BEYOND OBSERVATION

Considerations for Advancing Domestic Violence Practice in Supervised Visitation

Family Violence Prevention Fund

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Lonna Davis
Project Director

II. INTRODUCTION

This paper presents considerations for expanded practice in the Supervised Visitation Grant Program and describes interventions that go beyond observation in the supervised visitation setting. The Supervised Visitation Grant Program, established by the Violence Against Women Act of 2000, provides an opportunity for communities to support supervised visitation and exchange by and between parents in situations involving domestic violence, child abuse, sexual assault, or stalking. This initiative is sponsored by the U.S. Department of Justice.

The information for this paper comes from a number of sources:

- Interviews with experts in the field;
- A review of the literature on supervised visitation;
- Observations of center operations; and
- Focus groups conducted with consumers, staff, judges, lawyers and key constituents of supervised visitation centers.[1]

The intended audience includes the staff of visitation centers, clinicians, lawyers, judges, domestic violence advocates, and men's non-violence programs.

The complexities of working with families affected by domestic violence are considerable. In discussions with staff at the visitation centers, two challenges consistently emerged: designing services that account for the unique dimensions of domestic violence, and maximizing the potential of visitation centers to help each family member. Centers use a range of practice. At one extreme, some centers provide only observation and minimal documentation of a visit to the courts. At the other extreme, some centers describe their work as "therapeutic," providing interventions that attempt to facilitate healing in parent-child relationships. This paper will explore the continuum of services provided and present the perspectives of consumers and staff regarding their desires and needs from the supervised visitation experience.

Staff members who were interviewed for this paper generally agree that a child's experience and the safety of both the child and the victimized parent are central to the

1 See appendix for a description of the focus groups, methodology, and findings.

mission of the centers. At a minimum, center staff wish to avoid harm to a child in structuring contact with parents. Many centers want to do more, however, and consider supervised visits a unique opportunity to provide safety to a child while helping parents to recognize their children's needs.

In talking to staff at supervised visitation programs, we explored some fundamental questions that should be explored by any program who wants to move beyond observation:

1. Beyond the provision of a safe environment for children and victims, what could centers offer to families who experience domestic violence?
2. Acknowledging the desire to do more, when and how should staff intervene?
3. What are the costs or unintended consequences of offering therapeutic services?
4. What are the goals of such services?
5. Who benefits from them?
6. What are the implications of therapeutic services in terms of reporting to the courts?

As we have gathered information for this paper, the authors wish to acknowledge the contribution of the Supervised Visitation Network (SVN) to the current standards and philosophy of supervised visitation centers. The SVN's central role in the field is described below. We also acknowledge the work of the Safe Havens Supervised Visitation and Safe Exchange Program Steering Committee (Committee) in defining the particular challenges and opportunities in supervised visitation centers that serve families affected by domestic violence. The Committee defined six guiding principles for supervised visitation in cases of domestic violence.[2]

A note about language and terminology

In talking with staff and consumers at the visitation centers, we learned about the difficulty of labeling a parent as "victim" or "perpetrator," "custodial" or "non-custodial" parent, and about the erroneous assumption that a "victim" of domestic violence would always be the custodial parent. In one center, for example, nearly 50 percent of custodial parents were the abusive partners. Likewise, although the majority of domestic violence victims are women, some are men. Similarly, some perpetrators are women. Thus, in making observations and drawing generalities, we must be mindful of these complexities and the limitations of labels.

2 Office on Violence Against Women, US Department of Justice. (2007). *Guiding Principles. Safe Havens: Supervised Visitation and Safe Exchange Grant Program.* Washington, DC.

III. A BRIEF HISTORY OF SUPERVISED VISITATION CENTERS

The first supervised visitation programs in the United States were founded in the 1970s and early 1980s to provide services for families involved with the child protection system. The centers played an important role in monitoring visits of children and parents in cases where a child had been removed and there were questions about reunification of the child with the parent. As the centers evolved, there was more demand for visitation services for children whose parents were separated or divorced. Courts faced more complicated custody disputes and needed programs to provide these services. Along with these custody disputes came complications such as one parent's concern about the child's safety with the other parent, a child's refusal to spend time with one parent, interrupted contact between a child and one parent, the need for temporary arrangements to allow courts more time for evaluation, volatile and unsafe transitions between parents, and safety concerns for families experiencing domestic violence. Straus and Alda describe how these forces collided and led to the need for more supervised visitation programs: "Common to all these situations is the tension between unacceptable alternatives: on one hand, actively terminating or allowing a cessation of contact with a non-custodial parent, and on the other hand, maintaining contact with a potential risk of harm to the child and/or the custodial parent."[3]

In the early 1990s, attention shifted to the development of supervised visitation for families that had experienced domestic violence.

Visitation programs evolved in individual communities across the country and for the most part remained disparate until the creation of the Supervised Visitation Network (SVN) in 1992. The development of a national network and professional organization helped to bridge the information gap between the providers of various services to families involved in visitation and custody disputes and providers involved with child protection.

In the early 1990s, attention shifted to the development of supervised visitation for families that had experienced domestic violence. This happened in conjunction with increased pressure on the courts and service providers to acknowledge and address the safety needs of women and children affected by domestic violence.

3 Straus, R. B., & Alda, E. (1994). Supervised child access: The evolution of a social service. *Family and Conciliation Courts Review,* 32(2), p. 234.

The Evolution of Therapeutic Supervised Visitation

According to Karen Oehme, Program Director of the Clearinghouse on Supervised Visitation, therapeutic supervised visitation first appeared with dependency cases.[4] In the early 1980s, courts were ordering both visits and therapy as a part of a family's service plan for children in the temporary custody of child protective services. Although unclear as to its precise genesis, the therapeutic visit was created to serve a family's needs for both visits and therapy.

> The SVN later defined "therapeutic supervised visitation" as "supervised visitation focusing on increased positive interactions, education about children's needs and interests, and appropriate parenting during parent/child interactions;" with the desired outcome of having, "...visitation plans that include fewer interventions and less restrictive environments."[5]

Since the early development of supervised visitation centers, there has been variation in how monitors observed, evaluated, intervened, or used some combination of activities during a visit. Straus and Alda provide an interesting discussion of the benefits, risks, and limitations of each of these methods, with the conclusion that one is not completely exclusive of the others.[6] Despite the existence of widely accepted guidelines today, variation in these three methods of supervision can be seen today in the different ground rules used by visitation programs. These differences exist for good reason. Each center employs monitors with varying degrees of education and experience, and each interprets "safety" in a different way. Theonnes and Pearson's findings indicated that 60 percent of the practitioners surveyed, "...would...like to be able to do more modeling of appropriate parenting behavior rather than just monitoring."[7]

4 Personal communication with Karen Oehme.

5 Blaschak-Brown, N., Depper, D., & Herran, B. J. (2004). *Rally Family Visitation Services-facilitated supervised visitation service.* San Francisco: Rally Family Visitation Services of Saint Francis Memorial Hospital.

6 See supra note 3, pp.241-242.

7 Theonnes, N., & Pearson, J. (1999). Supervised visitation: A profile of providers [Electronic version]. *Family and Conciliation Courts Review,* 37, p. 466.

