



August 2018

Supervised Visitation and Exchange: Keeping Survivors of Domestic Violence and Their Children Safe

A Step-by-Step Guide

Anneliese Brown and Jannette Brickman

About this project

This project is supported by grant #2010-TA-AX-K001, awarded by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position of or policies of the Office of Justice Programs, U.S. Department of Justice.

Contents

4	Introduction
9	Step 1. Build a solid collaboration
19	Step 2. Understand the issues
31	Step 3. Assess the community's needs
43	Step 4. Develop policies and procedures
91	Step 5. Select a site
99	Step 6. Ensure safety and security
106	Step 7. Create programmatic resources
115	Step 8. Hire and train staff
120	Step 9. Open the visitation center doors
125	Conclusion
127	Endnotes

Introduction

Introduction

Ending an intimate relationship, particularly when children are involved, is difficult. The parents have to negotiate visitation schedules and parenting decisions amid a minefield of painful emotions that revolve around the relationship's dissolution. When the relationship has been affected by domestic violence, risks to the safety of the adult victim and the children compound the difficulties. Because domestic violence is characterized by a pattern of coercive and assaultive tactics the battering parent uses to gain and maintain power and control over the victim, most battering parents will do whatever is in their power to keep their control.

A domestic violence victim's decision to end a battering relationship challenges the dynamic of control, in response to which some battering parents escalate their violence. In fact, separation is the most dangerous time for victims: the person who batters is most likely to severely injure or kill the victim during this period.¹ Their children often become an avenue through which the person who batters continues the abuse. Many mothers who have experienced domestic violence report that men who batter threaten to abduct or harm their children.² Some men who batter seek full custody to coerce the victim into returning to the relationship.

Despite the risks involved in granting a violent parent contact with his children, some courts and legislatures are reluctant to deny parents, even those with a history of violence, access to their children. To address this, domestic violence victim advocates began in the late 1990s and early 2000s to join with child advocates, the courts, and others to determine how to make access as safe as possible. These early efforts to

A note about language

The guide uses gendered language when referring to victims and perpetrators of violence. This is intended to reflect research findings, which show that, in the vast majority of heterosexual relationships, it is men who engage in ongoing abusive control of their partners. Men commit coercive controlling violence three to 10 times more often than women, depending on the study, and men's violence more often results in injuries to women.^a The use of gendered language is not

intended to be dismissive of the reality that domestic violence also occurs in same-sex relationships, nor that some men in heterosexual relationships experience violence.

^a Joan B. Kelly and Michael P. Johnson, "Differentiation among Types of Intimate Partner Violence: Research Update and Implications for Interventions," *Family Court Review* 46, no. 3, 2008, 476–99.

ensure the safety of domestic violence victims and their children followed the model of supervised visitation commonly used in child abuse and neglect cases. In this model, a third party supervises a noncustodial parent's time with the child to ensure the safety of the child and assess parenting skills to determine whether reunification is possible. Despite this model's efficacy in the child abuse and neglect field, those working in the field of domestic violence soon recognized that providing safety in these cases requires a fundamentally different approach because both the child and adult victim are at risk. Thus, programs seeking to supervise visitation in domestic violence cases must address a broader range of potential dangers, including the possibility that the very services they provide could become vehicles through which battering parents can continue their abuse.

In response to the need to develop a new approach to visitation and exchange services for children of divorced or separated parents moving from one parent to another, Congress in 2000 authorized the U.S. Department of Justice's Office on Violence Against Women (OVW) to establish

the Safe Havens: Supervised Visitation and Safe Exchange Grant Program. Through this grant program, communities across the country created supervised visitation and exchange centers that prioritize the safety of victims of domestic violence and their children, mitigating the risks they face during visitation and exchange of children between the custodial and the noncustodial parent. Once the centers began addressing domestic violence intentionally, they started to recognize the ways in which men who batter were attempting to continue their abuse while at the center and draw center staff into unwittingly supporting their efforts. Some men who batter tried to use supervised visits as opportunities to stalk or have contact with the victim. Others attempted to pass messages through their children, gather information about the victim parent that could be used to harm her, and destroy the victim's relationship with her children by blaming her for his violence and the separation. In response to these realizations, communities receiving OVW funding modified their approaches to providing safe visitation and exchange services. They then shared their insights with other communities through trainings, formal and informal discussions and, in some cases, publications. Because little research exists on supervised visitation in the context of domestic violence, the majority of these publications draw on anecdotal evidence from a wide array of visitation centers receiving funding through OVW.

This guide shares many of the lessons learned in the field. Its goal is to support communities that are seeking to create visitation and exchange services for families who have experienced domestic violence, as well as collaborations that work with existing centers that primarily provide services in child abuse and neglect cases and are interested in adopting a new approach to serve domestic violence victims. The authors draw on the experience of the Vera Institute of Justice's (Vera's)

Center on Victimization and Safety (CVS), which has provided training and technical assistance to more than 70 communities funded by OVV to provide visitation and exchange services. The lessons and recommendations shared throughout this guide are drawn from Vera's experience working with these communities, as well as the guidance of other national technical assistance providers.

What follows is a step-by-step approach to developing visitation and exchange services that are responsive to the safety and other needs of adult and child victims of domestic violence. It starts by describing the process of building an effective community collaboration and then focuses on the core issues that should inform a center's design and functioning. Next, the guide describes the purpose and process of engaging in a needs assessment. It then outlines how to develop policies and procedures and how to select a site. A community collaboration can follow these steps to create a visitation and exchange program that can become an effective part of the community's response to reducing the risk domestic violence victims and children face after separation.

Step 1.

Build a solid collaboration

Step 1. Build a solid collaboration

The majority of families using supervised visitation center services are involved or could benefit from engaging with other service or justice system agencies. For example, most of these families are in the midst of ongoing litigation and are actively involved with the courts. Similarly, many victim parents are working with domestic violence advocates; if they are not, they may need a referral to a local program that is knowledgeable about post-separation safety and other needs, such as long-term housing and employment. Parents and children are also frequently engaged with other organizations and systems, such as intervention providers for men who batter, mental health professionals, attorneys, and law enforcement. Because of these families' complex needs, communities that are creating visitation and exchange services should organize two joint efforts: a collaboration consisting of, at a minimum, a domestic violence advocacy program, judges who will refer families to the center, and a new or existing visitation provider; and a larger coordinating committee, of which these core partners will also be a part. Any of the key partners, such as a domestic violence agency, an existing visitation provider, or a judge, can initiate these efforts.

The formal collaboration

True collaboration requires much more than getting together, sharing information, and cooperating around a particular issue. Developing a collaboration that can effectively close the gaps between supervised

visitation centers, domestic violence programs, and the courts requires regular meetings, a shared vision and goals, an understanding of each entity's roles and responsibilities, and the willingness to agree on contentious issues to ensure maximum safety for the victim parent and her children. Because collaboration can be time- and resource-intensive, the composition of the collaboration should be limited to entities that are essential to a successful supervised visitation program. Specifically, the courts, the entity that will provide visitation and exchange services, and a local domestic violence program should comprise the core collaboration.

Judges will likely be the primary referral source for most visitation centers. They can inform their collaboration partners about court processes and how they make custody and visitation determinations. Domestic violence advocates, who have extensive knowledge about battering—including how the dynamics of power and control shift after separation—can provide much-needed advocacy and legal services to victim parents and children. Existing visitation and exchange programs can share operational knowledge. Together, these partners can create a system of services related to visitation and exchange that balances the safety needs of victims and children with providing battering parents with access to their children.

The core collaboration assumes the responsibilities of collectively determining the role of the visitation center, creating mission and vision statements, and developing policies and procedures and resources for the visitation center, among other things. Additionally, because it is likely that each partner will need to change some of the ways it currently provides services in order to meet the post-separation safety needs of domestic violence victims and their children, each must enter into the collaboration with a willingness to do so. For example, the court may create a new mechanism for referring cases to the visitation center.

The domestic violence program may make advocates available at the center to meet with victims. If there's a center involved that provides services in cases of child abuse, they will develop a new approach to service provision that is responsive to families experiencing domestic violence.

To be most effective, core partners should share existing expertise, deepen their knowledge of how each partner works, and establish agreements for working together.

The collaboration-building process

To create a solid foundation for collaboration, devote sufficient time and resources to the following:

- › **Get to know one another.** Each organization or system has its own set of values, operating principles, philosophical approaches to the work, and knowledge, which likely differ from the other organizations with which they are collaborating. To be able to work together, the organizations must come to understand the distinctive aspects of their partner organizations and create shared values, language, and knowledge. Spend time discussing these with one another to understand how the organizations function, the experience of families within those organizations/systems, and the assumptions that guide the work of each partner around the table. In addition to learning about the organizations, it is also important to get to know the individuals around the collaboration table, including what motivates them to do this work, how they personally hope to benefit from it, and their preferred work styles. For example, many judges have busy schedules that afford little time away from the bench. Collaborations have found creative ways to ease their involvement, such as holding meetings in

the courthouse to eliminate travel time and scheduling meetings during lunch, when judges traditionally take breaks.

- › **Create shared values, and vision and mission statements.** After discussing the values of each organization, the collaboration should develop a set of collective values to guide their work with one another and the families they serve, including adult victims, children, and parents who use violence. Examples of values identified by collaborations include transparent communication, victim autonomy, equal regard for the safety of adult and child victims, the recognition and honoring of families' cultural and social experiences and identities, and respectful engagement with men who batter.

Once the collaboration identifies its values, it should develop a shared vision for the new visitation program. A vision is a picture of the future the collaboration seeks to create, where the collaboration wants to go, and what it will look like once the partners get there. The vision can describe the long-term goal of an organization and/or of the community of which the organization is a part. Consider the following questions to begin the discussion: What will the community response to domestic violence look like five to 10 years after the center opens? What will be the post-separation experiences of victims of domestic violence and their children in five to 10 years?

Finally, the collaboration should develop a mission statement for the center. The mission articulates how the center will accomplish the vision. If the vision is the collaboration's destination, the mission represents how the collaboration will get there. A mission statement broadly states what activities

the center will engage in to achieve the vision. Collaborations have included such activities as creating visitation and exchange services that enhance the safety of adult and child victims of domestic violence and working with community stakeholders to identify and fill gaps in families' safety and other needs following separation.

- › **Create a working agreement.** Beyond articulating an identity and direction through mission and vision statements, it is critical to establish agreements about how the group will work together. Collaborations often outline decisions in a memorandum of understanding among the core partners. Basic agreements spell out how often and where the collaboration will meet and how it will proceed if a member is not able to attend a meeting. Given the complexity of planning a visitation center or program, collaborations should meet twice monthly for a minimum of two hours during the planning and piloting phase.

Engaging judges

Many judges have busy schedules that afford little time away from the bench. Collaborations have found creative ways to ease their involvement, such

as holding meetings in the courthouse to eliminate travel time and scheduling the meeting during lunch, when judges traditionally take breaks.

To foster shared ownership among collaboration members, the core partners must determine who is responsible for making which decisions and the process for doing so. All members must be involved in decisions that affect the fundamental direction of the collaboration, such as the collaboration's mission and vision, values, and working agreements. While there are many decision-making processes and models to choose from, Vera's work in the field has shown that a consensus model is highly effective in the collaboration context.

Consensus decision-making means that nobody opposes a decision but does not require all members to be in total agreement. Using a consensus model gives each partner an equal voice in decisions regarding the collaboration's work. This may be a new way of operating for judges, who typically have the authority to make decisions in their courtroom without having to consult with community partners. However, because each partner relies on the services provided by the other partners around the table, decisions related to the direction of the collaboration must be made in consensus with one another and through the lens of safety. While each partner retains ultimate decision-making authority over its own operations, including the center once it is open, it is in the best interest of each collaborating organization to strive for agreement among all collaboration members, as this will strengthen the participants' relationships with and support for one another.

For many individuals and organizations, their first inclination is to avoid conflict. Despite that tendency, collaborations should expect and embrace conflict. Exploring different ideas about a subject is an essential part of creating a new understanding and approach, which is the core partners' goal. Given that conflict is likely to arise, collaborations should develop a policy and protocols for resolving conflict early in their work. Such a policy often includes a commitment to resolving conflict

and embracing transparency, while the protocols outline a step-by-step process for addressing conflict, including who to contact for assistance when the collaboration is unable to resolve a conflict.

The collaboration partners should establish an agreement that they will not share personally identifying information about victims with one another unless the victim gives explicit, written permission to do so. When discussing cases, the partners should shield the identity of the people involved.

Coordinating committee

While the courts, domestic violence program, and supervised visitation center comprise the core collaboration, it is vital that the collaboration makes room for other groups that have a stake in the safety of families in which domestic violence has occurred to learn about the center, give guidance on specific issues and systems, and support the goal of safe visitation and exchange. The coordinating committee, the second tier of the collaboration, is a less formal and intensive relationship than the core partnership and can nevertheless serve as a valuable resource to the collaboration and the center once it opens.³

- › **Role.** The coordinating committee acts as a sounding board, giving input to the core partners. For example, if the core partners are deciding on security mechanisms, they should work with the committee member(s) from law enforcement to address this. Once the visitation center is open, the committee will serve as a referral source to and from the visitation center. It will also function to identify and address gaps in services and systemic responses to domestic violence, which the visitation center will be uniquely positioned to identify

given their work with all members of the family. Additionally, this group helps to build a network of people who are aware of the issues facing victims and children during visitation and exchange and the center's role in reducing those risks. Greater public awareness helps to build community support for the center and to establish potential sources of funding.

- › **Members.** With these goals and benefits in mind, coordinating committees are generally comprised of representatives of a network of resources for families using the visitation center, such as law enforcement, mental health and other medical providers, civil legal attorneys, child abuse entities, faith institutions, neighborhood and cultural associations, community leaders, intervention programs for men who batter, and government representatives, among others, in addition to the core partners.
- › **Time commitment.** The coordinating committee generally meets once a month for at least two hours during the planning process and may switch to quarterly meetings once the center has been operating for some time.

Figure 1

Levels of collaboration

Joint effort	Core group	Coordinating committee
Type of relationship	Collaboration	Coordination
Members	Domestic violence program, visitation and exchange program, court	Other entities that are involved in the lives of families experiencing domestic violence, in addition to the core partners
Role	Responsible for creating the visitation program	Provide input, sounding board for collaboration, share ideas
Decision-making authority	Shared authority, decisions made via consensus	Provide input into work of collaboration, but decision-making authority rests with collaboration
Changes	Commit to making changes to current processes, determined in consensus with other partners	Not required to make organizational changes, but many choose to in response to identified gaps in services
Level of intensity	Intense	Less intense
Formality	Formal	Less formal
Minimum time commitment	Biweekly, two-hour meetings	Monthly, two-hour meetings

Step 2.

Understand the issues

Step 2. Understand the issues

Providing visitation and exchange services that are responsive to the safety needs of domestic violence victims requires specialized knowledge of the intersection of visitation and exchange, custody law, and the complex dynamics surrounding domestic violence. Few people have had the opportunity to develop extensive knowledge about this intersection. However, in order to design and deliver safe visitation and exchange services, it is critical that those collaborating to deliver these services understand post-separation violence, how men who batter use visitation and exchange services and court processes to continue their abuse, and best practices for reducing their ability and inclination to continue battering within the context of supervised visitation and exchange. Fortunately, for more than 14 years, OVW-funded communities and technical assistance providers have grappled with these challenges, extracting best practices and developing a philosophical framework from their work that new collaborations can build on.

