

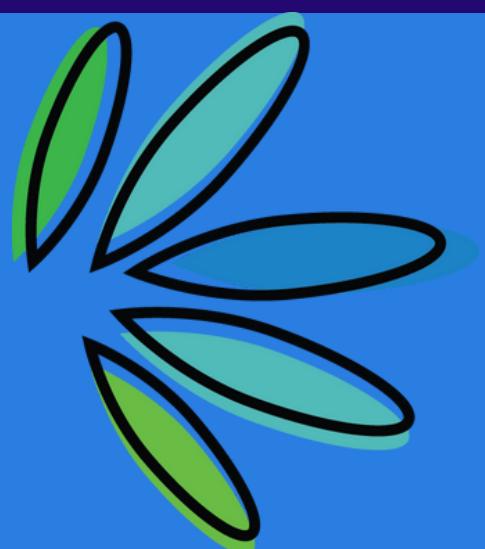
Summary Report to Caminar Latino: National Center to Advance Peace for Children, Youth, and Families (NCAP) Grant

National Scan of Supervised
Visitation Services

Phase I:
Exploration of center-based
supervised visitation and the child
welfare system in supporting
survivor safety and justice

September 2022

Inspire Action for
Social Change



Introduction

Intimate partner abuse (IPA)* affects millions of people in the United States each year and has negative long-term effects on survivors' health, well-being, and interpersonal relationships. It has been well-documented that survivors of IPA, especially those in marginalized social positions, face many challenges and barriers to safety – including in the realm of parenting. This is particularly true for survivor mothers who are involved in the child welfare system and are court-mandated to supervised visitation. Supervised visitation programs aim to provide a safe space for non-custodial parents to spend time with their children under the supervision of trained staff. Increasingly, center-based non-profit supervised visitation programs partner with state child welfare agencies to provide visitation services to child welfare-involved families and families referred through other channels. However, there is limited research on the relationship between center-based supervised visitation programs and the child welfare system and the experiences of survivor parents which these programs serve.

ABOUT INSPIRE ACTION

Inspire Action for Social Change is a non-profit dedicated to enhancing the field of supervised visitation specifically for adult survivors and children who have experienced IPA. Inspire's work has largely focused on supporting supervised visitation & safe exchange (SV & SE) programs working with court-referred families experiencing IPA. Recently we have recognized the need to explore and support programs in their work with adult survivors and their children who are child welfare involved. To achieve this goal, Inspire Action for Social Change partnered with Caminar Latino as part of their larger National Center to Advance Peace for Children, Youth, and Families (NCAP) grant to explore, examine, and learn about the needs of programs and systems working to provide SV & SE to child welfare involved families experiencing IPA.

*A note about language:
We use intimate partner abuse (IPA) and domestic violence interchangeably throughout this report to reflect variations in language amongst survivors, practitioners, and systems.

About this project

Purpose

This project grew out of a desire to learn more about center-based supervised visitation programs that partner with the child welfare system to serve survivors of IPA and their children. The purpose of this project is to better understand the relationship between center-based supervised visitation programs and the child welfare system to enhance supervised visitation program capacity to better support survivor safety and justice. Specifically, we aimed to identify service gaps, as well as training and technical assistance needs for both supervised visitation and child welfare programs. Through listening to the experiences of 1) providers of supervised visitation, 2) stakeholders with domestic violence and supervised visitation expertise, and 3) a sampling of survivors who have experienced these services, we aimed to identify:

- Current strengths of center-based supervised visitation programs
- Strengths and limitations of child welfare and supervised visitation partnership
- Challenges and gaps in service provision
- Barriers to survivor safety and justice
- Survivor-centered needs for support and resources
- Strategies to enhance program capacity

Design

From June to September 2022, we organized a series of listening sessions and one-on-one interviews to hear directly from child welfare staff, center-based supervised visitation providers, and survivor parents. In total we conducted four 90-minute listening sessions with 26 child welfare and supervised visitation staff and two in-depth interviews with survivor mothers. All listening sessions and interviews were confidential and took place over Zoom. All participants consented to be recorded; recordings were then transcribed and anonymized for analysis. Survivors who completed an interview received a \$30 gift card as a token of appreciation.

