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Supervised Visitation and Safe Exchange Blueprint

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CHAPTER 1

How to Use This Blueprint

Thank you for taking the time to learn from the Supervised Visitation and Safe Exchange Blueprint. Inspire Action for Social Change would like to acknowledge the long-standing support, leadership, and commitment to supervised visitation services by the Office on Violence Against Women (OVW). The information contained in this Blueprint is the result of OVW's years of investment and support of programs, communities, and technical assistance focused on enhancing the field of supervised visitation and safe exchange for adult survivors and their children.

Inspire Action for Social Change continues to be grateful for the opportunity to learn and grow alongside programs and communities working to embrace the complexity and privilege of supporting families on their journey towards safety, healing, and change. We hope this document will offer tangible and supportive guidance to communities establishing new supervised visitation services or enhancing existing practices.

It should be noted that this document centers on adult and child survivors of intimate partner abuse, with the recognition that family violence is present in a preponderance of circumstances that lead families to supervised visitation and safe exchange services, whether it was known to the referring entity (often the court

system) or not. Intimate partner abuse is not, and should never be, an afterthought in the provision of supervised visitation services. For families to truly be with each other safely in supervised visitation and safe exchange (SV&SE) settings, programs must engage in the crucial work of understanding how to center the safety of survivors and children. Supervised visitation programs must also ground their services in equity-centered, compassionate, trauma-informed approaches, which are crucial to increasing safety and well-being and are considered throughout this document. This *Blueprint* provides a place to start, supporting you to lay the foundation for a new visitation program or make adjustments to your existing programming.

HOW TO USE THE **BLUEPRINT**

The *Supervised Visitation and Safe Exchange Blueprint* is meant to assist in building new or enhancing existing supervised visitation and safe exchange (SV&SE) programs. It is not an exhaustive compilation of resources or guidance, nor the only tool needed to support service development and implementation. It is, however, a foundational planning and reflection tool for communities engaging in developing or enhancing services. As funding and resources cycle from available to not, it's critical that the domestic violence safety net and social service landscape have guiding frameworks to fall back on.

The *Supervised Visitation and Safe Exchange Blueprint* can support newly developing or existing programs to stay on track in planning and offering supervised visitation services. Implementing this *Blueprint* successfully requires a strong collaborative network that can foster critical inquiry and connection. We also hold the recognition that simply reading a document—no matter how complete the document is—can not replace the need for the ongoing and critical exploration of the services you are supporting.

Inspire Action for Social Change seeks to facilitate healing and change for adult and child survivors and those who have caused harm by supporting, challenging, and introducing new possibilities to those who work in partnership with these families in a supervised visitation setting. Inspire Action for Social Change approaches its work from a strengths-based, optimistic approach centered on the belief that change is possible and people can bring about the change they wish to see.

SPECIFIC STRATEGIES FOR ENGAGING WITH THIS **BLUEPRINT**

- ▶ Assign reading to workgroups focused on building out supervised visitation
- ▶ Host facilitated discussions to work through/discuss each chapter
- ▶ Choose where to start in the *Blueprint* based on the unique needs of your community at this moment in time
- ▶ When you are seeking funding and resources to support SV&SE services in your community, reference the material to support your efforts
- ▶ Reference when partnering across collaborations
- ▶ Reference back to as new services and programs evolve
- ▶ Use as a guide when establishing or enhancing policies, protocols, and professional development plans

For more information about promising practices in SV&SE, immersive training opportunities, resources, consultation, and ongoing learning and growth, visit <http://www.inspireactionforsocialchange.org/>



BRIEF GLOSSARY OF TERMS

Throughout this document, the authors use terms that may require clarification. This glossary is not an exhaustive list of all terms specific to the fields of supervised visitation and domestic violence, though they are used frequently in this work and this Blueprint.

ADULT AND CHILD VICTIM/SURVIVOR

People impacted by domestic violence often identify interchangeably with the term “victim” AND the term “survivor,” and because people impacted by violence are not a monolith with agreed-upon language choices that resonate with everyone, we use both terms in this document. We recommend you ask people their preferences (as is developmentally appropriate) and let them take the lead in identifying their own experiences.

We also refer to “adult and child survivors/victims” continuously and intentionally throughout this document, as both children and adults are impacted by family violence, and both need significant consideration in how service delivery models are developed and implemented. Children and youth exposed to domestic violence have experienced domestic violence and are survivors of domestic violence.

PERSON WHO USED/USES VIOLENCE

Though it is still quite common to hear service providers and system actors refer to the person who used violence in the family as “the abuser,” many are choosing to move away from that term. Many survivors of family violence have complex feelings about the person who harmed them, and referring to that person as “the abuser” is a mismatch for many. Additionally, applying that type of definitive label to a person leaves very little capacity for them to grow, change, and heal. It can feel dehumanizing in a way that can entrench power and control in people who abuse their partners and children, leaving little potential for healthier ways of being. As we support people who use violence to have safer and healthier contact with their families, we must be intentional about balancing dignity, respect, and compassionate accountability. Language around complex situations is ever-evolving, and we do our best to think critically and give each other grace.

**DOMESTIC VIOLENCE • INTIMATE PARTNER ABUSE • DOMESTIC ABUSE
FAMILY VIOLENCE • GENDERED VIOLENCE • GENDER-BASED VIOLENCE**
DV = Domestic Violence IPA = Intimate Partner Abuse DA = Domestic Abuse

“DV,” “IPA,” “DA,” “family violence,” “gendered violence,” and “gender-based violence” are all terms currently used to describe abuse that happens within families and intimate partner relationships (including ex-partners). SV&SE services should be advised that you may hear all of these terms within the service system. Some communities gravitate towards one term over another, and there’s no correct answer. Many practitioners and survivors feel that the term “domestic violence” is not accurate, as many people harmed by abuse don’t and may never live with the person who harmed them. However many people outside the field are only familiar with the term “domestic violence.” We use all terms interchangeably in this document to reflect usage in the field.

WHO IS A SURVIVOR? WHO IS A PERSON WHO USED/USES VIOLENCE?

It is necessary to bring a critical and reflective lens to the language we use about intimate partner abuse. In many circumstances, assumptions are still made about people’s identities, gender, and sexual orientation when referencing domestic abuse, particularly those who might be a survivor and those who might be a person who used/uses violence. It is our practice to be neutral and open about identity and roles within intimate partner abuse. Specifically, we know that people of all genders and sexual orientations can be both victims and people who use violence. For that reason, we try as best we can to avoid generically referring to a survivor as “she” and a person who uses/used violence as “he,” unless we know this to be true about people we are serving. Additionally, it’s critical to remember that LGBTQIA+ people, including nonbinary people, can be survivors and perpetrators of intimate partner abuse. The easiest way to navigate these complexities is to refrain from making assumptions and use neutral language until you know the identities of specific people. So, when we use the term “survivor” or “victim” throughout this document, we invite you to notice when you imagine or assume the identity of those people and then redirect your thought process to one of neutral curiosity. The same applies when we use the term “person who used violence.”

We must also again remember that “survivors” are adults and children, and be specific when referring to either, as in “adult survivor” or “child survivor.”

CUSTODIAL PARENT

We must also bring the same critical and reflective lens to the language we use to describe the parents accessing SV&SE services. It's still quite common for centers to assume that the custodial parent is the survivor parent and to refer to them as such. We recommend challenging this narrative and not using "survivor" and "custodial parent" interchangeably. It's common for the person who used violence to be the custodial parent, which is another reminder that assumptions should always be avoided. "Custodial parent" refers only to the parent's physical custodial status and nothing else.

VISITING PARENT

In the same way, we advise that SV&SE staff **not** conflate visiting parent with parent who used violence. It's quite possible that the visiting parent is, in fact, the survivor parent. It's critical, for safety and trust-building, that we not make assumptions based on custody outcomes alone. "Visiting parent" refers only to the parent's custody status/parental access status and nothing else.

NOTES ON "HEALING"

*The term "healing" is used throughout this document, and we would like to provide context of our intentionality around the insertion of this concept. Some SV&SE practitioners understandably struggle with the role of healing within the context of supervised visitation (and their specific role), particularly when they are oriented towards a view of healing that is imagined to only occur in the context of formal mental health services. This Blueprint is oriented around a holistic and nuanced concept, with the recognition that healing can take place within the context of **any** safe environment or relationship. With this orientation, we know that healing can take place in a myriad of ways, largely defined by culture and psychological trust and safety. People have the capacity to heal inside and outside of formal mental health settings, whether or not a specific strategy is used. We also contend that anyone can engage in trauma-informed service delivery without treating specific traumas and that universal trauma-informed approaches have the capacity to be healing and connective for all people. Therefore, SV&SE services that are equitable, trauma-informed, and grounded in competent practices for domestic violence survivors and those who have caused harm have the potential to support healing for all family members. One does not need to be a mental health practitioner to contribute to environments that are healing.*



CHAPTER 2

Mission and Purpose of Supervised Visitation and Exchange for Families Experiencing Intimate Partner Abuse

HISTORY OF SUPERVISED VISITATION AND EXCHANGE

Supervised visitation and safe exchange (SV&SE) services 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 began to receive increased public and governmental attention in the mid-late 1960s, more formal arrangements emerged, with social workers supervising visits in their offices.

Formally developed supervised visitation under state oversight was initially established for parents deemed abusive or neglectful to their children by order of dependency courts, reinforced by a child welfare agency such as child protective services. Supervised visitation provided a mechanism for parents

considered a risk to their children to have court-ordered, supervised contact with them. Social service organizations focused on child abuse intervention emphasized the safety of children, with a goal of reunification between parent and child. Sometimes the visits 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 the 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.

MOVING TOWARDS ADULT AND CHILD SURVIVOR CENTERED SV&SE

The process of separating from and leaving an abusive partner can increase—rather than diminish—danger for survivors of violence and their children, and those who use violence often use visitation and exchange of children as an opportunity to inflict additional emotional, physical, and psychological abuse.^{1,2,3,4} In response to this reality, 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 examine and enhance supervised visitation services that accounted for the safety of domestic violence victims and their children, a significant gap in SV&SE services. Research has conservatively estimated that from 10% to 20% of children in the United States are exposed to intimate partner abuse every year.⁵ In addition, in a national survey, 43%

of the families who received services in supervised visitation and exchange programs were ordered to such services due to domestic violence.⁶

Since 2002, there has been a tremendous shift in how supervised visitation programs address the complexities of intimate partner abuse. In addition to a primary emphasis on centralizing safety for adult victims and their children, the OVW Supervised Visitation Grant Program also encouraged providers to integrate SV&SE into the larger community response to intimate partner abuse. This direction is intended to address the fractured services that survivors and their children often experience when visitation services are not embedded within a larger community response.

Because supervised visitation developed historically in isolation from other service providers and community organizations, services can still be philosophically misaligned. Services may not reflect the complex, multi-layered lives of survivors (adults and children alike) who have a myriad of

¹ N. Bancroft, L., & Silverman, J. (2002). *The batterer as parent*. Thousand Oaks

² Block, C. R. (2003). How can practitioners help an abused woman lower her risk of death? *National Institute of Justice Journal*, (250), 4-7. <https://nij.ojp.gov/library/publications/how-can-practitioners-help-abused-woman-lower-her-risk-death>

³ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D., Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., & Wilt, S. A. (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal*, (250), 14-19. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/assessing-risk-factors-intimate-partner-homicide>

⁴ Fleury, R. E., Sullivan, C. M., & Bybee, D. I. (2000). When ending the relationship does not end the violence: Women's experiences of violence by former partners. *Violence Against Women*, 6(12), 1363-1383.