The Guiding Principles of the Safe Havens Program

When Congress authorized the Safe Havens: Supervised Visitation and Safe Exchange Grant Program, OVW recognized it was entering largely uncharted territory because very few visitation centers were specifically addressing the risks to victims and children posed by domestic violence. To guide the program, OVW established a national advisory committee

comprising domestic violence advocates, judges, family law attorneys, child advocates, and responsible fatherhood representatives, among others. The advisory committee was charged with developing a set of guiding principles for communities seeking to create visitation centers that would reduce risk to domestic violence victims and steer a coordinated community response that is more responsive to victims navigating visitation and exchange. This advisory group developed six guiding principles, along with associated standards and practices. *The Guiding Principles of the Safe Havens: Supervised Visitation and Safe Exchange Grant Program* (“*Guiding Principles*”), the seminal document on providing visitation and exchange services in cases of domestic violence, is a must-read.⁴ However, given their importance to the collaboration’s work, the six principles are summarized below:

Principle I. *Equal regard for the safety of child(ren) and adult victims: Visitation centers should consider as their highest priority the safety of children and adult victims and should treat both with equal regard.* This principle articulates the fundamental difference between visitation services in child abuse cases and those designed to address the risks associated with domestic violence. Whereas supervised visitation in the context of child abuse focuses exclusively on the child(ren)’s safety, visitation in the context of domestic violence must focus equally on promoting the safety of child(ren) and adult victims. This principle not only recognizes that both child(ren) and adult victims are at risk, but also the way in which their safety is inextricably linked. Research demonstrates that, in cases of domestic violence, children’s well-being is connected to the well-being of their protective parent, who is typically the victim.⁵ Additionally, visitation centers report that while victims’ personal safety may be at great risk, many victims report that their biggest concern is the safety of their child(ren).

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.* Many systems and programs attempt to create a one-size-fits-all approach to streamline services and make them more efficient and cost effective, and visitation centers are no different. However, centers have recognized that this approach does not position staff to address the unique needs of every family, greatly reducing their ability to mitigate the risk faced by many victims. People experience the world through different lenses based on their experiences, which are tied to their cultural and social reality. A principal focus of visitation centers is understanding family dynamics, which are significantly shaped by cultural experiences and identities. In order to provide safety, visitation centers must be open to learning about the unique cultural and social perspectives of their clients and revising policies and practices that may be dismissive or are not inclusive of those cultures.

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.* To adequately address the safety concerns of adult and child victims, staff must have a deep understanding of domestic violence, better enabling them to recognize battering behavior and understand different ways in which adult and child victims may respond to that behavior in an effort to protect themselves. A lack of understanding can greatly limit a center's ability to address risk and can result in staff unintentionally colluding with the battering parent. To ensure staff have sufficient knowledge about domestic violence, many visitation centers hire people from within the domestic violence community, including those who have advocated

on behalf of victims and children or have worked with men who batter. Centers that are unable to hire people with this experience should provide approximately 25–40 hours of training specifically on domestic violence.

Principle IV. *Respectful and fair interaction: Visitation centers should treat every person using their services with respect and fairness, while factoring in the abuse that has occurred within the family.* One of the best tools a center has for promoting safety is staff’s inclination and ability to form respectful relationships with parents and children that are characterized by fairness and a recognition of each person’s human dignity. Center staff have observed that men who batter are more likely to follow the center guidelines when staff are able to develop a respectful, rather than authoritarian, relationship with them. However, in seeking to establish such a relationship, staff members must be cognizant of the need to balance respect with accountability for the behavior of men who batter. Additionally, staff must distinguish between treating parents fairly and treating parents the same. In many families that have experienced domestic violence, the battering parent has attempted to establish power and control in many, if not all, aspects of the relationship. Centers must recognize this power imbalance and support victims and children in a way that counters that negative impact.

Principle V. *Community collaboration: Visitation centers should seek to operate within a community collaborative that has as its goal to centralize safety of child(ren) and adult victims and hold battering parents accountable.* The community collaborative will strive (1) to ensure a holistic response to each family member’s needs; (2) to stop continued abuse of child(ren) and adult victims; and (3) to eliminate the social conditions that cause intimate partner violence. While the center can mitigate some of the immediate safety risks that arise during visitation

and exchange, the center is not positioned to address all of the risks. This principle recognizes the larger role that other systems and community organizations play in addressing safety for victims following separation. It also recognizes that the center, as one of the few services that work with all members of the family, is uniquely positioned to identify gaps in services and bring partners together to address those gaps.

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.* This principle reflects the fact that, while the visitation center can work to meet the safety needs of adult and child victims during visitation and exchange, many victims involved in services have a range of additional needs, such as housing and unemployment, that others within the community, including advocates at a domestic violence program, can most effectively meet. Center personnel should make referrals based on a thorough knowledge and understanding of the suggested organization's mission and services.

Additional issues to consider

Allow sufficient time for in-depth discussions among collaboration members of the following topics:

- › **Role of the visitation center.** Parents and community partners often expect visitation centers to fill a variety of roles, some of which conflict with or are outside the scope of the center's central role of promoting the safety of adult and child victims, such as making custody recommendations based on parenting assessments. For this reason, collaboration and coordinating committee members must be able

to articulate the center's primary role: to provide safety, not to assess or teach parenting skills, as is the case with supervised visitation in the context of child abuse.⁶

Additionally, many visitation centers have recognized that they have a role in supporting the long-term safety of victims and children, in addition to their safety at the center. This is based on the recognition that what happens at the visitation center can affect such long-term safety, including the ability of the battering parent to have unsupervised access to the child in the future, which may continue to be unsafe. Visitation centers have also found it helpful to their staff, parents, and partners to distinguish between their role and that of a domestic violence program, meaning that the center does not provide advocacy to victims but refers them to those who can. It is also helpful to distinguish between the role of the visitation center and a battering parents' intervention program. The center's role is to hold parents who batter accountable for battering behavior at the visitation center and reduce their ability to continue their abusive behavior while using services, but not to directly challenge and shift the underlying beliefs and attitudes of the person who batters, which is the role of the intervention program.

- › **Neutrality.** Programs that provide supervised visitation in the context of child abuse recognize neutrality as an important principle of their work. However, when those centers began to work with families affected by domestic violence, staff assumed the concept of neutrality should also be applied to domestic violence cases and did so by not taking

sides between the parents, instead treating them the same.⁷ This meant they essentially ignored the violence one parent perpetrated against the other, which greatly increased the risk faced by victims and children. Many programs also interpreted neutrality to mean that they needed to treat the parents the same. However, given that many relationships in which there has been or is ongoing battering are characterized by a power imbalance, with the parent who batters attempting to exert power and control over the victim, treating the parents the same essentially reinforces that power differential. For this reason, visitation centers providing services in domestic violence cases have moved away from using the term “neutral” and have replaced it with the concept of treating both parents in a fair, respectful, and humanizing manner while accounting for the abuse that has occurred.⁸

- › **Creating culturally responsive services.** The second guiding principle directs visitation centers to recognize and value the diversity among the families they serve.⁹ Doing so better enables visitation centers to meet the unique needs of the families they are working with. It also requires a willingness on the part of center staff to examine their own privilege and ways in which center policies, procedures, and staff attitudes may ignore or even denigrate the cultural and social perspectives of the families with which they are working. Examples of practices visitation centers have put in place to honor families’ cultural backgrounds include offering services in a family’s primary language, hiring bilingual and culturally diverse staff, allowing extended family members to participate

in visits when it is safe to do so, and offering staff training and development opportunities, among others.¹⁰

- > **Working with men who batter.** Working with men who batter can pose challenges for many visitation center staff. Because staff are aware of the danger of unwittingly colluding with parents who batter and actively work to avoid the risk, they often struggle to build a relationship that balances the need to treat parents who batter with respect while also holding them accountable for the abuse they've perpetrated. However, the center staff's ability to build a respectful relationship with the parent who batters can help to reduce the risk they pose. Many visitation centers do this by using their check-ins with battering parents to explore any unmet needs, such as around housing, employment, etc., and offering to connect them with resources that may be of assistance.¹¹
- > **When the visiting parent is the victim of domestic violence.** When many collaborations begin working together, they envision services in which the victim has primary custody of the children and the battering parent will be visiting his child(ren) at the visitation center. However, many centers report that a significant number of the visiting parents they work with are victims of domestic violence, many of whom have lost custody because of mental health and substance abuse issues. Some experience these issues as a result of the violence to which they have been exposed. Others do not experience mental health or substance abuse issues, but the parent who batters or his attorney successfully argued in court that they do.

As collaborations set out to create visitation and exchange services, it is critical to address the safety of adult victims, whether they are the custodial or visiting parents. To accomplish this, centers should recognize that custody status may not align with who has perpetrated and who has experienced abuse. Staff should talk separately with each parent to identify who has been and likely continues to be a victim of coercive controlling behavior and work with the victim parent to determine how the center can best meet their safety concerns.

- › **Engaging with women who have experienced domestic violence.** Most collaborations that come together to create visitation centers do so to enhance safety for victims. However, many visitation centers have reported that, on opening their doors, they are surprised to find that it can be challenging to build a trusting relationship with victims of domestic violence. For victims of domestic violence who are the custodial parents, they may see the visitation center as part of the system that enables the person who has harmed them and potentially their children to have access to those children. For victims who have lost custody, they may see the visitation center as part of the system that took their children from them.

One of the most effective ways to build a trusting relationship is to check in regularly with the victims around their safety and other needs they may have. For example, if the victim is the custodial parent, carving out even a small window of time for staff to check in with her when she's dropping off or picking up the children can reinforce the relationship the center is building with her.¹²

- › **Engaging with children.** A key role of supervised visitation centers is to keep children safe while at the center. To achieve this, centers must create space and opportunities for children to share their thoughts and ask questions about visitation and exchange. For example, centers should offer orientations for children that are separate from the custodial parent's orientation, providing children an opportunity to express concerns or ask questions about coming to the visitation center. Center staff should also check in with kids when they have time alone with them, such as while walking with the child(ren) from one parent to the other at the start or end of the visit. Centers should rethink policies that require visiting parents to redirect any conversation the child may initiate about the abuse they witnessed or experienced at home. Although intended to protect children and adult victims, these policies could unintentionally silence children who have lived through the battering parent's violence and want to communicate with the visiting parent about the impact it has had on their lives. For this reason, visitation centers should support children to have these conversations with their parents if the child(ren) indicates an interest in doing so. To protect a child's emotional safety, centers should support the visiting parent in responding without minimizing the abuse or placing blame on the other parent. These shifts in practice can allow centers to engage with children in a way that supports their immediate and ongoing safety.

Supervised visitation and custody recommendations

Many judges and other professionals involved in making custody decisions have limited time with families whose fate they are deciding. For this reason, they are often eager to receive information from trusted sources to help them make those decisions and may turn to the visitation center for input. However, visitation centers that provide services to families experiencing domestic violence should not make any recommendations regarding custody. In cases of domestic violence, parents are ordered to participate in supervised visits because they pose a safety risk to the victim and/or children. Given the safety measures and security mechanisms used by centers, it is impossible to predict whether good behavior within the confines of the center walls will translate to safe behavior when not under supervision.

Some men who batter will go to great lengths to continue their abuse and often have the goal of moving to unsupervised contact with their children, during which there are limited, if any, mechanisms in place to protect the children and/or victim. Many men who batter are able to perform well and follow the rules while under supervision, knowing that any unsafe behavior will be documented and potentially reported to the courts. However, this good behavior generally isn't predictive of how parents who perpetrate domestic violence will act when they are not being watched by visitation professionals. Inside the center, the staff is able to assess for dangerousness, incidents of battering, and risks to safety. However, they are not able to assess for violent or abusive behavior outside the confines of their program.

Step 3.

Assess the community's needs

Step 3. Assess the community's needs

Given the heightened risk faced by victims and children during and following separation, most, if not all, communities could benefit from visitation and exchange services that specifically address domestic violence. While a needs assessment isn't required to establish the basic need for these services in a community, such a process can help collaborations learn about and be responsive to the unique needs in their community. Communities differ from one another, whether in their size and location; the people who live within them; their socioeconomic conditions; and the governing state custody laws, court processes, or judges' approaches to visitation and exchange in domestic violence cases. For this reason, there is not a one-sized-fits-all approach to visitation and exchange services.

Conduct a needs assessment

A needs assessment is a process used to identify organizational strengths and barriers regarding resources, policies and procedures, and training. Methods vary greatly, from informal internal evaluations to large-scale studies that independent researchers conduct. For communities setting up a supervised visitation service, a needs assessment can help to better understand the safety and other needs of victims and children in the community as they relate to supervised visitation and exchange. Collaboration members should create an affordable needs assessment process that the members can administer. Some collabora-

tions refer to this informal process as a “community check-in.” For those interested in doing a more in-depth assessment of the community’s response to violence against women, Praxis International has developed a Safety Audit process. For more information, visit <https://perma.cc/3VCF-YH3P>.

Information gathered during the assessment will help the collaboration design a program that is responsive to the specific needs of victims and children in the community. Below are steps for creating and administering a needs assessment and considerations for the process.

Articulate the assessment’s purposes and goals

Conducting a thorough assessment of the needs of domestic violence victims, their children, and the community will necessarily involve a team of people. Spend time articulating the purposes of the needs assessment to ensure everyone on the needs assessment team fully understands the reasons for engaging in this process. Common purposes of the needs assessment include:

- › providing practical information on the safety and other needs of women, children, and men in the community experiencing or perpetrating domestic violence when visitation and exchange is ordered, and on how a visitation center can meet those needs;
- › providing a picture of families’ current experiences when receiving orders for visitation and exchange, including what is and is not working well;

- › informing the collaboration’s decisions related to the development of a center, including creating policies and procedures, selecting a location, developing resources, etc.;
- › articulating community members’ expectations of what the center will be able to accomplish, to begin the process of managing those expectations; and
- › increasing community and organizational buy-in and support for the visitation center.

The collaboration’s articulated goals help to focus the needs assessment. Unless the collaboration specifies the assessment’s goals, it runs the risk of trying to do too much. Common goals for needs assessments related to creating a supervised visitation program that serves families experiencing domestic violence include:

- › learning from victims about their greatest safety concerns for themselves and their children, and what they need in place to feel safe when accessing visitation and exchange services;
- › hearing from parents who batter how the visitation center can engage with them in a respectful manner, while also holding them accountable for their abusive behavior; and
- › getting key community members’ views about existing gaps in services for families experiencing domestic violence and the role the visitation center will play in filling those gaps.

Determine the audience for the assessment

Depending on the assessment's aims, it may require feedback from a variety of stakeholders. At a minimum, engage the following audiences:

- › **Potential clients.** A key goal of the needs assessment is to hear directly from parents who have used violence and parents who are victims. If possible, it can be particularly helpful to hear from parents who have been court ordered to exchange their children in a public setting or to use a third party to supervise visits or exchange children, such as another center, a private provider, or family members.
- › **Judges.** Because judges will likely be the primary referral source for the center, it is important to hear their thoughts and concerns about supervised visitation and exchange, including the role of the center and its documentation practices.
- › **Domestic violence advocates.** Given their work with domestic violence victims, advocates can provide information about victims' needs, how visitation and exchange has been handled by their clients, and what has and has not worked well.

Many visitation centers have also sought the insights of other community members and entities, such as other visitation and exchange providers; attorneys, who help their clients understand their options and assist them in requesting visitation and exchange; and law enforcement agencies, which are often called on to respond when a parent who batters uses violence during visits and exchanges that happen outside the confines of a visitation center.

Select methods

Some methods for this type of needs assessment include securing community buy-in, collecting qualitative information, and capturing direct quotes from constituents. Focus groups and interviews are productive primary methods for collecting information. A focus group is a facilitated conversation that offers an efficient way to engage groups of people in a short time and help to generate a diverse range of ideas and perspectives. Interviews allow for greater privacy of information and flexibility in scheduling. Use focus groups to hear directly from participants, giving people the option for a one-on-one interview if some feel more comfortable in that setting. Surveys require less time than focus groups and may reach a broad audience, however, they generally have low response rates and generate less qualitative information. They are most useful as sources of supplemental information.¹³

Develop a thoughtful plan for focus groups with parents

Because there are inherent safety concerns in setting up and conducting focus groups with parents, consider the following when doing so.