IV. THE NEEDS OF CHILDREN, ADULT VICTIMS, AND OFFENDERS IN SUPERVISED VISITATION PROGRAMS

Supervised visits at centers provide opportunities to safely support relational interactions between children and their parents. Focus groups with supervised visitation staff revealed that many centers now intervene beyond observation or would like to do so. The broad goal of these interventions is to foster healthier connections between children and both parents, thereby offering a foundation for enhanced child safety beyond the container of the visit. Whether interventions are delivered as part of a distinct type of supervised visitation, such as facilitated visitation, or through impromptu judgments by visitation supervisors, these centers help parents practice being more empathic about their children's experiences and relating with their children in more developmentally appropriate ways. The centers can also maintain a dual framework of holding abusive parents accountable while helping them learn from the visits.

Impact of Child Exposure to Domestic Violence

Exposure to domestic violence can affect children socially, psychologically, and/or emotionally.

Exposure to domestic violence can affect children socially, psychologically, and/or emotionally.[8] Visitation centers working with families must understand the dynamics of domestic violence and its impact on women and children and be able to recognize the symptoms and problems children may exhibit. In addition, centers must learn how a perpetrator's abuse and control can affect an adult victim's relationship with her child. Centers need to incorporate training programs and consultation and implement staffing decisions that increase the understanding of these dynamics.

Some supervised visitation providers that observe poor mother-child relationships have been quick to blame mothers. Frequently, however, a mother-child relationship needs to be restored in an environment of safety, understanding, and predictability; such environment cannot be afforded while domestic violence is being perpetrated. Domestic violence does not necessarily end because restraining orders, other court orders, and/or supervised visitation are in place. Women have ongoing, legitimate fears about contin-

8 Edleson, J. L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence,* 14 (8): 839-870.
See also: Groves B. (2002). *Children who See Too Much: Lessons from the Child Witness to Violence Project.* Boston: Beacon Press.

ued control, legal abuse, intimidation, child safety, economic abuse, and abuse perpetrated through the children. These fears need to be carefully considered and integrated into practice.

Supervised Visitation and Child Exposure to Violence

Many factors contribute to a child's difficulty in coping with a supervised visit with a parent who has been violent. These factors include:

- Cognitive understanding of the violence.
- Capacity to manage strong affect.
- Lengthy separations from the visiting parent.
- Parental loyalty conflicts.
- Post traumatic stress disorder symptoms.
- Quality of the relationship with each parent.
- Specifics of exposure to the violent behavior of an abusive parent.
- Behavioral and affective symptoms of the child.
- Uncertainty about safety or about what will happen at the visit.
- Anxiety about parent safety.
- Confusion about the circumstance of the visitation and family conflict.

Visitation centers can use child orientations to alleviate children's anxiety and normalize their feelings.

Supervised visits and transitions to visits that are stressful or upsetting for children cannot be avoided; however, centers can incorporate practices to mitigate a child's level of distress or help a child to cope more adaptively. Each of these domains requires additional staff education, training, and experience.

How Visitation Centers Can Support Children

As part of an overall philosophy of maintaining an equal regard for the safety of adult victims and their children, visitation centers must have a clear focus on the needs of children. Many centers have implemented practices and procedures to help children navigate the stresses of supervised visitation. Visitation centers can use child orientations, for example, to alleviate children's anxiety and normalize their feelings.

Child orientations (however big or small) should be required as part of intake protocols and incorporated as part of a center's overall philosophy of integrating predictability and routine activity into programmatic policies and procedures.

Another example of enhancing organizational readiness to support children may include an intake with a visiting parent that incorporates a discussion about how the parent thinks the child may react or behave during the visit. The intake interview should also include some discussion about the child's exposure to violence. This is an opportunity to orient the parent to important considerations of child development and the possible difficulties a child might experience and to begin a process of helping the parent create empathy for the child.

Children should be protected from ongoing conflict and tension between parents and from the ongoing abuse perpetrated by batterers. A child's relationship with each parent should be recognized as distinct and different from the parents' relationship with each other. One or both parents might require support to recognize this distinction. For some children, age-appropriate accounts of the abuser's behavior or of the parents' decisions to separate might be an important part of the healing process. These discussions may require additional intervention skills or consultation. Visitation centers may seek outside mental health consultation or make referrals for parents who need extra support to validate a child's experience. Adult victims may have difficulty separating their feelings for the abuser from those for their child, particularly if the child was involved in her abuse or was abused directly. Thus, in many cases, a victim's difficulties with the child-parent relationship may stem from the abuse perpetrated; centers need to be sensitive to this when intervening.

Center staff should ensure that children's experiences are heard and validated, and centers should be places where children feel they can share their thoughts and feelings. Center staff needs training in child development, including how age and developmental stage-appropriate skills inform a child's play, the ability to interpret reality, attachment needs with parents, and manner of expressing feelings or distress. Children need the opportunity to play safely and freely, and staff and parents should recognize the central importance of play in the lives of children. Play allows children to have control, to express feelings, to solve problems, and to sort out their daily experiences.

Staff needs to be sensitive to and have an understanding of cultural differences with the use of parental participation in play. Families of different cultural backgrounds may view play differently, and visitation center supervisors need to make an effort to learn about what "play" means to a particular family.

Transitions can be particularly difficult for children. A practice frequently mentioned in the focus groups was careful planning of transitions to support children throughout the visitation process. At some centers, program procedures and staff training have become standard protocol to provide extra support during these vulnerable moments.

Play allows children to have control, to express feelings, to solve problems, and to sort out their daily experiences.

Centers should train staff on strategies for supporting smooth transitions and salvaging difficult ones.

Emotional and Physical Safety of Children at Visitation Centers

Safety, both physical and emotional, frequently takes on special meaning for children exposed to domestic violence. A basic sense of safety has been disrupted for many of these children.[9] They may expect bad things to happen and feel uncomfortable in any environment. Safe environments for children are those that are predictable and offer trustworthy adults who care about what children have to say and allow for safe expression of feelings and thoughts. Safe environments also have rules to keep children safe that are developmentally appropriate, reliable and consistent. Children need to know that it's okay to feel angry, sad, scared, disappointed, lonely, or confused. In other words, children need to know how their safety is being considered and need reassurances that the practices are being strictly adhered to. Staff should not expect to easily win the trust of these children. Children who have been exposed to violence often have difficulty trusting adults, and center staff will need time to develop a trusting relationship. The child orientation is the beginning step in establishing a trusting relationship with staff at visitation centers.

Safety, both physical and emotional, frequently takes on special meaning for children exposed to domestic violence.

Emotional safety includes providing a setting where children can share their experiences. This includes validating the child's experience or helping the child feel listened to, understood, and connected to others by his or her experience or reactions. When one little girl was given the opportunity to share during a center's orientation, she responded to the question, "What would it take to feel safe [visiting her father]," with, "I need fourteen people in the room." When children are given the chance to talk, adults are better able to help children make sense of the world, and to better appreciate how important safe adults are in a child's life.

Safety for children also means that adults are able to set appropriate limits. As much as children may resist or appear to resist, they are comforted by limits that keep them safe. Given this, children need to know that center staff and other adults will keep children safe in their own behaviors and are familiar with strategies to help children when they lose the ability to regulate their emotions. Center staff should be able to recognize when a parent may need help and to make use of strategies to provide help. Programs should seek training or consultation to learn more about managing difficult and aggressive child behaviors and supporting caregivers with doing the same.

9 Groves, B., Van Horn, P., & Lieberman, A. (2007). Relationships between children and fathers after domestic violence: Implications for treatment. In J., Edleson & O., Williams (Eds.). *Parenting by Men Who Batter: New Directions for Assessment and Intervention.* New York, NY: Oxford University Press.

