

**REPORT TO CONGRESS**  
**Safe Havens: Supervised Visitation**  
**and Safe Exchange Services and Programs**

**U.S. Department of Justice**  
**Office on Violence Against Women**

The following report was submitted to the United States Congress on September 27, 2006 by the United States Department of Justice, Office on Violence Against Women.

The national survey of programs described in the report was conducted with the support of a cooperative agreement between the United States Department of Justice, Office on Violence Against Women and the University of Michigan (#2003 WT BX K043). The survey was conducted at the University of Michigan School of Social Work by Daniel G. Saunders, Project Director, Merle B. Feldbaum, Project Coordinator, Cris M. Sullivan, Project Co-Director, and Richard M. Tolman, Project Co-Director. The background section was written by Deborah Goelman through a contract with the University of Michigan.

We have included the survey letters and instrument at the end of the report.

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# REPORT TO CONGRESS: SUPERVISED VISITATION AND SAFE EXCHANGE PROGRAMS

## Introduction

The Violence Against Women Act of 2000 (VAWA 2000) addressed the special needs of domestic violence victims and their children by establishing a grant program to increase the availability of supervised visitation and exchange programs to provide safe environments for visits or exchanges between children and their non-custodial parents. The Department of Justice's Office on Violence Against Women (OVW) implemented and administers the Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation Program). In addition, VAWA 2000 required that the Attorney General submit an annual report to Congress regarding supervised visitation and safe exchange programs across the country, including information on the number of individuals served and the number turned away from services, the number of individuals from underserved populations served and turned away from services, the type of problems that underlie the need for supervised visitation and additional information about the Supervised Visitation grant program created under VAWA 2000.

OVW entered into a cooperative agreement with the University of Michigan, School of Social Work, for University researchers to gather information from supervised visitation and safe exchange programs across the country. The researchers used existing organizational membership directories, grantee lists from the U.S. Department of Health and Human Services (DHHS) Access Program and internet searches to establish a database of programs across the country. To obtain the information from non-Safe Havens grantee supervised visitation and exchange programs, surveys were distributed to 733 programs nationwide and 444 centers responded.

The key findings from the Survey include:

- **Almost all programs (91%) offer one-to one supervision.**
- **Family violence among major reasons for supervised visitation.** Of the forms of victimization listed on the survey, domestic violence (43%) and child abuse (38%) comprised the highest proportion of cases on average receiving service, with stalking and sexual assault comprising less than 10%.
- **Service limited by capacity, hours and transportation.** A sizable proportion of programs had limited hours (29%) or had reached capacity (26%), or reported that families had financial (29%) or transportation problems (22%).
- **Programs are mainly small.** Nearly half of the programs served 20 or fewer families over a six month period; only 11% served over 100 families in that period.
- **Rural residents largest traditionally underserved group.** Among traditionally underserved groups that received service, 17% lived in rural areas, 3% had a mental or physical disability, 3% had limited English proficiency, and 1% were immigrants.

- **Funding limitations linked to safety needs.** A fourth of the programs (24%) reported the need for more funding, including specific safety needs.

In order to obtain information from Supervised Visitation Program grantees, OVW reviewed semi-annual progress reports from the same time period used in the national survey. The key findings from the review of grantees' progress reports include:

- The most common type of service provided by Supervised Visitation grantees was **one-to-one supervision**.
- **Domestic violence was the overwhelming reason** cited by families (83%) served by Supervised Visitation Program grantees as the reason services were needed.
- A large number of grantees identified **safety equipment** and safety training; having **more hours** of operation and being able to provide **services to more clients**; and the **education of judges** and court personnel as the greatest areas of unmet need.

