



New Perspectives on Supervised Visitation and Safe Exchange:

ORIENTATION



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NEW PERSPECTIVES ON SUPERVISED VISITATION AND SAFE EXCHANGE:

Orientation

New Perspectives on Supervised Visitation and Safe Exchange: *Orientation*

[This paper is a companion to *Building the Practice of Orientation in Supervised Visitation and Safe Exchange: A Trainer's Guide*]¹

Each day, the staff in a visitation center walks through its doors and moves to and around the reception desk, waiting rooms, visitation rooms, hallways, and offices.² It's a familiar space; everyone knows where the coffee and the refrigerator are located and just how to wiggle the tricky handle on the front door to get it open. Apart from a new employee who's learning her job, everyone knows which forms need to be filled out and where and how the case files are constructed and kept. The more experienced workers know where to take shortcuts and which sections of the intake form no one ever fills out. Work days are built around the routines of new referrals, visits, exchanges, documentation, and occasional staff meetings.

But what if you are a woman who has been living with a batterer and are now trying to end that relationship and build a new, safe life for yourself and your children? What if a court has ordered you to deliver your children to this doorway, regardless of how you have been threatened, coerced, belittled, punched, kicked, and thrown against the wall by your children's father? What if you have heard him say again and again, "If you leave I'll take the kids, I'll get the kids"? What is it like to walk through that visitation center door under these conditions? How will you be heard and understood? What will reassure you that the visitation center will help protect you and not make things worse for you and your children?

What if you are a twelve-year-old boy who loves his father, but you are also frightened by what you have seen and heard and by how your father has treated you and your mother? What if you like how safe and relaxed it feels not to live with him anymore? What if you also miss your father and just want everything to be the way it used to be? What if you are angry at your mother for making you move and change schools and leave your neighborhood? What is this visitation place and why do you even have to be here? What will reassure you that this place will help and not make things worse?

What if you are a man who cannot believe that you've been ordered to stay away from your children? The problems are between you and your wife, not you and the kids. All couples fight and she knows just how to push your buttons. Why are you even in this place where you can only see your children for an hour each week with someone watching over your shoulder? What's your daughter going to do if you can't coach her soccer games anymore? What will reassure you that this place will help you talk and be with your children?

What if you are a woman who grabbed a knife from the kitchen floor as your husband had his legs wrapped around your neck and chest, but found yourself arrested and an order for protection filed against you before you could get out of jail? You've been resisting his control and coercion in many ways for years. He quit his job, drained your savings, and you're afraid he's going to move back to his home country and take the kids with him. You've been working the swing shift and your family's been taking care of the children, but now a court has said they have to live with their father and you can only see them for two hours every Saturday. What will reassure you that this place can do anything to help you?

What if you are a nine-year-old girl who has not seen your father since you were born in spite of a longstanding supervised visitation order that he has ignored until now? Suddenly you have to visit him for an hour every week, but the last thing you want to do is spend time with this stranger. You can tell that your mother is upset. She still sees a doctor because of the injuries he caused during their brief, violent marriage. What will reassure you that this place will help and not make things worse?

Mothers, fathers, and children with similar experiences walk through the doors of visitation centers every day.³ Yet workers in a visitation center can be so familiar and comfortable with their surroundings and routines that they forget how it might feel to those who cross that threshold for the first time, usually after being ordered there by an entity with great power over their lives. People arrive with all of their uniqueness, complexity, and diversity. An order to supervised visitation happens in the context of all this and everything else that is going on in each family member's life.

A first encounter with any new service – whether making a claim for lost luggage, taking a subway, or renting a new apartment – involves a degree of anxiety and intimidation. Many of the people coming to a visitation center have been drawn into life-altering processes that are unfamiliar, confusing, complicated, and intense. They may know they are court-ordered to contact the supervised visitation center but unsure which court process resulted in the order. They may be unclear about the center's relationship to the court, their attorney, their former partner's attorney, and mediators or custody evaluators. They may have no idea if they are being ordered to the center for a short period of time or if this might be a permanent arrangement. Most likely they do not know the role of the center or whether they should see its staff as friend or foe.

A visitation center is one of the few community agencies to interact with each member of a family. It is likely to be the only agency that has ongoing weekly or other regular contact with everyone and as such it has much potential to protect children and adult victims and to help battering parents begin to repair the harm that they have caused. The first call or appointment and the kind of welcome that each person receives influence everything from that point forward.