Understanding the Needs of Mothers Who Are Victims of Domestic Violence

Victims of domestic violence are not a monolithic group. Although many mothers who experience abuse at the hands of an intimate partner may share similar stories, each person has her own unique experience. Gathering the perspective of a mother is the most fundamental step in understanding her experience. Jill Davies, in *Safety Planning with Battered Women,* presents dual frameworks to understand the experience of women: batterer-generated risks (what the abusive partner is doing to her); and life-generated risks (what the world does to her).[10]

Gathering the perspective of a mother is the most fundamental step in understanding her experience.

Using this approach, practitioners and advocates should assess what kinds of risks she is trying to manage because of her abusive partner or ex-partner in the visitation context. These risks might include the physical and psychological harm a woman has experienced; how she thinks the children have been involved; the financial risks and consequences; how the abuse has impacted her family and friends; what it meant for her to end the relationship (if indeed she has); and whether she has any worries about legal issues, such as custody decisions, arrests and/or immigration status.

Additionally, it is important to understand a victim's risks and fears apart from what the abuser has created. Examples include where she lives (city, island, rural); her physical and mental health; the kind of help she did or did not receive; discrimination and oppression based on race, culture, disability, sexual orientation; and any past abuse or trauma.

A visitation center might be the only social service with which the mother is involved. Furthermore, if she is the custodial or residential parent, her contact with the center may be limited to dropping off and picking up the child(ren). It is essential that a center recognizes the advocacy needs of these women and sees advocacy as part of the core principle of having equal regard for women's and children's safety. Although the centers themselves may have limited opportunities or resources for advocacy, it should be the responsibility of the Collaborative (the network of agencies linked with a supervised visitation center) to ensure that quality advocacy is available and that every victim of domestic violence has access to safety planning and advocacy services.

Visitation center staff and partners should recognize that each mother is different. Her risks, her choices, her circumstances all influence her as an individual. When a mother presents as angry, dishonest, distraught, oppositional, or distrustful, it is easy to dislike her or misunderstand the reasons for the behavior. If there is a framework to under-

10 Davies, J. (1998). *Safety planning with battered women: Complex lives/difficult choices.* Thousand Oaks, CA: Sage Publications, Inc.

As centers consider moving beyond observation, it becomes more important to enhance their work with victims.

stand her presentation, staff is less likely to make assumptions. Instead, staff can ask questions, convey support, and offer resources to mothers.

As centers consider moving beyond observation, it becomes more important to enhance their work with victims. Not all victims who are custodial parents will want their children's father to have more help with parenting or will want to restore a relationship between him and the child. In some instances, such as court-ordered therapeutic visitation, women may not be able to make these decisions. But how a center works with the mother in order to integrate her needs and knowledge about how the violence has affected her children will be paramount to achieve the best outcomes for children and to mitigate any unintended consequences for victims.

Understanding the Needs of Fathers and Holding Them Accountable

It is difficult to make generalizations about abusive fathers because a wide range of men use violence and, at this point, there is no clear understanding of how to classify them or design specific interventions for different kinds of aggressors. In the context of supervised visitation, men should always be held accountable for their abuse. It is also possible in the context of supervised visitation to work with some men to improve their fathering skills and to help them acknowledge the impact of their abusive behavior without compromising the safety of their families. Visitation centers have a responsibility as part of the system that holds abusive men accountable, but they also have an opportunity to engage men and help them become better fathers and intimate partners. In fact, positive engagement of fathers to change their negative behaviors and attitudes can enhance the wellbeing of their children, partners and ex-partners; this engagement is a key component to ending family violence.[11]

Before working with fathers in the context of visitation, center staff must understand the tactics used by many abusive men to control and intimidate their partners. Training and ongoing supervision are required. In their book *The Batterer as Parent,* Bancroft and Silverman describe the impact that abusers have in the family system, such as undermining the mother's authority, interfering with the mother's parenting, involving children in violent events, using them as go-betweens, and sowing divisions among family members.[12] Some abusive men use the judicial and social service systems, including visitation centers, to continue to control and damage the lives of their ex-partners. Specific tactics include filing multiple motions in court, report-

11 For more information on strategies and considerations in engaging fathers, see Family Violence Prevention Fund (2007). *Fathering After Violence: Working with Abusive Fathers in Supervised Visitation.* San Francisco, CA.

12 Bancroft, L., & Silverman, J. G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics.* Thousand Oaks, CA: Sage Publications.

ing their ex-partners to child protection services for alleged negligence or abuse, and using the visitation center's documentation to accuse their ex-partners of contempt and non-compliance with the court orders. Although many visiting fathers will display their best behavior during supervised visits, some of them will attempt to use these and other tactics, even in the presence of visitation supervisors. One of the most common tactics is to ask questions about their ex-partners and send messages to them through the children.

A primary strategy for working with abusive fathers in visitation centers could be helping them understand the effects that exposure to violence has on their children, even if they have not suffered direct abuse. Some Batterers' Intervention Programs (BIPs) have used this approach to encourage men to change their abusive behavior, having observed that some fathers are able to develop empathy more readily toward their children than toward intimate partners. A few BIPs have used fatherhood as an approach to recruit men into their programs, without a court or CPS mandate.[13]

Another important strategy would be to develop culturally appropriate interventions for men, especially if a center serves a diverse population. Some BIPs have used culture and community as a way to engage abusive men in change. One of the chief strategies has been to invite men to generate a list of positive values from their culture and to use these values to assess accountability for their behavior as well as to support the process of change. Men often react more positively when they can perceive an intervention as emanating from their own cultural framework rather than being imposed from outside by the dominant culture.[14]

Lastly, in some instances, visitation centers might have opportunities to work with fathers who have engaged in the journey of changing their behavior (ideally with the support of a BIP) and want to undertake a reparation process with their children. In these cases, visitation centers can facilitate healing for the whole family by offering therapeutic visitation combined with close monitoring and ex-partner contact.

A primary strategy for working with abusive fathers in visitation centers could be helping them understand the effects that exposure to violence has on their children.

13 Examples of programs using the fatherhood approach include EMERGE in Boston and CORIAC in Mexico City.

14 Examples of programs using the cultural approach include Caminar Latino in Atlanta, EVOLVE in Connecticut, the Institute for Family Service in New Jersey, CECEVIM and the National Compadres Network in California and the Batterer Education Program for Incarcerated African-Americans in Georgia.

V. CONSIDERING THE PRACTICE CONTINUUM AND GUIDELINES FOR DECISION MAKING

Our findings confirmed that many supervised visitation providers would like to intervene or engage families, beyond observation, during supervised visits. Some parents want the same. This section describes a continuum of supervised visitation interventions with families affected by domestic violence. The text defines each major part of the continuum and suggests guidelines to inform decisions about the type of supervision to use. This part also provides practice examples to illustrate several common circumstances and how to decide about the type of supervision to use.

All supervised visitation in cases of domestic violence requires practices and procedures that ensure the emotional and physical safety of the child and adult victims. Ongoing safety assessment of each family member is essential. Factors such as staff resources and training also influence decisions about structuring a specific supervised visit. Programs need procedures and training to enhance staff ability to provide case management and to maintain contact with other agencies to better assess past and ongoing abuse and supports and services already in place (e.g., BIPs).