Number of focus groups and participants

At a minimum, the collaboration should host one engagement with parents who have used violence, and another with parents who are victims. If possible, host at least two engagements with each audience to gather a wider range of perspectives. You may want to consider further dividing these groups up among those who have custody of their children and those who do not, if you have enough interested participants. The groups generally range in size from six to 10 participants.

Recruitment

Some collaborations have had success recruiting victims who are working with local domestic violence programs, including those who participate in support groups, are currently receiving residential services, or have an ongoing relationship with the program. Collaborations often enlist the assistance of domestic violence program staff to recruit participants and develop a recruitment script to ensure they provide accurate and consistent information about the focus groups. When recruiting victims, always have safety as the primary concern. For example, there can be significant safety concerns involved with making unsolicited calls to victims. A safer approach is for advocates to invite victims with whom they have developed a relationship through advocacy or other services. When recruiting men who batter, a collaboration typically recruits among participants of the local intervention program for parents who batter. Ideally, victim advocates and intervention specialists will host the groups in addition to helping with recruitment.

Consulting committee members can also assist with recruitment, particularly if they can personally reach out to people they work with who might be interested. This may help the collaboration recruit a more diverse set of people. If consulting committee members are willing to serve as recruiters, be very clear about whom you want to talk to and ask them to use the recruitment script.

Participant compensation

It is important to compensate people for their time and reimburse them for any travel expenses. Many collaborations have offered gift cards and provided food and beverages during the group. Many also provide child-care to remove a potential barrier to participation for custodial parents.

Consent to participate

In order for people to give their informed consent to participate in the group, share the following information with them:

- › **Purpose and goals of the needs assessment.**
(See “Conduct a needs assessment” at page 32.)
- › **Intention to record lessons learned.** Inform the focus group participants that after gathering information, the collaboration intends to produce a document that memorializes and serves as a tool to share the lessons learned, often in the form of a findings report or needs assessment summary. Let participants know that while you may include direct quotes or references to aspects of their experiences, neither their names nor identifying details will be shared with anyone outside of the focus group. Also inform them with whom you will share the findings document.
- › **Confidentiality is critical to victim safety.** Assurances of confidentiality can also encourage participants to share more openly. For this reason, the groups should be designed in a way that ensures confidentiality and anonymity. It is also important to clarify any exceptions to confidentiality, which may include mandatory reporting requirements related to child abuse, abuse of vulnerable adults, and threat to harm oneself or others, if the state in which the collaboration is located has such laws. Collaborations should also resolve to override the confidentiality of a battering parent and inform the potential victim if he makes a threat against her during a focus group.

- › **Voluntary nature of focus group participation.** Explain that the decision to take part is entirely voluntary and that the information they share will not affect the services they receive from any organization involved in the process. Stress that they can leave the focus group at any time if they feel uncomfortable or can choose not to answer particular questions and that they will still be compensated for participating.

If you seek participants' active consent, they will need to sign a form, which can create a paper trail of the victim's participation in a domestic violence program that the battering parent's attorney can acquire through discovery. That information, signaling the victim's intent to leave the relationship, can trigger some battering parents to escalate their use of violence.

The alternative is to seek passive consent, by reading a statement about the process, its protections, and the limits to privacy entailed in participation at the outset of the focus group. Participants' decision to stay after hearing the disclaimer indicates their consent.

Staffing the focus group

At a minimum, identify one person to facilitate each group and another to take notes (some collaborations may create an audio recording of the focus group, although you will need specific consent from participants to do so). When speaking with victims, include a person who can provide one-on-one advocacy in case someone is triggered by a memory related to the abuse she or others have experienced. In Praxis International's *Informing the Practice of Supervised Visitation*, the authors outline the following qualities to look for in a skilled facilitator: a deep understanding of domestic violence, ability to help people feel at ease and comfortable sharing information, and experience with group facilitation.¹⁴

If possible, find someone with a similar cultural background or identity as those whom the collaboration anticipates participating in the focus groups. In addition to staff of the core collaboration, consider asking for assistance from consulting committee members.

Develop a script, including questions

Develop a set of questions for each audience. Consider what unique perspective each audience can offer. Before diving into the questions, review the information required for someone to be able to give informed consent. (See “Consent to participate” at page 38.)

Consider safety implications

While setting up the focus groups, be sure to consider safety implications at each step. For example, some collaborations create a flyer to advertise the focus groups. If you chose to do so, do not include details about the location and time of the focus group: a parent who batters could show up seeking contact with his former partner. Instead, include a contact who can provide additional information.

Hearing from community partners

Community partners can provide valuable information about what they see to be gaps in services available to families experiencing domestic violence and other systemic issues, such as barriers to obtaining protection orders. Consider, for example, requesting to participate in the local bar association meeting to learn about attorneys’ experiences working with clients who have experienced domestic violence in custody disputes. Another approach is to host a brown bag lunch with judges at the courthouse, which can reduce potential barriers to their participation. Give participants the opportunity to speak with someone one-on-one and

ensure their identities are protected so they feel comfortable sharing information that may be seen as critical of the system. Consider creating a questionnaire to ask community members who are unable to participate in a focus group or meeting for their feedback.

Needs assessment summary

The needs assessment summary not only memorializes the lessons learned; for many collaborations, it has served as an invaluable tool for organizational and community buy-in. At this point in the process of planning for the visitation center, it will be important to raise awareness within the collaborating organizations and in the larger community about the risks adult and child victims face during separation, and how the center aims to reduce those risks. Including direct quotes or pieces of individual stories in the assessment summary, while being careful to exclude identifying participant information, can be one of the most powerful ways to demonstrate the need for the center. These stories can help to win hearts and minds, creating support for the center within the community and organization, which may in turn generate financial contributions.

Balancing center priorities against expectations

When evaluating information participants provide, be sure to weigh it against what the collaboration knows to be safe practices for supervised visitation and exchange in cases of domestic violence. For example, men who batter may tell you they do not want to be monitored the entire time they are visiting with their children, but centers have found that continuous, one-on-

one supervision is critical for providing safety in cases of domestic violence. Additionally, while parents or community partners may want the center to assess parenting abilities, it is outside of, and can contradict, the center's primary role of providing safety for victims and children during visits and exchanges.

Step 4.

Develop policies and procedures

Step 4. Develop policies and procedures

Clear policies and procedures are essential tools for organizations, particularly for staff responsible for implementing them. In the context of a supervised visitation center serving families that have experienced domestic violence, policies and procedures help to focus center staff on their central role of reducing risk to victims and children. They are designed to provide staff with the information they need to make timely decisions that are responsive to the unique needs of the families being served. Policies and procedures also provide an operational framework for services, ensuring consistency in expectations. Additionally, the collaborative process of creating policies and procedures helps to promote buy-in among collaborative partners. Codify internal policies and procedures to establish a framework for service provision and guide staff decisions and actions.

Key considerations for developing policies and procedures

Several considerations and recommendations are central to developing effective policies and procedures that provide safety for victims and children in the supervised visitation and exchange setting.

Differentiate policies from procedures

Although policies and procedures are connected, they serve different functions. A *policy* is a guideline that is grounded in an organization's

mission and directs what is to be done and why. A policy should clearly articulate its purpose. Policies should also communicate the collaboration's values that are related to that particular topic. For example, "Agency X values the restoration of power and control to the survivor, the preservation of her safety to the extent possible, and the establishment of trust between the survivor and Agency X. It also values transparency with every survivor regarding instances when information must be shared, as required of the organization by state and federal laws. Therefore, all staff will communicate their limitations around preserving confidentiality up front. In situations in which staff are not compelled to share information, they will preserve confidentiality and not share information without the express, written permission of the client." Clearly articulating the purpose and values of a policy will better enable staff to make decisions in the moment that will meet the unique safety needs of the families with which they're working. A *procedure*, in contrast, is a specific step or method for accomplishing a policy; it states how, where, and when the policy will be implemented. Some find it helpful to use a recipe analogy, with the policy elements (such as the values and purpose) representing the ingredients and the procedures representing the instructions.

One size does not fit all

Policies should be broad and flexible enough to account for diversity and individual safety needs. Each family has its own needs, often shaped by their cultural identities and socioeconomic status. Families also have differing safety needs. What may create risk for one victim or child may not for others. Craft policies that provide a framework and direction that guides staff member's decision making and enables them to tailor their approach to meet a family's needs. Some collaborations have written

their policies in a narrower way that requires them to constantly make exceptions, which is problematic for a variety of reasons.

Here is an example of a narrow policy: “Gifts will only be allowed on birthdays and Christmas, Hanukkah, or Kwanzaa.” This policy is very restrictive, especially for those families for whom gift giving isn’t a safety risk, and whose children could benefit from gifts of new shoes or clothing when going back to school, for example. And while the policy attempts to be inclusive of more than one culture and religion, it excludes many traditions. Here’s an example of a broader policy that accounts for the diversity of families: “The center understands that families are diverse and have unique safety needs. Therefore, staff will work with families to develop individualized plans that spell out the allowable frequency and types of gifts. This plan will be based on the physical and emotional safety needs of victims and children.” The accompanying procedures, which are more specific and detailed, can include the factors staff should consider when determining how to meet a family’s unique safety and other needs.

Language and latitude

Many collaborations have found it helpful to replace the word “will” with “may” wherever possible. For example, in a policy on case rejection, rather than saying, “The center will reject cases for any of the following reasons,”

the policy could read, “The center may reject cases for any of the following reasons,” which gives staff guidelines as well as flexibility to consider the needs of the family.

Be responsive to community needs

After going through the needs assessment process, collaboration partners will have a stronger sense of what victims and children in the community need to be safe. Thereafter, the partners, especially the courts and domestic violence advocates, can help to develop policies that best fit their community.

Tap into consulting committee members' expertise

It is important to involve members of the consulting committee in policy development and revision given that each has a different type of knowledge that impacts families experiencing domestic violence. However, not every member needs to be involved in developing or revising every policy. For example, law enforcement agencies can contribute significant expertise to policies that relate to security issues, but probably do not need to be involved in policies related to information sharing with the court. Weighing community partners' expertise and time constraints is essential to a healthy collaboration; acknowledging that certain members have relatively more knowledge of a particular issue is going to produce a more effective and sustainable collaborative policy development effort. Domestic violence advocates should be involved in the development and revision of the majority of policies, given that they can speak directly to the safety and other needs of victims and children.

Account for victim safety, regardless of custody status

Given that the paramount goal of supervised visitation and exchange services is to reduce risk to victims and children, this should also be the overarching purpose of every policy. When many collaborations sit down to write policies, they start with a vision of services in which the domestic violence victim has retained custody of her children and

is coming to the center as a custodial parent. For this reason, it is critical to write policies that account for the safety of victims, regardless of whether they are the custodial or visiting parent. For example, some centers have arrival and departure policies that require the visiting parent to arrive first. However, this policy assumes that the parent who batters is the visiting parent; in cases where the victim is the visiting parent, requiring her to arrive first would give the battering parent the opportunity to stalk or physically harm her while she is traveling to the center. Instead, base the arrival and departure policy on who has used violence and who is at risk of violence.

Beware of unintended consequences

Many well-intended policies have the potential to increase risk for victims and may enable parents who batter to use the center to continue their abuse. This can especially be true when victims are the visiting parents. For example, some centers have developed a policy stating that guests will only be allowed to participate in a visit with the permission of the custodial parent, regardless of the reason. Such a policy was likely developed with the intention of giving the victim the ability to share safety concerns about particular guests that the battering parent requests to participate in a visit, but it assumes that the victim is the custodial parent. In a case where the battering parent is the custodial parent, such a policy would provide him yet another opportunity to exert power and control over the victim by enabling the battering parent to deny any guests the victim may want to bring, such as her family members.

Consider the policy manual to be a living document

Dynamics in a community and a center change. Moreover, as the center begins working with families, there will inevitably be many important lessons learned, including those that relate to the efficacy of center policies and procedures. For this reason, collaborations should consider the policy manual as a living document that needs routine review and, in some cases, updates, to ensure that policies and procedures continue to meet the needs of families being served.

Praxis International has developed an important resource on considerations for developing policies and procedures in the context of supervised visitation, which has shaped much of the thinking in this guide. To learn more, see “Nine Tips for Crafting Policies that Account for Battering,” part of the *Engage to Protect* series.¹⁵

Policy areas that affect victim safety

There are a number of policy areas to address when developing a supervised visitation center, including conducting orientations and intakes, child reluctance or refusal to participate in a visit, providing accommodations for people with disabilities and Deaf people, addressing allegations of child sexual abuse, handling late and cancelled visits, and staggered arrival and departure schedules, among others.¹⁶

The remainder of this section presents detailed discussion of and considerations for six policy areas that have a significant impact on victim safety and about which little has been written: case rejection, confidentiality and information sharing, documentation, terminating services, intervening in visits, and communication with the courts.

Policy and procedure area: Case rejection

Whether a family is court ordered to supervised visitation or safe exchange, referred by another agency, or is independently seeking services, a supervised visitation center must determine whether or not to accept the case. Many centers reject cases that are “too dangerous”; but “too dangerous” can be hard to define for a visitation center that serves families where domestic violence is present. A court has ordered these families to use the supervised visitation center’s services because one parent poses a risk to the other, and potentially their children as well. In the majority of cases, there has been physical violence, some of it severe. Many families will be accessing visitation services at the time of separation, which research and anecdotal evidence show poses significant danger to the victims.¹⁷ It is important that visitation centers have a policy that asserts their authority to reject cases and guides staff on how to do so.

Components of the policy

A case rejection policy should include the following:

- › **Philosophy.** Explicitly commit the center to rejecting as few cases as possible, grounded in the principle that the center aims to serve as many families in need of safety during visitation and exchange. Rejecting a case may increase the risks faced by adult and child victims, either by escalating the battering parent’s use of violence or resulting in the family winding up in a less secure visitation setting.
- › **Center’s authority to reject cases.** Establish that the center has the authority to reject cases on a case-by-case basis. Many supervised visitation center staff have expressed

concerns that rejecting a case will confuse or upset the court and potentially make it less likely to refer cases. If visitation centers work closely with the court to develop this policy, it increases the likelihood that all partners support the center's prerogative to reject a case for safety reasons.

- › **Factors for making a determination.** Visitation centers should reject cases for which they cannot provide a reasonable expectation of safety. This decision should be based on the center's understanding of the particular risks faced by each family, and whether the center has sufficient safety mechanisms and procedures in place to counter the risks.
- › **When to make the decision.** The policy should also establish at what point, and based on what information, staff will make a determination. Staff should base the determination on the historical and present-day risks the adult and child victims face. Because the adult victim is the most important source of this information, it is critical to speak with her in making the decision, rather than doing so based solely on information from the referring agency.

Key considerations for procedures

To develop procedures that support the case rejection policy, consider the following factors when making a determination about the center's ability to provide safety:

- › **The victim's perspective.** Victims of domestic violence are experts on their safety and the safety of their children and have kept themselves and their children safe up to this point.

The victim is well aware of the history of the abuse perpetrated against her, the battering parent's threats, and his ability and likelihood of following through on them. Ask victims what their biggest fears are regarding the battering parent, and what, if anything, the center can do to allay those fears.¹⁸ If the center is considering rejecting the case, explore with the victim the potential implications to her safety if the man who battered her is denied access to his children. Would this increase the risk she faces? For example, many centers report that, when they have rejected a case in the past, the judge sometimes orders the family to have its visits supervised by another family member, who is unable to provide the safety measures offered by a center. In some situations the battering parent may have made specific threats to the victim if his access to the children is further limited (for example, "if I can't see my children, I will").