The U.S. Department of Justice, Office on Violence Against Women (OVW), Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program) initiated a process of inquiry and reflection that has shifted the thinking and practice around supervised visitation in the context of domestic violence and related acts of sexual assault, child abuse, and stalking. This paper provides an overview of one such shift in practice: the change from agency-centered *intake* to person-centered *orientation* as a framework for welcoming mothers, fathers, and children to the experience of supervised visitation. It presents the broad sweep of questions and new perspectives that have emerged from the work and discussions involving the Office on Violence Against Women, the demonstration initiative sites, other grantees, and the grant program's technical assistance partners. It is a companion to *Building the Practice of Orientation: A Trainer's Guide*, a series of training modules designed to prepare center staff to introduce families to supervised visitation and safe exchange in ways that (1) build and sustain safety, (2) build and sustain respectful and fair relationships, and (3) recognize and meet the unique needs of each family.





EQUAL REGARD:

A new cornerstone for supervised visitation and safe exchange

Equal regard: a new cornerstone for supervised visitation and safe exchange

Prior to the Supervised Visitation Program, the work of supervised visitation centers was organized to focus on parent-child interactions and parental access rather than the danger posed by an abusive adult to his partner and their children. Center practices were oriented toward child protective services. Visitation and exchange were framed by looking for harm to children, rather than harm to child and adult victims. The context of domestic violence and how children are used as a tactic of battering were largely missing.

When a parent – most often a mother – is the target of battering and abuse, children may be used as instruments in that abuse.⁴ A batterer may use violence and tactics of control in front of children; control the mother through the children by undermining her relationship with them; threaten to abduct them, obtain custody, or otherwise keep the children from her; and physically attack or abuse them. A woman and her children who arrive at the visitation center because of a domestic violence-related referral will have experienced some or all of these aspects of battering.

A distinctive quality of the Supervised Visitation Program has been the requirement that grantees pay attention to the safety of this woman as well as to the safety of her children. The opportunity to think through and test out new practices across multiple, diverse sites contributed to a new philosophical framework that emphasizes:⁵

- Equal regard for the safety of adult victims and their children
- Valuing multiculturalism and diversity
- Understanding and incorporating domestic violence into center services
- Respectful and fair interaction
- Community collaboration
- Advocacy for adult and child victims

In this new perspective, the role of the visitation center is not limited to providing an hour or two of protected access between a parent and child. The visitation center is recognized as having a distinctive place in accounting for the safety and protection of adult and child victims during the two hours they may be physically in the center *and* across the two years or so when a battering relationship is ending, as well as influencing the twenty years after separation during which an adult victim with children must interact with her ex-partner because of their children. With support from a wider community collaborative, including court and domestic violence agency partners, the visitation center can set the stage for safe and positive relationships throughout this longer term.

Because of its ongoing connection with each family member, a visitation center is in a unique position to promote the safety of child *and* adult victims. The center can help a batterer get through the volatile period of separation and rearrange his relationship with his children by weakening his opportunity and inclination to abuse them and their mother. It can help an adult victim strengthen her resistance and resilience as well as the bond with her children and her ability to negotiate a new relationship with the batterer around their children. Likewise, the center can help children cope with their parents' separation and the harm caused by the violence and abuse by strengthening their resistance, resilience, and relationship with their non-abusive parent and reestablishing a safe relationship with the battering parent.

A center's connection with each family member begins with an introduction and welcome, hence the importance of understanding how that first contact might support or hinder those relationships. A positive relationship between center staff, each parent, and the children is one of the best ways to assure safety for adult and child victims of battering.





A FRAMEWORK FOR EXAMINING AND CHANGING CENTER PRACTICES

A framework for examining and changing center practices

Like other institutions, visitation centers use a number of methods to standardize practices and direct workers to act in authorized ways. A supervised visitation monitor, for example, does not define his or her job but operates within a framework shaped by how the center organizes and coordinates case processing. Cases are categorized by type and all cases within a particular type – e.g., all family court or all child protection or all domestic violence cases – are treated alike. While agencies recognize that there are differences in approach, personality, and skill level in individual staff members, a common goal is to achieve a high level of consistency in how cases are handled.

Visitation center practices are standardized by the creation of a step-by-step process that every staff member applies to every case. That process uses specific forms to record and document certain information. This collection of forms is assembled into an official case file that everyone from the visitation monitor to the office manager relies on. The case file and its contents – court orders, center rules, fee agreements, intake forms, releases of information, client photos, schedules, case histories, observations notes, and correspondence with referral sources – establish that this family is eligible to be at the center, knows the rules, has agreed to pay the fees, and is complying with the visitation order.