⁵ Carlson, B.E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence, and Abuse*, 1(4), 321-342.

⁶ Saunders, D.G., Feldbaum, M., Sullivan, C., Tolman, R.M., & Goelman, D. (2006). Report to Congress: *Safe havens: Supervised visitation and safe exchange services and programs*. US Department of Justice, Office on Violence Against Women. <https://deepblue.lib.umich.edu/handle/2027.42/115464>

struggles and strengths that should be incorporated into their supervised visitation plans. The field of SV&SE continues to build collaborative relationships with community partners, which is a critical aspect of enhancing the safety and well-being of adult and child survivors of family violence while supporting change for people who use violence.

To further enhance supervised visitation service delivery in the context of intimate partner abuse, the Department of Justice, Office on Violence Against Women established the Supervised Visitation and Safe Exchange Guiding Principles.⁷ The Guiding Principles set out to frame and guide the provision of supervised visitation services when there has been a history of domestic violence, dating violence, sexual assault, child sexual abuse, or stalking. The Guiding Principles are detailed on page 13.

CONTEMPORARY PURPOSE OF ADULT AND CHILD SURVIVOR-CENTERED SV&SE

SV&SE is a crucial component of reducing violence and enhancing safety for adult and child victims of family violence, including domestic violence, sexual assault, dating violence, stalking, and child sexual abuse. The work is urgent, can be transformative, and has

the potential to balance the importance of reducing risk with hope and the potential for change. SV&SE programs provide the necessary safety, security, and resources to support adult and child survivors after separating from a co-parent and partner who uses/used violence in the family when other parenting time options are not safe. Adult and child survivor-centered SV&SE prioritizes the unique safety concerns of each family, and every reasonable effort is made to deliver services that are not a one-size-fits-all approach but instead account for the varying backgrounds, circumstances, and cultures of the families accessing the service. It is an essential component of the community safety net for adult survivors seeking safety for themselves and their children. High-quality SV&SE for families impacted by intimate partner abuse allows for reparative experiences and opportunities for safe connection in a warm, caring, and humanistic environment. It also provides an opportunity for people who use violence to move towards safer, healthier choices in the context of visits.

Because separating from an abusive partner often increases rather than diminishes immediate danger for adult and child victims of domestic violence,⁸ SV&SE programs must commit to considerable and ongoing

⁷ US Department of Justice, Office on Violence Against Women. (2007). *Guiding principles: Safe havens: Supervised visitation and safe exchange grant program*. <https://www.justice.gov/sites/default/files/ovw/legacy/2008/08/06/guiding-principles032608.pdf>

⁸ Tjaden, P.G., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence*. National Institute of Justice, Centers for Disease Control and Prevention, National Violence Against Women Survey. <https://stacks.cdc.gov/view/cdc/21858>

learning from and in partnership with community providers who intervene in family violence. Further, parents who use violence in the family can attempt to use visitation and exchange of children as an opportunity to inflict

additional emotional, physical, or psychological abuse and control. Therefore, programs must engage in significant efforts to promote safety with full knowledge of the risks involved.

Adult and Child Survivor Centered SV&SE is Designed to Promote:

- ✓ The empowerment, healing, and well-being of survivors and their children
- ✓ A sense of predictability and safety for the survivor parent and their children
- ✓ Reduced risk of violence and harm for adult and child survivors
- ✓ A strong, safe, and caring relationship between the survivor parent and child(ren)
- ✓ Increased accountability for the violence and harm caused to adult and child survivors
- ✓ A strong, safe, and loving relationship between the parent who used violence and the child(ren), when possible
- ✓ Change and healing for the parent who used violence, including increased empathy for and attunement with their child(ren)

Adult and Child Survivor Centered SV&SE is NOT Designed to:

- ✗ Reunify families
- ✗ Determine if or when a parent will be safe outside the visitation setting
- ✗ Determine that a parent who uses violence has changed and no longer poses a risk to the survivor parent and child or won't cause further harm
- ✗ Replace other necessary interventions designed to help people who use violence change their behavior, provide life-saving advocacy and safety for adult and child survivors, or provide reparation or therapeutic work with children exposed to violence
- ✗ Work in isolation as the sole intervention to reduce violence, repair the harm caused by the violence, or create behavior changes for the person who used violence
- ✗ Function as an alternative to no contact between a parent who used violence and their children if **no** contact is more appropriate

SUPERVISED VISITATION AND SAFE EXCHANGE GUIDING PRINCIPLES

PRINCIPLE I

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

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

PRINCIPLE II

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

PRINCIPLE III

Incorporating an Understanding of Domestic Violence into Center Services Visitation centers should demonstrate a comprehensive understanding of the nature, dynamics, and impact of domestic violence and incorporate that understanding into their services.

PRINCIPLE IV

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

PRINCIPLE V

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

PRINCIPLE VI

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

IMPORTANT NOTE

*SV&SE programs should be aware that court systems may conflate engagement with your program with an automatic increase in safety for adult and child survivors. It's not uncommon for a judge or attorney to assume that the person who uses violence is "safe" after even attending supervised visits for a period of time and may recommend the family exit your program, which is a dangerous assumption and not founded in reality. Simply using an SV&SE program does not create a change in behavior regardless of a person's ability to "successfully" complete a series of supervised visitation sessions without incident. Supervised visitation sessions that did not require a formal staff intervention should NOT be an indication a person would be safe outside of the context of a supervised setting. A "successful" non-incident series of supervised visitation sessions should simply mean this service seems to be an effective deterrent to harm. Additionally, some court officials may expect SV&SE programs to assess risk or parenting skills. Determining risk or parenting skills is **not** the role of SV&SE staff or programs, and all partners must be clear on this expectation. Meaningful healing and change can happen in the context of equity and trauma-informed SV&SE, and we should do our best to create the conditions for that within the scope of our work. And we must be clear that the scope of our work does not include future safety determinations.*

CHAPTER 3

Understanding Post-Separation Intimate Partner Abuse

It is crucial that SV&SE programs integrate significant expertise about the dynamics of intimate partner abuse into their service delivery models, policies, protocols, center design, and ongoing professional development efforts. This chapter can aid in developing a better understanding but will never be a stand-in for dynamic, continuous training on safety and risk within the context of services, or for collaborative relationships with local domestic violence and batterers' intervention providers.

WHAT IS INTIMATE PARTNER ABUSE/DOMESTIC VIOLENCE?

“Domestic violence is the willful intimidation, physical assault, battery, sexual assault, or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes

physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.”⁹

RECOGNIZING THE POST-SEPARATION NEEDS OF ADULT AND CHILD INTIMATE PARTNER ABUSE SURVIVORS

Leaving an abusive relationship does not equal safety. In fact, it is often a very difficult, complex, and dangerous process. “Why don’t you just leave?” is a question that survivors hear in many variations, from multiple people in various settings, including friends, family members, and professionals. The question suggests there is a

⁹ The National Coalition Against Domestic Violence. (n.d.). *Learn more*. <https://ncadv.org/learn-more>

simple solution, yet leaving an abusive relationship safely (e.g. without continued physical, sexual, and emotional harm, coercion, and threats) is often not accomplished without risk or struggle. To leave safely requires resources and intervening systems that understand the dynamics of intimate partner abuse, its distinctive tactics of coercion and control, and its potential for lethality. People who use power and control in relationships often escalate when separation is attempted because they are losing control. It is a time of great risk for adult and child survivors. And, survivors who experience marginalization in society (racism, transphobia, homophobia, ableism, and classism, to name a few) often face increased risk, from their partners and from oppressive systems, all additional barriers to leaving safely. For survivors with children, ending the relationship includes continuously weighing and reweighing these risks to themselves and their children. And it should be noted that rarely asked is the question, “Why is this person abusing their partner?”

Specific risks around the time of separation are multi-layered and complex, and SV&SE must be well acquainted with the potential risks and the survivors' unique needs to help mitigate them. There are risks

generated directly by the person using violence in the relationship, including physical, sexual, and emotional harm to the adult and child survivors. Then there are the risks associated with the survivor's immediate circumstances and oppressive societal norms. For example, immigration status, sexual orientation, gender identity and expression, income, and disability are all facets of survivors lives that may be used by the abusive partner to coerce and control (for example, “I will report you to immigration if you leave” or “I will out you to your family if you end this”). Additionally, the system response itself can present risks and reinforce the control of the partner using violence, with such actions as forcing the survivor into divorce mediation, coercing them to get a protection order even when they know it may escalate their ex-partner and all manners of decisions related to supervised and unsupervised visitation and exchange.

Intimate partner abuse in the United States is far more common than the general public is aware of. Within heterosexual relationships, one in four women will experience some form of violence from a current or former intimate partner in her lifetime, while one in ten men will.¹⁰ Though domestic violence in LGBTQIA+ relationships

¹⁰ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., & Chen, J. (2018). *The national intimate partner and sexual violence survey: 2015 data brief - updated release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

is often not recognized by service providers and is not considered in the bulk of most research, emerging research indicates that domestic violence in these relationships occurs at equal rates as in heterosexual relationships.¹¹ Trans and nonbinary survivors can face increased risk based on power and control tactics that manipulate homophobia and transphobia. Given that experiences with intimate partner abuse are so common, SV&SE programs should work with the knowledge that it may be a factor, even if it's not the presenting issue. This is not to say that programs should assume anything about the unique experiences of families; instead, universal safety and well-being approaches that account for survivors' needs while benefiting everyone should be adopted as standard.

Nearly half of domestic violence homicides occur a month or more after a couple has separated.¹² Yet, many system responses focus on "leaving" as the primary safety intervention for adult and child survivors. Survivors often carry this reality when they arrive at a supervised visitation program, court orders in hand. They have left the relationship despite all the risks and threats. Adult survivors of IPA consistently share that threats from the ex-partner sound like: "I'll never let you go," "If you try to leave, I'll hurt the kids," "You're never going to see those kids

again," or "I'll fight for custody, and you know I'll win." Survivors face such threats as the backdrop for every decision they must make. Each adult survivor's experience and needs are unique; however, it's important for survivors:

- ▶ **To know that the SV&SE program understands the complex realities of living with and leaving a person who used violence and will structure services accordingly**
- ▶ **To know that the SV&SE program recognizes the process of separating from and leaving an abusive partner can increase rather than diminish the danger for victims of abuse and their children**
- ▶ **To know that the SV&SE program is grounded in an understanding that people who use harm can use visitation and exchange of children as an opportunity to inflict additional emotional, physical, and/or psychological abuse**
- ▶ **To know that the SV&SE program will partner with them to understand how their identities, communities, and society works together to present risks and resilience**

¹¹ National Coalition Against Domestic Violence. (2018, June 6). *Domestic violence and the LGBTQ community*. <https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community>

¹² Tjaden, P.G., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence*. National Institute of Justice, Centers for Disease Control and Prevention, National Violence Against Women Survey. <https://stacks.cdc.gov/view/cdc/21858>

- ▶ To know that the custodial parent is not always the survivor; sometimes, the parent who uses violence gains custody of the children, and the visiting parent is the survivor parent
- ▶ To feel like the SV&SE program supports their well-being, including the quality of connection and attachment they have or want to have with their child(ren)
- ▶ To know the SV&SE program holds a healing-centered and trauma- and equity-informed approach at every turn

The following needs within SV&SE for infants, children, and youth should be considered:

- ▶ Ensuring visitation with the visiting parent is safe and responsive to the child's needs and well-being
- ▶ The SV&SE program has policies that recognize and honor that if visits happen, they can happen safely and never at the expense of the infant, child, or young person's health and well-being or against their wishes. In other words, children need to know

that their potential refusal to see their parent will be respected

- ▶ Ensuring routine and predictability within the context of visitation
- ▶ SV&SE staff who are genuinely interested in getting to know the young person, and have the capacity to hold the complexity of feelings they may have about both or either parent, as well as the visits
- ▶ SV&SE staff that understand how family violence and trauma impact infants, children, and youth and services integrate equitable, healing-centered approaches into every facet of visitation

IDENTIFYING POST-SEPARATION POWER AND CONTROL

Tactics of abuse often shift during and after separation, though system actors aren't always educated about how this can occur, which can increase risk, even in the context of their interventions. Variable tactics of abuse is one of many reasons why SV&SE must commit to ongoing learning and collaboration with domestic violence experts (including adult survivors, who know more about the

abuse tactics than anyone else). Interveners are frequently unaware of the pattern, intention, and fear that are central to the abuse and its purpose of domination and control. Well-meaning practitioners in custody actions, criminal proceedings, divorce settlements, and visitation plans frequently fail to account for the resulting power imbalance and inadvertently add to rather than reduce the harm caused by intimate partner abuse.