- › **The battering parent's response.** During the orientation with the battering parent, review the safety guidelines. If the person who batters indicates a refusal to follow those guidelines, consider whether or not to proceed with services.
- › **Supplemental information.** What additional information has the center received from the courts or other referral source, and the victim? Many visitation centers ask the court to include the reason for referral in its order. Centers also often request copies of protection orders and police reports, which can offer a glimpse into the family's history of violence.
- › **Consider victims' safety broadly.** In determining whether or not to take the case, consider the potential risk to adult

and child(ren) victims if the center rejects the case. Factor in the center's experience of how judges in the community respond to cases that have been rejected. Are they likely to order the family to another visitation provider, or do they reconsider the battering parent's access to the child(ren)?

- > **Consider safety of others.** In addition to considering the potential risks to adult and child victims, it is also important to consider whether the parent who batters may pose a threat to center staff and other families using services.
- > **Bolster safety and security.** If a case poses a unique risk, is the center prepared to use additional safeguards? For example, can more than one person monitor the visit? If the center has a security guard, can the guard regularly walk by the family's visitation room to ensure there are no safety issues? Keep in mind that there will be some families for which no level of security would be enough to counter the risk posed by the parent who batters.
- > **Determine the center's threshold.** Provide examples of reasons for possibly rejecting a case, such as a person who batters who has access to firearms, has used them in the past, or has threatened to use them. Threshold factors can vary widely—for example, if a victim and her children are staying in an undisclosed location and there has been stalking in the past, the very act of their coming to the visitation center could lead to the discovery of their location. Other instances may include repeated protection-order violations, or aggression toward law enforcement.

The process for making determinations

Develop procedures that respond to the following questions:

- › **How will the center gather the information staff needs?**
For example, will you have introductory phone calls with both parents or schedule an orientation?
- › **Who will be involved in a decision to reject a case?**
Consider engaging more than one person in a decision to reject, given the potential gravity of the decision. This enables various staff who have worked with the family to offer their perspectives on the potential safety implications of rejecting a case.

Next steps after rejecting a case

Once the center has made the decision to reject a case, consider the following:

How will you inform the parties? Centers typically send a letter to both parents informing them of the decision to reject the case. Some may send the same letter to both parents, others may send different letters to each. Some centers also call the parents to inform them of the decision.

How will you inform the court? Give the specific reason for rejection to decrease the likelihood that the family will be ordered to use another supervised visitation service that is likely less secure. For example, if the court learns that the center rejected a case because a potential visiting parent threatened the staff, brought a firearm to the orientation, or arrived at

the orientation of the custodial parent, the court may be more reluctant to order visitation in a less secure setting. If appropriate, some centers also explain any possible conditions for future reconsideration, such as the battering parent completing an intervention program.

As indicated above, rejecting a case may have safety implications for the adult and child victims. Factor those implications into the decision-making process. If the center ultimately decides to reject the case, staff should devise a safety plan with the victim if she feels it is necessary.

Tip: Getting judges' support

Rejecting a case should be grounded in the goal of reducing risk to adult and child victims. However, it can also increase risk if the court next orders the parties to use another supervised visitation service that may not have the safety and security mechanisms and policies in place to respond to the heightened risk of the case. It is unlikely that a community has more than one visitation center that has designed its services to mitigate the risks involved in domestic violence cases, so a family will likely be referred to a center that is not responsive to the risks present in domestic violence cases, therefore putting the family at increased risk. For example, centers that have not deliberately developed their services to respond to the safety risks of domestic violence cases likely will not have staggered arrival and departure times, leaving open the possibility that the parents will see each other at the center; they may lack continuous in-room monitoring, creating an opportunity for the visiting parent to ask the child(ren) where they are living, which can be particularly dangerous if the victim has moved to an undisclosed location. For this reason, getting judges' support is particularly important to ensure that the center's case rejection policy has the intended impact of reducing risk.

To achieve this understanding, explore the following with judges in your community:

- > What are the judges' likely responses if the visitation center rejects a case? What information do they need to make an informed decision?
- > Review the center's approach to rejecting cases, which is that it is a last resort and not taken lightly.
- > Articulate the center's general reasoning for rejecting cases, which is that the center cannot mitigate the safety risks a particular battering parent poses. Stress that other visitation and exchange services in the community likely do not have the same level of security as those designed specifically to address domestic violence, and therefore the risk to the family will be even greater at those centers.
- > Manage judges' expectations about the center's ability to provide safety in every case. Explore the notion that some men who use violence may never be able to safely have access to their children. Centers can put safeguards in place, but those safeguards will likely not be effective against a battering parent who is intent on doing significant harm to or murdering their children, their ex-partner, staff, or other families at the center. Judicial support is critical in this regard, as many state legislatures have directed family courts to order as much contact as possible between the child and noncustodial parent.

Are you rejecting a lot of cases?

If the center is rejecting more than a handful of cases each year for safety reasons, use this as an opportunity to review and enhance the center's safety

and security mechanisms and procedures. Request a meeting to revisit with the court the level of danger posed by some of the cases it is referring.

Policy and procedure area: Intervening during visits

It is vital that visitation center staff supervise visits in a way that reduces potential risk to the child(ren), victim parent, staff, and other families in the center. Some abusive parents will try to maintain control over the victim by continuing that behavior during a visit, for example by asking questions to determine the victim's whereabouts, using the child to send messages to the victim parent, and making negative comments about the victim in an attempt to undermine her relationship with the child(ren). The battering parent may also attempt to harm the child either physically or emotionally during the visit. A policy on intervening during visits should outline the staff's role in intervening before a safety concern arises and reducing risk when an unsafe behavior has occurred.

Components of the policy

A policy on intervening during visits should include the following components:

- › **Why intervene?** The policy should establish that risk to a victim parent, child(ren), staff, and other families are all reasons for intervention. The reasons for intervention are different than in child abuse cases, in which the goals of intervention are generally to protect the safety of the child(ren) (with little to no regard of the other parent, who may not be involved or at risk in child abuse and neglect cases) and to build parenting skills.

- › **Range of possible interventions.** The policy should be explicit that interventions can range from redirecting the parent’s behavior, to pausing the visit, to terminating the visit early. Accompanying procedures should provide staff with examples of which behaviors would warrant which intervention.

Choosing an intervention

In some cases, the visit monitor may be able to manage the safety concern by quickly redirecting the parent’s behavior. For example, if the battering parent asks the child a question designed to uncover the confidential location at which they are living, staff should try to redirect the questioning before the child responds. If they are successful in doing so, staff could allow the visit to proceed and follow up with the visiting parent after the visit. In other cases, it may be necessary to pause the visit to have a one-on-one conversation with the visiting parent and/or child to

understand the impact and intent of the behavior. The visiting parent may also engage in behaviors that warrant terminating the visit early because they pose such a significant risk that the center is unable to reasonably assure safety. Centers generally develop a list of behaviors that would cause a visit to be terminated early, such as threats or aggressive behavior to the child, victim, staff, or others on site; physically or emotionally abusing the child; and continued noncompliance with the policies and procedures, among others.

- › **Expectations of staff following the intervention.** The policy should establish the expectation that staff are responsible for informing the victim parent of any safety issues that arise, checking in with the child, documenting the intervention, and following up with the visiting parent in an effort to deter further abusive behavior.

Key considerations for procedures

Incorporate the following into the procedures that accompany a policy on intervening during visits:

- › **Determining when and how to intervene.** When determining whether to intervene and the level of intervention to use, consider the following:
 - **Impact on safety.** Does the visiting parent’s action affect the safety of the child(ren), other parent, staff, or others at the center? If yes, is the center able to mitigate that risk in the moment and allow the visit to continue, or is the behavior so egregious that staff cannot maintain safety? If the center terminates a visit, is it likely to escalate the battering parent’s behavior in a way that increases the risk to the victim parent and child(ren)? If yes, can the center manage that risk?
 - **Child’s reaction to the behavior.** If the child appears distressed, staff may consider pausing the visit to talk with the child one-on-one and ending the visit early if the child’s distress persists.

- **Visiting parent's response to the redirection.** If the parent does not accept the redirection and continues engaging in the behavior or escalates it in a way that poses risk to others, it may be necessary to end the visit.
- **Pattern of violating visit guidelines.** If a parent repeatedly violates the guidelines over the course of several visits, this indicates that staff redirection is not effectively deterring his behavior, and a visit may need to end early to hold the parent accountable for the ongoing behavior.

Expectations of staff following the intervention

Staff's response should not end with the intervention. The following also need to be addressed:

- > **Documentation.** Documentation is an important part of any intervention, as it can demonstrate a pattern of continuing battering behavior at the visitation center and can inform other staff who may be working with this family of ongoing safety concerns. Staff should follow the center's documentation policy to determine how to record an intervention. [See "Policy area: Documentation" at page 67.]
- > **Victim parent safety.** It's likely that the behavior that resulted in intervention could affect the safety of the victim parent. For example, if the child responds to a battering parent's question about where they are living before staff is able to intervene, the victim parent needs to know that their confidential location has been compromised so they can plan for their safety accordingly. Staff should be prepared to immediately assist the victim with safety planning.

- > **Child's reaction.** Depending on the situation and/or developmental age, a child may assume they are responsible for the staff intervention. Staff should work with the child to counter this assumption.
- > **Follow-up with the visiting parent.** In an effort to reduce the likelihood that the visiting parent continues to engage in unsafe behavior, staff should follow up with that parent. For behaviors that resulted in a redirection, staff can use the time that the visiting parent is required to wait on site after the visit to review with him the purpose of the visit guidelines, discuss how his behavior may have affected his child(ren), explore why the parent violated a particular guideline, and develop a plan aimed at preventing it from happening again. If staff terminated a visit early because of the visiting parent's behavior, do they feel comfortable proceeding with the next scheduled visit? If not, consider suspending visits until the parent can meet with staff to discuss the behavior(s) that resulted in the visit's termination.

Tip: Avoiding and responding to escalating behavior

When intervening, it is important to consider the possibility that the visiting parent may respond in a way that escalates risk. Some centers have found that approaching the parent respectfully while holding him accountable for aggressive behavior is a successful tactic. Avoid being condescending and overly authoritarian or embarrassing the parent in front of his children. Many centers talk with visiting parents during orientation about the probability that staff will need to intervene during visits and ask the visiting parent for direction on how to do so in a way that feels respectful.

There will be times when, regardless of how staff approach an intervention, the parent may escalate his behavior in a way that causes a significant safety risk, particularly if they terminate a visit early. Staff should be prepared to take swift action to reduce immediate risk to the child and victim parent, including removing the child from the presence of the visiting parent, asking another staff member for assistance, attempting to allow the victim and child enough time to leave safely before the battering parent or creating an alternative plan when that is not possible, and possibly alerting law enforcement if necessary.

Policy and procedure area: Suspending and terminating services

Once it becomes clear that intervening during visits is not curbing battering behavior, center staff can respond in a range of ways, from short-term suspension of services, to long-term suspension, to terminating the case, meaning that the center will no longer provide services to the family. The center's policy and accompanying procedures on suspending and terminating services should guide staff in how to decide what to do and how to safely implement their decision.

Components of the policy

A policy on suspending and terminating services should include the following components:

- › **Philosophy of case termination.** Articulate the center's commitment to terminating as few cases as possible out of recognition that terminating a case may increase risk to the adult and child.

- › **Factors in making a determination.** Establish that the center will suspend or terminate services when staff can no longer provide a reasonable expectation for safety. It should stress that these decisions will be made on a case-by-case basis and based on whether or not the center has safety procedures and security mechanisms in place to counter the battering parent’s specific behavior that is causing risk.
- › **Range of responses.** State clearly that responses can range from short- to long-term suspension, to a termination of services. Accompanying procedures should give staff guidance on how to determine which approach to take in a particular case.

Key considerations for procedures

When a battering parent continues to engage in unsafe behavior despite staff intervention or has engaged in a behavior so egregious that an intervention could not adequately address the safety concerns, staff should consider a range of approaches. When possible, take an incremental approach that safely provides opportunities for change, as outlined below:

- › **Short-term suspension.** Centers generally use this procedure after early termination of a visit, after a critical incident has occurred (see “Critical incidents” at page 65), or when center staff have observed a pattern of noncompliance with service guidelines. The goal of the short-term suspension should be for the battering parent to meet with the center director to discuss the impact of his behavior, explore why he reacted the way he did or made the choices he made, and

discuss how he will behave differently in the future with the center's assistance. Once the staff feel comfortable that the parent will change his behavior, visits can resume.

- › **Long-term suspension.** This approach is generally used after one or more short-term suspensions; after a parent has engaged in a behavior that causes significant risk to the child, victim, staff, or other families using services; or made contact with the other parent at or traveling to the center. A long-term suspension may also occur if a child repeatedly refuses to participate in visits, and it becomes clear after several unsuccessful attempts that proceeding with services is causing more harm than good or is using center resources unwisely by continuing to schedule the family. A long-term suspension generally indicates that the center cannot resume services until family members meet specific conditions, depending on the case. For example, a center may consider re-instituting services after a family has returned to court for the judge to reconsider safety risks, the battering parent participates in an intervention program, the child receives therapeutic services, or the visiting parent engages in drug or alcohol counseling, if his substance use caused a safety risk during visits. What differentiates long-term suspension from complete termination is that the center may consider resuming services if the family members meet certain expectations, set by either the court or the center, that better enable staff to provide a reasonable expectation of safety.

- › **Terminating services.** A decision to terminate services for a family is a matter of serious consequence. It generally means that, if the court orders this family to supervised visitation in the future, it cannot use the center’s services, which are likely the safest in the community. Unlike services offered by other centers whose primary focus is child abuse and neglect cases, the supervised visitation center is designed to address safety concerns arising in families that have experienced domestic violence. As with case rejection, the center generally has a list of behaviors that may cause it to terminate services, such as a parent physically harming a child, the victim, staff, or other families while on site; or brandishing a weapon with an attempt to do harm, among others.

Critical incidents

Centers generally define “critical incidents” as any behavior that threatens the safety or results in the injury of a parent, staff member, or child. It is important to note that not every violation of a service guideline constitutes a critical incident, particularly if staff can address the potential safety risk through redirection. For example, a child may whisper something to a victim who is the visiting parent, which is a violation of a common center policy.

A visiting parent may ask a child “How was your mom’s day today?” Staff could redirect the conversation by stating, “Mrs. Jones, please remember I must be able to hear all conversations.” Many centers find that some parents will not engage in behaviors that rise to the level of a critical incident, but instead demonstrate over time a pattern of noncompliance with service guidelines or staff direction, which may necessitate a short-term suspension.

Determining level of risk

When determining the level of risk the battering parent's behavior poses, consider many of the same factors as when determining whether to reject a case, such as the victim's perspective; the possible result of termination, considering both the likely response of the battering parent and/or judge if the family returns to court; and whether or not the center is able to put in place additional safety practices or security mechanisms to address the particular safety risks posed by this parent.

Decision-making authority

Who has the authority to make determinations about the appropriate response often depends on the level of intervention taken. For example, when a visit monitor/supervisor terminates a visit early, it is generally appropriate for that staff member to tell the parent that he must meet with the center director as a condition of resuming services. Given the gravity of long-term suspensions and terminations, the center director generally makes these decisions with input from staff.

Next steps

Procedures should address the following matters after suspending or terminating a case:

- › **Informing the family members.** Besides informing the parents directly, center staff will often send a letter or form to both parents and their attorneys if the parents have given them written permission to contact their attorneys.
- › **Informing the court.** When reporting to the court, include the specific reason for suspension or termination to decrease the likelihood that the family will be ordered to a less secure

form of visitation. Also, if the center has decided on a long-term suspension, include conditions that would lead to a reconsideration of working with this family in the future, such as participation in battering parents' intervention, therapeutic intervention for the child, etc.

- › **Safety planning.** Any interruption in access to the child(ren) may anger the battering parent and cause him to escalate his behavior, either toward the victim parent, child, or staff. Offer to support the victim in developing a safety plan and plan with staff on how to respond to situations in which the abusive parent arrives at the center unannounced.