Findings

Current Strengths

Survivor mothers and visitation staff described several strengths of current center-based supervised visitation programming. On the whole, visitation programs work to be survivor-centered. Some program staff work to develop strong relationships with child welfare partners in order to receive a “warm handoff” during the referral process: a detailed and coordinated transition of families from child welfare to supervised visitation. Visitation staff conduct individual intake interviews and orientations with each parent and child and tailor program services to meet the unique safety needs of each survivor. Staff conduct ongoing safety plans with survivors and work to create a safe, homelike environment for survivor parents and their children to spend quality time together. Visitation staff aim to consistently check in with survivor parents to assess their needs and provide support when they can. The survivor mothers we spoke with described supervised visitation as a generally supportive environment. They reported that they have at least one visitation staff person who they feel close to and can trust.

In addition, some supervised visitation programs conduct consistent trainings with child welfare staff on domestic violence dynamics and their services. Visitation staff report that these trainings and deep relationship building with child welfare result in improved communication, more seamless referral processes, and more survivor-centered interactions between child welfare staff and survivor mothers.

Survivor spotlight

“When I first was ordered supervised visitation, I had in my mind that I would be in this little room and it would be a person in there with a suit on and a clipboard and they would just be writing up, you know? And it wasn't like that at all. That is what made a huge difference. I felt comfortable here, and they were just so welcoming at such a hard time in my life when I just was so down on myself. It was just a nice change for them to welcome me and welcome my kids and treat us like we were just normal people.”

Disconnect between systems

Despite the strengths of some programs, survivors and staff alike reported a deep disconnect between the child welfare and center-based supervised visitation systems.

01 Inconsistent and unclear communication between systems

Survivors report receiving inconsistent messages from different systems. Judges, lawyers, child welfare caseworkers, and supervised visitation work for different systems that have competing values and procedures. Staff from different systems struggle to communicate with each other or understand the policies and procedures of other systems. Judges from different court systems may issue contradicting court orders or court orders that disregard the safety concerns of adult and child survivors.

Supervised visitation staff and survivors report challenges in communicating with child welfare caseworkers. When referring a client to supervised visitation, child welfare workers may provide only the bare minimum information in a voicemail or in a referral form. This information is often incomplete and lacks mention of a client's IPA history or the reason supervised visitation is needed. Supervised visitation staff and survivors report difficulties reaching child welfare caseworkers for information or case collaborations, since child welfare workers are overburdened.

Survivor spotlight: *"It wasn't that he [the child welfare caseworker] was bad. He just didn't follow up, didn't do his job. I felt like I had to do it for him. I was very, very good at advocating for myself. So when I felt like he wasn't doing that, I would stay on his behind and he did not like that."*

02 Child welfare as a system does not center intimate partner abuse

Parent-child violence takes precedence and is seen as independent from adult intimate partner abuse. This manifests in multiple ways, including:

- In documentation: limited or no documentation of domestic violence in child welfare referral forms to supervised visitation staff.
- In visitation: child welfare often facilitates visits with both parents present despite allegations of IPA and survivor safety concerns.
- In engagement with survivor mothers: without a trauma or domestic violence lens, child welfare staff may pathologize and judge survivor parents' behavior, resulting in victim-blaming.

Supervised visitation staff spotlight: “It's like policy, I guess... So for those [child welfare] visits, we have to take case notes down. And when we enter case notes into their [child welfare] database, we don't even put “domestic violence” in the case notes. There's an unspoken rule. I'm not sure why.”

Supervised visitation staff spotlight

“There's a lack of training there [in child welfare] on domestic violence... . because it's not just people fighting. There's that piece about control. And so I think that tends to be where the biggest gap is – just having that real understanding of what's going on. What is the dynamic? Why would a mom act or behave in a particular way? Just being able to understand that it's part of that domestic violence dynamic between her and her ex-partner.”

03 Different metrics of success: evaluative vs. holistic

Survivors and visitation staff report that child welfare workers are not interested in the quality of visits or the improvements made over time, but rather measure mothers' success based on their completion of parenting plan requirements. Survivors often struggle to complete child welfare requirements due to a lack of knowledge about the child welfare system, support, or resources. This is made worse when survivors struggle to get in contact with their child welfare caseworker.