Uniformity in case processing offers several benefits for center operations. It creates an expectation of fairness to staff and families, ensures that workers follow service and treatment standards, helps the center manage limited resources, and promotes a measure of accountability between the agency and its clients and between the agency and its referral sources: “We treat like cases alike.” However, this uniformity is not necessarily well suited to the unique and complex needs of individual women, children, and men who come through the center’s doors. Standardized case management routines often leave a gap between the realities of people’s lives and the institutional response. This has been particularly true for victims of battering. Until recently, few institutional processes, including supervised visitation, were designed with the unique characteristics of this social problem in mind.

Understanding eight key concepts basic to organizing and coordinating work within institutions can help identify gaps in responsiveness and safety, as well as ways to close those gaps.⁶ Effective, safe, and accountable intervention is not a matter of accident, but of the deliberate ways in which those qualities and goals are built into the very structure of case management.

1. **Mission, Purpose, and Function:** mission of the *overall process*, such as family law or child protection; purpose of a *specific process*, such as granting custody or establishing service plans; and, function of a worker in a *specific context*, such as a family court judge or supervised visitation monitor.
2. **Concepts and Theories:** language, categories, theories, assumptions, philosophical frameworks.
3. **Rules and Regulations:** any directive that workers are required to follow, such as policies, laws, memorandum of understanding, and insurance regulations.
4. **Administrative Practices:** any case management procedure, protocols, forms, documentary practices, intake processes, screening tools.
5. **Resources:** worker case load, technology, staffing levels, availability of support services, and resources available to those whose cases are being processed.
6. **Education and Training:** professional, academic, in-service, informal and formal.
7. **Linkages:** links between, across, and beyond workers, plus links with clients and community interveners.
8. **Accountability:** each of the ways that processes and workers are organized to a) hold batterers accountable for their abuse; b) be accountable to victims; and c) be accountable to other interveners.

The shift from intake to orientation, from agency-centered practice to person-centered practice, requires changing how the work of a visitation center is designed. Orientation is a new conceptual framework, for example, as are the guiding principles of the Supervised Visitation Program. A shift in visitation center philosophy in turn influences how it defines the agency's mission, the purpose of visitation and exchange services, and the function of workers within the center. The shift from intake to orientation requires new administrative practices around how people are introduced and welcomed to the center, such as the timing, procedures, and forms used to gather and record information necessary for the center's operation and scheduling. New practices related to orientation involve changes in resources, training, and how workers are linked within the visitation center, as well as in relation to other community interveners and, most importantly, how they are linked with families using the center.

There are other ways in which institutions consider people's lives and experiences that influence supervised visitation and exchange. Changing center practices also requires taking these features into account. They reflect how institutions manage large numbers of cases and intricate, multi-layered processes, too often at the expense of the people who are caught up in those processes.

Institutions fragment the experiences of distinct cases into categories, for example, and they fragment experience into distinct cases, with procedural steps and sub-steps in response that treat all cases in a particular category alike, regardless of how dissimilar one situation may be from another. In this way, for example, a visiting mother who is a victim of battering is put in the same category as a visiting father who is a batterer.

A woman's single call to 911 when she is being beaten activates a complex institutional apparatus that can turn her life into a collection of cases: a criminal court case, a medical case, a divorce case, a child custody case, a supervised visitation case, a child welfare case, a shelter case, a housing case, a legal advocacy case, an immigration case, and more. Her experiences have significance for the various intervening systems only as they appear in official forms, case notes, and files. She may or may not fit the fictitious universal person – the battered woman, the compliant patient, the cooperative witness, the custodial parent – that each institution sets as a standard or norm against which people are measured.

These features are present in all aspects of institutional work and are central to the nature of institutions. Shifting perspective and practice cannot necessarily eliminate these features, but must account for them in order to intervene in ways that acknowledge the complexity of peoples' lives and the corresponding complexity of safety as completely as possible. The very concept of person-centered practices, for example, challenges the tendency of institutions to put institutional needs, time frames, and purposes over individual needs.