The continuum closely parallels the Supervised Visitation Network's (SVN) three visitation types: supervised visitation, supportive supervised visitation, and therapeutic supervision.[15] Most of the discussion below focuses on services defined as supportive and therapeutic.

Supervision Types*

observation supportive therapeutic

* Movement from left to right on the continuum of supervision requires more comprehensive assessment and increasing program capacity including skills, training, collaboration with other providers and experience.

15 Supervised Visitation Network, SVN Standards Task Force and Standards and Guidelines Committee.(2006). *Standards for supervised visitation practice.* Retrieved August 28, 2006, from http://www.svnetwork.net/Standards.html.

Observation

Observation provides a basic level of safety whereby a monitor observes a child-parent visit and enforces the visitation ground rules that were developed to support the emotional and physical safety of children and adult victims. During observation, the monitor stops, redirects, terminates, or records interactions that violate ground rules. Of the three visitation types (i.e., observation, supportive, and therapeutic), observation involves the least amount of facilitated interaction with family members and requires the least amount of training for supervisors. Consequently, families may miss opportunities for learning, healing, and growth if interactions are stopped or redirected by the monitors without in-the-moment explanations or parent feedback outside of the visit. However, in cases where centers have little information about current and past domestic violence, or haven't adequately prepared the child and both parents for other types of supervision, observation may be the best choice to, at a minimum, secure safety. Our findings suggest that visitation centers serving families who have experienced domestic violence should spend the least amount of time within this category of service provision when the center has appropriately trained staff, adequate organizational capacity, and procedures informed by domestic violence. The decision about the type of services a center should provide is best made collaboratively by the center and its community partners.

Supportive Supervision

Next on the continuum is supportive supervised visitation, which encompasses a range of interventions greater than observation but less than therapeutic supervised visitation. With supportive supervision, visits have increasing therapeutic value as child-parent interactions are afforded greater freedom and authenticity. Healing opportunities can emerge, child development information is expanded, culture and family values are shared, maladaptive interactions are explored, controlling and abusive behaviors are identified, and alternatives offered, opportunities are presented for the abusive parent to take responsibility for the abuse, and children's perceptions are recognized and understood. These practices can support healthy child-parent relationships, victim parent empowerment, and perpetrator parent renunciation of abusive and controlling behavior. This is no small task as one monitor stated: "...[It's a] juggling act to protect the child, protect the mom, and still support the dad as much as possible."[16]

"It's a juggling act to protect the child, protect the mom, and still support the dad as much as possible."

– A Visitation Director

Supportive supervision gives children and the visiting parent greater freedom to interact. Supervisors use feedback, discussion, exploration, and teaching strategies

16 Personal communication with Jennifer Rose, an independent consultant and former director of the Santa Cruz Supervised Visitation Center.

during supportive visits, intakes, and meetings with both parents. A center takes full advantage of the visiting parent's time at the center before and after visits (time generally scheduled to avoid direct contact with the other parent). The visitation supervisor, however, needs the skills and training to support families effectively in these interactions.

Center staff must receive training and supervision to navigate these complex interactions with parents.

What may happen in supportive supervision

- Child-parent interactions receive greater freedom.
- More subtle abusive and controlling tactics by abuser emerge.
- Healing opportunities emerge.
- Culture and family values are shared.
- Unhealthy child-parent interactions are explored.
- Controlling and abusive behaviors are identified and alternatives provided.
- Hurtful or abusive tactics are identified for abusive parent.
- Opportunities may emerge for the abusive parent to take responsibility.
- Parent strengths may be identified.
- Parents learn more about child development.
- Children's experiences are better appreciated, validated and understood.
- Interactions between staff and parents outside of visits are increased.
- Staff has opportunities to support the adult victim.
- Staff can support resiliency for adult victims and their children.

The nature of supportive supervised visitation encourages parents to share more information with a supervisor. Visitation supervisors must have the skills to recognize the harmful dynamics of domestic violence in order to set limits on behavior, protect and empower a victim parent, help a perpetrator parent recognize his hurtful behaviors toward both women and children, and recognize what's helpful for children. Center staff must receive training and supervision to navigate these complex interactions with parents.

Considerations in Deciding Whether to Use Supportive Supervision

The decision-making guidelines and case examples in this section will illustrate how a careful examination of the unique dynamics of domestic violence for each family will increase safety and inform the goals of visitation for each family member, enabling the

staff and the parents to identify desired positive outcomes and potential pitfalls. The desired positive outcomes support both the child and the parent, as well as the child-parent relationships; the pitfalls highlight behaviors and communications harmful to adult victims and children.

Safety is paramount with all types of visitation in cases involving domestic violence. Beyond observation, the potential for safety risks to women and children may increase. Visitation centers must consider how batterers might use increased interaction and communication with their children and with center staff to continue their abuse and control.[17]

A visitation center's decision to use supportive supervision must include organizational preparedness.

A visitation center's decision to use supportive supervision must include organizational preparedness. This readiness involves a commitment to provide staff with the necessary supports and training. The following list describes the capacity needs of staff.
Center staff engaged in supportive supervision must be able to:

- Actively help parents and children work through difficult interactions.
- Recognize and handle the more subtle abusive tactics used by perpetrators that may emerge in the session.
- Talk with parents about why and how conversations with children may be redirected.
- Balance safety rules with increased supportive communication in the moment.
- Give parent feedback that is informed by child development and an understanding of domestic violence.
- Provide more positive feedback to parents.
- Give feedback that increases validation and recognition of a child's view and experience.
- Give more feedback to a victim parent, requiring greater understanding of how abuse and control affects victims and the adult victim-child relationship.
- Give more feedback to perpetrator parent about how the abuse might affect the parent-child relationship.
- Manage child behaviors and emotions that might emerge, requiring greater understanding of both child development and the impact of exposure to violence on children.

17 Bancroft and Silverman, *The Batterer as Parent* (See supra note 12) is a helpful resource about the effects of abuse on adult victim-child relationships. Specifically, chapter three of this book includes information about the following topics: undermining of the mother's [adult victim's] authority, effects on mother-child relationships, use of children as weapons against the mother, the batterer's impact on other aspects of family functioning, and resilience in mother-child and in sibling relationships.

In addition, the following characteristics suggest organizational readiness to provide supportive supervised visitation services:

- Initial and on-going domestic violence training is offered to all staff.
- Clear policies are established regarding documentation of visits and confidentiality practices.
- A clear supervisory structure is in place to support staff monitors.
- Community collaborations are secured and agreements are made with the collaborative about the use of services beyond observation.

In some centers, recognizing different monitors' skill levels may increase the capacity to deliver supportive supervision. One supervisor may have better skills at recognizing problem interactions, for example, while another supervisor may be more skilled at giving parent feedback. With this approach, increasing recognition of problem interactions may cue the visitation center to assign a monitor who has more skill or experience to handle communicating feedback to a visiting parent.

Considerations for deciding whether to use supportive supervision

Visitation supervisors and centers need skills and the capacity to:

- Recognize domestic violence and its impact on family dynamics.
- Identify and manage more subtle abusive tactics used by batterers.
- Balance setting boundaries with increasing involvement with family members.
- Communicate feedback to parents.
- Understand how a batterer undermines an adult victim's parenting.
- Understand child development and its impact on center interactions.
- Understand the effects of domestic violence exposure on children.
- Carefully assess physical and emotional safety needs.
- Assess the batterer for readiness to move beyond observation.
- Prepare the custodial and visiting parents.
- Assess (including through collaboration) child readiness.
- Collaborate and communicate with other providers (e.g., therapists, courts, batterers programs).

