation for families experiencing domestic violence, especially as a service that strives to support safety, healing and change. Below are a few key areas that we have identified that need further learning. We would encourage you to reach out to us as you identify others.

- ▶ **What does a supervised visitation program do that makes the most significant impact on the ability of a victim and their children to be safe and support healing?**
- ▶ **How does supervised visitation impact a child's relationship with their parents?**
- ▶ **Are children able to emerge from supervised visitation with the possibility of a healthy non-abusive relationship with both of their parents? If so, what role does the supervised visitation program play in supporting this outcome?**
- ▶ **Does supervised visitation protect the best interests of children who have continued contact with an abusive parent? And if so, how?**
- ▶ **What is the effectiveness of current therapeutic approaches used with children exposed to violence in their home?**
- ▶ **How do we provide safe domestic violence informed family therapy to families who are staying together but want support and help healing?**
- ▶ **Research and evaluation of the enhanced model to examine if the enhanced model works to (a) create safety for adult and child victims, (b) creates opportunities for behavior and belief change, and (c) supports reparation and healing for adults and children who have used and/or experienced domestic violence and battering.**



## APPENDIX A

### Enhanced Supervised Visitation Community Readiness Worksheet

## ENHANCED SUPERVISED VISITATION COMMUNITY READINESS WORKSHEET

The first step to assessing your community and its readiness to support an enhanced model of supervised visitation services is to determine intervening systems and providers share the same beliefs and understandings about domestic violence and supervised visitation services. Completing this readiness worksheet will help you identify where your program and community partners hold shared beliefs, and where there are significant areas of divergent thinking that will need to be addressed before you can move forward. This process can be done at a collaborative meeting, and may take two or three meetings to finalize.



### 1) Holds the belief that people who use violence against an intimate partner can change.

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					



## ENHANCED SUPERVISED VISITATION COMMUNITY READINESS WORKSHEET

**2) Holds the belief that perpetrators of violence should be held accountable and responsible for the violence they have caused and follows this belief with action.**

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					



ENHANCED SUPERVISED VISITATION COMMUNITY READINESS WORKSHEET

3) Believes that offenders of domestic violence should be offered services to support repairing the harm, and creating opportunities for change is useful in some instances.

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					

# ENHANCED SUPERVISED VISITATION COMMUNITY READINESS WORKSHEET



**4) Understands that demonstrating appropriate parenting behavior by the parent who perpetrated domestic violence in a supervised setting does NOT indicate there aren't safety risks to the survivor and/or child.**

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					



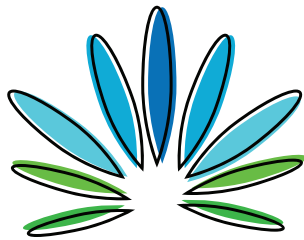
**5) Will not be swayed in their decision to maintain safety for adult victims and their children by only offering enhanced engagement and positive supervised contact in lieu of services that work to change violent behavior**

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					

# ENHANCED SUPERVISED VISITATION COMMUNITY READINESS WORKSHEET

**6) Believes that a supervised visitation center should be able to autonomously make decisions to deny, suspend, or terminate services.**

Provider/Intervener	Yes, all	Yes, most	Yes, but only a few	No	Explain
Supervised Visitation Organization					
Supervised Visitation Program (if program is part of a larger organization)					
Domestic Violence Advocacy Program					
Legal Services					
Private Attorneys (those that represent victims and offenders of DV, handle custody and visitation and divorce cases)					
Batterer Intervention Programs					
Mental Health Providers					
Law Enforcement					
Faith-based Community					
Other:					
Other:					



## APPENDIX B

### Sample Supervised Visitation and Safe Exchange Court Referral Form

# SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM

## REFERRING COURT INFORMATION

Date: \_\_\_\_\_ Court Case # \_\_\_\_\_

Name of Judge \_\_\_\_\_ Department # \_\_\_\_\_

Name of Supervised Visitation Provider: \_\_\_\_\_

## FAMILY INFORMATION

**Name of Parent 1:** \_\_\_\_\_ A.K.A: \_\_\_\_\_ ☐ Mother OR ☐ Father

Contact Phone # for Parent 1: \_\_\_\_\_ Primary Language Spoken, if other than English: \_\_\_\_\_