When a separation occurs or appears imminent, the person who uses violence might try to draw their partner back to the relationship with promises to change or pressure from family members and friends. Children often become an even more frequent and focused aspect of power and control. People who use violence can attempt to use or draw in the courts and other systems, including the SV&SE program. They can be particularly adept at getting the visitation program to see the survivor parent as “unreasonable,” “uncooperative,” “overly protective,” and even “mentally unfit.” SV&SE program staff can fall into increased victim blaming if they equate visitation or exchange with less risk and see the survivor parent’s behavior as the problem rather than focusing on the context of post-separation family violence dynamics.

POST-SEPARATION POWER AND CONTROL TACTICS THAT CAN IMPACT SURVIVORS BEFORE, DURING, AND AFTER ACCESSING SV&SE¹³

▶ Using Coercion and Threats

- Using community and family relationships, culture, and/or norms to manipulate the survivor and/or the system
- The threat of gaining full custody of the children
- The threat of kidnapping the children
- Threats to kill self, partner, and/or children
- Threatening or using blackmail
- Threatening deportation and reports to immigration officials

▶ Using Economic Abuse

- Withholding child support
- Not allowing access to money
- Not paying insurance, licensing fees, taxes, etc.
- Misrepresenting/refusing to submit financial forms for divorce
- Quitting a job or staying unemployed
- Showering children with gifts
- Filing repeated legal actions to keep their partner in court, often at great expense
- Getting paid under the table to lower child support payments

- Using their partner's social security number and other personal information to obtain credit or destroy credit
- Blocking access to financial aid for college-age kids
- Selling the house, letting the lease expire, creating landlord conflict
- Withdrawing child care payments, school tuition, or refusing to pay school fees or purchase school supplies

- Capitalizing on negative stereotypes of women if they are a cis man and their ex-partner is a woman, such as "She is too emotional," or "She is just an overly protective mother."
- Gendered ideas of protection, such as "failure to protect" charges against mothers
- Parenting double-standard and expectations of behaviors (e.g., mother's new relationship receives more scrutiny and criticism)

► Leveraging Identity-Based Privilege

(like white privilege, cisgender [cis] male privilege, citizenship, language access, non-disabled privilege, etc.)

- Access to greater resources
- Manipulation based on lack of language access for the survivor if they speak languages other than English
- Capitalizing on negative stereotypes about disabled people, crafting a narrative that the survivor parent is poorly-equipped to parent without them because of a disability
- Taking advantage of a patriarchal justice system if they are a cis man and their partner is a woman
- If they are white and their partner is not, capitalizing on the racism built into institutions and systems by calling upon racist attitudes, assumptions, and policies to denigrate the survivor and their ability to parent

► Using the Children to Regain Control and Negatively Impact the Survivor

- Changing times of visits
- Gaining custody as leverage against the survivor parent
- Manipulating children to repeat damaging information about the survivor parents
- Using courts to manipulate custody
- Not showing up for visits/exchanges
- Treating children differently, based on gender, favorite/non-favorite, etc.
- Manipulating the children to treat the survivor parent badly
- Buying items or tickets to things, knowing the children cannot use them, to make the survivor parent fall out of favor or look bad
- Intimidating through legal harassment
- Misuse of social systems, e.g., faith community, friends, and family

- Getting interveners and/or service providers to attend to them first
- Intimidating the survivor parent’s attorney and other interveners and/or service providers
- Taking or tampering with the survivor parent’s mail
- Talking with friends about how they are “crazy,” or such an irresponsible parent, etc.
- Encouraging or coercing substance use, misuse, or dependency
- Taking the car
- Legal isolation
- Shifting blame on to anyone but self
- Religious or community isolation

► **Minimizing, Denying, Blaming**

- “Forgets” and goes to the wrong entrance at the visitation center
- Blames the survivor parent for breaking up the family, having to use the center
- Blames the survivor parent for their substance misuse and dependency
- Undermines the survivor parent’s authority, for example, telling the children, “You don’t have to listen to your other parent.”
- Violates restraining orders on purpose and then denies the violations: “I was just walking the dog—I didn’t know they were at the park.”
- Encouraging visitation workers and other practitioners to see the survivor parent as difficult and otherwise unwell

¹³ Adapted in part from worksheet 4.3: Building the Practice of Orientation in Supervised Visitation and Safe Exchange: A Trainer’s Guide. McNamara, B., Rose, J., Pence, E., Kanuha, V., Hansen-Kramer, M., Tilley, J., and Sadusky, J. (2008). Praxis International

IMPORTANT NOTE

This is not a complete list of post-separation power and control tactics but rather a starting point to raise awareness and increase understanding. Every situation is unique and requires survivor-centered risk analysis and coordinated safety planning. Additionally, SV&SE staff may not ever witness or learn about some or all of these tactics being used specifically within the context of visitation. However, understanding the complexity of power and control tactics that might impact family members is crucial to building safe and supportive services.

CHAPTER 4

Understanding Trauma and Healing for Adults and Children

WHAT IS TRAUMA?

Trauma is the mind, body, spirit, and emotional response to an event or event that is highly stressful, scary, or destabilizing to the person experiencing it. That impact is highly personal and varies from person to person. Think of trauma as the impact rather than the event itself.

“Trauma is a wound. Typically trauma refers to either a physical injury, such as a broken bone, or an emotional state of profound and prolonged distress in response to an overwhelmingly terrifying or unstable experience. Some trauma, like wounds, heals relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies; rather, they are markers of life experience one has survived.”¹⁴

“Traumatic experiences are events that threaten or violate one’s safety, health, and integrity. Traumatic experiences may be directly experienced or witnessed. They may be primarily physical experiences, as

with physical assaults and sexual abuse, or primarily emotional experiences, as with verbal abuse. Traumatic experiences may result in the emotional experience of traumatic stress, but not necessarily.”¹⁵

BASICS OF EQUITABLE, TRAUMA-INFORMED APPROACHES

As with all the content in this document, the information in this section can never replace ongoing professional development and dedicated efforts to understand the complexity of how trauma and healing show up in the context of SV&SE. It is a brief introduction to a much larger body of work. No organization should claim to be trauma-informed simply because they reviewed material about trauma. The process is much more involved, and it is recommended that providers interested in becoming truly trauma-informed work with practitioners specifically trained to analyze policy and procedure, facilitate group learning processes, and provide ongoing support as needed and available.

¹⁴ Trauma Informed Oregon. (2022). *What is trauma?* <https://traumainformedoregon.org/resources/new-to-trauma-informed-care/what-is-trauma/>

¹⁵ Ibid

Equitable, trauma-informed approaches, also called healing-centered approaches, are a way of being with people and creating environments that not only recognize the widespread impact of trauma but also work to remediate the impact to promote well-being, trust, and positive outcomes. Because experiences with oppression and injustice can also lead to trauma for the people experiencing them, an equitable, trauma-informed environment is one that also works to honor, respect, and join in solidarity with survivors of all trauma, including the trauma of injustice (like racism or ableism, for example).

It should be noted that many organizations engage in so-called “trauma-informed” change processes without ever considering how experiences with oppression can be traumatic and exacerbate other types of trauma. Conversely, they often don’t consider how positive connections to diverse cultural practices can support healing and growth. Trauma-informed practices without a commitment to anti-oppression should be avoided, as it excludes many trauma survivors and can cause further harm. Trauma-informed care without equity is not truly trauma-informed.

Because we know that the families we work with have experienced traumatic events, particularly related to family violence, SV&SE centers can take a universal precaution approach, which means working from the assumption that everyone we support is impacted by trauma to some degree. And the benefit of trauma-informed approaches rooted

in equity is that they are universally supportive—meaning they are good for **everyone**, regardless of the type of traumatic event. You do not need to know anyone’s specific trauma history to be trauma-informed and grounded in equity.

CHARACTERISTICS OF EQUITABLE, TRAUMA-INFORMED APPROACHES (WAYS OF BEING TOGETHER):

- ▶ **Fostering physical and psychological safety as much as possible**
- ▶ **Grounded in authentic, trusting relationships**
- ▶ **Aware of how trauma might show up in the environment and in relationships**
- ▶ **Transparent about guidelines, expectations, and plans**
- ▶ **Predictable and also flexible when called for**
- ▶ **Committed to anti-oppression in policies, practices, and relationships**
- ▶ **Open to feedback, reflection, and change**
- ▶ **Prepared to navigate conflict between people**
- ▶ **Responsive to the needs of trauma survivors as much as possible**
- ▶ **Elevating the choice and voice of those most impacted by traumatic events**
- ▶ **Strengths and healing-focused, avoiding deficit-based thinking**

HOW TRAUMA CAN SHOW UP IN SV&SE: APPLYING AN EQUITABLE, TRAUMA-INFORMED LENS

Trauma responses are not wrong, bad, or abnormal. They are quite literally a whole-body response to overwhelming situations that can impact people over time. For people impacted by trauma, trauma responses are to be expected, though **how** they show up can vary. It's also important to remember that when we are experiencing trauma responses, our thinking brains, or executive functions, are often not immediately accessible to us.

A trauma response involves our bodies, minds, and spirits flipping into survival mode. A trauma response can be dysregulating as it can separate the person from the here and now. Because our thinking brains, including verbal negotiation and processing skills, are often unreachable during active trauma responses, it's important that as support people, we avoid complex verbal processing during times of overwhelming stress. Verbal processing and negotiation can actually escalate the trauma response. This is true for children and adults.

Where there is trauma, there is the potential for healing.

If you aren't familiar with how intimate partner abuse impacts survivors, you may perceive very normative responses to fear, stress, and trauma as inappropriate or an overreaction. SV&SE practitioners must be intentional and educated about how

to support trauma survivors; we never want adult and child survivors of violence to feel as if they are being punished or judged for their trauma responses. We also must remember that people who use violence are also often trauma survivors. Acknowledging this does not condone abusive or unsafe behavior, but it does inform how we respond. Trauma responses are to be expected, not stigmatized.