A CRITIQUE OF THE PREVAILING PRACTICE OF INTAKE

Insights from the Supervised Visitation Program Demonstration Initiative

A critique of the prevailing practice of intake: insights from the Supervised Visitation Program Demonstration Initiative

The four demonstration sites⁷ participating in the Supervised Visitation Program Demonstration Initiative had an opportunity to think about, create, and test new practices, including those involved in how people arrive at and experience supervised visitation and exchange. In exploring questions related to role, safety, culture, and access, they recognized that the prevailing practice of intake tended to meet the operational needs of the center quite ably while paying less attention to the needs of those using the center and to adult victims of battering in particular. This disparity in attention between a center's purposes and people's needs was not out of any lack of concern and care for families but was based in the ways in which visitation center practices were organized.

Before parents can have any face-to-face or voice-to-voice contact with a visitation center, they have to find the name, phone number, address, and a way of getting there or making the call. Here is how parents in one of the demonstration site communities described different aspects of this initial contact:

I called the court and they told me... I asked if there was something closer... my ex-wife did the research... the judge referred me... it's close to my child... my attorney gave me the information... the GAL... I take two buses and that is difficult to get here to the center with my child... I can only communicate in Spanish, I do not know English, nothing... it is not easy for me to get here... I live in the shelter... this place is near where I live... I called and made the appointment... my friend is a doctor, she mentioned this place... it took forever to get him to do the intake... I was not dismissed; they were interested in my individual situation.

Parents reported that they often arrived at the visitation center with little information from the court about what they were getting into and would be expected to do. "The court didn't give us handouts or anything with information about the center," said one custodial mother. "I didn't know *what* to expect when I first went to the center," said one visiting father. A monitor noted that "a lot of the clients never send the [intake] packet back; I wonder what happens to them?"

Victims of battering were often poorly connected with skilled advocacy and lacked reliable information about post-separation safety and legal processes. Paradoxically, in many communities with a longstanding interagency response to domestic violence, many practitioners can carry the title of “advocate,” leaving battered women confused about what someone with that title actually can do for them. Few advocates, whether in community or government agencies, were well prepared to talk with battered women about supervised visitation and safe exchange.

Intake set the visits or exchanges in motion. The center gathered information about the family, explained the rules and procedures of the center, determined the visitation or exchange schedule, and obtained various permissions to release information. Most centers mailed parents the intake forms ahead of time and asked them to complete them before coming for their first appointment. Others completed the form with each parent when they came to their appointment, recognizing that many parents may have experienced institutional processes and forms as demeaning and burdensome.

When centers across the demonstration sites took a critical look at the intake process, they discovered that the intake form largely directed the process. The ways in which the intake form shaped and dominated the interactions between the center and those coming through its doors created barriers to dialogue, relationship, and safety. At the beginning of their work together, the centers found that they were using substantially the same intake form and process, in spite of being located in three different states and seven different cities, illustrating the pull of the prevailing model of supervised visitation.⁸

Beginning with their first contact with a family, centers collected and recorded a large volume of information without a clear sense of its purpose or importance to safety and risk in the context of battering. As one director noted, files were “either so overstuffed with information it was hard to tell what was important and what wasn’t important, or contained little or no case history information.”

The centers saw that intake forms attempted to obtain information about safety and risk, but via a largely indirect, abstract process. In most centers, custodial parents and visiting parents received versions of the same form, with slight variations in wording and order of the questions. The typical questions and construction included:

- **Date of last contact between visiting party and children**
- **Please describe this contact** (in two lines)
- **Please give us any additional information about you and your child(ren) that [Visitation Center] staff should be aware of. Please include the reason the agency services are needed** (in five to nine lines)
- **Are there any restraining orders in place?**_____
- **If yes, please supply us with a copy.**
- **Have the police ever been called to enforce the order?**_____
- **If yes, when was the order most recently violated?**_____
- **Please give us a brief history of any violence** (in one to three lines)
- **Are there abduction concerns?**_____ (in two to five lines)

The degree to which a battered parent is able and willing to complete such forms influences how much of the picture she or he provides. Parents are often asked to fill out an intake form prior to establishing any relationship with the center. If a battered mother does not trust that the information is going to remain confidential, or does not have a clear understanding of what the visitation center needs to know about her experience, she is unlikely to volunteer it. Literacy and language ability influence how fully a form is completed. Having only one to five lines available can limit the response, as if to say 'tell us this much and nothing more.'

The centers found that intake forms overall had sketchy information about the kind of battering tactics that might have been used or were currently in use, and the intake interview was not organized to follow up with questions about a battered parent's experience. For example, one mother wrote, "He was violent with me during pregnancy." How violent? Was she hospitalized? How frequently? How severe was the violence?