**Name of Parent 2:** \_\_\_\_\_ A.K.A: \_\_\_\_\_ ☐ Mother OR ☐ Father

Contact Phone # for Parent 2: \_\_\_\_\_ Primary Language Spoken, if other than English: \_\_\_\_\_

## SERVICE INFORMATION *All Services Are Contingent Upon Program Acceptance and Availability*

### Type of Service Requested:

☐ Supervised Visitation ☐ Therapeutic Supervised Visitation ☐ Supervised Exchanges

Frequency of visitation: \_\_\_\_\_ **OR** ☐ See attached for details

Should restrictions on third parties attending visitations be considered by the program?

☐ No ☐ Yes, whom? \_\_\_\_\_

Should other restrictions or guidelines be considered by the program?

☐ No ☐ Yes, what? \_\_\_\_\_

**Date of Next Court Appearance Regarding Custody & Visitation:** \_\_\_\_\_

☐ Next Court Appearance Not Set

### Has there been court involvement regarding custody &/or visitation:

☐ No ☐ Yes – if yes please provide details regarding this court involvement:

**Restraining/Protective Order?** ☐ Yes–current ☐ Not currently–previous protection order

☐ Not aware that there has ever been a restraining or protective order issued

Restrained Party \_\_\_\_\_ Protected Party: \_\_\_\_\_

# SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM

## OTHER SERVICES

- ☐ BIP.....☐ Parent 1    ☐ Parent 2
- ☐ Mental health services .....☐ Parent 1    ☐ Parent 2    ☐ Child: \_\_\_\_\_
- ☐ Parenting skills assistance.....☐ Parent 1    ☐ Parent 2
- ☐ Substance abuse program .....☐ Parent 1    ☐ Parent 2
- ☐ Other services: .....☐ Parent 1    ☐ Parent 2    ☐ Child: \_\_\_\_\_
- ☐ Other services: .....☐ Parent 1    ☐ Parent 2    ☐ Child: \_\_\_\_\_
- ☐ Other services: .....☐ Parent 1    ☐ Parent 2    ☐ Child: \_\_\_\_\_

## CONFIDENTIAL CASE HISTORY

**Please check possible case issues that apply (impressions, allegations or evidence of risk) that are relevant to the safety of a child or protected parent in the SV/E program and indicated who which parent has the concerning behavior:**

- ☐ Domestic violence.....☐ P1    ☐ P2    ☐ Physical abuse – child ... ☐ P1    ☐ P2
- ☐ Abduction concerns .....☐ P1    ☐ P2    ☐ Stalking..... ☐ P1    ☐ P2
- ☐ Child sexual abuse .....☐ P1    ☐ P2    ☐ Suicide attempt ..... ☐ P1    ☐ P2
- ☐ Sexual assault.....☐ P1    ☐ P2    ☐ Mental Illness ..... ☐ P1    ☐ P2
- ☐ Significant parenting skill deficit.....☐ P1    ☐ P2
- ☐ Emotional abuse to child ....☐ P1    ☐ P2

*Describe:*

- ☐ Substance abuse – If yes, specify: ☐ alcohol    ☐ street    ☐ prescription drugs.....☐ P1    ☐ P2
- ☐ Violation of court order .....☐ P1    ☐ P2

*Explain what type of violation:*

- ☐ Criminal behavior – arrests, convictions or formal charges of criminal offenses.....☐ P1    ☐ P2

*Explain what type of criminal offenses:*

Other issues that apply .....☐ P1    ☐ P2

*Specify:*

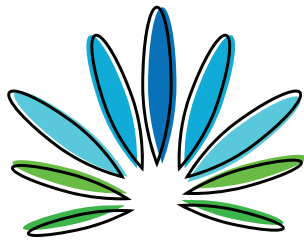
Other issue that apply .....☐ P1    ☐ P2

*Specify:*

## **SUPERVISED VISITATION AND SAFE EXCHANGE COURT REFERRAL FORM**

**Please provide any other narrative details regarding why supervised visitation services have been ordered, recommended or agreed upon (use additional pages as needed):**