Therapeutic Supervision and Other Therapeutic Interventions

Therapeutic supervision is one of several options for therapeutic intervention, including referral for therapy (child or child-parent or parent guidance) and the use of mental health consultation.

Therapeutic supervision requires advanced observation and intervention skills and should be provided only by licensed mental health clinicians.

Therapeutic supervision requires advanced observation and intervention skills and should be provided only by licensed mental health clinicians. These clinicians should have experience working with young children and/or families and have a clear understanding of the dynamics of domestic violence and its impact on women and children. Unlike other forms of supervised visitation, therapeutic service requires a presenting problem that the therapeutic visitation will address, an assessment of that problem and related issues, and a treatment plan. It also requires a written agreement about therapist-client confidentiality.[18]

In summary, therapeutic supervision is a contract between the therapist and the client that includes a specific agreement about the problem to be addressed and the desired outcomes of the intervention. Typically, the presenting problem involves behavior or behaviors, or the emotional state of a child; a troubling child-parent relationship or rupture in a relationship; or a parent's concern about long-term effects of trauma on the child. Ideally, the child's parent identifies the presenting problem. However, a professional may also present concern about children in a respectful way to help a parent better recognize the problem.

Therapeutic supervision should increase protection for children and emphasize the importance of strengthening the parent-child relationship. Clinical interventions with young children and adult victims suggest that problems related to the shared trauma experience are common and that restoring this child-parent relationship is essential in helping children stabilize.[19]

18 Supervised visitation providers need to clarify legal opportunities to support therapist/client confidentiality.

19 Lieberman, A. & Van Horn, P. (2004). *Don't hit my Mommy: A manual for child-parent psychotherapy with young witnesses of family violence.* Washington, DC: Zero to Three Press.
See also: Lieberman, A.F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-ParentPsychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry,* 44(12), 1241-1248.

Characteristics of therapeutic supervision:

- Provided by licensed mental health clinician.
- Understands confidentiality and its limitations.
- Presentation of problem and treatment plan to focus intervention.
- Collaboration with adult victim.
- Clinician experienced with both child/family therapy and domestic violence.
- Clear procedures for court reporting and documentation.

Considerations in Deciding Whether to Use Therapeutic Visitation

The following vignettes illustrate two instances in which therapeutic supervision might be helpful:

> *"My daughter has been confronting her father during supervised visits and is becoming very distressed following the visits. The visitation center has informed me that her father doesn't know what to say to her."*

> *"My son is having tantrums before every visit and he says he doesn't want to go. I want my son to have a relationship with his father. I don't want him to be so afraid of the visits."*

In some cases, a child's emotional needs might warrant therapeutic supervision.

Therapeutic supervision can provide more individualized and sensitive clinical support to a child, for example, when there has been a long time lapse between the start of supervised visitation services and the child's last interaction with a visiting parent, or when there is a history of sexual or other abuse. There may be greater risk for additional emotional harm and a child may need more support to feel safe, especially during initial contact.

In other cases, where acute risk factors or emotional protection may be of less concern, therapeutic supervision might provide a more advanced level of clinical skill to address a specific concern. Therapeutic supervision is recommended whenever the child's needs or the child-parent relationship needs are not met adequately by observation or supportive supervision. Therapeutic supervision or therapeutic consultation may be neces-

sary, for example, to assess a child's needs when the child has refused to visit several times. These situations are often complicated, and parents might be blamed wrongly for this refusal. In addition, a child's distress or confrontation of or anger toward a visiting parent might warrant therapeutic supervision. In some cases, supportive supervision might be adequate to address an issue or communication difficulty if the problem is transient or minor, the supervisor is skilled, the parent is responsive to re-direction and advice, and the child's distress is moderate.

The victim parent must be involved in any decision to use therapeutic supervision for a child visit with a perpetrator parent.

As emphasized previously, the victim parent must be involved in any decision to use therapeutic supervision for a child visit with a perpetrator parent.[20] The decision to use therapeutic supervision must be carefully assessed when there is any evidence of coercive control by the batterer. An awareness of these dynamics should be incorporated into the treatment planning process with appropriate limits on behaviors that won't be tolerated, or that would become grounds for amending the type of supervised visit intervention.

A respectful and trusting therapeutic relationship is essential to the effectiveness of therapeutic supervision. Such a relationship develops over time, and centers should reinforce practices that support the development of strong relationships between monitors and the families with whom they work.

The case examples in the next section illustrate how domestic violence considerations inform the kind of supervision that might be helpful, while identifying potential pitfalls and desired positive outcomes. The pitfalls highlight behaviors and communications harmful to adult victims and children; the desired outcomes support the child and the parents, as well as the child-parent relationships.

20 See supra note 9.

VI. CASE EXAMPLES

Situation #1

An eight-year old boy, while visiting with his father who has a history of abusing the boy's mother, says to his father, "Mom wants me to have a tutor at school. I don't need help. I'm doing fine." The boy's father smiles and says, "You don't need a tutor. I don't know why your mother keeps pushing for one."

Pitfalls: If the center's ground rules prohibit conversation about the custodial parent, an observation monitor would likely redirect this conversation. The father has already sent a strong message that the boy's mother is wrong, that it is weak to ask for help, and/or that his mother's plan is not good. If a more supportive intervention is used, the conversation may continue. A monitor who does not recognize this more subtle undermining of the boy's mother by the father might do nothing and miss an important opportunity to identify behavior that harms both parent-child relationships.

Desired positive outcomes: Supportive supervision in this case could be very helpful. During a comprehensive assessment, the supervisor would learn about an extensive history of emotional and verbal abuse during which the boy's father routinely demeaned and undermined the boy's mother. Also, during intake, the boy's father expressed a desire to understand how his behavior is affecting his child. The center has permission from the father to communicate with his court-ordered batterer intervention program (BIP) leader, and the center learns from the BIP leader that the father is attending his classes and is committed to learning more about how his behavior affects his child. Thus, in this case, a supportive supervisor could meet with the boy's father after the visit. They could discuss the father's opinions about tutoring, and the supervisor could explain to the father the subtle message he is sending by not supporting the child's mother. The supervisor could ask the father why he doesn't agree with the child's mother and also ask the father about his own involvement with the child's school. The father could be reminded to model respect for the child's mother. The supervisor and father could also discuss ways during the next supervised visit that the father might mend the damage possibly caused by this child-parent interaction.

Situation #2

A visitation supervisor tells a five-year old girl and her mother that it's time for the girl to come with her to meet her father in the supervised visit room. The girl screams, and repeats over and over, "I don't want to go," and "Don't make me go." She then crawls under a chair in the waiting area. The child's mother appears very upset and tells her daughter, "It's time to see your father." After ten minutes, the girl calms down some and goes with the supervisor. The girl has behaved the same way for three consecutive supervised visits.

Pitfalls: The visitation center might oversimplify this girl's tantrum. It might decide, for example, that the girl is afraid of her father or hates him. Or the center might conclude that the girl's mother is saying bad things about her father and increasing the daughter's anxiety about the visits. In fact, either of these explanations *might* be contributing to the child's difficulties. However, the child's refusal is likely much more complicated. If nothing is done, then the child has not been adequately heard or supported.