Conversely, center-based visitation programs prioritize developing a qualitative understanding of survivor mothers' strengths in visitation. This involves developing relationships with each survivor to cultivate a holistic understanding of how she is doing, what she needs, and how she is growing over time.

Barriers to survivor safety & justice

01 Child welfare is experienced as a punitive, "counterintuitive" force in the lives of survivors

Many survivor mothers report the failure of systems to protect them from intimate partner abuse, only then to be blamed and punished for the violence they experienced. Further, it may not always be a survivor's choice to leave their intimate relationship. Many survivors feel forced to leave their relationship and meet the state's requirements in order to receive custody of their children. In this way, the child welfare system is experienced as disempowering for survivors.

For many survivors, involvement in the legal system constitutes another form of harm. Survivors report that judges, lawyers, and caseworkers ignore survivor safety and interests in order to privilege paternal rights and desires. Abiding by court order and participating in supervised visitation then become "counterintuitive" acts that go against survivor best interests and self-knowledge.

Survivor spotlight

"I feel like that's something that they [the legal system] really let the ball drop on. Because I feel like if there is a no contact order, I don't care what county, what state, what court system, what level. I think it needs to be investigated as to why there's a no contact order before you order someone visitation.

Because I think it really damaged more. It did more damage to my kids, allowing them to see him [their father]. . . . I don't think they really handled it very well. I think it was a lack of communication between the courts. I don't think they take it [domestic violence] serious. And I think they wait until something tragic has happened before they do anything."

Supervised visitation staff spotlight: "For some of our survivor moms who are involved in the child welfare system, the general thought is it feels 'counterintuitive' to [have children] go to a place to see somebody that hurt them. And so it's a hurdle. . . . It feels like you're being forced to do something that doesn't make sense. So how can we work with everyone to communicate the best way that we can?"

02 Survivors experience threats to safety while navigating differences in systems

Some families begin supervised visitation through child welfare first before being referred to a non-profit center-based program for supervised visitation services. Survivors have to adjust to the discrepancies between child welfare and center-based supervised visitation programs, which can be both dangerous and disorienting. Survivors report feeling uncared for and unwelcome in the child welfare visitation space. For example, they describe it as “just a public building” and not a homelike environment. Staff and survivors report that child welfare often facilitates supervised visitation with both the survivor parent and parent who caused harm present, without taking into consideration the safety needs of the survivor parent. There are no separate entrances or spaces for visitation in the case of intimate partner abuse, which escalates the threat of ongoing violence.

Supervised visitation staff spotlight

“There is another center in the area that does the [child welfare] visits, and they oftentimes will put parents – even separated parents – in the same visit as kids, even though there is that domestic violence element. And it just, it makes me nuts!”

03 Child welfare caseworkers have no "time for wondering"

Many supervised visitation staff described the challenges facing their colleagues in child welfare. Because child welfare staff are overburdened, overworked, and experience high turnover rates, they may not have “time for wondering.” This is time to pause, reflect, and get curious about their clients. Instead, child welfare staff are often in a position of automatically reacting rather than intentionally responding – often acting upon stereotypical beliefs that perpetuate victim-blaming and harmful behavior towards survivors. This is manifested in workplace culture as staff are pressured to “check boxes” and meet requirements, and they may not have the capacity to deeply engage with trainings or clients.

Supervised visitation staff spotlight

"There aren't enough case workers, and they're all overworked. And they don't have time to stop and wonder about why things are going on in the case. They don't have time to wonder like, 'Oh, why didn't mom make this appointment?' All they know is, mom didn't make it. And so they're gonna violate her in court, even though the barriers are related to some of her trauma history."

04 Survivors experience stigma, shame, and victim-blaming

Some survivors experience stigma from being labeled a 'bad mom' involved in child welfare and supervised visitation. Survivors report being blamed and judged for being involved in supervised visitation, as both supervised visitation and child welfare staff may not (care to) know about their history of intimate partner abuse. This leads to internalized feelings of shame and guilt, which negatively affects survivor mothers' mental health. This shame may be particularly acute when coming to visits or engaging with visitation staff.