Policy and procedure area: Documentation

Every center keeps some type of records on the families they serve, including intake and orientation notes, referral information, visit notes, sign-in sheets, and critical incident and court reports. Some documentation is administrative in nature and helps centers keep track of the many families they serve and what occurs during their business operations. Other forms of documentation capture incidents of harm, violence, and abuse that occur at the center. This record is critical to keeping victims and children safe, as it lets other staff who may be working with a family know of any ongoing concerns. Documentation can also help courts or other outside parties (such as attorneys or other social service providers serving the family) better understand the potentially emerging or ongoing patterns of abuse.

However, there is also the potential for a battering parent to use documentation to continue his abuse of the victim. To avoid this risk, all documentation must be systematic, thoughtful, and purposeful. A policy

on documentation should address when to document, what to document, and how to safely document the services the center is providing, events staff have witnessed, and any relevant information the staff have gathered.

Components of the policy and additional considerations

A policy on documentation should incorporate the following components and considerations:

- **Purpose of documentation.** Documentation should reflect the reason for referral. The purpose and content of documentation is perhaps one of the greatest differences in practice between visitation centers that primarily serve child abuse and neglect cases and those that serve domestic violence cases. In child abuse and neglect cases, the visiting parent is ordered to supervised visitation because of concerns of abuse or neglect of the child, and to assess their parenting abilities. For this reason, the content of the documentation focuses on their parenting skills. However, in domestic violence cases, a battering parent is ordered to supervised visitation because of risk to the child and victim parent, not because they lack parenting skills. Therefore, the goal of documentation in domestic violence cases is to illuminate battering tactics and other safety concerns.

The policy should explicitly direct staff to avoid documentation that speaks primarily to parenting skills and to refrain from expressing opinions or presenting a parenting style preference that does not relate to the violence. For example, documenting “parent hugged child when entering visitation room”

presents an opinion by the writer that hugging represents appropriate parenting. In addition to reflecting a particular cultural view of family, the observation is also unrelated to safety and directs whoever is reading the documentation, such as a judge, to focus on parenting, rather than the safety of the adult victim and child. Therefore, a documentation policy should state that the purpose of documentation is to contextualize violence in the family and highlight the areas of risk.

- › **Approach to documentation.** In order to capture parenting skills, services focused on child abuse and neglect approached documentation with a “more is more” assumption: the more information provided, the better. Many centers directed visit monitors to document everything that happened during the visit, including all of the activities the child and parent engaged in, so that the decision maker (typically a judge) could determine if the parent was appropriately and safely engaging with their child. However, when visitation centers set out to serve domestic violence cases, they began to understand the ways in which battering parents could manipulate this style of documentation in an effort to get unsupervised access to their children, arguing that the documentation demonstrated they were a good parent, even though parenting wasn’t the reason for referral. They also found that any abusive behaviors were being buried in a sea of documentation about parenting skills. Given these concerns, the pendulum swung to “less is more,” based on the idea that minimal documentation reduced the risk of battering parents misusing the information in an attempt to get less

restrictive access to their children. However, some centers found that, in using this minimalist approach, they weren't sufficiently capturing things that related to the safety of the adult victim and child. Today, the approach is more centered as centers and courts recognize the benefits and risks of documentation, and the approach to documentation for most centers is "context is more." In this approach, the center captures information related to the safety of the adult victim and child, such as rule violations, battering tactics, and any abusive or dangerous behavior, and explain how these behaviors affect the safety of this particular victim and child.

Why context matters

Consider the following example that illuminates the need for contextual documentation:

"Visiting parent (VP) and child played with blocks, then child asked to play Candy Land, where they played on the floor for 15 minutes while VP asked child about school and the name of his new teacher."

Ask yourself: Did playing blocks or Candy Land relate in any way to the violence perpetrated by visiting parent against custodial parent? It doesn't appear to in this case, making that documentation irrelevant.

Consider instead: "While VP and child visited, VP violated the center's guidelines by inquiring about child's new location and whereabouts."

- > **Documentation should focus the decision maker on domestic violence.** As the box above shows, information related to playing games can distract from the more important issues of the potential violation of the court order and the actual violation of the center guidelines. The second example focuses the judicial officer on the violation and leaves out entirely the information about parenting, which is unrelated to the violence that necessitated the supervised visitation.
- > **Consider unintended consequences.** The policy should direct staff to consider how documented information could affect the safety of those in need of protection and whether the information could be used by the battering parent to further the abuse. For example, if the victim parent arrives to drop off her children and is distraught because she has received notification that the parent who batters has filed for a change in custody and the center documents that she was “crying” and “upset,” the battering parent could use this information in court to argue that she is “unstable,” “hysterical,” and “overwhelmed,” and therefore unfit to parent. Before documenting this or any information, center staff should ask themselves whether the information reflects a safety risk of those in need of protection. In this case it does not, so there is no need to document it.
- > **Access to the documentation.** When developing policy on documentation, keep in mind who will see the documentation. Some centers share any report or visit note with both parents in an effort to make the documentation transparent. Other centers only release documentation on request, or by

subpoena court order, in an effort to have more control over the use or misuse of the center's records. Who the center intends to see the documentation will likely affect its policy. For example, if each parent can have access to the documentation, the center is likely to record only general information to shield the victim of abuse from disclosure of information that could be used against her in court, or to undermine her safety. However, the court can ask for any documented information, which it could then share with the other parent and his attorney. While centers generally create policies and procedures designed to limit the disclosure of information, there is no guarantee that the information will remain confidential.

- › **Third-party documentation.** Centers should also develop a policy on whether, and under what circumstances, they will accept documentation created by a third party, such as a therapist, lawyer, advocate, or other entity. Most centers do not have much legal protection in terms of confidentiality. (See “Confidentiality and information sharing” at page 76.). Acceptance of a third party's documentation may put that document's disclosure at risk. For example, many centers report that a child's therapist will provide documents to the custodial parent, who in turn wants to provide that documentation to the center. Doing so will very likely remove the privileged protection previously afforded those documents, leaving them vulnerable to disclosure.

Key considerations for procedures

When developing procedures that support policies addressing documentation, consider the following:

- › Does the documentation relate to the reason for the referral?
- › Is the parent using battering tactics or coercive controlling behavior in the supervised setting? If yes, be sure to capture that information in the documentation: battering parents who are willing to engage in abusive behavior while under observation pose a significant risk to victims outside the confines of the center.
- › Does the information assist the center in providing safe services?

What to document

Procedures should detail what staff at the supervised visitation center should document. In general, consider these categories:

- › **Information needed at intake and orientation.** While some demographic information is needed, pause and consider whether all the information you are considering documenting is necessary. For example, does the center need a child's or parent's Social Security number? For what purpose?
- › **Sign-in/sign-out sheets.** These are among the most commonly requested documents and can be helpful in alerting the judicial officer of repeated late or cancelled visits and exchanges. Be careful to provide sufficient context on these sheets. For example, writing "VP was late" doesn't answer the

question of how late. This is important, as being one minute late may be considered excusable, but being 15 minutes late may be considered a safety risk. Instead, indicate the time the parent was scheduled to arrive, and their actual arrival time.

- > **Visit notes.** Most visitation centers minimally document each visit, even if no safety incident occurred. Consider including the following:
 - Who monitored the visit? Is it necessary to include the full name of the monitor on the form, or will a first name or initials be sufficient?
 - Date, time, and length of visit.
 - An accounting of anything that may have come up during the visit that could be a safety concern or battering tactic. Many visitation centers point out that they don't always know until the pattern develops. When staff begin to notice such a pattern, they can either amend or add to earlier notes, with a clear indication that the notes have been revised on a certain date to account for the new information or refer back to previous observations in the new notes.
 - Any interventions, suspension, or terminations of the visit.
 - Any critical incidents that arise, such as physical violence.

Finally, procedures should spell out for staff how to record the information. Make sure they consider the following:

- › **Are the recorded observations factual and objective?** This is not the same as “neutral.” Neutral assumes that each party is in the same position, and by staying neutral in the way you document, you maintain the status quo, which is inherently imbalanced in domestic violence cases. Review center procedures for the possibility of accidental disclosure of confidential information.
- › **Can the documentation be misused, misunderstood, or misrepresented in any way?** For example, if the custodial parent calls to say she will be late, and a staff member documents that she is late “because she has an appointment on the other side of town and is stuck in traffic,” the other parent may know that the only appointment on the other side of town is her attorney and she must be preparing to file for divorce. Or consider a similar example, but it is her therapist on the other side of town, leading him to allege that she has mental health issues.
- › **Is there anything unclear or confusing in the documentation?** For example, documenting that either parent was “late but offered an acceptable excuse” may be confusing to a decision maker who may have a different definition of “acceptable.”
- › **Do the notes contain any recommendations related to custody?** If so, remove those sections.

- › **Do the notes contain any references to parenting skills or styles that are unrelated to domestic violence?**

If so, remove those remarks.

Documenting risk

To be able to document safety risks for the family, staff supervising a visit or exchange must have a sense of the particular risk each family faces. For example, “playing cards” may be a nonissue for a family and therefore unnecessary to include in the visit notes.

However, if staff know that the battering parent played cards with the children after battering their mother, they would recognize that card games during visits might signal a threat of impending violence and therefore document the behavior.

Policy and procedure area: Confidentiality and information sharing

The ability to control who has access to their information is a critical component to safety for domestic violence victims and their children. Information in the wrong hands can be dangerous for anyone, but never more so than for people already facing safety risks. The type of information that needs to be secured includes the more obvious examples, such as a victim’s new address or the license plate to a new car, or more subtle information, such as notations made during a check-in that excuse an absence based on annual summer vacation that disclose the location of the victim and children at that time. What may seem innocuous to a staff member may pose a safety risk for a victim, so it is critical for visitation centers to develop policies and procedures that protect informa-

tion to the greatest extent possible, keeping in mind the reality that no documentation can be absolutely protected from disclosure.

Confidentiality is an “umbrella concept,” with several related policies, each of which will be addressed here. As a reminder, many of the community service providers and professionals who collaborate with supervised visitation—attorneys, courts, therapists, domestic violence advocates, etc.—will have statutory or other legal protections for information they gather in the course of their activities. Supervised visitation centers are generally not protected entities when outside parties seek to compel the release of information contained in client files, making it extremely important that centers develop internal policies and procedures to control for the flow of information out of the center. In order for visitation centers to maximize confidentiality when necessary, the following section will focus on best practices outlined in the confidentiality provisions of the Violence Against Women Act (VAWA), which Office on Violence Against Women (OVW) grantees are required to follow and all visitation centers should follow.

Components of the policy

A policy on confidentiality and information sharing should include the following components:

- › **Philosophy of confidentiality.** Articulate the center’s commitment to maintaining confidentiality for victim parents and battering parents, whose needs may differ. VAWA only addresses the confidentiality of victim information, and centers need to determine if they will afford the same level of confidentiality to the other parent. When making this determination, many centers weigh the benefits to victim safety of sharing information against the battering parent’s wishes.

The policy should also make explicit any limitations to confidentiality.

- › **Information flow out of the center.** Recognize and outline the three ways in which information may be permitted or mandated to leave the center: under state law, most commonly through mandatory reporting statutes; under court order, as distinguished from the subpoena process (see below); and as voluntary releases of information sought by a victim parent.
 - **State law.** Cite the law the center is relying on to create a mandatory reporting system. Centers should not exceed what is mandated in that law, and center policy should flow from what state law mandates, limiting the release of information to that which is required by statutory mandate.
 - **Court orders and subpoenas.** It is common for parents or their attorneys to subpoena notes or other information gathered in the course of services. Center policies should address how to respond to subpoenas, either from an attorney or parents representing themselves. Many centers find it helpful to make one or two staff members responsible for responding to subpoenas—usually the director and assistant director. The policies should distinguish between a subpoena, which is a request for information, and a court order, which is a compelled release of information by the courts. Finally, the policy

should recognize different ways to respond to subpoenas, especially when the information sought could compromise the victim's safety.

- **Voluntary releases of information.** Center policies should recognize that there will be times when a parent wants information the center holds to be released to a third party or agency. The policy should, at minimum, require the parent to sign a release that indicates that she understands what information is being released, to whom, for what purpose, and for how long. A very important aspect of this policy is ensuring that the voluntary releases are truly voluntary and not made for the convenience of the center. For example, the center should not pressure a victim parent to sign an open-ended release that would allow center staff to communicate with her advocate at any point during services. While that information may be helpful for the staff, the victim may have shared information with her advocate that she does not want visitation center staff to have, and it is her right to determine whether to share that information.

Roles and reporting obligations

It is extremely important to determine a person's role when invoking a mandatory reporting obligation. Many centers have domestic violence advocates, employed by the domestic violence agency, stationed at the center for victim parents' convenience. Just because they are physically located at the center does not negate the

privilege that most states give domestic violence advocates if they are operating as an advocate. Distinguish this from a domestic violence advocate who also works part time as a monitor. When acting as a monitor, and not an advocate, the privilege is not applicable to her work at the center.

Key considerations for procedures

When developing procedures that support the policies around confidentiality and information sharing, consider the following:

- › **State law.** Research and cite state laws that pertain to mandatory reporting of child abuse and abuse of vulnerable adults. Many state laws are very broad and designate anyone working with children in any context—or even *any* person—as a mandatory reporter. Other state laws are much narrower and designate only those fulfilling various job duties, such as acting as a social worker in providing services, as mandatory reporters. They also differ in how they define abuse, and whose abuse triggers a report.¹⁹

If any of the center staff are mandatory reporters, address the following:

- › Which staff members are mandatory reporters? Keep in mind that while all staff may not be mandated to report, some, such as a licensed social worker, may be required to do so based on their licensure.

- › Is the victim someone whose abuse must be reported? Know the age limits of any abuse statutes. When does minority end in your state, and are there any exceptions?
- › Does the incident about which staff are concerned meet the definition of abuse outlined in the statute?
- › Are there exemptions that excuse a staff member from reporting, such as licensure mandates or other statutory protections such as attorney-client privilege or victim-advocate privilege?
 - Which agency you are required to report to.
 - Ensuring that the report covers only what is required under the statute (unless the victim consents to the release of additional information). If the investigatory agency requires more information, it may subpoena the center's records.
- › Subpoenas and court orders. Develop policies and procedures for responding to subpoenas and court orders that create a clear and consistent system of response and place safety at the forefront.

Center procedures should detail steps to take on receiving a subpoena, which is a request for information. Check in with the person whose information is requested. Does that person want the information released? The client's preference only pertains to information in the client's file, such as personal information gathered during intake and communications with the client, as opposed to the center's proprietary information, such as visit notes. If the client consents to releasing the information, follow the procedures for voluntary releases of information found below. (See page 83.)

If the client does not want the information released and is a victim of domestic violence, there are additional steps the center can take. The center can file a motion to quash, which asks the judge to nullify the request for information. The motion to quash allows center staff to tell the judge that they believe the subpoenaed documents require special treatment or protection. If that motion is granted, the information is not released.²⁰

If the motion is denied, the center has the additional option of filing a motion to review *in camera* (Latin for “in chambers”), which asks the judge to review documents privately to protect victims or witnesses from public exposure of information. If granted, this motion leads to the release of the information to the judge and attorneys only. If the court denies both of these motions, the center must release the information.

If a client who batters does not want the information released, the center’s procedures should direct staff on how to proceed if they determine that the information should be released for safety reasons. For example, a battering parent may make a threat regarding the victim to a staff member, which is documented and placed in his file. The battering parent will likely not want that information released, but given the impact it has on victim safety, the center may decide to release the information to the victim parent or court based on the safety concerns it illuminates.

Procedures should also detail steps to take on receiving a court order compelling the release of information. If a victim does not want the information released, the options are to appeal the order, or request to have it released *in camera*.