Staff assigned the task of completing the intake process often had less than an hour to do so. They spent most of that time reviewing the rules and procedures, obtaining signatures on forms, arranging payments, and developing a visitation or exchange schedule. Yet time and flexibility are essential in order to build trust and relationships, understand what has happened in someone's life, and explain supervised visitation or exchange and the center's procedures in a way that makes any sense to parents, particularly when the concept is entirely

beyond their experience. As designed, the intake process did not answer questions such as: What are you concerned about? What are you afraid of? What do you need? How might he or she use the center to get at you, to threaten or scare you? The intake form and interview were not structured as a dialogue, but as a process to meet the administrative needs of a center to complete the list of required forms, obtain the necessary signatures, arrange the schedule, and confirm payments. Not that logistical and managerial details are unimportant, but they too easily dominated interactions with parents. Building relationships or trust with parents was not a function of the intake.

Dialogue with battering parents was restricted in some instances by staff discomfort in working, talking, and “being alone” with a batterer. Most visitation center staff had received little if any training or mentored practice that would prepare them to interview a batterer. That lack of training and experience sometimes contributed to a misperception that batterers will attack staff at any moment and the only way to control this situation is to ensure that all the rules are followed under all circumstances. Under these conditions, respectful conversation can get lost. In situations where a batterer asked a question, it was sometimes seen as challenging the monitor, versus the possibility that it might have been a clarifying question.

The demonstration sites also recognized that there was little in the generic intake form to guide the center towards an understanding of parents’ and children’s unique cultural identities and needs. Many questions went unanswered. Who are you close to, who is considered family? Where do you get support? What holidays, customs, and foods are important to you? As an immigrant or refugee, under what circumstances did you and your children come to this city? What is it like to talk about the divorce in your community? To talk about the abuse you have experienced? To talk about why you must visit your children at this center?

In spite of the staff’s best intentions, interviews tended to be driven by filling out the form. If the form did not direct them to discover or initiate the conversation, they were unlikely to explore further, particularly when bound by the time constraints of the next intake or next visit. The design of the most common and familiar intake form, widely used by centers across the country, forced staff to *consciously step outside the form* if they chose to connect with parents and children in ways that accounted for their cultural identities and promoted a conversation, rather than merely ‘filling in the form.’

Children were particularly invisible in the standard intake process. Discussions with children about the purpose and procedures of supervised visitation and exchange tended to be scattered and were not always a matter of routine. Some monitors first met the children at the time of the initial visit with the visiting parent. One monitor even noted that she had never met with a child prior to a visit and never had a child want to talk to her before a visit.

Out of their individual and collective discussions, the demonstration sites recognized that dialogue, relationship, and safety were all poorly addressed in the standard practice of intake. Their work set the stage for a significant shift in concept and practice, the shift from *intake* to *orientation* as framing the process for welcoming and introducing families to supervised visitation and safe exchange.





THE SHIFT FROM 'INTAKE' TO 'ORIENTATION'



The shift from 'intake' to 'orientation'

Orientation is distinguished from intake in part by where it positions the person who is coming through the door. It represents a deliberate, thoughtful effort to fit the center to the person, rather than fit the person to the center. It represents an intention to keep the unique needs of each mother, child, and father involved as the primary focus, rather than the business needs of the center.

Orientation does not ignore or abandon the importance of certain identifying, logistical, and referral information to the center's day-to-day operations. Clearly a center must know about names, ages, addresses, medical allergies, court orders, parents' work schedules, etc., but under the practice of orientation, obtaining this information is no longer the centerpiece of welcoming and introducing family members to the center. Conversation and building a relationship come first; meeting the administrative needs of the center comes second. Orientation accomplishes both, but clearly and deliberately puts the person first and emphasizes conversation, dialogue, and relationship over filling in the blanks on an intake form.



THREE CORE PURPOSES OF ORIENTATION

Three core purposes of orientation

Above all, orientation sets the tone for a center's ongoing relationship with each person using its services. Orientation is the opportunity to convey the philosophy carried in the guiding principles across all interactions with each family member.

Build a foundation for safety

In their ongoing contact with mothers, fathers, and children, visitation centers are in a unique position among community interveners to both promote safety and begin to undo the harm caused by battering. The events and conversations involved in orientation set the foundation.

For a parent in need of protection, orientation provides an opportunity to express her fears for herself and her children and to work with the center to develop a safety plan around visitation, as well as to provide meaningful links to advocacy and other safety services. Orientation helps children understand why they are coming to the center. It helps children establish a safe, comfortable routine. As child and adult victims begin to trust the center's role and routines in supporting their safety, they can begin to strengthen and restore relationships damaged by the violence and abuse.