Survivor spotlight: *"I just felt like everybody [in supervised visitation] looked at me like I was this horrible person. I don't know if they knew everything, but all they see when they look at me is 'This girl doesn't have custody of her child. She has to come to supervised visitation.' And, you know, it really got to me. Because in my eyes, I did what I thought was right [for my child]. And having people look at you like that, it just hurts."*

05 Lack of support and resources are barriers to parenting

Survivor mothers face extensive and sometimes daunting case plans that they must complete in order to regain custody of their children. Often survivors are not aware of the resources available to them, or are so overwhelmed and burdened by the long list of requirements that they are unable to make progress on their case plans. This is coupled with experiences of isolation as survivors are often cut off from emotional and material support from family and struggle in precarious financial situations. Isolation, lack of resources, and unrealistic expectations are stressors that create barriers to parenting and thriving for survivor mothers.

Survivor spotlight

"It's so overwhelming. It's so traumatic when they take your kids away. And then you go to court, and they tell you that you have this whole stack of paperwork that you have to do. You know, you have to get treatment, you have to do outpatient, you have to do all these classes. You have to go to parenting. You have to get your own house. You have to have stable income. You have to have a car. There's like 50 things that they list. That is so overwhelming. And I thought you had to have a million dollars to go to the fancy resort and you know, recover. And that's not the case, but I had no idea. There were just so many things I didn't know that I wish I would've known to begin with. Because I feel like so many moms get their rights terminated because they wait, and they've had their case plan for two years before they start working on it because they were so overwhelmed. They didn't know where to begin."

Survivor spotlight

"Everybody was like, 'Oh well money can't buy everything.' And I understand that, but you need to live. It is what it is. My love for my children is not gonna provide a roof over their head."

Recommendations

01 Improve cross-system communication

Survivors and staff alike emphasize the need for improved responses to domestic violence at a systems-level and better coordination amongst the courts, child welfare, and supervised visitation programs. First responders, court personnel, and child welfare staff all need consistent training on domestic violence dynamics. Better communication is needed between different court systems so that judges do not issue contradicting court orders that compromise survivor safety. Supervised visitation programs can also build stronger partnerships with the courts so that judges are aware of the structure and function of their services.

Survivor spotlight

"I feel like my entire situation, in a way, could have all been prevented had there been a better response to me asking for help. The night that we were all pepper sprayed [by my ex], I called 911 thirteen times before I got a response."

Survivor spotlight: "You know it drives me crazy when they say, 'Well, this court's above this court. And this court can overrule the other court.' All the orders that I had in my case were for a good reason – to protect my children. And then whatever they say is out, is out."

02 Consistent and in-depth staff education

Our understanding of the problem of family violence requires deep study and constant reflection so that we can intervene in ways that interrupt and reduce harm. Both supervised visitation and child welfare staff need ongoing quality education on intimate partner abuse and the legal system. Supervised visitation staff need ongoing training on trauma-informed care and domestic violence dynamics as it relates to survivor mothers involved in child welfare. Further, staff would benefit from training on the workings of the child welfare and legal systems. Knowledge of systems is essential to understand what parents are going through and to be able to effectively advocate on their behalf.

Supervised visitation staff spotlight

"When I got here to this agency, they did a one hour training every year to check the box of domestic violence. I was like, 'oh no.' So now we're doing a whole lot more than that. Really talking about what happens to people when they're in this situation, when their children are removed. What does that really look like for a child or for that mom that's been battered and now they're in that system? Really training supervised visitation staff about what happens to people and what the process is like."

03 Staff self-reflection and quality supervision

Survivors and their families show up to center-based supervised visitation as the “last stop” after a series of potentially challenging institutional encounters. Survivors with multiple intersecting marginalized identities face additional forms of discrimination and stress while navigating state systems, and these families are overrepresented in these systems. It is important for staff to engage in an ongoing process of self-reflection and critical engagement with their own assumptions to become aware of the ways in which we internalize oppressive ideas that influence our behaviors. Staff can work to acknowledge families’ cultural backgrounds and embrace differences to serve survivors in culturally responsive and individualized ways.

Supervised visitation staff spotlight: “The thing we like to do is meet weekly about those cases that are coming in that are complicated. We’re sitting there [in visits], and we’re just watching – not saying anything, but we are taking in all of that information and have nowhere to put it. . . . Sometimes the behaviors can be triggering for our own staff who may have a history of domestic violence themselves that they haven’t shared. Well, we don’t want that to bubble up and have there be some issue.”