**SAMPLE**



## APPENDIX C

### Sample Supervised Visitation and Safe Exchange Community Referral Form

# SUPERVISED VISITATION AND SAFE EXCHANGE COMMUNITY REFERRAL FORM

## REFERRING PARTY INFORMATION

Date: \_\_\_\_\_

Name of the organization / program making the referral: \_\_\_\_\_

Name of the referring person: \_\_\_\_\_

Contact Phone # of referring person: \_\_\_\_\_

Name of Supervised Visitation Provider: \_\_\_\_\_

## FAMILY INFORMATION

**Name of Parent 1:** \_\_\_\_\_ **A.K.A:** \_\_\_\_\_ ☐ Mother OR ☐ Father

Contact Phone # for Parent 1: \_\_\_\_\_ Primary Language Spoken, if other than English: \_\_\_\_\_

**Name of Parent 2:** \_\_\_\_\_ **A.K.A:** \_\_\_\_\_ ☐ Mother OR ☐ Father

Contact Phone # for Parent 2: \_\_\_\_\_ Primary Language Spoken, if other than English: \_\_\_\_\_

## SERVICE INFORMATION *All Services Are Contingent Upon Program Acceptance and Availability*

### Type of Service Requested:

☐ Supervised Visitation    ☐ Therapeutic Supervised Visitation    ☐ Supervised Exchanges

Frequency of visitation suggested: \_\_\_\_\_ **OR** ☐ See attached for details

Should restrictions on third parties attending visitations be considered by the program?

☐ No    ☐ Yes, whom? \_\_\_\_\_

Should other restrictions or guidelines be considered by the program?

☐ No    ☐ Yes, what? \_\_\_\_\_

### Has there been court involvement regarding custody &/or visitation:

☐ No    ☐ Yes – if yes please provide details regarding this court involvement:

**Restraining/Protective Order?** ☐ Yes–current    ☐ Not currently–previous protection order

☐ Not aware that there has ever been a restraining or protective order issued

Restrained Party \_\_\_\_\_ Protected Party: \_\_\_\_\_

# SUPERVISED VISITATION AND SAFE EXCHANGE COMMUNITY REFERRAL FORM

## OTHER SERVICES

- ☐ BIP.....☐ Parent 1 ☐ Parent 2
- ☐ Mental health services .....☐ Parent 1 ☐ Parent 2 ☐ Child: \_\_\_\_\_
- ☐ Parenting skills assistance.....☐ Parent 1 ☐ Parent 2
- ☐ Substance abuse program .....☐ Parent 1 ☐ Parent 2
- ☐ Other services: .....☐ Parent 1 ☐ Parent 2 ☐ Child: \_\_\_\_\_
- ☐ Other services: .....☐ Parent 1 ☐ Parent 2 ☐ Child: \_\_\_\_\_
- ☐ Other services: .....☐ Parent 1 ☐ Parent 2 ☐ Child: \_\_\_\_\_

## CONFIDENTIAL CASE HISTORY

**Please check possible case issues that apply (impressions, allegations or evidence of risk) that are relevant to the safety of a child or protected parent in the SV/E program and indicated who which parent has the concerning behavior:**

- ☐ Domestic violence.....☐ P1 ☐ P2 ☐ Physical abuse – child ... ☐ P1 ☐ P2
- ☐ Abduction concerns .....☐ P1 ☐ P2 ☐ Stalking..... ☐ P1 ☐ P2
- ☐ Child sexual abuse .....☐ P1 ☐ P2 ☐ Suicide attempt ..... ☐ P1 ☐ P2
- ☐ Sexual assault.....☐ P1 ☐ P2 ☐ Mental Illness ..... ☐ P1 ☐ P2
- ☐ Significant parenting skill deficit.....☐ P1 ☐ P2
- ☐ Emotional abuse to child ....☐ P1 ☐ P2

*Describe:*

- ☐ Substance abuse – If yes, specify: ☐ alcohol ☐ street ☐ prescription drugs.....☐ P1 ☐ P2
- ☐ Violation of court order .....☐ P1 ☐ P2