NORMAL, TO-BE-EXPECTED TRAUMA RESPONSES THAT MIGHT SHOW UP WITHIN SV&SE (NOT A COMPREHENSIVE LIST):

Adults

- ▶ **Lack of trust until trust is earned and experienced**
- ▶ **Appearing hypervigilant often (remember that hypervigilance may actually be founded for people navigating domestic violence and increased risk)**
- ▶ **Seemingly quick to anger/irritation**
- ▶ **Not retaining information**
- ▶ **Seeming erratic or confused, avoiding answering questions directly**
- ▶ **Agreeing to things without fully processing or understanding requests**
- ▶ **Perceiving rejection or danger often (remember that sometimes these perceptions are based on real experience and real danger)**

- ▶ Easily scared, worried, concerned about children
- ▶ Fight response: outwardly expressing discontent, sometimes combative
- ▶ Flight response: avoidant in a variety of ways
- ▶ Freeze response: not responsive, appearing shut down, “checked out,” numb
- ▶ Anxiousness, depression

Children and Youth

- ▶ Lack of trust until trust is earned and experienced; conversely, quick to trust (e.g., wants to sit in lap upon first meeting)
- ▶ Appearing hypervigilant often (remember that hypervigilance may actually be founded for people navigating domestic violence and increased risk)
- ▶ Seemingly quick to anger/irritation
- ▶ Easily scared, worried, concerned about self, siblings, parents
- ▶ Not retaining information
- ▶ Fight response: outwardly expressing discontent, sometimes combative
- ▶ Flight response: avoidant in a variety of ways

- ▶ Freeze response: not responsive, appearing shut down, “checked out,” numb
- ▶ Anxiousness, depression
- ▶ Seemingly chaotic, unable to settle
- ▶ Behavior that changes with different adults
- ▶ Behavior that can feel like a mismatch for the setting or difficult to contain
- ▶ Problems with bathroom and toileting
- ▶ Struggles with food, from no appetite to stealing or hoarding snacks
- ▶ Play that seems aggressive or inappropriate but may actually be a way to process trauma

HOW HEALING MIGHT SHOW UP IN SV&SE, FOR:

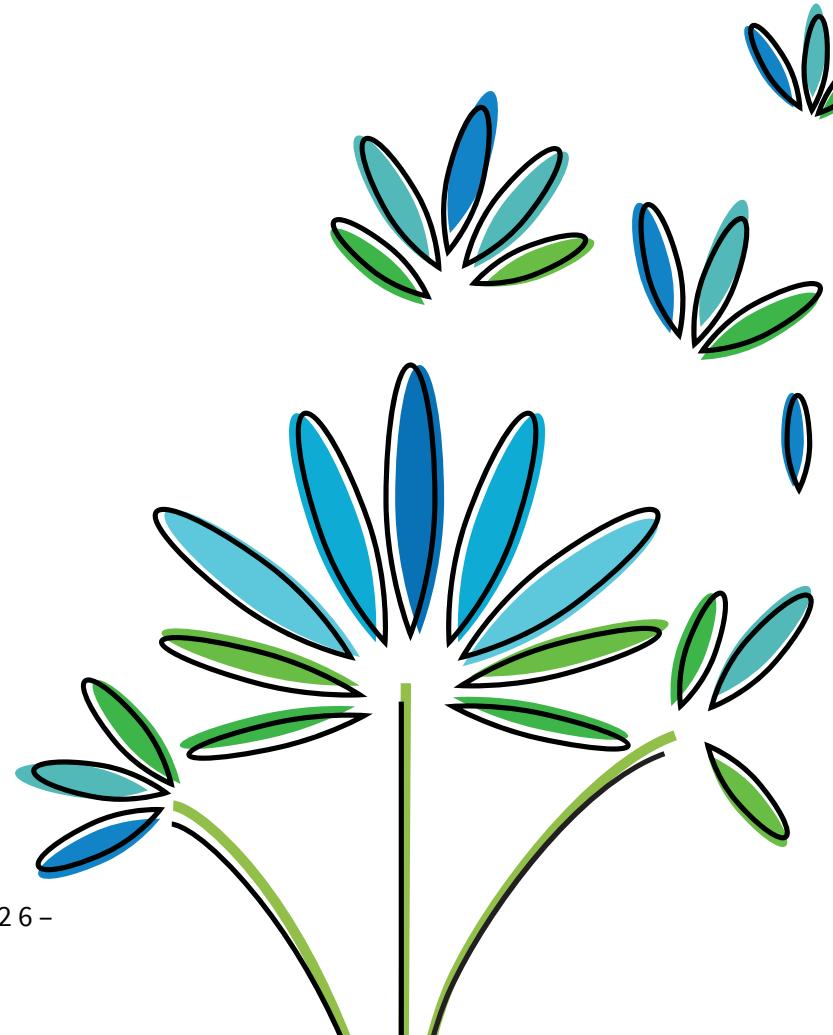
Adults and Children Alike

- ▶ Building trust
- ▶ Experiencing safety
- ▶ Being able to be authentic self and still feel safe
- ▶ Accessing positive cultural traditions in an environment of support
- ▶ Increased connection between parent(s) and children

- ▶ **A feeling of increased autonomy for survivors of abuse**
- ▶ **Feeling less alone, solidarity with SV&SE staff**
- ▶ **Feeling a sense of hope and possibility within the context of parent/child relationships**

Opportunities for healing and increased well-being happen in various contexts, not just in formal mental health settings. SV&SE practitioners sometimes grapple with whether or not “healing” for their participants is a consideration specific to their role. But when we step back and recognize that healing can happen in

many ways, in many places, with many people—even just in how we connect with each other—it can become easier to recognize the role of SV&SE in promoting healing and well-being. Further, trauma-informed environments are those where the potential for healing is prioritized and responsive to the specific needs of the populations being served. In that way, SV&SE services can have a healing impact on families that can support them in the long term, even after services end. Anyone can be a healing force in the lives of family members, and this truth is a critical component of increased safety for families impacted by violence.



CHAPTER 5

Building Relationships with Adult and Child Survivors and People Who Use Violence

SV&SE centers have a unique opportunity to build relationships with all family members after family violence has occurred. Most social service organizations either work with people who use violence or with survivors of violence or with adults or children. SV&SE works with all members of the family and often holds a more comprehensive view of what the whole family is facing, the risks presented, and the healing and change they are capable of making. Being thoughtful and intentional about relationship building with each family member is a critical component of effective SV&SE programming and necessary for increasing safety and well-being while decreasing risk. This chapter briefly overviews key considerations for building empowering, trust-based relationships with all family members.

It should be noted that building relationships with SV&SE participants should always be considered an ongoing, reflective, and evolutionary process—there is always more to learn

and practice. Our capacity to connect respectfully with all family members is not static and should be prioritized as an area of continuous growth within the program structure. Additionally, when program staff are supported and encouraged to have strong, trusting relationships with each other (including leadership), establishing relationships with participants is often more consistent and successful.

Additionally, SV&SE programs must always remember that the visiting parent might be the adult survivor or the person who was abusive. Likewise, the custodial parent might be the person who was abusive or the adult survivor. Making assumptions based solely on who is the visiting parent and who is the custodial parent can increase risk, lead to poor service delivery, and damage relationship-building efforts. Getting to know the specifics of each family structure and the dynamics within the family is an important aspect of relationship building.

CONSIDERATIONS FOR BUILDING RELATIONSHIPS WITH BOTH PARENTS

- ▶ Integrate equity-centered, trauma-informed considerations from Chapter 4 in to your approaches, policies, and protocols, remembering that culture and identity shape all of our experiences
- ▶ Treat both parents with respect and dignity
- ▶ Allow for the expression of complex and varied emotions
- ▶ Listen to understand and avoid assumptions
- ▶ Avoid punitive approaches while balancing transparency and clarity around expectations and program guidelines
- ▶ Work to support their relationship with their children rather than centering your relationship with the children
- ▶ Express interest in their values and strengths as parents; express interest in their children's interests and well-being
- ▶ Cultivate a genuine curiosity about what both parents want, need, and hope for in the context of visits
- ▶ Explore both parents' expectations for visits with them, and be as transparent as

possible about what is possible and what is not

- ▶ Plan up front for how parents will manage challenges that arise, indicating that you are a supportive partner in navigating what is hard
- ▶ Create a plan for how you will intervene when there is an issue, with the caveat that if risk or harm is being caused, you will do what is necessary to increase safety
- ▶ Explore with each parent how they think their child(ren) may feel about supervised visits
- ▶ Normalize the experience as much as possible
- ▶ Co-create visit guidelines based on the family's unique safety needs while staying within the clearly stated parameters of the SV&SE program's policy
- ▶ Establish regular and ongoing opportunities for information sharing
- ▶ When you don't know the answer to a question, be open about seeking more information from colleagues and community partners
- ▶ Always be aware and reflect on how your worldviews, identities, and experiences may be shaping your perceptions of either parent and their children

BUILDING RELATIONSHIPS WITH ADULT SURVIVORS

- ▶ Seek to understand and remediate the safety concerns impacting them and their children, especially those specific to visitation
- ▶ Connect to understand what their experiences have been navigating the relationship and the intervening systems
- ▶ Demonstrate a clear understanding of how domestic violence can impact families—when appropriate, and without making assumptions
- ▶ Exhibit a willingness to collaborate with community partners to increase safety and well-being
- ▶ Support and encourage support from multiple sources
- ▶ Allow for their voice and choice to be centered as much as possible
- ▶ Help them see how they have kept their children safe and have been able to maintain a positive attachment
- ▶ Be prepared to help them unpack shame and self-blame that may show up during the process of visitation
- ▶ Plant seeds early and often that you are capable of hearing and holding what is hard for them, including safety concerns

- ▶ Recognize and demonstrate that adult survivors' relationships and bonds with their children are a crucial aspect of healing for infants, children, and youth

BUILDING RELATIONSHIPS WITH INFANT, CHILD, AND YOUTH SURVIVORS

- ▶ Express a genuine interest in getting to know children and youth of all ages, including infants
 - If an infant or toddler, connect with parents about their developmental needs, what is comforting to them, how they are during transitions from one thing to the next, etc.
 - Ask them about their interests and attempt to follow up over time
 - Explore their likes and dislikes, and try to follow up over time
 - Seek to understand their hopes, fears, needs, and wants in visitation and beyond
- ▶ Make dedicated time to check in before and after each visit and through the orientation to visitation process
- ▶ Get on their eye level as much as possible (e.g., sit, squat, or bend down as you are able)
- ▶ Validate feelings and emotions, as complex and changing as they are; there's never any reason to attempt to change how a young person feels

- ▶ Avoid making assumptions made about what they want or need; instead, approach with curiosity
- ▶ Demonstrate through your words and actions that you view them as whole humans with their unique interests, thoughts, feelings, and wishes, and allow them to lead
- ▶ Be aware and reflect on how your world views, identities, and experiences may be shaping your perceptions
- ▶ Don't make assumptions about how the young person feels about either parent
- ▶ Don't make promises you can't keep
- ▶ Normalize the experience of visitation
- ▶ Provide multiple pathways for communication and connection when checking in with children:
 - Play
 - Art making
 - Walking and talking
- ▶ Create routines that will support them during transitions (especially beginnings and endings of visits) and difficult moments
- ▶ Give young people age-appropriate choices; empower them to take the lead when possible

- ▶ Be consistently warm, clear with your expectations, and engaging even if they are dismissive, nonresponsive, avoidant, etc.; patience is a crucial skill

BUILDING RELATIONSHIP WITH THE PARENT WHO USES/D VIOLENCE

As SV&SE programs and their staff focus on building relationships (and therefore trust) with people who have used or continue to use violence in their relationships, it's of the utmost importance to learn the art of holding multiple truths at once. We can treat people who have abused their former partners or children with dignity and respect and equitable trauma-informed considerations while actively resisting collusion with their abusive behavior. We can have empathy for the difficult aspects of their lives without endorsing any of their actions that caused or continue to cause harm. We can recognize their potential for change while also working with them towards accountability for their actions.