Voluntary releases of information

As noted above, sometimes a parent decides that the center should release personal information to a third party or agency. The center policies should create a clear a system of releasing information that follows best practices as outlined in the VAWA guidelines, available at <https://perma.cc/84F2-DTN3>, to ensure releases are truly voluntary. To evaluate whether a release is voluntary, determine if the parent is asking the center to release the information on her own behalf or if the center is asking the parent to allow it to release the information. If the latter, the center decision maker should rethink whether the release is voluntary and parent-led, or for the convenience of the center or the third party. A parent may feel compelled to sign a release, for example, if she perceives it as a prerequisite for receiving services.

The key to developing procedures governing the voluntary release of information is to ensure that they are truly voluntarily. The center's procedures should stress:

- › **The client's wishes.** The center should refrain from seeking a release of information at the time of intake or orientation. Some centers have used this practice, in the form of a blanket release that covers all information for an extended period, for their convenience, despite the fact that it does not conform with best practices.
- › **Written and signed releases.** All releases should be in writing. If the center gets the initial release orally—for example, if the client requests the release over the phone—she should sign and review the release as soon as possible.

- › **Informed consent.** Center procedures should spell out a process for informing a domestic violence victim about the risks associated with releasing the information and explaining that the center cannot control what happens to the information once it is released to an outside entity.
- › **Time limit.** The general OVW guideline is that releases of information should limit the amount of time during which the center can release the specified information as much as possible, and no more than 30 days. Some centers specify that a release is only valid for as long as necessary to release the information; for example, if they are faxing information to another agency, the release may be for five minutes.
- › **Revocability.** Releases should contain a statement indicating that permission to release information is revocable at any time.

Policy and procedure area: Communication with the courts

Having a strong collaboration with courts and judges is critical to the success of a supervised visitation center. While it may be tempting for collaboration partners to share information about a family that is accessing services from more than one collaborating partner, it is important to remember that the victim of domestic violence should always be involved in where and how her information is being shared. Ideally, a center should strive for a level of communication that recognizes its autonomy, including from the court, while also respecting that the court may seek information from the center that it deems vital to families’

needs. (See “Center autonomy” below.) A policy on communicating with the courts should establish a balance between respecting the privacy of the families, meeting the needs of the court, and allowing the center to operate in an autonomous fashion.

Center autonomy

In the early years of OVW’s Supervised Grant Program, many centers were under the false impression that because the court ordered them to provide services to a family, they should function as an “arm of the court.” After much debate within the grant program, courts and centers have come to recognize the benefits of centers being autonomous entities and expert resources for the courts to refer to, rather than extensions of the courts.

Components of the policy

A policy on communication with the courts should include the following components:

- › **Context and goals.** Articulate under what circumstances, if any, the center will share information with the court in the absence of a court order. Some centers, for example, decided that their policy should reflect a desire to keep the court up to date on work at the center, such as the fact that visits are taking place, clients are on time, etc.; others decided that their policies should reflect a “no news is good news” philosophy; and still others only share information when the court orders them to do so or when parents give them written permission. When formulating this policy, the center should confer with court officers, including judges, magistrates, and hearing officers, on how much communication would be

helpful to them. Centers ought to temper the court's expectations of the type of information and the circumstances under which the center will communicate. Some judges do not want extra paperwork if it lacks new information that will help them decide about custody. Other judges find it helpful to have a routine check-in from the center, which may assist them in their regular monitoring of the family. Assess the relationship between the center and the court to determine the goals for communication.

- › **Parameters for communicating with the court.** While judges and other judicial officers may assist in developing this policy, it is important to establish boundaries and manage judicial expectations of what communication can achieve. If the judges are used to court reports in the child abuse and dependency context that provide comprehensive detail of all events, activities, and interactions that occur, it is especially important to temper their expectations of what reports from the center will and will not contain. This policy should reflect the same level of caution as the documentation policy and guide the decision maker by staying focused on the reasons that the family was sent to the center. Apprise the court that communication from the center will reflect safety concerns and battering tactics but not general observations about parenting unrelated to the violence. It is also considered best practice for all centers to be transparent with their parent clients regarding what information is contained in court reports. Centers should allow parents to see what the report states and, if it doesn't pose a safety risk to the victim parent, give them a copy of the report. Some centers

may modify the report based on feedback from a parent prior to its delivery to the court, especially if the center is concerned that the information might compromise victim safety.

Key considerations for procedures

When developing procedures that support the policies around communication with the courts, consider the following:

- › **Determine what would prompt a report/communication with the court.** Decide in advance when the center would generate a report to the court. One option is to generate reports as a matter of course during set intervals, for example, once a month, once a quarter, etc. An advantage of this approach is that it allows some time to elapse and visits to take place before any additional communication occurs. Another advantage is that it becomes somewhat routine for the staff to consider the family's interactions and any new patterns developing at the center. Some judges find it helpful to know that a family is receiving services without incident. One disadvantage is that the court may not routinely read the file. The updates may get logged in without review unless they highlight a critical incident. Additionally, a judge could misinterpret multiple reports without critical incidents to mean that the battering parent has ceased any violence and would not continue the abusive behavior in unsupervised settings, which may not be the case.

Another option is to generate reports before the family has a court hearing. Centers adopt this approach to stay abreast of their families' legal schedules and to ensure their reports

are timely and up-to-date. The other advantage is that the center knows the court will be actively reviewing the file, which courts do before every hearing, and will see the report.

A third option is to generate a report when a critical incident or other troubling interaction occurs and the center wants to inform the court immediately. This approach is grounded in the principle that “no news is good news.” It requires a prior understanding with the court that when the center generates a report, it generally means something went wrong and the court needs to take note.

All three approaches, summarized below, require that the court and the center agree on the significance of receiving a communication from the center:

- when a center sends a report, it is routine, and it keeps the court in the loop;
 - when a family has a hearing, the court should expect an update on them in the file; and
 - when center staff members speak, the court should listen because something happened.
- › **Identify contacts at the center and the court.** The center procedures should determine who at the center is responsible for writing and sending reports to the court. Options include the director alone, or center staff responsible for monitoring the family, with the director’s review and sign-off. Similarly, procedures should explicitly state to whom the center should address communication with the court. The community

collaboration may be able to identify the court point person, or the court may provide a referral.

How to frame court reports

Procedures should detail how the staff should communicate with the court. In general, consider these issues:

- › **Do not assume that the judge remembers the family and its issues.** The center’s procedure should direct staff to include in the report a reminder to the court about why the family was referred to the center and, if possible, include information about the nature of the violence within the family, including battering tactics. For example: “As a reminder, this family was referred to Center when VP (visiting parent) struck CP (custodial parent) in front of child. Your court referred the family to the center on January 1, 2016, based on the domestic violence.”
- › **Context is everything.** Reminding the court why the family is at the center, including its history of violence, provides a context for the report’s analysis of safety risks. Do not assume that the court, in the short time it has with each family, will connect the dots: the report should do so. For example: “In this reporting period, VP required eight interventions to redirect his conversations away from prohibited topics: he inquired about CP three times; he questioned the child about CP’s potential new partner four times; and once he asked the child if he would like to see him outside of the center. By comparison, the average number of times a VP needed redirection in our center in the past six months is 1.25 per

month.” Documentation should also include how the center responded to the behavioral concerns. This record will provide context for the visiting parent’s behavior and shed light on the significance of staff redirections.

- › **Explain the report’s limitations.** Finally, procedures should delineate how staff will inform the courts of the limitations of the shared information. Reports should describe the physical setting and other circumstances in which the visits occur. Moreover, they should always contain cautionary language about the predictive value of the center’s observations. Many centers include language such as:

“This report is a summary of observations only and is not intended to provide a basis for evaluation of any participant. Staff made these observations in a monitored setting. Therefore, they should not function as evidence in any prediction of future interactions outside of this controlled environment or interactions outside of supervision.”

Step 5.
Select a site

Step 5. Select a site

Choosing a site for visitation and exchange services is one of the most important decisions your collaboration will make. The location, layout, and features of a potential site can have a significant impact on the safety of families and staff. In 2013, the Institute on Domestic Violence in the African American Community (IDVAAC) published *Designing Supervised Visitation and Exchange Centers that Promote Safety*, outlining standards and minimum requirements for facility design and the use of security mechanisms to promote safety in domestic violence cases.²¹ While the requirements and recommendations for facility design are summarized below, review the publication in its entirety to learn more.

Minimum requirements for ensuring complete separation of parents

The first standard in IDVAAC’s guide says, “Visitation and exchange centers should design their space and organize their services to ensure there is no visual, auditory, or physical contact between parents while they’re at the center.” The goal is to promote an environment that is both emotionally and physically safe. To achieve this standard, the physical space the collaboration is considering should offer the following minimum requirements.

Separate entrances

One important way visitation centers attempt to create complete separation of the parents is by selecting a building with two separate entrances, ideally on opposite sides of the building. If the collaboration is unable to find a building with this layout, the two entrances should be located far enough from one another that a parent using one entrance is not able to move quickly between the entrances or see or hear a parent using the other entrance. A building that has two entrances located around the corner from one another does not provide adequate separation.

Separate and discrete parking areas

Parking lots can pose significant safety risks. They can provide the battering parent an opportunity to obtain a victim's vehicle information; leave notes or other objects on her car, such as GPS tracking devices; and see who else may be involved in dropping off or picking up the children. To avoid this, it is ideal to find a building with two separate parking areas that do not have a line of sight between them. However, this is not always possible. One visitation center built a privacy fence to turn one parking lot into two. If it is not possible to have two separate parking lots, centers should designate specific areas of the parking lot for each of the two parents, consider increasing the amount of time between the custodial and visiting parents' arrivals, and have a way to actively monitor the parking area.

Adequate number of waiting areas

Centers should have at least two waiting areas so that custodial parents have the option to wait on site without seeing or hearing the other parent. Many victims who are custodial parents choose to stay on site during visits for a variety of reasons, including fear of leaving their

child(ren) with the parent who has harmed them or with visitation center staff, whom they may have just met and with whom they may not yet have had the opportunity to develop a trusting relationship.

Adequate number of bathrooms

A visitation center must have at least two restrooms so that a custodial parent who is waiting on site is able to use a restroom in a secure area and not have to enter the area where the other parent is visiting with the child, and vice versa. Both restrooms must be accessible for people with disabilities.

Locked doors

The center should be laid out in such a way that there is at least one locked door that separates the victim from the battering parent at all times while they are both on site.

Additional considerations when selecting a site

IDVAAC's tool discusses additional considerations when selecting a space, summarized below:

- › **Freestanding vs. shared space.** Communities will likely have the opportunity to consider both freestanding and shared spaces. There can be benefits and challenges to each. If the center occupies an entire building, it likely has more control and ability to make changes to enhance safety, including being able to permanently affix security mechanisms. Sharing space with other services can be more cost-effective and provide more possibilities for separate entrances, but it can be more difficult to control or make structural changes to meet safety standards for domestic

violence cases. If collaborations are considering sharing space with other services, they should avoid places that primarily serve domestic violence survivors, such as domestic violence residential services; places primarily used for children, such as a school or child care facility; or a program that serves battering parents, such as probation and parole.

- > **Location.** When searching for a space, it is also important to consider the location of the building, in addition to the facility design.
- > **Safety.** There are several factors that contribute to a location's perceived and actual safety. Consider the degree of isolation of the center. For example, is the building located on a dead-end street, enhancing opportunities for stalking? Are there other businesses or services in the area that would be open during nighttime and weekend hours of operation?
- > **Cultural considerations.** It is also important to consider if the area is one in which the communities the collaboration anticipates serving feel comfortable and safe. As part of the needs assessment, consider reaching out to human service providers in the area, who may be able to offer insight into the historical and current events in the neighborhood that could impact an overall feeling of safety and comfort.
- > **Accessibility.** If people in your community rely on public transportation, locate the center close enough to a stop or station where most victims would feel comfortable walking, likely with child(ren), between the stop and entrance to the center. Some centers have offered to have staff or a security

guard available to escort victims and children between the transportation stop and the center entrance.

- > **Outdoor spaces.** Many centers want to be able to provide outdoor visits. However, outdoor spaces can pose challenges to the center's ability to mitigate risks in domestic violence cases, which include the possibility of a parent abducting a child. Some collaborations initially have found a space appealing because it had a playground, but on further assessment realized it presented safety concerns. An outdoor area must be as secure as an indoor area, meaning that it is not isolated from the rest of the center, is not visible to anyone inside or outside the building, and has the same level of safety features as the building's interior. Some centers have achieved this by having an enclosed courtyard-like playground or one that is surrounded by solid fencing.
- > **Sufficient space for private conversations or de-escalation.** Sometimes during visits, the need for private conversations between staff members, with parents, or with children arises, which could impact safety if overheard. Centers also need the flexibility to move a conversation that is escalating into a separate space to reduce risk to others. It is important to select a facility that offers additional spaces in which these conversations can take place.

Preparing a site

Once a collaboration has selected a space, it may be necessary to make changes to increase its safety. These may include:

- › **Windows.** While windows allow for natural light and create a more welcoming environment, they can also pose safety risks in domestic violence cases. For example, exterior windows in a visitation room may enable a battering parent to see the victim parent coming and going from the center and could allow people outside the building to see in, compromising safety and confidentiality. Many centers have installed semipermanent window covers that adhere to the window, letting light in but reducing visibility from the exterior. It is important to ensure these covers cannot be easily removed by someone inside the room wanting to look out. Small windows in doors to visitation rooms can enhance safety by allowing other staff to glance into a visit to ensure everything is going smoothly. If there are no windows in the interior door to the visitation room, the door should remain open during visits.
- › **Soundproofing.** The walls, doors, or ceilings of a building under consideration may not provide adequate soundproofing, meaning one parent may be able to hear the other, or they may make it difficult to have confidential conversations with other staff, parents, and children. To address this, consider using sound or white noise machines, soundproofing paint, drywall, or additional insulation.

- › **Sufficient lighting.** Centers generally offer evening visits to accommodate parents' and children's schedules, meaning many families will be coming to and from the center when it is dark outside. This may create a safety concern, particularly for victims who have experienced stalking. To enhance the safety of everyone using the center, including staff, ensure there is adequate lighting at entrances, in parking lots, and in any areas where a person could hide.
- › **Doors and locks.** Solid doors with locks are critical for maintaining complete separation between parents. Some collaborations have added interior doors where none existed, and others have replaced flimsy doors with those that are more difficult to force open. All doors entering the center should have locks on them. When determining which doors should have locks, keep in the mind the ability of a battering parent to lock himself and his children alone in a space.
- › **Creating a welcoming space.** While ensuring a safe space is of paramount importance, give thought to turning the environment into a welcoming and child-friendly space for visits. Paint, comfortable furniture, and artwork can go a long way in transforming an otherwise sterile space. When choosing decorations, keep in mind the importance of clients being able to see themselves in that decor, for example, posters that include people with disabilities and represent a variety of cultures. Include toys and activities that will appeal to both young and older children, including teenagers. Displaying resources and information for parents, including some unrelated to the violence in their lives, also sends a strong message that center staff can be a valuable resource for parents.

Step 6.

Ensure safety and security

Step 6.