*Explain what type of violation:*

- ☐ Criminal behavior – arrests, convictions or formal charges of criminal offenses.....☐ P1 ☐ P2

*Explain what type of criminal offenses:*

Other issues that apply .....☐ P1 ☐ P2

*Specify:*

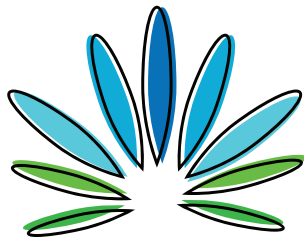
Other issue that apply .....☐ P1 ☐ P2

*Specify:*

# **SUPERVISED VISITATION AND SAFE EXCHANGE COMMUNITY REFERRAL FORM**

**Please provide any other narrative details regarding why supervised  
visitation services have been recommended or agreed upon  
(use additional pages as needed):**

**SAMPLE**



## APPENDIX D

### Organizational Readiness Assessment Worksheet



## **ORGANIZATIONAL READINESS ASSESSMENT WORKSHEET**

**Expanding the role of supervised visitation to a more enhanced and engaged model requires programs to conduct an internal assessment of their work. The following tool is designed to help programs explore current practices, policies and procedures as well as beliefs and values that inform how visitation services are delivered. The following set of questions should be explored by individuals and the larger agency. This process will help your program identify areas of readiness as well as areas needing more time attention.**

### **EXPLORATION OF BELIEFS WITHIN YOUR ORGANIZATION**

What are your organizational beliefs about the role of a supervised visitation program in supporting healing and change for women, children and men who have experienced or perpetrated domestic violence?

What are your organizational beliefs about the capacity for people who use violence to change?

What is your organizational belief about the role of culture, community and family in supporting individuals and families who have experienced domestic violence?

How do your organizational beliefs support your ability to provide a more engaged model of visitation?

What obstacles might they create?

What would help shift your organizational beliefs that create barriers to implementing a more engaged model of visitation?

What support is needed to make those changes?

## **CAPACITY AND TRAINING**

In what ways are you already providing more engaged supervised visitation?

Which of your practices do you feel are already aligned with the model?

What enhanced model practices do you wish to implement?

What skills and tools do you think you need to implement an enhanced model?

How could you get those skills and tools?

What practices do you feel you are missing in your programming to support an enhanced model?

Organizationally what do you need to put in place to support an enhanced model?

## **LEADERSHIP AND INCLUSION**

How is leadership shared in the organization? How is leadership shared in the visitation program specifically?

Is there diversity within your leadership? Why or why not?

Does everyone have a voice? How is space made for all voices to be heard and considered?

Is there anyone whose voice is missing or needs to be included?

How are you incorporating the voices and lived experiences of women, children and men who use services?

How are staff supported when they experience microaggressions in the workplace?

How are staff supported through the often difficult and complex work of supervised visitation?

How does the organization build professional resilience to offset vicarious trauma?

## **NEXT STEPS**

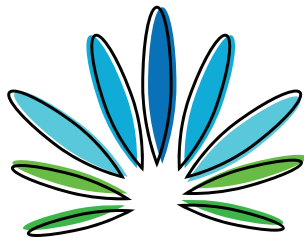
Based on the answers to these questions, how prepared do you feel your organization is to provide a more engaged level of supervised visitation?

What are the strengths that will support a more engaged model?

What areas need more work?

Who needs to make those changes?

Create a plan for addressing the gaps and moving forward.



## APPENDIX E

### Self-Reflection and Exploration Guide



## **SELF-REFLECTION AND EXPLORATION**

**A crucial step in creating an enhanced model of supervised visitation requires staff to engage in self reflection work. The goal of self-reflection work is to help staff recognize and reflect on how their thinking and beliefs impact their engagement with women, men and children in the center and guide their choices and assumptions.**

**The following tools are designed to help visitation center staff explore the beliefs they hold, and how those beliefs impact the visitation services being provided. Reflecting on oneself and one's own beliefs and behavior can be very challenging. Keep in mind that this is an opportunity for growth and exploration. We encourage individuals to be open to the process and honest about thoughts and responses.**

**We all come to this work with varied life experiences. If you find something that is too difficult, please feel free to pass or take a break to take care of yourself. Remember there is no right or wrong response.**

### **BELIEFS AND ASSUMPTIONS EXPLORATION**

***Respond to the following statements:***

Women who are abused by their partner are often...