Orientation also provides a setting in which to acknowledge batterers' feelings about using the center while at the same time setting clear guidelines for accountability and the reasoning behind those guidelines, namely, the center's commitment to protecting children and adult victims from the harmful effects of abusive behavior. Building from its emphasis on respect and dialogue, orientation emphasizes each parent's capacity to nurture and protect children. It is the first step in fulfilling the center's potential to reduce the risk of physical, sexual, and emotional abuse in families with a history of battering; ensure children's physical, sexual, and emotional safety; and help parents undo the harm caused by the violence and abuse.

Orientation built on a relationship of engagement and the exchange of information makes it possible to determine who needs protection from whom and what kind of protection will best support safety for adult and child victims. Rather than a standard response based on categories of "custodial parent" and "visiting parent," orientation emphasizes dialogue built around open-ended questions that explore fear, patterns of abuse, changes in behavior since the separation, changes related

to recent court hearings or other actions, and how the center might inadvertently increase the risk to or be used against individual adult and child victims. For example, consider how the following contrast in questions might affect the quality of information obtained about who needs protection from whom and in what way.

What will you learn from a mother if you ask:

- What is your understanding of the reason you were referred to this visitation center?
- Do you know why your kids are afraid?
- Can you tell me the last time the kids saw their dad?
- Do you have any questions or is there anything else you want to tell me?

What will you learn from a mother if you ask:

- Can you tell me why your older child will have a harder time?
- How are you doing?
- What do you need from us here at visitation center?
- What does it mean to you and your safety when you know he is angry?
- What do you think your children need from the center?

Consider, too, how talking with this mother about what the center can and cannot do contributes to the understanding of safety. It is not enough to ask what she needs, but the center must be prepared to respond with flexibility, creativity, and problem-solving. What options will she have? Can someone else bring her children to the center if she is afraid? If her children would benefit from talking with someone about the violence that has occurred, where and how can that happen? A center will be able to meet some of these needs, but the approach characterized by orientation assumes referrals to advocacy and other services outside the center will be made as a matter of course.

Build a respectful and fair relationship with each family member

A respectful and fair relationship is not an accidental byproduct of the time that a worker and a parent spend together completing or reviewing a form. It is built consciously and deliberately, starting with how a parent is approached at the courthouse, the way the telephone is answered,

the receptionist's greeting, the look and feel of the waiting room, how introductions are made, the way the conversation begins, and how children are acknowledged and included. It requires building time into center routines to begin and maintain those relationships. Engagement requires both acknowledgement and understanding of the cultural, historical, and social diversity of families using the center. It sets a positive, humanizing tone. It is perhaps the best assurance for cooperation, mutual respect, and positive regard between center staff and families, and thereby strengthens the safety net that a center can provide.

Orientation sets an expectation for dialogue and conversation, for a two-way, mutual process of exchanging information. It is not enough for the center to simply gather up what it needs to be able to verify court orders, schedule visits, and collect fees. For example, children need to know why they are coming to the center, who works there, and what each worker's role will be. They need details and a demonstration of the process and routines they will follow, what they can do while at the center, and how and when they can talk with monitors and other staff. The center needs to know what children are curious about and afraid of in relation to visitation and exchange, their safety concerns, favorite activities, and relationship with each parent. The exchange of information requires that everyone at risk knows how they will be kept safe and that parents, children, and the center understand their respective rights and expectations.

Recognize and meet families' unique needs

The intertwining of engagement, relationship building, and the exchange of information make it possible for a center to discover a victim's safety concerns and to learn about family members' life circumstances and cultural identities. What does each person expect and need from the center and its services? Will there be familiar faces, words, and greetings? What languages does this person speak? Can this mother or father read and understand written English? Does someone have a disability that needs to be accommodated for services to succeed? What kind of transportation does this family need and how will it affect the timing of visits? What spiritual or religious practices are important to this person? How might other family members be involved in visitation services? What does the center need to know about each family and each person in order to acknowledge their whole being and build a relationship of trust and respect?