Ensure safety and security

In the context of domestic violence, the primary goal of a visitation center is to provide a space for visitation and exchange to occur that reduces the heightened risks faced by many adult and child victims after separation from an abusive relationship. The collaboration is tasked with determining how to provide safety, through policy, staffing decisions, and the use of security mechanisms. In addition to requirements for facility design, IDVAAC also outlines requirements related to safety procedures and mechanisms in *Designing Supervised Visitation and Exchange Centers that Promote Safety*.²² This section summarizes the remaining standards and minimum requirements. Review IDVAAC's tool and companion piece, *Voices of Mothers and Fathers*, for a more complete discussion and consideration of each.²³

Stagger parents' arrival and departure times to ensure complete separation

The first standard in IDVAAC's tool directs centers to organize their services to ensure complete separation between the parents while at the center. To achieve this standard through policy, visitation centers should schedule parents to arrive at the center at least 15 minutes apart. The determination of who arrives first and leaves last should be based on safety needs, not custody status. The safest arrangement is generally for the battering parent to arrive at the visitation center first and leave the center last, giving the victim the opportunity to travel to and from

the center without being stalked by the battering parent. Many visitation centers have found that a 15-minute separation is not sufficient and have increased the interval up to 30 minutes for all cases. Centers should determine a minimum interval, with the ability to increase it for cases that present additional safety concerns. Additional factors that may lead centers to increase the interval between parents' arrival and departure include traffic patterns, the location of the center, and how the parent gets to and from the center. For example, if both parents use public transportation, the center may need to increase the staggered time to ensure they are not on the same bus or train. Also, if a center is located in a high traffic area, it may be necessary to increase the interval to ensure the battering parent is not able to catch up to the victim stuck in traffic.

Ensure effective, safe, and timely communication

Center staff should have the ability to communicate with other staff and/or law enforcement when they need assistance providing safety. To achieve this standard, have the following minimum requirements in place:

Responsive and effective communication with law enforcement

Given the danger associated with providing visitation and exchange services in domestic violence cases, there will likely, if not inevitably, be a time when staff need the assistance of law enforcement. Some centers have a panic button system that, when activated, alerts law enforcement. Others call 911. As the collaboration establishes the center,

cultivate a relationship with law enforcement to familiarize them with the types of cases it is dealing with and to encourage them to prioritize calls from the center. It can be very helpful to have law enforcement personnel tour the facility to get a sense of the layout. As part of this relationship, some law enforcement entities routinely patrol near centers. Others are willing to have a presence during particularly dangerous cases if a center requests backup. When considering these options, be cognizant of the relationship a community may have with law enforcement and if the presence of police will create an obstacle to families' participation.

Quick response or on-site officers?

It is critical that police be able to respond quickly to emergency calls from the visitation center. If this is not possible given the center's distance from the nearest police station, the center should seriously consider hiring on-site security personnel, preferably off-duty police officers, who have training and expertise in handling crisis situations.

A decision about security at the center should involve a variety of factors, including the pros and cons of having someone on-site with the ability to arrest or detain parents if necessary and the community's perceptions of law enforcement personnel versus civilian security guards. For example, is there a history of conflict between police and the community? Do community residents perceive private security guards as having sufficient authority? Collaborations should explore these questions with parents and community stakeholders during the needs assessment. For additional considerations related to security personnel, see IDVAAC's tool and companion piece.²⁴

Responsive and effective internal communication

Put methods in place for center staff to communicate with one another to address any safety issues that arise. Common devices include two-way

radios, phones, intercom systems, and panic buttons that alert staff. This is separate from a panic alert system that goes to law enforcement, accounting for the fact that there will be instances when staff need help from one another, but the situation does not yet rise to the level of needing law enforcement assistance. To reduce the possibility of a volatile situation escalating, direct staff to use the mechanisms in a way that does not alert the parent posing a risk, such as using coded language and/or having panic buttons that staff can wear under their clothes or keep in a pocket.

Adequate staff

There should always be at least two staff members on site any time that services are occurring, including orientations and meetings with parents. Additionally, there should always be at least one person on site who is not otherwise engaged in providing services to provide backup to another staff member. For example, if the center is monitoring two concurrent visits, there should be at least three people on site: one monitor for each family and an additional person who can provide backup. Do not create a situation in which a monitor has to leave a visiting parent alone with a child to assist with another family.

Create adequate security mechanisms

In addition to policies, personnel, and relationships with law enforcement that enhance safety, centers should also use hardware that can help to reduce risk and have policies and procedures in place around their use, and the use of other security measures, such as pat downs. Some of these mechanisms were addressed in the previous section on selecting a site; the rest are summarized on the following page.

Security cameras

Security cameras can alert staff to parents' and children's arrival, enable staff to monitor the exterior of the building, and keep an eye on isolated areas of the center, such as hallways and waiting rooms. However, if the center is going to use security cameras, a person trained in their use must be watching them at all times when clients are on site. There are important considerations related to finding cameras that have the technology to meet the center's needs.²⁵ Develop a policy on how long the center will save recordings and under what circumstances they may or must be saved. In addition, review policies on documentation and recordkeeping; a recording is a document, subject to the policies in that section. (See "Policy and procedure area: Documentation" at page 67.)

Metal detectors and wands

Metal detectors and wands can enable center staff to detect if a parent is attempting to bring a weapon, including a firearm, into the visitation center. If the center decides to use metal detectors or wands, they must have security personnel who are trained to use them and respond when they detect something that could be used as a weapon. The center will also need to use a wand and possibly pat down the person to investigate further anything picked up by the metal detector. Centers should also periodically check to ensure these tools are functioning properly.

Pat downs

Because pat downs have the potential to re-traumatize victims of violence, they should never be used as the first line of screening, but rather in response to something being picked up by a metal detection device. If a pat down is necessary, it should be conducted by a trained person of the same gender and done in a private space, if the person prefers.

Emergencies

As outlined in IDVAAC's tool, centers should develop policies around responding to the following emergencies: natural disasters, power outages, volatile/escalating clients, abduction, hostage taking, building evacuation, and medical emergencies. When creating policies and procedures for each of these areas, be sure to address the particular safety needs of domestic violence cases, such as keeping parents separated, and preventing child abduction.

Use a people-centered approach to security

Over the past 10 years, once visitation centers began intentionally working with families experiencing domestic violence, there has been much thoughtful and important debate about the impact of safety protocols and security personnel and mechanisms on families using the center, particularly those who live in heavily policed communities.²⁶ Centers have attempted to balance this concern with the need to provide adequate security and have employed practices to reduce the negative implications of security. For example, centers that employ law enforcement officers often request that officers wear plain clothes rather than uniforms to create a more welcoming feeling for children and parents. Centers also encourage the officers to get to know and engage with parents and children, and to avoid screening parents in front of their children. Collaborations should explore this issue with their community during the needs assessment process.

Step 7.

Create programmatic resources

Step 7.

Create programmatic resources

In addition to the staff policy and procedure manual, visitation centers should create a series of programmatic resources to guide the work of staff, collect information about the families with which they are working, document services, and share information with parents. A great deal of consideration should go into creating these resources, as they provide important information, set a tone for parents and staff, and gather information that center staff need to do their jobs effectively. Below is a discussion of and considerations for resources that centers commonly create.

Parent handbook

One of the most important tools a center will create is the parent handbook, which outlines what parents can expect from the center, and what the center expects of parents, including behavior during visits and exchanges. Consider the items below when creating the parent handbook.

What parents need to know

Many centers develop the parent handbook by going through their internal policies and procedures and asking themselves, “What do the parents need to know about this policy?” Some visitation centers have been tempted to share their internal policy manual with parents in place of creating a separate parent handbook, but this approach is problematic for two reasons. First, there is a lot of information in the internal policies that parents do not need, such as those related to staffing. Providing unnecessary information can distract parents from the information that

is important for them to know. Second, there is information in the internal manual that may not be safe for parents to have, such as how to respond to emergency situations, which a battering parent could use to undermine such a response.

For those policies and procedures parents need to know, resist the urge to cut and paste. Instead, convey the information parents need to understand what is expected of them, and what they can expect from the center regarding that issue.

Use a welcoming tone in the handbook

The handbook is likely one of the first things parents will receive from the center, during a time when they are forming first impressions, which can be hard to change. Many visitation centers feel the need to use a harsh tone to communicate that they will not allow parents to continue their abuse at the center. They attempt to do this by using bolded language or underlining words or phrases, in the hope that doing so will reduce a battering parent's inclination to violate the guidelines. However, many center staff reported to technical assistance providers that these techniques may have been doing more harm than good, because they fostered an adversarial relationship between parents and staff. As part of their efforts to create a more welcoming tone, many centers have moved away from using the term "rules" to "visit/exchange guidelines."

Be mindful of reading abilities

Parents are likely to have varying English reading facility based on literacy levels, cognitive abilities, and English proficiency. Write center literature at a fourth-grade level, using simple language that is easily understood. Organize documents to feature information that is critical for parents to know to successfully use the center.

Create separate handbooks for visits and exchanges

While there is some information that parents will need to know regardless of whether they are doing visits or exchanges, quite a bit of the information will be unique to each type of service. For example, a parent who is exchanging his children will not need to know that whispering is prohibited during visits. Including unnecessary information can detract from the information that is important for parents to know.

Use language that allows for flexibility

Give staff the ability to respond to each family's particular experiences. Centers report that some men who batter have essentially memorized what is written in the parent handbook and confronted staff when they feel that they have been treated inconsistently with what is written. To allow themselves more flexibility, many centers rely on such words as "may" and "at staff discretion." For example, "Gifts may be allowed at the discretion of center staff" or "We treat each family individually and reserve the right to create specific guidelines to facilitate safe services." These statements enable staff to make determinations based on each family.

Core topics

The parent handbook, which generally ranges from five to 10 pages, should address the following topics:

- › **Guests:** Explain whether they're allowed, who is eligible, and the process for requesting approval to bring a guest.
- › **Cancellation of scheduled services:** Explain how to cancel and how much advance notice is required.

- > **Parking and entering the facility:** Explain the importance of parking in the designated area and arriving at the designated entrance.
- > **Late arrival:** Explain the importance of arriving on time, how the client should alert the center if there is a delay, and the center's range of responses.
- > **Communication restrictions:** Spell out what participants cannot discuss during visits and the necessity for the monitor to be able to hear all conversations.
- > **Electronic devices:** Specify which devices will or will not be allowed during visits, such as cell phones, computers, cameras, or other recording devices.
- > **Confidentiality:** Describe the center's approach to and limitations on confidentiality, such as information that is legally required in reports to the courts.
- > **Operating information:** Give hours of operation and center contact information and explain how to schedule services or a meeting.
- > **Safety parameters:** Specify prohibitions against carrying weapons and using verbal abuse or physical aggression, as well as other actions deemed to cause harm.
- > **Photographs:** Explain whether the center allows photography and under what circumstances if parents cannot bring cameras to the visit.

- > **Food:** State whether it is permissible for parents to bring food to the center, and if the center will provide food or have it available for purchase.
- > **Gifts:** Explain whether and under what circumstances parents are permitted to bring gifts for their children, and the process for requesting to bring a gift.
- > **Interventions:** Explain interventions, under what circumstances they will occur, and under what circumstances the center may suspend or terminate services.
- > **Auxiliary aids and services and modifications to services:** Explain how to request auxiliary aids and services for people with disabilities, including the provision of interpreters, the right to have service animals with them, and the right to have personal care attendants present.

Forms

Visitation centers develop a variety of forms to ensure information is collected consistently. These forms should balance the need to gather certain information in order to provide safe services against the fact that any information that is documented has the potential to impact victim safety if released. Below is a list of forms commonly created by centers:

- > **Parent and child information forms.** These forms include basic information, such as name, parent contact information, emergency contact information, demographic information that may be needed for grant funding purposes, vehicle information if applicable, and space to provide any additional information that the center may need to know for

safety reasons, such as medical conditions and allergies that could impact services, etc. (For more information, see the “Policy and procedure area: documentation” at page 67.)

- › **Orientation questionnaire.** Staff generally complete this document in conversation with the parent. It typically includes open-ended questions to frame the conversation, such as asking victims about past abuse they have experienced, their safety concerns related to working with the visitation center, etc.²⁷
- › **Release of information.** To promote safety, information should not be released without informed, written consent. (To learn what must be included to ensure informed consent, see “Policy and procedure area: Confidentiality and information sharing” at page 76.)
- › **Visit/exchange notes.** This form is designed to document that a visit or exchange occurred and any safety issues that arose during that service. (See “Policy and procedure area: Documentation” at page 67 to learn about important considerations.)
- › **Parent contact notes.** Many centers have found that parents who use violence will attempt to continue their abuse outside of the visit or exchange, such as intentionally making it impossible to schedule services. Additionally, victims may share safety information when dropping off their children. The purpose of this form is to have a place to document conversations that occur outside of visits or exchanges. This form generally includes a table that outlines the type of contact

(phone, in-person) and the topic of conversation. Centers should always consider the potential impact on victim safety before using this form and assess whether information contained within it could affect a victim's safety if the battering parent sees it.

- › **Third-party/guest form.** If the center allows guests or additional persons to participate in visits, this form requests basic information about those individuals.
- › **Sign-in/sign-out form.** This form generally consists of a log where parents initial their arrival and departure times for each visit or exchange.
- › **Incident report form.** Some centers create an incident report form to document any significant safety issues that arose during services.
- › **Contract for services/receipt of guidelines.** This form indicates that parents have reviewed the parent handbook and agree to the guidelines.

Considerations when creating forms

- › Limit the information collected to that which is necessary.
- › Consider how the information requested could undermine victim safety if the perpetrator or his attorney had access to it. For example, a question about whether or not the victim has a new partner may not be necessary information for the safe provision of services (unless the partner is involved in picking up or dropping off the children) and could trigger

a battering parent to retaliate against the victim or new partner if that information were released. Additionally, an indication of mental illness could be used against a victim in court, arguing that they are unfit to parent their child. It is important to remember that, although the center will likely take steps to protect some information, any document has the potential to end up in court.

- > Allow space to provide necessary context. Resist the urge to create forms largely consisting of check boxes, which make it difficult, if not impossible, for staff to include important information about why a particular behavior may create risk for a victim and children.

Step 8.

Hire and train staff

Step 8. Hire and train staff

One of a visitation center's most important assets for reducing risk to victims and their children is its staff. In *Voices of Mothers and Fathers*, mothers shared that one of the things that most impacted their feeling of safety was having a relationship with staff who knew their cases and who had expertise in keeping victims of domestic violence and their children safe.²⁸

Hire staff who have a deep understanding of the dynamics of domestic violence

Domestic violence is complex. It can take years of working with adult victims, battering parents, and children to fully understand the ways in which the battering parents' behaviors are shaped by efforts to exert power and control over victims and children. It can also take many years of training and experience to understand the ways in which victims' behaviors are shaped by efforts to protect themselves and their children from the risks they face. For these reasons, many visitation centers have concluded that it is more effective and less time-intensive to train those with domestic violence knowledge and experience on how to provide visitation and exchange services than it is to train those with visitation and exchange experience on recognizing and responding to domestic violence.

However, not everyone who has a deep understanding of domestic violence is suited to work in a visitation center. Center staff need to be

willing and able to intervene in visits and exchanges where necessary, have difficult conversations with parents, defuse escalating situations, balance accountability and respect when working with battering parents, engage children, and make decisions in the moment. Avoid the temptation to hire less-skilled staff in an attempt to stretch the staffing budget further, as doing so will greatly diminish the center's ability to provide safe services to victims of battering and put staff at risk. Plan accordingly when developing the budget.

If staff does not have experience working in the domestic violence field, provide extensive training on this topic. Some visitation centers have struggled to find candidates with significant experience in domestic violence, particularly in smaller communities. Given how important it is for center staff to understand the complex dynamics of domestic violence, if new hires do not come to the visitation center with domestic violence experience, they should be required to complete the staff and volunteer training offered by the local domestic violence program, which generally runs from 30–40 hours depending on the state or local community. While visitation center staff are not training to be advocates, these advocate trainings provide a strong foundational understanding of the power and control dynamics in domestic violence and are generally offered several times per year.

Vera also recommends training staff on the following topics:

- › *Guiding Principles of the Safe Havens: Supervised Visitation and Safe Exchange Grant Program;*²⁹
- › how battering tactics shift after separation, including using the children and visitation center to continue battering;
- › child abuse and the co-occurrence with domestic violence;

- > child sexual abuse;
- > impact of trauma on adult and child survivors of domestic violence;
- > working with parents and children with disabilities;
- > safety procedures and security mechanisms;
- > working with families from a variety of cultures and backgrounds;
- > working with interpreters; and
- > de-escalation techniques.