Men who are violent to their intimate partner are often...

Moms with children in their care living with domestic violence should....

Men with children in their care who use violence in their relationships should....

Children who live in a home with violence are often...

Children experiencing domestic violence need....

Race and culture impact childhood in these ways...

Race and culture impact parenting in these ways...

What are your beliefs about the role of a supervised visitation program in supporting healing and change for women, children and men who have experienced domestic violence?

What are your beliefs about the capacity for people who use violence to change?

What is your beliefs about the role of culture, community and family in supporting individuals and families who have experienced domestic violence?

Reflecting upon your responses above, how do you think these beliefs impact your work with...

*Women...*

*Children...*

*Men....*

What do you notice about your responses?

What are the themes or values that emerge?

Are these themes and values in line with how you see yourself? Why or why not?

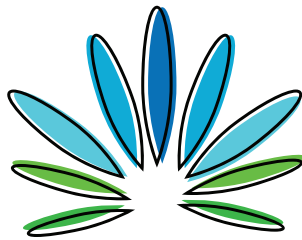
Are these themes and values in line with how you want others to see you? Why or why not?

How do your beliefs support your ability to provide a more engaged model of visitation?

*What obstacles might they create?*

What would help shift the beliefs that create barriers to implementing a more engaged model of visitation?

*What support is needed to make those changes?*



## APPENDIX F

### Assessing Readiness to Engage in Therapeutic Supervised Visitation



# ASSESSING READINESS FOR AN ABUSIVE PARENT TO ENGAGE IN THERAPEUTIC SUPERVISED VISITATION

*This worksheet can be used to help visitation providers and clinicians who may be considering facilitating therapeutic supervised visitation with a parent who has used intimate partner violence. This worksheet is not meant to be used as the only tool to assess for readiness; however, it is useful for providers to explore the potential indicators for readiness.*

Readiness for Engagement Indicator Questions:	Yes, No, Intermittently	How Do You Know This?	Have you connected with the parent needing protection? Does their experience support your thinking? What are their concerns?	How has the experience of the child/ren supported your thinking? What concerns do you have?
This abusive parent has his primary focus on his children - not on the mother of his children.				
This abusive parent is willing to take direction/ re-direction from staff and does not engage in a power struggle with staff.				

Adapted from McNamara, B., Rose, J. (2015). "Creating Opportunities for Safety and Change in Supervised Visitation Programs: A policy framework for engaging men who use violence". Inspire Action for Social Change and Futures Without Violence.

Readiness for Engagement Indicator Questions:	Yes, No, Intermittently	How Do You Know This?	Have you connected with the parent needing protection? Does their experience support your thinking? What are their concerns?	How has the experience of the child/ren supported your thinking? What concerns do you have?
This abusive parent takes responsibility for his actions and does not view himself as the victim.				
This abusive parent demonstrates his willingness to be flexible and does not attempt to use the center staff to control the mother of his children.				
This abusive parent follows the guidelines of the center and does not push the limits to meet his needs.				

Adapted from McNamara, B., Rose, J. (2015). "Creating Opportunities for Safety and Change in Supervised Visitation Programs: A policy framework for engaging men who use violence". Inspire Action for Social Change and Futures Without Violence.

Readiness for Engagement Indicator Questions:	Identify the Father's Behaviors, Actions, Beliefs	Identify the Mother's Behaviors, Actions, Beliefs	Identify the Child/ren's Behaviors, Actions, Beliefs
Describe examples of what you have seen and/or experienced that indicate the abusive parent is open and/or willing to participate safely in TSV?			
Describe examples of what you have seen and/or experienced that indicate the abusive parent is not or should not participate in TSV?			

Inspire Action for Social Change works to create change and improved opportunities for women and children experiencing barriers to safety as a result of domestic and sexual violence. We do this through customized trainings and individualized support designed to meet the unique needs of organizations, communities, and institutions working to end violence against women.



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