And, because some people who use violence in their relationships also exact coercive power and control tactics with system actors and social service providers, center staff must work together to recognize manipulation in each unique situation in which it may arise. Collaborative working relationships and learning opportunities with community partners,

such as batterer's intervention and domestic violence programs, are incredibly important in helping SV&SE programs to develop skills to build strong, non-colluding relationships with people who use violence. As stated previously, working with families impacted by violence requires a depth of experience and knowledge that can't be obtained by reading alone. This Blueprint can support centers in identifying the directions they need to go but can't replace partnership and extensive training.

BUILDING SUPPORT FOR SV&SE STAFF

- ▶ Don't compromise your safety; seek support from colleagues when you are concerned
- ▶ Work to center the humanity of the person who used violence
- ▶ Support them to access their vision and values around the type of parent they would like to be
- ▶ Practice sharing information about how exposure to intimate partner abuse can impact children in a non-judgmental manner

- ▶ Be aware and reflect on how your own world views, identities, and experiences may be shaping your perceptions of either parent and their children
- ▶ Take cultural cues around parenting roles and expectations from the parents themselves, recognizing that culture shapes family roles, while also learning to assess when power and control might be additionally at play (having a close relationship with the adult survivor will help)
- ▶ Be able to clearly articulate when specific behavior is concerning or if a specific guideline isn't being respected
- ▶ Avoid power struggles
- ▶ After a redirection or limit must be set, reconnect with the person, recognizing their humanity and capacity for change while resisting collusion
- ▶ Check in often with the adult survivor about their perception and experience of safety, no matter how well connected you may feel to the person who uses/d violence.



CHAPTER 6

Building Meaningful Partnerships in Your Community

Any SV&SE program, at any stage of development, must prioritize meaningful partnerships with system and community partners. Before an SV&SE program opens, it is recommended that these partnerships are well-established and foundational. Connecting with other organizations that can provide additional support to parents and children is a primary means of increasing the safety and well-being of families. Historically, visitation and exchange services have worked in isolation, separate from their local social service landscape that serves families impacted by violence. However, we now know that SV&SE programs need strong partnerships to fully operationalize practices that increase families' safety and accountability for parents who use violence. SV&SE programs are only one

part of a larger puzzle designed to keep children and adult victims safe, and meaningful partnerships help put the pieces together.

UNDERSTANDING AND ASSESSING YOUR LOCAL LANDSCAPE

Taking the time to identify a community's assets and explore the way groups, programs, agencies, individuals, and systems are working to intervene and prevent family violence will enhance the community's ability to work collaboratively. Exploration should focus on how collaboration with community partners can build upon the many talents, strengths, and skills already existing in your community in new and creative ways. When establishing an SV&SE program, taking time to

understand who the system actors are fully and the services they provide in a comprehensive and thorough manner, is critical to success. It is incredibly helpful to know what services and requirements may be a part of family recovery after violence at every part of the journey. Key informant interviews, focus groups, coalition and network building, joining existing collaboratives, and developing memorandums of understanding for working together are all steps that can be taken to understand the local landscape.

SV&SE programs should assess how the organization is connected to the larger community's response to domestic violence and how all parties envision working together to promote safety and well-being for families. Every member of the coalition should benefit from the other's expertise, cross-referrals, and cross-training. Meaningful partnerships should be mutually beneficial for all partners, primarily focusing on the families served within the local landscape.

WHO TO PARTNER WITH

As with all SV&SE planning and programming, no one equation works for all communities. Each community is unique, and what is available varies greatly. Rural or urban settings with small or large populations tend to operate with different social service system landscapes, with variations in available resources, funding streams, and partnership opportunities. Building

connections and relationships with system actors and partners (from formal to informal players) are the best way to understand what is possible in each community. Further, many regions do not have every one of these services available; strong partnerships with the available resources in any community is the recommended strategy. The following list is composed of common partners to SV&SE programs, but is not an exhaustive list:

- ▶ **Domestic violence programs, including culturally-specific programs**
- ▶ **Abuse intervention programs/ programs working with people who use violence**
- ▶ **Healthy fatherhood programs, including culturally-specific**
- ▶ **Culturally-specific organizations focused on parenting, parent-child relationships, family stability, positive cultural traditions, etc.**
- ▶ **Child welfare**
- ▶ **Courts and the justice system:**
 - **Family and dependency court**
 - **Family law attorneys**
 - **Probation and parole**
 - **Victim advocates**
- ▶ **Mental health providers, especially those trained in the dynamics of IPA, child and family therapists, and trauma specialists**
- ▶ **Faith communities engaging in family violence intervention**

DEFINING THE ROLE OF SV&SE WITHIN SERVICE SYSTEMS PARTNERSHIPS

Once an SV&SE program feels confident that strong partnerships are in place, the collective partnership must understand the program's intentional work with parents who use violence. It's important that the court and other key partners understand the potential impact as well as the limitations of engaging with parents who have used violence through supervised visitation. This shared understanding is necessary for successful collaboration, avoiding potentially dangerous mistakes across partnerships, and increasing safety for adult and child survivors, as well as accountability and the potential for change for the parent who uses/d violence.

It is important for all partners to have clarity around the specific role of supervised visitation within the local landscape for intervening in family violence. There are often misperceptions, for example, from domestic violence providers, child welfare, and even the family court system about the scope of SV&SE programming. New programs should be clear with all parties about what is **not** under their purview so that system partners make appropriate referrals and fill gaps in the social service landscape without over-relying on SV&SE programs to act in roles that are not appropriate or indicated.

SV&SE CENTERS DO NOT:

- ▶ Force visits to happen at the expense of adult and child survivor safety and well-being
- ▶ Assess risk to adult and child survivors or interpret parenting capacity
- ▶ Act as the “long arm” of the criminal justice and family court systems
- ▶ Intervene in parenting choices (outside of interrupting risk and harm during the context of visits)
- ▶ Weigh in on custody decision making

ESTABLISHING SV&SE SERVICES AS PART OF COMMUNITY RESPONSE TO DV

Supervised visitation and safe exchange services are key components of a community's response to intimate partner abuse. 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 need to be other interveners supporting safety for victims and accountability for people who use violence. It's not uncommon for system partners, as stated, to make assumptions about SV&SE services, often mistakenly believing that they

can assess safety on behalf of other system partners. Though SV&SE services are a critical element of community response to IPA, they do not provide assessment or decision making about future safety or risk.

CONSIDERATIONS FOR WORKING WITH IPA PROVIDERS

Building strong, meaningful partnerships with community based domestic violence programs is a key strategy for ensuring adult and child survivors have access to individual advocacy and support that falls outside the role of the visitation program. Regions without a local DV provider should consider contacting the nearest potential partner, or seek support from a national organization. When working with DV providers, SV&SE programs should familiarize themselves with the mission and philosophy of their local program. DV providers are not a monolith, though it's common for programs to conceptualize family violence, survivor safety, and accountability related to the abuse quite differently than other system actors. These differences are often known to the system partners or may at times be at odds in visible and less visible ways. Understanding the specific values of your local DV provider(s) can aid in relationship building and enhancing SV&SE capacity to build meaningful partnerships.

IPA PROVIDERS MIGHT SUPPORT SV&SE IN FOLLOWING WAYS:

- ▶ **Support both adult and child survivors around DV-related concerns, including through advocacy and case management**
- ▶ **Provide training to supervised visitation program staff**
- ▶ **Participate in case consultation when authorized and needed**
- ▶ **Provide support around understanding the complexities of domestic violence and navigating the on-going risk and harm**
- ▶ **Offer strategies for safety planning**
- ▶ **Inform policy and procedure development with a lens on safety**

PARTNERING WITH PROGRAMS WORKING WITH PEOPLE WHO USE VIOLENCE

Providing supervised visitation services to families experiencing intimate partner abuse requires centers to have a strong partnership with programs working to reduce intimate partner abuse. 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. Furthermore, their partnership with supervised visitation programs can often provide crucial information when the person who uses violence is escalating and may present an increased risk to the adult and child survivor. This information is critical to effective safety planning related to visits and exchanges.

PARTNERING WITH PROGRAMS WORKING WITH INFANTS, CHILDREN, AND YOUTH

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, the impact of stress on the brain, and unique considerations for differently-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 to develop 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 SV&SE programs develop policies and practices that are centered on the healing and well being of children and youth.

PARTNERING WITH ATTORNEYS AND CIVIL LEGAL PROFESSIONALS

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, record-keeping, 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 IPA. This relationship can also help each partner support families who are navigating custody and visitation issues, as well as strengthen each partner's ability to offer appropriate referrals when needed.



CHAPTER 7

Community Readiness

As any SV&SE program begins to build meaningful relationships with community partners, it is recommended that they begin to assess community readiness before offering services. Given the nature of supervised visitation, which involves working with survivors of abuse and the people who hurt them, both the program and the community must be thoughtfully prepared for this new service. Communities are all unique and offer different strengths and resources, as well as challenges and gaps in the social service system landscape for families impacted by IPA. Having meaningful partnerships—where you can explore together with honesty and critical analysis where your system might need to adapt in order for a supervised visitation program to be effective—is crucial.

Below are some key considerations and questions to explore before opening supervised visitation services, with the caveat that many of these considerations will always be a work in progress. These can be used as talking points for exploration in coalition and network building with the support of your system and community partners.