BUILDING KNOWLEDGE AND SKILLS TO SUPPORT ORIENTATION

Building knowledge and skills to support orientation

Just as there is no universal visitation family that walks through a center's doors, there is no single list of questions or perfect form that fits every family. Orientation emphasizes knowledge and skills that prepare workers to have a conversation with those using the center and to recognize when and where to follow their lead in order to establish a relationship of trust and respect, exchange information, and keep everyone safe. It is not an accidental process, but one built with deliberate thought, attention, and training. *Building the Practice of Orientation: A Trainer's Guide*, presents a variety of tools for developing the necessary base of knowledge and skills that prepare a visitation center and its workers to:

- Pay equal regard to the safety of child *and* adult victims
- Recognize and account for batterers' use of post-separation tactics of power and control
- Acknowledge and value families' unique identities and needs
- Carry respectful and fair interactions throughout all aspects of a center's relationships with family members
- Participate in community collaborations to address domestic violence
- Link child and adult victims with advocacy

Building the practice of orientation occurs in many dimensions and across all aspects of a center's organization and work: policies, procedures, forms, documentation, hiring, supervision, training, evaluation, and more. Orientation requires specific skills in listening, hearing, and talking with people. Orientation requires conscious awareness of and attention to people's life circumstances and cultural identities. It requires recognition of how a center or worker's way of thinking and understanding the world may be very different from the person they are working with and may unknowingly impose a way of thinking and acting that is not helpful. It requires a deliberate practice of paying attention to people and what they are saying or not saying as they are drawn into a space, environment, and procedures that are entirely comfortable for center staff, but

entirely strange and often threatening to everyone else coming through the center's doors. It requires applying all of these skills within the context of the role of supervised visitation and exchange as a community partner in protecting children and adult victims and undoing the harm caused by battering. Orientation sets an expectation of accountability to the women, children, and men who use the center, as well as accountability to the larger community response.

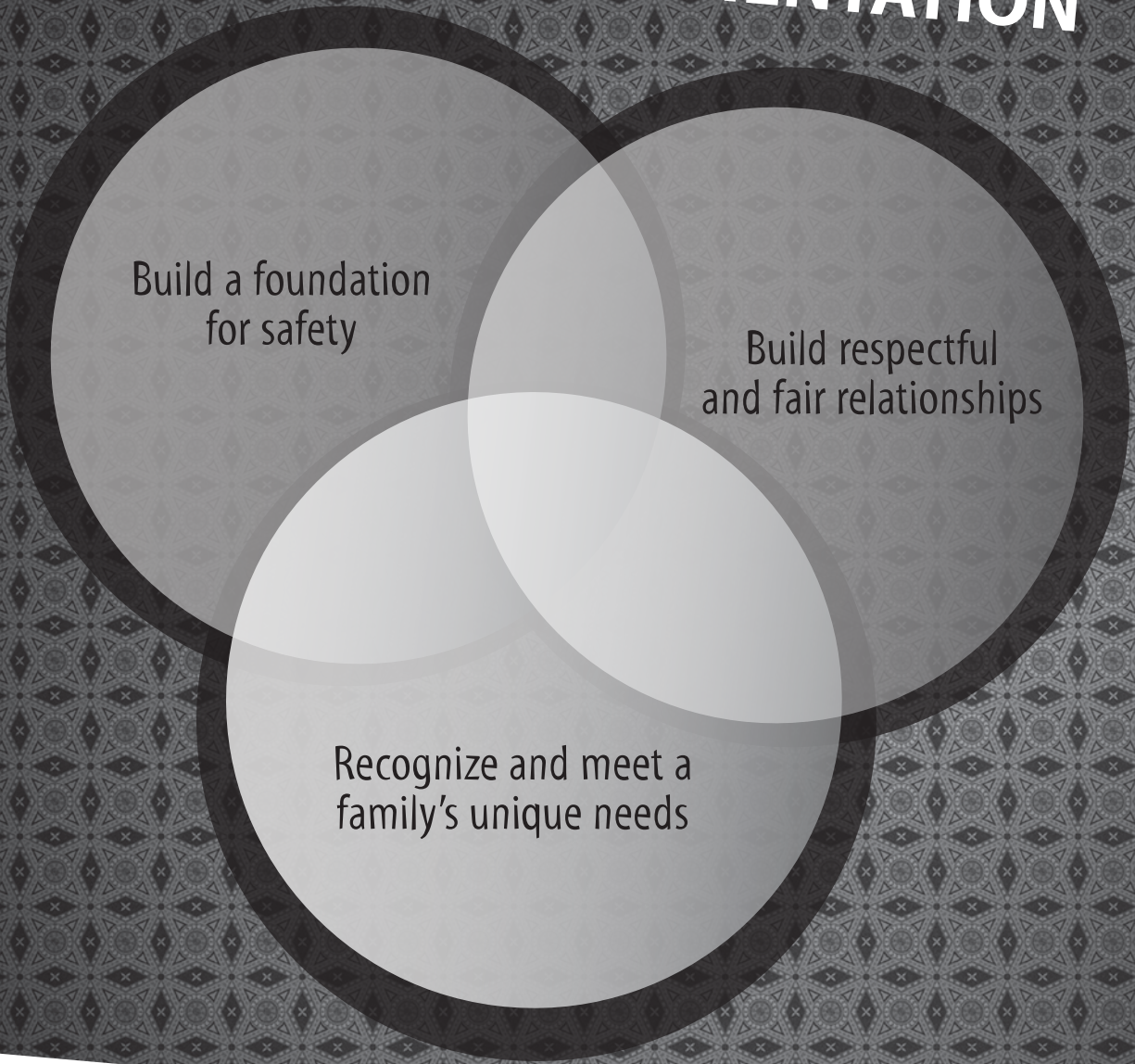
Living with a batterer and trying to leave is like being caught in a giant maze. You feel like you're crazy by the time you get to the visitation center.