Staff training should also include orienting new staff to the organization's policies and procedures. Given their complex nature and their impact on safety, Vera recommends dedicating significant time to the following topics:

- > mandatory reporting;
- > confidentiality;
- > documentation; and
- > intervening in visits.

Continuing education

Given the complex nature of domestic violence, staff training should not be a one-time occurrence. Instead, offer refresher trainings and trainings on

new topics to ensure veteran staff are continually building their knowledge and expertise and avoiding the tendency to become complacent.

Practice, practice, practice

After new staff members have built their knowledge on a variety of substantive topics and have become immersed in the center's policies and procedures, the next step is to practice this new knowledge. This is an important first step in any type of service provision, and especially so when providing services in cases of domestic violence given the complex nature of battering, and the fact that in-the-moment decisions can have a significant impact on victims' and children's safety. Role playing can be used to help staff experience types of situations they will likely encounter, such as talking to moms and dads during orientation about the violence they have experienced or perpetrated, intervening in a visit, working with a child who is reluctant or refuses to participate in a visit, sharing with the custodial parent any safety issues that may have come up during a visit, and responding to late arrivals by the battering parent, among others. Shadowing and being observed by more veteran staff is another way to build confidence before a staff member is given autonomy to work with families.

Step 9.

**Open the visitation
center doors**

Step 9. Open the visitation center doors

At this point in the process, the mission and provision of services are close to becoming a reality. While there is a lot of work ahead, take a moment and reflect on the progress the collaboration has made. You have developed or enhanced policies and procedures, selected a new site or enhanced the safety of an already existing site, created programmatic resources, hired and trained staff, and are ready to begin working with families. For many, however, this is a new skill set center staff have spent time developing and, like any new skill set, there might be an initial learning curve for staff when it comes time to implement. Allow staff the time to master this new skill, taking a more methodical and reflective approach to starting services. Below are recommendations for a graduated approach to services and steps to take after opening to ensure the center is providing safe and welcoming services.

Pilot services

After spending so much time planning and preparing for the visitation center to open, it is understandable to want to make it available to as many families as possible as soon as the doors open. Nevertheless, it is best to take a graduated approach by piloting services with a few families for one to two months before moving to full capacity. There are many moving parts in domestic violence cases, which happen quickly and can have a significant impact on safety. For example, to maintain full separation between the parents requires both to arrive on time, which often

is not the case. If the battering parent, who is typically required to arrive first, is even five minutes late, this can have cascading effects and often requires reaching out to the other parent and asking her to delay her arrival to maintain this separation. It is hard enough to orchestrate this with one family on site, let alone several, which will likely be the case when the center is fully operational. Piloting allows the center staff to get a feel for the flow of operations, become comfortable communicating with families, and practice responding to issues as they arise without the pressure of having several families at the center at the same time or within quick succession of one another. Be sure to inform the courts of the plan to pilot a few families during this ramping-up period so they have a sense of how many families to order to the center.

Piloting is also an important first step for those centers who have been providing visitation and/or exchange services in child abuse and dependency cases and are just beginning to work in an intentional way with families who have experienced domestic violence. The center will essentially be providing a new type of service, using a significantly different approach than with the other families it has been serving. Piloting will give center staff an opportunity to get comfortable with the new safety mechanisms and procedures that have been put in place.

Become comfortable with visits before offering exchanges

Many centers describe exchanges as feeling more chaotic for a variety of reasons, including that they involve just a few staff attempting to safely exchange children from several families at the same time. There are even more moving parts than during visits, and therefore more that could go wrong in a short time. For this reason, waiting several months

to begin offering exchanges gives center staff the opportunity to focus their efforts and build their skill set in working with families before incorporating those lessons into providing exchanges.

The official opening

Consider the following tips for opening the center doors:

- › Give the courts at least one month's notice of the official opening so they can begin referring families who could benefit from services and the center can begin scheduling orientations.
- › Host a community open house and invite potential referral sources, such as family law attorneys, faith leaders, law enforcement, and judges.
- › Distribute a press release and ask media to cover the opening, which will help inform parents of the availability of your service.

Improve continuously

Embrace the notion of continuous self-reflection and improvement. Provide opportunities for staff and parents to share what is working well and identify areas needing improvement. This can be done through focus groups with parents using the center, client satisfaction surveys, one-on-one check-ins with parents and children, case file reviews, and case consultations.³⁰

Review policies and practices

As mentioned earlier, consider the policy and procedure manual to be a living document, subject to change and revision. Ask staff what is and is not working for them in terms of policies, practices, and forms. Have them identify policies and procedures to which they frequently need to make exceptions or questions on forms they often skip or reword. Also incorporate feedback from parents. We recommend waiting one year to do this, as it allows time to identify a pattern of policies or procedures that are not working. Avoid the tendency to change an existing policy or create a new policy every time a parent uses a battering tactic not specifically addressed in the policies. Given the nature of domestic violence, battering parents will go to great length and use tactics that may be unique to their former partner's life circumstances, making it impossible to address every possible battering tactic that may arise over the course of services. Some centers have started to tweak policies as soon as they open their doors. On reflection many months or years later, they can identify policies they developed to address an experience with a particular family and, in hindsight, realize that it does not make sense for the majority of other families they serve. Nevertheless, if staff identify a particular policy as being problematic before the center has reached a year of service, it is fine to change that particular policy as needed. Involve domestic violence advocates and possibly court partners in reviewing any substantial changes to policies or procedures.

Conclusion

Conclusion

Supervised visitation and exchange centers can play a critical role in reducing the risk that many victims of domestic violence and their children face when leaving an abusive relationship and attempting to safely navigate custody. Creating services that truly mitigate those risks involves a great deal of planning. This guide has outlined steps to help along this path. While it may be tempting to skip some of the steps to open the center's doors as soon as possible, each one is a vital piece of the process.

While this guide distills many lessons learned since the inception of OVW's Safe Havens: Supervised Visitation and Safe Exchange Grant Program, Vera has drawn from many published resources, all of which can be found at www.safehavensonline.org. In addition to Vera, there are several organizations that continue to work on these issues, including the Center for Court Innovation, the National Council of Juvenile and Family Court Judges, Futures Without Violence, Inspire Action for Social Change, and the Institute on Domestic Violence in the African American Community. There is also funding to do this work through the OVW's Justice for Families Grant Program. For additional information, visit <https://perma.cc/2MK8-FF7G>.

Congratulations on undertaking this journey. You have the ability to ease the difficult and often dangerous journey victims and children face as they begin to rebuild their lives. Thank you for doing this important work.

Endnotes

- 1 Shannan Catalano, Erica Smith, Howard Snyder, and Michael Rand, *Female Victims of Violence* (Washington, DC: Bureau of Justice, 2009), <https://www.bjs.gov/content/pub/pdf/fvv.pdf>.
- 2 Christine Harrison, “Implacably Hostile or Appropriately Protective? Women Managing Child Contact in the Context of Domestic Violence,” *Violence Against Women* 14, no. 4 (2008), 381–405.
- 3 Communities use a variety of terms for this group, including consulting committee or advisory committee. Choose a name that fits the community and reflects the group’s role.
- 4 U.S. Department of Justice (DOJ), Office on Violence Against Women, *Safe Havens: Supervised Visitation and Safe Exchange Grant Program Guiding Principles* (Washington, DC: DOJ, 2007), <https://perma.cc/F5LM-Q2C9>.
- 5 Harrison, “Implacably Hostile or Appropriately Protective?,” 2008.
- 6 While parenting isn’t the primary focus of supervised visitation and exchange in cases of domestic violence, many visitation centers model positive parenting skills and provide parenting information that specifically address parenting in the context of domestic violence. Some visitation centers are offering enhanced supervised visitation. To learn more about this and therapeutic supervised visitation, see Beth McNamara and Jennifer Rose, *Change is Possible: An Enhanced Model of Supervised Visitation for Families Impacted by Domestic Violence*, 2017, at <https://perma.cc/WYG5-HCPM>.
- 7 See Martha McMahon and Ellen Pence, *On Safety’s Side: Protecting Those Vulnerable to Violence* (Duluth, MN: Praxis International, 2008), 18, <https://perma.cc/B4T9-PPLP>.
- 8 Ibid.
- 9 U.S. Department of Justice, Office on Violence Against Women, *Safe Havens*, 2007.
- 10 For more information on creating culturally responsive services, see Oliver J. Williams, *Concepts in Creating Culturally Responsive Services for Supervised Visitation*

Services (St. Paul, MN: Institute on Domestic Violence in the African American Community, 2007), <https://perma.cc/5GZA-6AFU>. For information on specifically addressing visitation and exchange services within Native American communities, see Lauren J. Litton and Oliver J. Williams, *Ozha Wahbeganniss: Exploring Supervised Visitation and Exchange Services in Native American Communities* (St. Paul, MN: Institute on Domestic Violence in the African American Community, 2004), <https://perma.cc/JL4C-BTGA>. For suggestions for assessing the cultural responsiveness of center services, see Melanie Shepard, Jane Sadusky, and Beth McNamara, *Engage to Protect: Informing the Practice of Supervised Visitation* (Duluth, MN: Praxis International, 2009), <https://perma.cc/P7PP-Z8ML>.

- 11 For more information, see Maren Hansen-Kramer, Julie Tilley, Beth McNamara, and Jane Sadusky, *Engage to Protect: Engaging with Men Who Batter in Supervised Visitation Centers* (Duluth, MN: Praxis International, 2009), <https://perma.cc/8QQA-JX2V>; Juan Carlos Areán

et al., *Fathering After Violence: Working with Abusive Fathers in Supervised Visitation* (San Francisco, CA: Futures Without Violence, 2007), <https://perma.cc/PCF4-S76E>; and Lisa Goodman, Margret Bell, and Jennifer Rose, *You Can't Be Held Accountable if You Don't Count: The Impact of the National Institute on Fatherhood, Domestic Violence, and Visitation on the Capacity of Supervised Visitation Centers to Engage Men and Enhance Family Safety* (San Francisco, CA: Futures Without Violence, 2013), <https://perma.cc/L755-BUU9>.

- 12 For more information about working in the visitation and exchange setting with women who have experienced domestic violence, see Hansen-Kramer et al., *Engage to Protect: Engaging with Men Who Batter*, 2009.
- 13 To learn more about considerations related to surveys, see Shepard, Sadusky, and McNamara, *Engage to Protect: Informing the Practice of Supervised Visitation*, 2009.
- 14 Ibid.

- 15 Ellen Pence and Jane Sadusky, *Engage to Protect: Crafting Policies that Account for Battering* (Duluth, MN: Praxis International, 2009), <https://perma.cc/6JTG-4X7B>.
- 16 For an in-depth discussion, see Jane Sadusky, *New Perspectives on Supervised Visitation and Safe Exchange: Orientation* (Duluth, MN: Praxis International, 2008), <https://perma.cc/LHS4-ESSZ>.
- 17 Catalano, Smith, Snyder, and Rand, *Female Victims of Violence*, 2009.
- 18 To develop an orientation policy to guide staff on these conversations, see Sadusky, *New Perspectives on Supervised Visitation and Safe Exchange*, 2008.
- 19 For comprehensive lists of state statutes governing mandatory reporters of child abuse and neglect, see <https://perma.cc/ERJ4-L7NP> and <https://perma.cc/K4CQ-VTWS>.
- 20 For information on a motion to quash, see <https://www.legalmatch.com/law-library/article/what-is-a-motion-to-quash.html>.
- 21 Lauren Litton and Tiffany Martinez, *Designing Supervised Visitation and Exchange Centers that Promote Safety* (St. Paul, MN: Institute on Domestic Violence in the African American Community, 2013).
- 22 Ibid.
- 23 Lauren Litton and Tiffany Martinez, *Voices of Mothers and Fathers: Recommendations about Safety and Security Measures for Supervised Visitation and Exchange Centers Serving Families Who Have Experienced Domestic Violence* (St. Paul, MN: Institute on Domestic Violence in the African American Community, 2013).
- 24 Litton and Martinez, *Designing Supervised Visitation and Exchange Centers that Promote Safety*, 2013; and Litton and Martinez, *Voices of Mothers and Fathers*, 2013.
- 25 For additional information regarding the technological needs of video cameras, see Litton and Martinez, *Designing Supervised Visitation and Exchange Centers that Promote Safety*, 2013, 22–23.

- 26 Jane Sadusky, *Building Safety, Repairing Harm: Lessons and Discoveries from the Office on Violence Against Women's Safe Havens Supervised Visitation and Safe Exchange Grant Program - Demonstration Initiative* (Duluth, MN: Praxis International, 2008), 71.
- 27 For an in-depth discussion about the orientation process, including questions to ask, see Sadusky, *New Perspectives on Supervised Visitation and Safe Exchange*, 2008.
- 28 Litton and Martinez, *Voices of Mothers and Fathers*, 2013.
- 29 U.S. Department of Justice, Office on Violence Against Women, *Safe Havens*, 2007.
- 30 For additional information on considerations for parent focus groups, see Shepard, Sadusky, and McNamara, *Engage to Protect: Informing the Practice of Supervised Visitation*, 2009, 20–27.

Acknowledgments

The authors would like to thank Praxis International, which shaped the framework for supervised visitation and exchange services that meet the needs of victims of domestic violence and their children. Without Praxis's thought leadership on supervised visitation and domestic violence, this guide, and the many others it draws on, would not be possible. We would also like to thank the grantee communities funded through the Office on Violence Against Women that have wrestled with the challenges of providing visitation in the context of domestic violence, and with which we have had the honor to work.

Thank you to Johnny Rice II, who contributed significantly to this guide as a colleague and technical assistance provider with Vera's Center on Victimization and Safety (CVS). Thank you also to Sandra Harrell, associate director of CVS, for her contributions to this guide, and to Tiffany Martinez, who provided feedback on an early draft. Thank you to Mary Crowley, Ram Subramanian, and Erika Turner of Vera's Communications Department for their guidance in bringing this publication to fruition, Alice Chasan and Cindy Reed for their editorial oversight, Stephanie Grey for the design and layout, and Tim Merrill for proofreading.

About citations

As researchers and readers alike rely more and more on public knowledge made available through the Internet, "link rot" has become a widely acknowledged problem with creating useful and sustainable citations. To address this issue, the Vera Institute of Justice is experimenting with the use of Perma.cc (<https://perma.cc/>), a service that helps scholars, journals, and courts create permanent links to the online sources cited in their work.

Credits

© Vera Institute of Justice 2018. All rights reserved.

An electronic version of this report is posted on Vera's website at www.vera.org/supervised-visitation-safe-exchange-guide.

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely upon for safety and justice and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America's increasingly diverse communities.

For more information, visit www.vera.org.

For more information about this report and the Center on Victimization and Safety, please visit www.vera.org and www.endabusepwd.org or contact CVS at cvs@vera.org.

Suggested Citation

Anneliese Brown and Jannette Brickman. *Supervised Visitation and Exchange: Keeping Survivors of Domestic Violence and Their Children Safe: A Step-by-Step Guide*. New York: Vera Institute of Justice, 2018.

Vera Institute of Justice
233 Broadway, 12th Floor
New York, NY 10279
T 212 334 1300
F 212 941 9407

New Orleans Office
1307 Oretha Castle Haley Boulevard
Suite 203
New Orleans, LA 70113
T 504 593 0937

Washington DC Office
1111 14th Street NE, Suite 920
Washington, DC 20005
T 202 465 8900
F 202 408 1972

Los Angeles Office
707 Wilshire Boulevard, Suite 3850
Los Angeles, CA 90017
T 213 223 2442
F 213 955 9250