Desired positive outcomes: We recommend therapeutic supervision in this situation. The child might also need an outside referral for therapy. With the help of both parents, a treatment goal could be developed to "explore the child's feelings about visitation." A careful assessment would be completed with the girl's mother to learn about any of her concerns regarding the child's past and current fears about her father and any concerns about ongoing abuse. For discussion of considerations and involvement with the custodial parent when making decisions about child-perpetrator parent intervention, see "Considerations in Deciding Whether to Use Therapeutic Visitation," above, in this publication. The child's father would also be assessed to determine his readiness for a therapeutic intervention. In this situation, the center might opt to recommend individual child therapy or child-parent therapy with the child's mother if the circumstances do not support including the father in a therapeutic intervention. The hope is that a therapist would help both parents to understand better what is contributing to the child's anxiety and begin to help the family determine what might be helpful. Safety of the child with the abusive parent might be an important part of reducing the child's distress, or it might be determined that the abusive parent and child should not see each other at this time.

Situation #3

During a supervised visit, a 9-year-old girl says to her father, "Why did you hit my Mommy? That was bad what you did to her."

Pitfalls: With observation, a supervisor would merely redirect this conversation. This response alone would miss a potential healing opportunity and could make the child feel that her comments are not important. At the same time, the father and/or the child could become upset without an opportunity to process any of their feelings, or to make sense of the child's experience together. With the greater freedom to respond afforded by supportive supervision, the father could deny the violence or blame the child or mother. Or a confrontation could generate feelings that become too difficult for the child, father, or both to handle without support from a therapist.

Desired positive outcomes: We recommend supportive or therapeutic supervision in this situation depending on the supervisor's level of experience and training and the amount of distress the confrontation seems to have caused for the child and/or the father. Supportive supervision could include redirecting the conversation, as with observation, but the supportive technique would add follow-up with the father after the session. This subsequent meeting with the father would allow the supervisor more time to think about appropriate feedback, or to seek consultation before the interaction. Better yet, a supportive supervisor could interrupt the father who tries to deny the violence or pass blame in the moment and facilitate an interaction in which the child can also share what she thinks and feels. With appropriate resources, the center could work with the father to help him learn a response that could be helpful to the child during the next visit. In the best of circumstances, this supportive intervention could serve as an important healing interaction in which the father takes responsibility for his past behavior. The father might say, for example: "I'm sorry I hit your mom. I made some bad choices and wasn't very good at being safe when I became angry. I've been learning new ways to respond safely when I feel certain ways. It was not your mother's fault. I made many bad mistakes." Helping abusive fathers find the appropriate language and motivation for change usually requires a center's collaboration with a men's non-violence program or private therapist who understands domestic violence.

Situation #4

The visiting parent is a female victim of domestic violence. She has struggled with depression and substance abuse in the past. Her four-year-old son is brought to the visit by his father, the perpetrator of the past abuse and the custodial parent. During the visit, while the child and his mother are playing, the child begins to punch his mother in the face.

Pitfalls: A monitor might not know how to intervene to keep the child and parent safe. Or the monitor might set limits without restoring a sense of safety and establishing the visitation center as a place where everyone is safe. A monitor might interpret the interaction as evidence of bad parenting by the woman. This could lead to further isolation for the visiting mother and a sense that she is not being supported by the center. The father could use this information to further victimize the mother through the legal or child protection system.

Desired positive outcomes: We recommend therapeutic supervision or a referral for child-parent psychotherapy in this case. Child aggression toward a mother who has been abused is not uncommon behavior. These clinical dynamics are complicated and require a deeper understanding of how domestic violence exposure impacts women and children. Professionals with a clinical understanding of domestic violence will realize that many reactions or difficulties experienced by adult victims are related to the chronic abuse and not to any existing internal pathology. The best way to handle this case is to provide therapeutic support to the mother in order to restore her relationship with her son and not to further isolate her or blame her for the problem behavior. Lieberman & Van Horn's manual for child-parent psychotherapy in families where there has been domestic violence is an outstanding resource for therapeutic monitors and therapists in this work.[21]

21 See supra note 19.

VII. ADDITIONAL CONSIDERATIONS FOR ORGANIZATIONAL READINESS

Parent Interviews and Assessment for Supportive or Therapeutic Visitation Services

Parental (both victim and perpetrator) readiness for either supportive or therapeutic supervision must be assessed. Parents should be encouraged to voice concerns about these forms of intervention. In particular, a victim parent must be involved in a decision to use supportive or therapeutic visitation focused on the child-perpetrator relationship.

Men who use violence in intimate partner relationships should be carefully assessed to help determine if they are appropriate for increased supportive (or therapeutic) supervision. Questions would include the following: Has he taken responsibility for his violence? Does he understand how the violence might have affected his child? Has he stopped using violence of all types? For example, if the perpetrator parent is participating in a BIP or individual therapy, we recommend gaining his permission to collaborate with the provider to get its input on the parent's readiness to participate in supportive or therapeutic visitation.

Collaboration with Other Providers

Collaboration with providers and case managers is an important component to integrate into organizations seeking to enhance their domestic violence supervised visitation practices. Communication with other providers (with informed written consent from parents) is necessary to assess past and ongoing abuse, the child-parent relationships, and the effects of violence exposure on the child. In most cases, centers with more information from the courts, BIPs, child therapists, schools, pediatricians, and CPS will be able to provide more informed and safer supportive interventions. If a child has a therapist, collaboration with the therapist to support the child and family during supervision is strongly recommended. In addition to case-specific communications, centers should invest in the development of relationships with other programs supporting these families in the community. These investments in collaborative

relationships should be built into the fabric, both philosophical and financial, of how programs deliver services.

Documentation

Documentation in visitation centers carries its own set of precautions and challenges, which are heightened when adding services such as supportive or therapeutic visitation. Most centers are careful to document objectively, taking caution not to state opinions in their notes. This practice is based on the fact that visitation centers are artificial environments where a parent is essentially "on stage," acting a certain way for the length of a visit for the benefit of the visitation monitor, and subsequently, a court. Many visiting parents feel the need to impress staff so that they can use the records of "good behavior" to return to court and obtain less restricted access to the child, or potentially the other parent. If a monitor labels the good behavior as "good parenting," for example, a court might assume that the behavior would continue in the outside world, despite the absence of a safe environment and a monitor. Most centers fear that this result could create safety concerns for parents and children and believe it is not a center's role to "lead" the court in this direction.

The same concerns arise with respect to documentation of supportive or therapeutic services. The very nature and goals of greater interaction during the visit pose challenging issues for centers. They must examine their practices carefully to ensure that the added duty of documentation does not interfere in the center's performance as a monitor and thereby unintentionally endanger parents or children.

Examples of questions to explore might include the following:

1. What is the role of the center?
2. Will the center use objective or subjective documentation?
3. What are the safety concerns attached to documentation?
4. How might an attorney use the center's records to prove a parent is "healed" or has learned "better parenting" while at the center and consequently should no longer be supervised?
5. How will the center define success and track results in ways that maintain safety?
6. What other safety concerns emerge when a center changes its service from observation to supportive or therapeutic visitation?