These words come from a participant at a training institute for Supervised Visitation Program grantees. The speaker had the unique experience of being both a survivor of battering and the director of a new visitation center. She spoke with recognition of the center's significance for each family member and potential to help make their lives better – to protect, repair, and heal – or to make things worse, however unintentionally. The practice of orientation begins by questioning how an institution with the authority and role of a visitation center should come into her life, as well as the lives of her children and their father. What will make her feel less crazy? What will make her children feel protected and secure? What will ensure that their father is heard and respected, without using either the children or the center to further intimidate or control her? What will help them begin to untangle and undo the harm?

Orientation sets the tone for everything that follows after this family arrives at the visitation center. Engagement, information, and protection do not stop with a single conversation, but extend across the work of the center during the entire span of time that their lives and the center are intertwined.



THE PURPOSE OF ORIENTATION



The Interconnected Purposes of Orientation

Sets the stage for supervised visitation and safe exchange that engages, protects, and helps

Sets the stage for supervised visitation and safe exchange that contributes to undoing the harm caused by battering and supports the wellbeing of each family member





Endnotes

1. Forthcoming resource developed by Praxis International. The training guide will be made available to Supervised Visitation grantees upon approval by the Office on Violence Against Women.
2. “Visitation center” and “supervised visitation and exchange” are used throughout this paper as shorthand for supervised visitation and safe exchange programs.
3. The brief stories told above are cases that came to centers involved in the U.S. Department of Justice, Office on Violence Against Women (OVW), Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program) - Demonstration Initiative, established by the Violence Against Women Act of 2000. The Supervised Visitation Program provides opportunities to support supervised visitation and safe exchange that addresses battering and other forms of domestic violence. In the first years of the program, OVW developed and implemented a four-year demonstration initiative to examine promising practices. It selected four demonstration sites to carry out this work: the Bay Area, California; the City of Chicago, Illinois; the City of Kent, Washington; and the State of Michigan. For a description of each site and additional information, see www.praxisinternational.org, click Visitation TA.
4. Lundy Bancroft and Jay G. Silverman, *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*, Sage Publications, 2002.
5. U.S. Department of Justice, Office on Violence Against Women, *Safe Havens: Supervised Visitation and Safe Exchange Grant Program, Guiding Principles*, October 2007.
6. Adapted from *The Praxis Safety and Accountability Audit Tool Kit*, Ellen Pence and Jane M. Sadusky, Praxis International, Inc., 2005.
7. The sites and participating centers include: The Bay Area, California (Walnut Avenue Women’s Center, Safe Connections for Kids of Santa Cruz County, Family Service Agency of San Mateo County, Family Visitation Center, and Community Solutions, Family Access Program of Santa Clara County); the City of Chicago, Illinois (Apna Ghar, The Branch Family Institute, and Mujeres Latinas en Acción; the City of Kent, Washington (Safe Havens Visitation Center); and, the State of Michigan (Child and Parent Center and the Council for Prevention of Child Abuse, Jackson; Child and Family Services of Northwest Michigan, Traverse City; Every Woman’s Place Safe Haven Center, Muskegon; and HAVEN, Pontiac).
8. The prevailing model for supervised visitation and safe exchange has come from the Supervised Visitation Network, the largest organization representing centers in North America, through their publication, “The Supervised Visitation Network Standards for Supervised Visitation Practice” July 2006.