KEY CONSIDERATIONS AND QUESTIONS FOR DEEP EXPLORATION

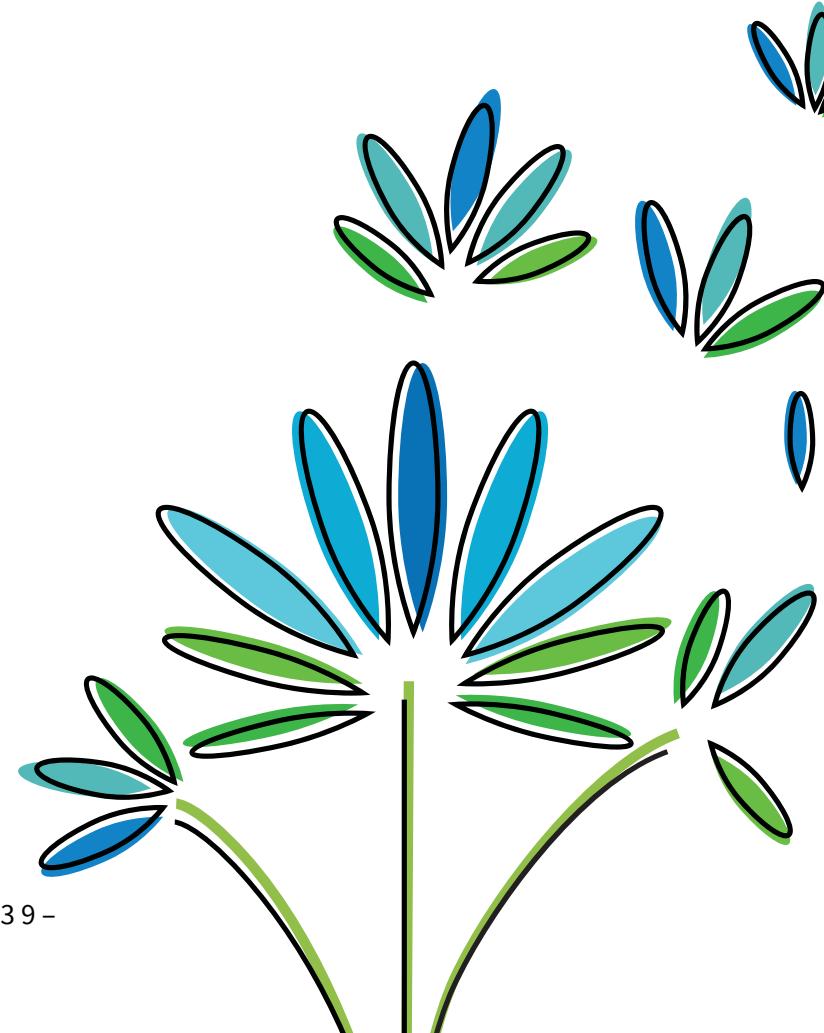
- ?**Is there widespread commitment to engage in an ongoing collaborative process?**
- ?**Has the collaboration developed shared beliefs and values about working with adult survivors, children, and people who use violence?**

- ② Is there a local DV provider that is already or is willing to be a prominent partner in the collaborative process?
- ② Are there reputable and established services for people who use violence, with a strong analysis of domestic violence that aligns with the local DV provider, such as batterer's intervention programming?
- ② Do system partners have a strong understanding of the dynamics of IPA with a commitment to noticing and challenging victim-blaming attitudes and approaches, for example? If not, are they open to learning and changing?
- ② Do system partners consistently center the safety and well-being needs of adult and child survivors of intimate partner abuse? If not, are they open to learning and changing?
- ② Is there a genuine commitment to not collude with parents who use violence while recognizing their capacity to change?
- ② Does your state have laws and statutes that guide decisions around child custody and visitation that accounts for domestic violence and works to determine the nature, context, and implications of abuse at every stage of the family court process? If not, are they open to learning and changing?
- ② Is there a shared agreement on how supervised visitation services are currently being used or will be used? For example:
 - Who is being ordered or referred?
 - What is the expectation of the services?
 - Is the SV&SE program clear about what information they capture, retain, and share and what they don't?
 - Are partners clear on how information from the SV&SE center can be used and not used by other system interveners?
- ② Does the court understand that appropriate parenting and time spent with children that takes place without incident in a supervised setting does not necessarily remove the safety risks present at the time of referral? For example, what happens if visitation is not an indicator of how safe a parent will be outside of a supervised setting?
- ② Are system partners committed to and willing to engage in ongoing analysis around equity and disparities in who is ordered and referred to supervised visitation? For example, if there are disparities based on racist assumptions and practices, are providers willing to change course and remediate the impact?

- ⑤ **How is your supervised visitation program connected to the courts, referral sources, and other post-separation services in your community?**
- ⑤ **Is there enough trust among partners to openly and authentically discuss these points with a willingness to grow and change together when needed?**

Working through these considerations—determining where change and growth needs to happen in order for SV&SE to be safe and effective—can also aid in building meaningful partnerships. Just as relationships with family members utilizing SV&SE services require

intentional trust-building and self-reflection from staff, relationships with system and community partners also require trust. In fact, there may be tension and even disagreement as communities work to come into alignment around supporting adult and child survivors to achieve safety and well-being, while holding people who use violence accountable to changing their behavior. Tension and disagreement can be seen as an opportunity for growth, and communities might consider an outside facilitator to work through these questions together, if that resource is available. Trust is crucial as these conversations develop, and should be intentionally nurtured and prioritized.





CHAPTER 8

Program Readiness

In addition to assessing community readiness, visitation programs must explore their own readiness and capacity to provide safe and effective SV&SE services for families experiencing intimate partner abuse. Working in the field of supervised visitation requires tremendous skill, self-awareness, supportive team dynamics, regular supervision, and preparation. Quality supervised visitation services require 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). It also requires an alignment with the Office of Violence Against Women Supervised Visitation and Safe Exchange Guiding Principles, a significant commitment to building programming and approaches rooted in equity and inclusion, ensuring that no specific communities experience further marginalization in the context of

visitation. Thus, implementing visitation services requires programs to enlist in an honest and reflective assessment of their capacity and ability to meet the complex needs of families impacted by domestic violence and then be willing to pivot and adjust as necessary.

SV&SE programs can think about organizing readiness preparation around four themes. Each theme contains vast opportunities for learning and enhancement. No program will be able to begin with every single item being complete or “perfected.” These considerations are offered as guidance, and newly developing programs should work internally and with partners to identify those that are currently most pressing.

- 1. Explore organizational beliefs**
- 2. The capacity of the organization**
- 3. Leadership strengths and growth areas**
- 4. Equity and inclusion**

Though conversations related to beliefs and values should be ongoing and evolve over time as programs continue to learn and grow, having exploratory conversations with all staff members should be prioritized during the developmental phase. It should not simply be assumed that all staff share the same values and beliefs about domestic violence and service provision; rather, staff should be supported to uncover their worldviews in a trusting team environment. Below are several discussion questions that can be facilitated during planning and work sessions. Teams should be prepared to listen to understand each other with an interest in bridging differences to ultimately center the needs and well-being of adult and child survivors, while supporting people who use violence to develop safer relationships with their children.

- ② What are the organizational beliefs about the role of a supervised visitation program in supporting healing and change for adult and child survivors? What are the organizational beliefs about what intimate partner abuse is and what contributes to its occurrence? Do any staff members have beliefs or assumptions that are different from the organizational standard?**
- ② What are the organizational beliefs about the capacity for people who use violence to change? Do any staff members have beliefs or assumptions that are different from the organizational standard?**
- ② What are the organizational beliefs about how diversity, equity, and inclusion show up within SV&SE services? What are the commitments to enhancing equity and inclusion? Do any staff members have beliefs or assumptions that are different from the organizational standard?**
- ② What are the organizational beliefs about how trauma and healing may show up within SV&SE services? Do any staff members have beliefs or assumptions that are different from the organizational standard?**
- ② How will staff work together to come into alignment with the stated values, beliefs, and commitments of the SV&SE program?**
- ② What are the organizational beliefs about the role of culture, community, and family in supporting individuals and families who have experienced IPA?**

- ⑤ Do the program and its staff have an understanding of how historical trauma rooted in oppression and injustice may be present among the organization, staff, and people seeking services? How will the organization attend to this?
- ⑤ Within the organizational structure or dynamics, as well as within the social service landscape, are there any barriers to implementing services aligned with the above organizational values, beliefs, and commitments?
- ⑤ Are all team members in agreement about the role of supervised visitation within the community response to domestic violence?
- ⑤ How will team members and the organization as a whole navigate inevitable conflict or disagreement that may arise between colleagues within and outside the organization?

2

THE CAPACITY OF THE ORGANIZATION

Organizational capacity building should also be viewed as an ongoing and evolving process. The field of domestic violence also changes and grows over time; every system partner should be committed to reflection and adaptation. As new programs get off the ground, it's imperative that staff receive adequate professional development and supervision. The questions below can aid in determining where growth needs to happen in this area:

- ⑤ Does the program have adequate safety measures in place related to:
 - The physical space?
 - Record-keeping and confidentiality?
 - Information sharing?
 - Recognizing and responding to the power and control tactics of people who use/d violence?
- ⑤ What specific skills do program staff need in order to implement safe and effective, survivor-centered SV&SE services?
 - ⑤ What changes does the center need to make in order to implement safe, effective, and survivor-centered SV&SE services?
 - ⑤ How could the center obtain those skills and tools?
 - ⑤ What protocols and policies need to be developed and evaluated, centering on equity and trauma-informed practices?
 - ⑤ How prepared is the organization to maintain ongoing collaborative relationships with system partners?

② What professional development opportunities do staff need? Possible topics of professional development could include:

- Understanding domestic violence and SV&SE, with a focus on post-separation violence
- Domestic violence and safety planning
- Understanding domestic violence and the criminal justice system
- Working with people who use violence
- Supporting infants, children, and

youth impacted by trauma and family violence

- Culturally-specific considerations for families impacted by domestic violence, for example:
 - » Immigrants and refugees
 - » LGBTQIA+ communities
 - » Communities of color
 - » Disabled communities
 - » Varied socio-economic classes
 - » People whose primary language is not English
- Trauma-informed approaches
- De-escalation approaches

3

LEADERSHIP STRENGTHS & GROWTH AREAS

SV&SE programs engage in complex work. It can be equal parts rewarding, hopeful, overwhelming, and draining. The complexity of the work requires strong, clear leadership from people willing to grow and change alongside their staff with the humility to know when they need additional support. Assessing the strengths of leadership is an important aspect of determining program readiness. The list below will help you assess the leadership strengths of your program.

② How is leadership shared in the organization? How is leadership shared in the visitation program specifically?

② Is there diversity within organizational leadership that includes shared power and decision-making across a variety of lived experiences?

② How well prepared is the leadership team to hold space and facilitate a process when there is tension or conflict internally and externally?

② How will the leadership team nurture strong team dynamics and an environment of support for staff? How will cohesion and communication be promoted?

- ⑤ What is the plan for mitigating vicarious trauma that will inevitably impact some, if not all staff members?
- ⑤ Is leadership willing to share openly with staff about their growth and learning edges related to professional development?
- ⑤ Does leadership have the training and support needed to offer effective supervision to staff?
- ⑤ Are equitable, trauma-informed approaches (for staff and clients) elevated in leadership style, modeling, and decision-making?
- ⑤ Does leadership know where, when, and how to ask for support and guidance for themselves and the organization as a whole?

4

EQUITY AND INCLUSION

Commitment to equity and inclusion for staff **and** people accessing services is foundational to safe and effective SV&SE, and must be prioritized as such. This commitment must be reflected in words and also in actions and outcomes. Programs must be prepared to join in solidarity with survivors impacted by violence, marginalization, and oppression.

Additionally, programs must understand how experiences with oppression and marginalization are themselves a form of violence and trauma that can be as harmful as domestic violence itself. Because many families may experience and perceive supervised visitation as part of a system that has caused current and historical harm, programs and program staff must approach equity and inclusion work with humility, curiosity, and authentic commitment. As with all growth areas, equity and inclusion efforts must be ongoing and continuously improving.

The following are some questions to ask when conducting an equity and inclusion assessment:

- ⑤ Does everyone within the organization have equal access to what it takes to succeed? Who defines “success”?
- ⑤ Do staff who experience marginalization in systems and society feel free to be their authentic selves at work?
- ⑤ How would staff members from diverse backgrounds know that diversity is recognized as an asset to the team?
- ⑤ Is everyone within the organization heard and considered when they share their perspectives?

- ② When harm occurs (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?
- ② Is there anyone whose voice is missing or needs to be included in planning, leadership, staff, etc.?
- ② How is the center incorporating the voices and lived experiences of adult and child survivors and people who use/d violence?
- ② How will the organization recognize when they are centering dominant culture worldviews and perceptions and then pivot to be more inclusive?
- ② How will survivors of color, LGBTQIA+ survivors, and survivors with disabilities, on staff and accessing services, know that the program is equipped to meet their unique and specific needs? Is the program prepared?
- ② Is there a culture of openness and ongoing learning related to equity and inclusion?
- ② How will leadership navigate inevitable harm, conflict, or microaggressions that arise related to inequity?