04 Build anti-oppressive relationships & share power with survivors

Supervised visitation staff can share power with survivors rather than wield power over them. Visitation staff can leverage their position in order to advocate on the behalf of survivors. Importantly, staff can highlight that supervised visitation programs are related to but separate from both the child welfare and court systems. Therefore, supervised visitation program staff are in a unique position to build trust with survivors and partner with them to achieve their goals and navigate this “counterintuitive” space.

Supervised visitation staff spotlight

"I think survivors need really good documentation with factual information. We just had a case where there was a survivor mom in supervised visitation. And the narrative was that she was a terrible mom because she was child welfare-involved, she wasn't feeding the child or giving them medications. That was the narrative that was being pushed. And so we documented when she was bringing food and what kind of care she was providing when the child was sick. So it was just factual information, but it also was [written] there with intention."

Supervised visitation staff spotlight: "I know that a lot of times a mom comes in and she'll tell one of my visit monitors, 'I can't get a hold of my caseworker. This is what's going on.' So then I'll reach out – I'll email them or give them a call and say, 'Hey, you know this person is trying to get a hold of you.' So I think that it's helpful that we're able to offer that."

05 Provide emotional support to counter shame and distrust

Supervised visitation program staff can validate that the child welfare and court systems often enact harm onto survivors and violate survivors' sense of autonomy and trust. System involvement can be challenging and stressful, and may result in stigma, shame, and isolation for some survivor mothers. Supervised visitation program staff can counter this stigma and shame by creating a culture of acceptance and support for survivors. Through intentional check-ins, peer support groups, and relationship building, staff can help to create a sense of belonging and positive self-regard for survivor mothers

Survivor spotlight

"She didn't talk to me like I was a bad mom and I think that really made all the difference. [She] and her staff here were probably [some of] the very few people during this whole time, in the past three years of my life that never judged me. I tell them all the time . . . you people really helped me change my life."

Supervised visitation staff spotlight: "We're able to help them kind of deal with the complications of the state, so to speak. A lot of times, we [visitation staff] can say things to them that their [child welfare] caseworker can't say.... We only have a brief amount of time, but sometimes we'll ask them, 'Can you help me understand why you're so angry?' It's very emotional.... We're trying to help them give voice to what the pain really is all about."

06 Provide material resources to survivors

Survivors need material, practical support in order to meet the requirements of their child welfare case plan and re-establish a sense of safety and stability in their lives. Survivor mothers need to be informed of and connected to accessible resources in the community. Supervised visitation staff can check in with survivor parents and provide supplemental case management. Visitation programs should aim to offer survivor parents supports – such as free/low-cost transportation – that enable them to attend visits regularly.

Survivor spotlight

Survivor spotlight: "I think it needs to be known that there are free resources. Nobody, nobody ever says there are places you can go for free. That's such a simple statement that could literally change someone's life. You don't need a whole stack of money. Because nine times out of 10, these girls don't have family support, not healthy family support. It's so important that they know that they can do it on their own. They can do it for free. And that there are other people that have done it that are here to help them."

Conclusion

We are grateful to the survivors and staff who shared their experiences with us. Their insight and analysis not only make clear the current challenges and limitations of cross-system partnership, but also help to guide the vision for a survivor-centered future.

Through speaking with survivor mothers and program staff, we found that the lack of communication and differing priorities between the child welfare, supervised visitation, and legal systems creates barriers to survivor safety and justice. On the whole, the child welfare system does not center intimate partner abuse. Child welfare involvement can be disempowering and perpetuate harm towards survivors. Survivors do not receive adequate supports, which creates barriers to parenting and thriving. Moving forward, survivor parents would benefit from improved communication between systems that center an analysis of intimate partner abuse. Child welfare and visitation program staff should work to provide material and emotional supports to survivors, and share power with survivors to achieve their goals.

In the next phase of this project, we will continue to speak to survivors, advocates, and leaders in the field of child welfare and intimate partner abuse. From our learnings, we will further develop recommendations for survivor-centered policies and practices and enhanced partnership between child welfare and center-based supervised visitation programs.

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