## Background

Crimes against women and children are widespread and deadly in this country. One-third of the women who are murdered in the United States are killed by their current or former boyfriends or husbands.<sup>1</sup> In 2001 alone, more than half a million women were abused by their intimate partners.<sup>2</sup> National studies also demonstrate a connection between domestic violence and stalking. An estimated one million women are stalked annually,<sup>3</sup> and more than 59% of female stalking victims are stalked by intimate partners.<sup>4</sup> In addition, one out of six women in the United States has been sexually assaulted,<sup>5</sup> and the majority of these rapes are perpetrated by intimate partners.<sup>6</sup>

Sadly, children, too, are at risk in homes across the nation. In 2003, more than 900,000 children were victims of child abuse or neglect, and about 80% of the perpetrators were the children's parents.<sup>7</sup> Child abuse can be lethal: our national reporting system estimated that parents were the perpetrators in 79% of child fatalities due to abuse or neglect.<sup>8</sup> Across the country, many families suffer concurrently from domestic violence and child maltreatment.<sup>9</sup>

Domestic violence, sexual assault, stalking, and child abuse affect all communities, cutting across ethnic, racial, religious and socioeconomic lines. Addressing these crimes when victims and perpetrators have children in common can present judges and service providers with some very difficult challenges. Supervised visitation and safe exchange programs have developed over the years as one response to address court-ordered contact between parents and children when these crimes are involved. This report responds to a Congressional requirement under the VAWA 2000<sup>10</sup> and describes the results of a national survey of supervised visitation and exchange programs. It also outlines the activities of grantees under the OVW Supervised Visitation Program.

*Supervised visitation* refers to contact between a child and a parent who has harmed the child or custodial parent previously or who poses a threat to the child or to the other parent. Visits take place in the presence of a third person responsible for protecting the children and parents. *Exchange programs* minimize or prevent contact between the parents while the children are being exchanged. For example, domestic violence perpetrators may be required to pick up or to drop off the children in the presence of third parties. Increasingly, intervention efforts by legal and social services providers recognize that there is an overlap between domestic violence, sexual assault, and child maltreatment—and that these forms of violence must be addressed jointly.

### **The Intersection of Domestic Violence and Child Maltreatment**

Domestic violence affects children profoundly. Studies show that about half of the men who batter are reported to abuse their children as well.<sup>11</sup> Children also may be injured physically if they attempt to intervene on behalf of an abused parent, or they may be hurt unintentionally during abuse of the parent.

Even if they are not physically or sexually assaulted, children suffer emotional, behavioral and developmental consequences simply from being exposed to domestic violence.<sup>12</sup> Some children have nightmares, insomnia, bed-wetting, anxiety, and depression.<sup>13</sup> Some perform poorly in school due to developmental or social problems, or they may behave aggressively towards others.<sup>14</sup> Witnessing domestic violence affects children in varied ways, and recovery is influenced by a range of factors, including whether a child has a good relationship with a trusted adult.<sup>15</sup>

Exposure to a battering parent may continue to harm children even after the parents have separated. Experts suggest that batterers typically are authoritarian and self-centered with respect to their children.<sup>16</sup> Moreover, batterers often undermine the parenting authority of survivors by turning the children against victims who are custodial parents.<sup>17</sup>

### **The Need for Supervised Visitation Centers in Domestic Violence Cases**

Supervised visitation centers can play a critical role in protecting survivors and children when victims separate from abusers. Domestic violence survivors often are at increased risk for physical violence when they take steps to leave their abusers.<sup>18</sup> It is precisely at this time that abusers are attempting to regain access and control over their families. Batterers often perpetrate “separation assault” to prevent survivors from leaving, to retaliate for the separation, or to force survivors to return.<sup>19</sup>

Research demonstrates that the risk of homicide and often of non-lethal assault is highest immediately following separation and when women attempt permanent separation through legal or other action.<sup>20</sup> Separation also increases the likelihood that women will be sexually assaulted by their former partners.<sup>21</sup> Moreover, a fourth of batterers threaten to kill their former partners during visits with the children.<sup>22</sup> The risk

that batterers may carry out these threats highlights the need for safe visitation and exchange of children.