There are also areas where supervised visitation programs will need to have checks and balances in place for when staff need support to change practices or habits. One aspect of program readiness is establishing mechanisms for non-punitive, supportive interventions with staff when needed.

STAFF PRACTICES THAT WILL NEED MONITORING AND INTERVENTION MAY INCLUDE, BUT ARE NOT LIMITED TO:

- ▶ Centering their worldview as objective rather than approaching family members and colleagues with cultural humility and responsiveness
- ▶ Victim-blaming attitudes
- ▶ Colluding with the person who uses/d violence
- ▶ Attempting to change the feelings and opinions of children and youth in visitation, including pressuring visits to happen when children refuse
- ▶ Unwillingness to receive feedback
- ▶ Intervening when they perceive parenting skill deficits
- ▶ Rigidity with families when flexibility is needed, being punitive
- ▶ Unwilling or unable to approach each family as unique with unique needs



CHAPTER 9

Supervised Visitation and Safe Exchange Program Development

There are many options to consider when determining the type of services a new program will offer. Gaining clarity among all involved is a crucial first step as you develop partnerships, policies, protocols, and your physical space. Some SV&SE options include:

One-on-one supervised visitation (e.g., one monitor with one family)

Group supervised visitations (e.g., one or more monitors with several families at the same time)

Intermittent supervised visitations

Therapeutic supervised visitation

Supervised exchanges

SV&SE programs also need to determine the level of engagement that will be provided before, during, and after supervised visitation sessions. Some of the options include:

Observation with safety interventions (e.g., monitors stops, redirects, or terminates interactions or behaviors that impact the emotional or physical safety of the adult victims and child)

Supportive visitation where healthy parent-child relationships are supported, the adult and child victims are empowered, and the person who used violence is held accountable while also being treated as if they have the potential to change

VALUE-BASED POLICIES AND PROCEDURES

Developing or modifying existing policies and procedures can be daunting, whether you are building a visitation program from the ground up or taking a moment to reflect on your current programming. Furthermore, policy and procedure development is incredibly important to ensuring compassionate, equitable, and trauma-informed service delivery. Therefore, it's crucial that SV&SE programs intentionally and thoughtfully develop sound policies and procedures rooted in shared values across your staff, partners, and stakeholders from the onset. Many people perceive policy and procedures as "objective and logistical." However, a trauma-informed environment recognizes that no aspect of service delivery is "objective," we must be thoughtful across differences in identity, experiences, culture, and expectations. As your program engages in community readiness activities and works towards clarity around your values and vision, your policies and procedures should reflect those shared commitments. When a program develops or revises policies and procedures thoughtfully with a diverse group of stakeholders, the program is more likely to be informed by and responsive to the individuals and communities being served.

Being informed by, learning from, and engaging with participants, staff, and community partners in examining supervised visitation practices has multiple benefits in shaping and guiding a SV&SE program's work. The resource "Informing the Practice of Supervised Visitation"¹⁶ can support your work. You should apply what you learned through your community readiness process (Chapter 7) to inform the development or enhancement of policies and procedures. Additionally, the OVW Guiding Principles, outlined previously, are crucial to policy and procedure development and should be referenced extensively for alignment.

As discussed in previous chapters, developing a shared vision and beliefs with system and community partners is paramount. Your shared beliefs should guide the development of a unifying vision, mission, and philosophy for your program and partners.

If you have already developed a vision, mission, and philosophy, you may need to work backward and conduct a cross-check, asking the following questions:

- 1. What beliefs do our vision, mission, and philosophy reflect?**
- 2. How does the vision, mission, and philosophy account for our beliefs?**
- 3. Is this reflection on target with how we want our program to operate?**

¹⁶ Shepard, M., Sadusky, J., & McNamara, B. (2009). *Engage to protect: Foundations for supervised visitation and exchange: Informing the practice of supervised visitation*. Praxis International. <https://static1.squarespace.com/static/5665d0a8b204d5e193b65ef4/t/589878accd0f689b98602768/1486387373736/Engage+to+Protect++Informing+the+Practice+of+Supervised+Visitation+Paper.pdf>

Creating a “laundry list” of policies and parent guidelines around what is allowed and not allowed during service delivery is very easy. SV&SE programs are advised to think about what purpose this will serve and why it feels necessary. There is no way to predict every possible challenge that a program will face. If policies and participant guidelines are created in a laundry list fashion, the inclination is often to create more guidelines (“can’t do” statements) when something new or unexpected occurs. This is another reminder that policies based on beliefs, mission, vision, and principles are more likely to promote successful SV&SE services. They can provide staff with an easy-to-follow guide on how to conduct the work and offer guidance and transparency, which is necessary to uphold policies while being able to explain why a particular policy exists.

Many family circumstances are unique and will require varied and tailored responses. It is important to recognize that some families will require more rigid and strict guidelines to support safety. However, not all families need that same level of scrutiny. In fact, for some families, when policies are imposed that are not relevant or applicable to their life circumstances, they can create unnecessary conflict and tensions between staff and parents, which can actually compromise the safety of the parent and children in need of protection.

Clear and delineated roles must be embedded in the policies of the SV&SE program. When a program is providing services to families who have experienced IPA, their role is to:

- 1. Facilitate services without abuse of either parent or the children**
- 2. Interrupt harm related to the reason the family is using services**
- 3. Make visible any behavior that poses a continued risk to survivors and their children**

Consider **organizing your policy and procedure document** with a statement of purpose, a clearly articulated policy, and precise procedures to support or carry out your policy.

Purpose: The purpose clearly and precisely outlines the reason the policy or section of policies exist. The purpose statement should be linked to the mission of the organization, as well as the intent and goals of the program, and be firmly grounded in the OVW Guiding Principles. Without providing a purpose statement for each section, the program can easily lose the intent and “why” you have put very specific policies and procedures in place.

Policy: A policy is a statement that is determined by an organization to be followed—the “what must be done.”

Procedure: A procedure is the instructions—the “how” to carry out a said policy.

It is important to clearly distinguish policies from procedures. When developing a policy document, it is very easy to intertwine policies and procedures together, but they should have a clearly articulated distinction.

For example: **Staff Qualifications**

Purpose: The purpose of the staff qualification policy section is to establish minimal staff qualifications to ensure effective, safe, and respectful supervised visitation and safe exchange services.

Policy: XYZ organization will hire diverse program staff that meet established qualifications.

Procedure: We will recruit staff for the visitation program through diverse strategies. Candidates who meet the following qualifications may be considered for interviews: 1) available to work during established program hours; 2) 21 years old or older; 3) ability to pass a criminal background check for violent crimes or crimes against children; 4) possesses a strong understanding of domestic violence; 5) willing to attend professional development; 6) possesses an ability to work calmly and rationally in challenging situations; 7) expresses an ability to work as a team member; 8) respectfully engages with adult and child survivors of domestic violence, those who have perpetrated domestic violence, and children who have

experienced violence; 9) ability to manage multiple needs, expectations, and safety issues; and 10) comes to this work with care and compassion for adult and child survivors of domestic violence as well as those who perpetrate it.

When establishing or revising policies, there should also be an intentional review process. Policies should not be changed arbitrarily, especially in response to one single incident. To do so often results in reactive and punitive policies that can reduce the efficacy and supportiveness of your services. Rather, it is recommended that centers only change policy for clear and significant reasons through a process of engagement with stakeholders whenever possible, being careful to center the lived experiences of people who use SV&SE services. Additionally, procedures for a policy can often be adapted rather than changing the policy itself (unless, of course, the policy is harmful or ineffective and needs to be changed). Programs should establish a regular and consistent schedule for policy and procedure review, even if it's spread out over a few years.

Note that programs should create a parent handbook for program participants, in addition to the internal staff policy and procedure document. These can't be one in the same, as they have different intended purposes. Ideally the parent handbook would be vetted with people who have accessed SV&SE services, including those from

diverse backgrounds and experiences. In addition, it should be supported by internal program policies and procedures.

For additional information about possible sections to include in your program policy and procedures document, as well as centering survivor safety in center design, “Considerations for Site Selection and Center Design When Providing Supervised Visitation and Safe Exchange Services to Survivors of Intimate partner abuse”¹⁷ and “Developing Policies and Procedures for Supervised Visitation Programs”¹⁸ are recommended resources.

CONDUCTING ORIENTATIONS WITH PARENTS AND CHILDREN

Conducting orientations with adult and child survivors, as well as people who cause harm, is the first of many opportunities for visitation programs to begin the important and essential process of building relationships with parents and children coming for visitation services. The **purpose of orientation** is to enhance safety, build relationships, and work to identify and meet the unique needs of every parent and child coming to a supervised visitation program.

Orientation should be part of an ongoing process, not necessarily a one-time appointment, designed to learn from each parent and child how the program can tailor visitation to meet and address the unique needs of families experiencing intimate partner abuse. This process may take several visits to complete to ensure programs have the information they need to support safety for adult survivors and children.

Our job is not to make visits happen; it is to ensure if visits happen, they happen safely.

UNIVERSAL STRATEGIES FOR ORIENTATIONS WITH PARENTS

- ▶ Understand each parent's hopes and fears
- ▶ Be transparent about why the center exists and what role the center will have in intervening and setting boundaries
- ▶ Establish regular and ongoing opportunities for connection and information sharing
- ▶ Plan for how the parents will manage challenges that arise while using services

¹⁷ Inspire Action for Social Change. (2011). *Considerations for Site Selection and Center Design When Providing Supervised Visitation & Safe Exchange Services to Survivors of Intimate Partner Violence*. <https://static1.squarespace.com/static/5665d0a8b204d5e193b65ef4/t/62fea61167e7c010c8db555a/1660855826072/Inspire+-+Considerations+for+Site+Selection+%26+Center+Design+When+Providing+Supervised+Visitation+%26+Safe+Exchange+Services+to+Survivors+of+Intimate+Partner+Violence.pdf>

¹⁸ McNamara, B., & Rose, J. (n.d.). *Developing Policies & Procedures for Supervised Visitation Programs*. Inspire Action for Social Change. <https://static1.squarespace.com/static/5665d0a8b204d5e193b65ef4/t/6137c6936176130f042e6ca1/1631045268103/Inspire-Developing+Policies+%26+Procedures+for+Supervised+Visitation+.pdf>

- ▶ Explore with the parents how they think their children may feel about supervised visits and help them to understand developmental expectations
- ▶ Explore with parents their strategies for supporting their children
- ▶ Build an understanding of their expectations for the visits. Learning and addressing this upfront may help avoid certain disappointments and frustrations.

Child orientations (however big or small) should be required as part of a program's overall philosophy and programmatic policies and procedures. Taking time to connect and build relationships with each infant, child and youth is a key step in the right direction.

CONSIDERATIONS FOR CHILD ORIENTATIONS

- ▶ Child orientation appointments should not be scheduled until both parents have completed their own orientation, and a

visitation schedule has been identified and confirmed by both parents. Waiting until this process is complete will avoid preparing children for services too early or for services that may never occur.