Reporting to Courts

Numerous safety concerns arise when examining the use of visitation records and/or supervisor testimony in court. Centers must thoroughly explore this issue, like documentation, in order to protect the safety needs of the parents and children using their services. When considering the court process, centers should open discussion among all staff and other key players. Examples of issues to explore include the following:

1. Do centers adequately address limits of confidentiality with children?
2. Can children truly understand that what they say to staff might end up being repeated in court in front of both parents?
3. If children do understand limits of confidentiality, how does this affect their willingness to talk with staff?
4. Is it easier for parents to regain custody or less restrictive access in court if a center focuses on "healing" parent-child relationships or other therapeutic goals?
5. Is the center prepared to send staff to testify when records are requested to prevent the misuse of records in court?
6. Is it the center's role to make a prediction or offer an opinion about how well a "healed" parent-child relationship would survive outside the center?
7. Is the center prepared to attempt to protect records from the court process if the center believes they should be excluded?
8. What other safety concerns arise when visitation records and/or staff end up in court?

VIII. CONCLUSION

Advancing domestic violence practice in supervised visitation programs involves numerous considerations. Centers that want to undertake this work need to prepare and assess their readiness to move beyond observation. This involves building strong, working collaborations with organizations that have a demonstrated service record with domestic violence victims (both adult and child). In addition, the collaboration must include men's non-violence programs, more commonly known as Batterer Intervention programs.

As centers evolve along the continuum of practice, increased opportunities for longer term safety of children and adult victims can emerge. Centers must balance these benefits with the potential dangers that could arise when the visitation sessions make room for greater exploration and freedom. Successful outcomes for parents and children will depend on a center's careful development of the capacity to provide the desired level of visitation services safely and competently.

Centers that want to undertake this work need to prepare and assess their readiness to move beyond observation.

IX. APPENDIX: FOCUS GROUP METHODOLOGY AND FINDINGS

A series of focus groups was conducted to better understand the challenges and experiences of consumers, service providers and leaders of supervised visitation centers. The goal of the focus groups was to determine what factors lead to healthy child-parent outcomes after interpersonal violence has occurred.

The participants were recruited from six supervised visitation program sites: Cambridge, MA; Grand Rapids, MI; Dallas, TX; San Mateo, CA; San Francisco, CA, and Santa Cruz, CA. Each of these sites has extensive experience in working with the population of interest. The focus group participants represented one of five constituent groups: 1) women with histories of intimate partner violence, 2) clinicians working with families who have experienced intimate partner violence, 3) fathers with histories of intimate partner violence, 4) court personnel involved in the adjudication of family cases, and 5) supervised visitation staff working with families who have experienced intimate partner violence.

The focus group interviews were structured using an open-ended response format. The interviews took no more than two hours to complete. The responses of the participants were recorded, transcribed, and coded for general themes. To ensure anonymity, no names or other identifying information were attached to any responses received from the questions posed in the focus groups. Independent raters were selected to review the transcripts of these interviews. After training, they were asked to review the transcripts and identify the general themes. All reviewers were convened to identify and resolve any differences in their categorizations of the themes. General consensus was achieved in this meeting. The responses were grouped into three general categories: 1) the needs of children, 2) the needs of mothers, and 3) the needs of fathers. Independent raters cross-validated the reliability of the themes identified in the focus group interviews.

The focus group questions were designed to have the respondents articulate how they:

1. Assessed the needs of children and families who experience violence and are under the supervision of the judicial system;
2. Identified strategies/practices that may serve to reduce future harm to children

and their caretakers (e.g., through practices that transform past harmful experiences, strengthen the parent-child relationship, enhance coping skills, support the developmental needs of the children, teach parents to see the experience from that of their children, consider the effects of intimate partner violence on children, and make the process fun for the children);

3. Considered the dynamics of domestic violence as they impact services;
4. Considered how culture impacts the practice outcomes;
5. Identified mechanisms that indicate when parental contact is not meeting the needs of children;
6. Assessed and determined when it was safe to transition the children out of the judicial system.

Findings from the focus groups are described below. They are organized in two ways. Each primary section focuses on a group of persons directly served (i.e., children, mothers, and fathers). Within each primary section, the responses are organized separately to present the perspectives of each affinity group (i.e., clinicians, mothers, fathers, and visitation staff).

Therapeutic Supervised Visitation and the Needs of Children

Responses grouped in this section of this report address the perspectives of clinicians, mothers, fathers, and visitation staff on the needs of children whose families have been referred for supervision services.

Clinician Themes

Clinicians spoke of the importance of understanding what constitutes safety from the child's perspective.

The clinicians stressed the importance of consistency in the experiences of, validating the experiences of, and moving at a pace determined by the children as they enter, acclimate to, progress in, and terminate from supervised visitation with one of their parents. To this end, the clinicians talked about the importance of clear, developmentally appropriate communication about the visits with the children. Important in this approach is the inclusion of clear instructions about the first visit and the reason for being at the center, highlighting what are some of the common experiences of children in these settings. Attention should be paid to offering an environment that is developmentally and age appropriate for the child, while ensuring that case management needs are incorporated in the services offered. The clinicians stressed that the orientation session should include reassurance to the child that he/she is not responsible or at fault for the current situation. Clinicians spoke of the importance of understanding what constitutes safety from the child's perspective, the challenges of balancing the continuum of care vs. safety, and helping the child to articulate feelings of loyalty to each parent.

Attention and focus should be placed on growth-promoting opportunities/possibilities and the transition to a different level of care/visitation. Clinicians discussed the skills needed by staff in order to fully assume the role expected in these visits. Training should include child development theory and knowledge of the dynamics of domestic violence. These skills were seen as essential in helping staff to decide appropriate approaches to working with parents, determining what is appropriate for a child to know, determining what materials are useful, attending to the issues raised by the child, and guiding the child as he/she navigates the complexities of a family relationship.

Maternal Themes

As the mothers talked about their children entering supervised visitation settings, they stressed the importance of safety, the validation of the children's experiences, setting limits on the information shared with their children, and having skilled staff who understand developmental needs and domestic violence in working with their children. The mothers talked about creating a setting for their children that was "real." They were concerned that some of the sites may not fully realize or appreciate the unnatural way of engaging with their non-custodial parent in the setting of supervised visitation. Mothers also wanted staff to be vigilant about the subtle attempts by the non-custodial parent to control them and their children. Maintaining separate and connected relationships between the non-custodial parent and the child while building trust was also important for mothers as their children entered into these settings.

The mothers talked about creating a setting for their children that was "real."

Paternal Themes

Fathers underscored the importance of acknowledging with children that they (the children) are not at fault, and they are not responsible for what has happened between their parents. Fathers also emphasized having consistent contact with the children and establishing clear plans for the transitions as the children engage in, become involved with, and terminate from the supervised visitation setting. Like the mothers, the fathers highlighted unique issues that they believed had an impact on the experiences of the children served in supervised visitation settings. Fathers wanted their children to know that they loved them. They wanted to make sure that there was an advocate whose role/job was to ensure the needs of the children are being met, and that they have one-on-one interactions with their children. The fathers felt that their children needed outings and group activities. The dads emphasized that they needed to be able to engage with their children in concrete ways, including assisting with their physical care. Fathers also mentioned their wish that children could have more autonomous contact with fathers outside the supervised visits.

Visitation Staff Themes

The visitation staff talked about managing the transition for the children as they enter, become engaged in, and terminate from the services offered at the centers. They spoke

of being mindful and attentive to the pace of acclimation for the children to the center, staff's active involvement in the visit to ensure safety, allowing sufficient time for the children to orient themselves to the center and the services offered, and ensuring that the children are at the core of all services provided. A number of child-centered practices were mentioned: offering activities that matched the developmental stage of the child, facilitating the transition to and from the visit, aligning with the child as he or she transitions through the process, and creating an atmosphere that is friendly to the child. Visitation center staff linked a number of skills to positive child outcomes. These included staff comfort in addressing ongoing violence with the adults and children served, being able to manage and handle disclosures of violence, documenting the events in ways that make them meaningful, and being mindful and vigilant to attempts by abusive partners to engage the center in their power and control tactics against the custodial parents.