In addition, batterers often use the children as weapons to punish victims for leaving,<sup>23</sup> for example, by threatening to abduct the children. They also may endanger survivors by asking the children questions about their mothers' location or activities. They may harm children emotionally by making disparaging comments about survivors during visits.<sup>24</sup> Threats of abduction may become real. According to one study, at least 34% of abusers threaten to kidnap their children, and 11% actually abduct them.<sup>25</sup> A groundbreaking study on parental kidnapping found that approximately half of the abductors had been violent toward the other parent during marriage.<sup>26</sup> Special precautions regarding visitation can help survivors overcome some of these risks of physical violence, harassment, and parental abduction.

The legal system often serves as a new battleground for batterers' ongoing control of victims through protracted custody or visitation litigation.<sup>27</sup> Batterers may manipulate custody proceedings to obtain information about former victims or to create opportunities for contact in order to perpetrate additional violence.<sup>28</sup> They may also use courts to obtain custody of children and control of victims. Appropriate intervention by the legal system, including the use of supervised visitation and safe exchange programs, may help curtail such harassment.

### **Supervised Visitation Centers – from Past to Present**

Supervised visitation or exchange may be appropriate in many different situations. Courts may order visitation or exchange where there are allegations that one parent has abused, stalked, or sexually assaulted another parent or a child. Such orders also may be issued after judicial findings of child maltreatment, domestic violence, sexual assault, or stalking. In cases not involving domestic violence, courts have utilized supervised visitation where one parent has a substance abuse or a mental health problem, where there is a risk of abduction, where a child refuses to visit, or where both parents are perceived as "high conflict."<sup>29</sup>

Traditionally, child protective services agencies offered supervised visitation in abuse or neglect cases.<sup>30</sup> In subsequent years, as family court litigation increased, court-based supervised visitation programs emerged,<sup>31</sup> as well as private and community-based programs. In the past two decades, the need for supervised visitation in domestic violence cases has become clear. As a result, many programs have increased their staff members' awareness and training about domestic violence and have adopted special procedures for such cases. Increasingly, battered women's programs are offering supervised visitation or exchange services.<sup>32</sup>

As awareness of domestic violence has increased, supervised visitation centers have begun to recognize the unique challenges they face in offering services in domestic violence cases. First, there is the risk of ongoing violence that perpetrators pose to victims and children, since scheduled visits provide batterers with precise times and

locations to find victims. There is a need for heightened security when supervised visitation takes place in the context of domestic violence.<sup>33</sup> In some tragic cases, batterers have resorted to lethal violence and murdered victims at supervised visitation centers.<sup>34</sup>

Next, staff must be prepared to understand and respond to the behaviors of batterers during visits. Abusers may use visits to try to extract information about their former victims from children. They also may try to send hidden messages to victims – including threats—when they have been ordered by courts to have no contact. Staff at the Florida Clearinghouse on Supervised Visitation collected the following examples of batterers’ behavior: denying the abuse to children; telling staff that it’s the victim’s fault; ignoring and tearing up program rules; making disparaging remarks about the custodial parent; verbally threatening to harm staff, volunteers, judges, and former victims; questioning children about current living arrangements and who the child’s mother is seeing; getting children to convey messages to the other parent; stalking a former victim in the parking lot; refusing to pay for scheduled visits; abusing the child’s animals; and threatening the child with suicide.<sup>35</sup> In cases in which the children are exchanged at centers, perpetrators may use additional tactics to harass victims, such as returning children without their belongings or interfering with victims’ work schedules by being late.<sup>36</sup>

Other abusers may be pleasant during visits or may try to manipulate supervised visitation center staff. Staff report, for example, that perpetrators attempt to charm them in order to influence their reports to courts or to persuade staff to relay information to victims.<sup>37</sup> These examples illustrate the need for specialized training of supervised visitation center staff who will be overseeing domestic violence cases.