- ▶ The child orientation appointment could be scheduled in lieu of the first visitation (the same day and time visits have been agreed upon - but prior to holding the first visit). This allows infants, children, and youth to begin to establish a routine, understand when visits will take place, and meet the staff scheduled to work when they come for services.
- ▶ Center staff should ensure that each child is given the opportunity to connect with relevant staff individually. For families with multiple children, not all children may be comfortable meeting with staff without a sibling present. You can meet with children of the same family together, meet individually, or some combination if necessary.



CHAPTER 10

Referrals From Courts and Community Partners

Visitation programs should thoughtfully establish how families will be referred to the program within the context of the social service and domestic violence response landscape. Referrals often come from the court, domestic violence programs, batterer's intervention programs, and other organizations serving families. Establishing referral protocols, including information sharing, is work that can be done during the community collaboration phase of planning and development.

Courts are essential partners and often the primary referral source for many visitation programs. Engaging the courts early in the process of building SV&SE services will support the development of shared goals, expectations, and systems that will support the success of a program. When working with local court systems, programs will want to co-create policies and practices that

clearly articulate the referral process, documentation and information sharing practices, and case review procedures.

Based on the information shared from referral sources, conversations with parents and children, and collateral information acquired by the program (including behavior witnessed), SV&SE program staff should have the autonomy to determine whether the center can safely provide services or not. Even if they receive a court referral, programs should determine if they can reasonably ensure services for a family, and above all, if those services can be delivered in a manner that is safe and won't cause further harm. Programs should also consider whether the kinds of resources needed to maintain a safe environment for a particular family (e.g., the number of staff needed to facilitate a visit, needed security features) are responsive and manageable. Risk is ever-changing

for families, and system partners must be in agreement and have a shared understanding about a process and plan for communicating when a family can't be served in their visitation setting and what the next steps will be for this family.

When SV&SE programs collaborate with court partners to receive referrals, it is important to:

- 1. Define appropriate cases for referral**
- 2. Establish a community response for cases not appropriate for services (identify and clarify the community safety net)**
- 3. Develop a protocol for giving and receiving referral information**
- 4. Develop a referral process that ensures the referral source provides the SV&SE program with the necessary information to effectively and safely provide services to each family being referred for services.**

**IT IS RECOMMENDED THAT
REFERRALS FROM THE COURTS
PROVIDE FORMAL INFORMATION
THAT INCLUDES THE POSSIBLE CASE
ISSUES THAT APPLY, SUCH AS:**

- ▶ Impressions, 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
- ▶ Any special safety guidelines the visitation program should consider for each referred family

CHAPTER 11

Hiring, Retention, and Recruitment



BUILDING AND SUPPORTING ORGANIZATIONAL AND INDIVIDUAL TALENT AND SKILL

A successful program is built on a cornerstone of qualified, well-trained, and committed staff. Programs need to have the best and most qualified staff who are provided with high-quality training, support, and supervision.

Providing supervised visitation services requires a high degree of knowledge and experience; a comfort level that supports working with trauma, crisis, conflict, and confrontation; a level of self-confidence to make good decisions; an ability to manage and prioritize multiple tasks and needs at once; and the capacity to hold a tremendous amount of compassion for parents who have been abused, parents who have used violence, and children/youth who have experienced violence in their families.

For many programs, staff turnover tends to be very high. This turnover has a tremendous negative impact on an organization and its ability to take

on the added complexity of engaging people who use violence. What we have learned from organizations that strive to have longevity in their staff is that work-life balance is critical and must be nurtured. When organizations pay attention to the balance between staff autonomy and support, staff know they have the tools, support, and respect they need to be successful.

It is important for SV&SE programs to be intentional about hiring a diverse staff that is reflective of the community being served, with attention to race, culture, disability, age, sexual orientation, and gender. The staff members of these organizations are ideally provided with regular staff meetings as well as individual supervision and support. Additionally, there should be an established practice of regular consultation with organizations skilled at working with families impacted by domestic violence and knowledgeable about supervised visitation service delivery.

STAFFING

At a minimum, programs will want to have at least two staff on site during service delivery. Providing visitation services requires the ability to be responsive to what takes place in supervised visitation sessions and safe exchanges. Service delivery will require staff to check-in with each party before and after services, manage the arrivals and departure of each party, respond to participant questions and concerns, and facilitate each session. To best support the safety of each parent and child, it is important that staff is available to meet these needs as well as have a back-up person available when needed.

STAFF SKILLS

Facilitating supervised visitation and safe exchange services with families who have experienced domestic violence requires a high level of skill, as well as a commitment to ongoing learning and growth. Some key skills include:

- ✓ Active listening skills
- ✓ Communication and conflict resolution skills
- ✓ Self awareness and the ability to reflect on privilege, power, and bias with an openness to making changes when needed
- ✓ Ability to show empathy and compassion to all parents and children

- ✓ Willingness to build trusting relationships across differences
- ✓ Ability to set strong boundaries
- ✓ Ability to simultaneously support adult survivors, children, and people who cause harm

BUILDING STRONG ORGANIZATIONAL CULTURE

Organizations tasked with the complex work of SV&SE must be intentional about building organizational culture that can navigate stress and conflict while also recognizing and celebrating success along the way. It's a tall order; efforts must be consistent, deliberate, and adaptive. Below are some tips for creating a strong, resilient, and trusting organizational culture:

- ✓ Actively work to strengthen staff teams. It is important to hold daily staff huddles, regular connection time, weekly or bi-weekly staff meetings, hold regular staff training opportunities, and offer staff retreats
- ✓ Build in staff connection time, relationship-building activities, and fun when staff come together for events and meetings
- ✓ Build and maintain a culture of connection despite staff having varied work hours

- ✓ Ensure all staff (part-time, volunteers, and on-call) are a part of your regular office connection, training, fun activities, birthdays, and other celebrations
- ✓ Ensure staff feel valued and recognized for their work
- ✓ Ensure there is regular supervision for both full-time and part-time staff built into the schedule on a weekly or bi-weekly basis
- ✓ Invest in and prioritize ongoing learning opportunities for staff

STAFF RECRUITMENT AND HIRING CONSIDERATION

- ✓ Ensure you cast a wide net to search for potential candidates; seek diversity and recognize it as an asset
- ✓ Consider hiring and referral bonuses
- ✓ Look outside the typical social service recruitment areas for qualified candidates
- ✓ Be transparent about the pay scale and growth opportunities (closely examine compensation for each position to ensure it is competitive)

- ✓ Consider a transparent increase in pay based on mile markers or longevity
- ✓ Ensure you hire people who hold the desired qualities for each position and possess a philosophical match to the organization. An organization can provide training to enhance skills and teach specific job tasks, but it is often not possible to change or enhance staff qualities or alter a person's philosophical approach, values, or beliefs
- ✓ Create an environment for staff to be able to talk regularly about difficult topics and things that matter to them
- ✓ Engage and support the practice of self-reflection for staff
- ✓ Model personal life/work balance

ENHANCING STAFF COVERAGE

- ✓ Create a trained on-call staff pool
 - Some programs have offered this option to staff who resign their regular position but are interested in being on-call to help with vacation or sick time coverage.

✓ The use of interns

- Partner with an undergraduate or graduate social work program or related field of study. Past interns can easily become paid staff at the completion of their internship. Some students are highly skilled in this work, it can be a great way of converting the internship to gainful employment.

✓ Recruit professional retirees

- Another invaluable resource in the community may be professional retirees who come with experience and the capacity to volunteer and support the success of your program.

✓ The use of community volunteers

- Be creative with how you use volunteers in your program. Except in rare circumstances, volunteers shouldn't engage in direct service, but can provide needed ancillary support (e.g. host toy drives for the center, come in to paint and spruce up the space, light office work). It is important to note that hosting volunteers requires time, attention, training, and nurturing. If the investment is made, volunteers may stay with a program, become a

valued resource, and even lead to employment opportunities. Ensure that when you bring in volunteers, they can see the impact and the difference they make and feel like they are adding the fabric of the program. Additionally, the implementation of a volunteer program can help regular staff feel supported by having others lend a hand in those duties that are time-consuming and endless (cleaning up after families, sorting and cleaning toys, office work, etc.). Having volunteers take care of some of these tasks can unburden staff, allowing them to perform their best.

✓ Engage community groups, local businesses, companies, corporations, or even a family that wishes to "adopt" the program

- Community volunteers and companies can engage in the following activities:

- » Paint a few rooms or the entire office
- » Replenish office supplies
- » Provide computer repair, maintenance, assistance, and support
- » File paperwork
- » Do a deep clean of all the toys and furniture
- » Organize board games and puzzles or fix broken toys

FUNDING AND SUSTAINING SV&SE PROGRAMS

Although adequate funding for supervised visitation services is lacking across the United States, there are a variety of national as well as state and local opportunities. A key aspect of sustainability is finding and cultivating champions in your community and around the state. Utilizing this Blueprint to help educate and engage key leaders and partners around the necessity of SV&SE as a core and essential response for families experiencing IPA is an important step in expanding financial and community support.

NATIONAL FUNDING

- ▶ **Department of Justice, Office on Violence Against Women**
 - ***Grants to Support Families in the Justice System***
 - » The Justice for Families Program improves the response of all aspects of the civil and criminal justice system to families with a history of domestic violence, dating violence, sexual assault, and stalking, or in cases involving allegations of child sexual abuse. Eligible applicants are states, units of local government, courts, tribal governments, nonprofit organizations, legal services providers, and victim services providers.
 - ***Tribal Government Programs***
 - » The Tribal Governments Program enhances the ability of tribes to respond to violent crimes against Indian women, enhance victim safety, and develop education and prevention strategies. Eligible applicants are federally-recognized tribes or an organization that is acting as the authorized designee of a federally-recognized tribe. Applications for the Tribal Governments Program are submitted through the DOJ Coordinated Tribal Assistance Solicitation (CTAS).
 - ***STOP Violence Against Women Formula (VAW) Grant Program***
 - » The STOP Formula Grant Program enhances the capacity of local communities to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women,

and to develop and strengthen victim services in cases involving violent crimes against women. Each state and territory must allocate 25 percent for law enforcement, 25 percent for prosecutors, 30 percent for victim services (of which at least 10 percent must be distributed to culturally specific community-based organizations), 5 percent to state and local courts, and 15 percent for discretionary distribution. STOP grants can support supervised visitation and exchange by and between parents in cases involving domestic violence, dating violence, sexual assault, and stalking. Such programs can be funded through the court allocation if the funds are awarded to a court or through the victim services or discretionary allocations.

- ▶ **U.S. Department of Health and Human Services, Administration for Children and Families, and Office of Child Support Enforcement Child Access and Visitation Grant.** *The funds for this grant are administered at the state level.*
 - Each year, about \$10 million in mandatory grant funding goes to states and territories to operate the AV program, which helps increase noncustodial parents' access to and time with their children. States are permitted to use grant funds to develop programs and provide services such as: mediation, development of parenting plans, education, counseling, visitation enforcement (including monitored and supervised visitation, and neutral drop-off and pick-up), and development of guidelines for visitation and alternative custody arrangements.

STATE AND LOCAL FUNDING

- ▶ **Child support enforcement agency**
- ▶ **Bar Association (individual giving campaigns, “adopt your local supervised visitation program” for a period of time (year, quarter, month)**
- ▶ **County funding (local court funding [e.g., drug court], court filing fee directive giving, child support division)**
- ▶ **Private foundations**
- ▶ **Community foundation giving**
- ▶ **Philanthropic organizations (e.g., Elks Club, Jr. League, Rotary Club)**



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