Therapeutic Supervised Visitation and the Needs of Mothers

Responses grouped in this section of this report address the perspectives of clinicians, mothers, and visitation staff on the needs of mothers whose children have been referred for supervision services. There were consistent themes that were identified by the various constituent groups and there were unique themes that reflected the point of view of these groups.

Clinician Themes

The clinicians stressed the importance of providing custodial mothers with input, guidance, and information about supervised visitation. This strategy was described as key in lending support to these mothers. Moreover, the strategy was described as key to setting the stage for mothers to be able to share their anxieties about the visits. Clinicians talked about their role in providing the mothers with skills and tools to talk with their children about the visits and how to normalize their children's responses. These skills were seen as an entry into helping a mother separate her needs from the child's and understanding the interconnections where appropriate. Other tangible skills that were associated with working with mothers included helping them manage as their children separate and reconnect with them and clear communication to the mothers by the visitation center staff regarding key elements of the visit. The clinicians asked that supervised visitation centers clearly document through protocols and policies what kind of information would be shared, what things would be attended to, and the rights of children in this process. Embedded in all of these considerations for mothers is the ability of the visitation centers to be able to demonstrate a clear understanding of the dynamics of domestic violence and the centrality of safety.

Maternal Themes

Mothers spoke of the need to feel cared for by the professional and support staff at the center, ensuring that the staff validates their child's experience, and building trust in the process. The women also talked about the unique needs of non-custodial mothers who use these settings. In these discussions, they explained that the needs included being aware and addressing the stigma of losing one's children, understanding the challenges to getting their children back, the importance of minimizing the institutional feel of the center, and staff assisting them with a way out of the program. Non-custodial mothers also stressed the role that lack of money plays in the experiences of these women, highlighted how they feel exposed by this process, and expressed the need for staff to ensure that they have access to legal services. The unique issues highlighted by non-custodial mothers also included the importance of staff realizing that the mothers are being imprisoned by their partners and that this is not lost in the interactions. The issue of safety was underscored by their emphasis on individualized safety planning as part of the services offered.

Visitation Staff Themes

The unique themes presented for mothers centered on ensuring that their voices are heard and that the staff attends to their experience of the visit. Staff stressed the importance of incorporating culturally relevant programming for women as they enter and receive services. They emphasized that it was important that the environment include culturally relevant staff. Finally, staff talked about ensuring that they understood and fulfilled their role of holding the men accountable, being involved in system-level advocacy, assisting the mother in finding her voice through this process, and supporting her self determination.

Staff stressed the importance of incorporating culturally relevant programming for women as they enter and receive services.

Therapeutic Supervised Visitation and the Needs of Fathers/Practices to Prevent Future Harm

Responses grouped in this section of this report address the perspectives of clinicians, mothers, fathers, and visitation staff on the needs of fathers in an effort to prevent future harm to children and their mothers who have been referred for supervision services. There were consistent themes that were identified by the various constituent groups and there were unique themes that reflected the point of view of these groups.

Clinician Themes

Batterer intervention programs were identified as important for fathers referred to supervised visitation centers, with fathers' accountability as a central theme. Batterer intervention programs should be coupled with programs that support the responsible father (RF) ideals. Combined BIP and RF programs were seen as key engagement approaches that stressed the importance of skills building, psycho-education and account-

ability. Clinicians raised the issue of providing men with the ability and tools to be able to have the "hard" conversations with their children about their use of violence, acknowledging the violence and accepting responsibility for their actions. Men must be able to consider the developmental and cultural needs of their children. Understanding the role of play for children was also described as one area where the men could be taught to validate and acknowledge their children. In general, the clinicians were able to underscore that the men needed to be and feel safe, be stretched, and be balanced and rational in their approaches and expectations. There was clear consensus that any approach should give clear messages about no tolerance or acceptance of abuse. Clinicians consulting to supervised visitation centers must have a direct conversation with the men about their violence that included the reason for being referred, the importance of safety, who their information will be shared with, how the programs will address issues as they present, and what the men can expect as the process continues.

Maternal Themes

The mothers made a number of recommendations for fathers as they entered into supervised visitation settings. They asserted that the fathers should discontinue their use of violence. The mothers also called on the fathers to be "real" with their children, to be accountable for their use of violence, to take care of their children (including paying their child support), to care for their children in a way that respects boundaries, and to change their views of children from that of possessions to beings with a right to self determination.

Paternal Themes

Fathers wished to receive skills around parenting and other resources to become better parents, to be heard, to have increased time with their children, and to receive respect. The men also called for a more gender-balanced staff. The fathers asked for help in developing strategies and skills to be able to move beyond the stigma and shame of abuse, and to know that they are cared for.

Visitation Staff Themes

The visitation center staff focused on how they could work with the men, better understand the interconnection between gender, culture, and masculine socialization and its impact on how men interact and engage with their children. They stressed the importance of remembering that people can change and valuing the role of fathers with children, which included clear descriptions and discussions about healthy fatherhood-paternity and its role in the work that they are charged to do. In this context, they talked about having a responsibility to ensure that the men are fully briefed on the expectations of the centers and receiving referrals to holistic services that may extend outside a center. These services include mental health counseling, additional parenting classes, and legal services. Overall, the visitation center staff talked about the importance of reinforcing men for their positive interactions with children.

NATIONAL RESOURCES

SAFE HAVENS TECHNICAL ASSISTANCE PROVIDERS

Family Violence Prevention Fund (FVPF)
www.endabuse.org

Praxis International
www.praxisinternational.org

National Council of Juvenile and Family Court Judges
www.ncjfcj.org

Institute on Domestic Violence in the African American Community
www.dvinstitute.org

Duluth Family Visitation Center
www.duluth-model.org/dfvchistory.html

OTHER RESOURCES

Department of Justice's Office of Violence Against Women
www.ovw.usdoj.gov

Supervised Visitation Network
www.svnetwork.net

Florida University Clearinghouse on Supervised Visitation
www.familyvio.csw.fsu.edu/CHV.php

BEYOND OBSERVATION PARTNERS

The Child Witness to Violence Project
www.childwitnesstoviolence.org

The Consultation Center at Yale University
www.theconsultationcenter.org

Advocates for Family Peace
www.stopdomesticabuse.org

San Mateo County Family Visitation Center
www.familyserviceagency.org/programs_services/childFamilyVisitationCenter.htm

The Family Place
www.familyplace.org

The Guidance Center/Meeting Place
www.gcinc.org

OTHER ORGANIZATIONS MENTIONED IN THIS DOCUMENT

Caminar Latino (Atlanta)
www.caminarlatino.org

CECEVIM (Training Center to Eradicate Masculine Intra-Family Violence, San Francisco)
www.cecevim.org

EMERGE (Boston)
www.emergedv.com

EVOLVE (Connecticut)
Sarah.Wilson@jud.state.ct.us

Institute for Family Services (Somerset, New Jersey)
www.instituteforfamilyservices.com

National Compadres Network
www.nationalcompadresnetwork.com

NOTES

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The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
TEL: 415.252.8900
TTY: 800.595.4889
FAX: 415.252.8991
www.endabuse.org

Family Violence Prevention Fund