Historically, most centers have not addressed the unique safety concerns present in domestic violence cases.<sup>38</sup> More recently, however, supervised visitation programs have begun to identify domestic violence as a critical matter.<sup>39</sup> With the creation of OVW’s Supervised Visitation Program (described below) and similar centers, programs have begun to prioritize safety for both survivors and children. The standards adopted by the Supervised Visitation Network in 2000 also put the importance of child abuse and partner abuse on par with each other in the operation of programs. Centers currently struggle with differing goals, from improving relationships between children and their parents to protecting battered women from further abuse.<sup>40</sup> A Supervised Visitation Program project director in Michigan, for example, emphasizes “the need to really focus on safety as it pertains to domestic violence.”<sup>41</sup> In discussions throughout the supervised visitation field, several critical themes have emerged.

## **Need for Supervised Visitation Services across the Country**

The prevalence of domestic violence suggests that every community should offer a safe location where supervised visitation and the exchange of children can take place.<sup>42</sup> Programs may vary in structure based on the needs of each community.<sup>43</sup> Without some form of protective visitation and exchange, however, victims and children will remain in danger.

Funding for supervised visitation centers often is uncertain, and the demand for such services exceeds their availability.<sup>44</sup> Most existing programs tend to be small and cannot fully accommodate security concerns; programs express the need for additional funding.<sup>45</sup> According to a 1999 survey reported in the *Juvenile and Family Court Journal*, 67% of administrators in programs with family court referrals viewed lack of funding as a major problem.<sup>46</sup> Funding in rural areas may be especially necessary to improve center security and to meet participants' transportation needs. One respondent to the national survey conducted by the University of Michigan summarized the crucial need for funding overall, stating: "due to our lengthy wait list, families are being pressured by courts and attorneys to make alternate arrangements which in turn may put the safety of these families in jeopardy."

## **Importance of Training Staff about the Impact of Domestic Violence on Visitation**

The unique risks of visitation or exchange in domestic violence cases highlight the need for specialized training of visitation supervisors,<sup>47</sup> family law attorneys, judges, and other court personnel. A national survey of supervised visitation providers conducted in 1999 and reported in the *Juvenile and Family Court Journal* revealed that approximately half of supervised visitation centers use graduate and undergraduate students to supervise visits on a volunteer basis.<sup>48</sup> There is a vital need to educate these staff members, and such training should be developed in collaboration with domestic violence, sexual assault, and child advocacy experts, including those from national resource centers, statewide coalitions and local programs. Training topics related to domestic violence could include, but are not limited to, the following:<sup>49</sup> appropriate responses in domestic violence, sexual assault, and child abuse cases; parenting behavior typical of domestic violence offenders; batterers' use of children as a means of control; the impact of domestic violence on children; batterers' behavior in the context of supervised visitation; and the legal relief and community resources available.

## **Supervised Visitation Centers and Coordinated Community Responses to Domestic Violence**

Supervised visitation centers may be better prepared to deal safely with domestic violence cases if they develop affiliations with domestic violence and sexual assault programs<sup>50</sup> and participate in coordinated community response teams. Working together can help ensure that staff members from different agencies understand each others' roles, thereby increasing the safety of children and adult survivors. For instance, experts



suggest that a lethality assessment of perpetrators should be performed prior to court-ordered visitation, and that centers should have access to the results.<sup>51</sup> Information about safety concerns and the history of abuse can help centers determine whether a case is appropriate for supervision.

Supervised visitation centers are eager to develop closer relationships with local courts. One respondent to the national survey conducted by the University of Michigan summarized the importance of collaboration as follows: “Supervised visitation is a critical component of a community’s coordinated response to violence against women and their children. Having the participation of all community partners who work with children is crucial, including the judiciary.” At present, supervised visitation centers may receive court referrals with minimal information about the nature and extent of the violence.<sup>52</sup> Center staff would prefer to work with courts to determine how to exchange information.<sup>53</sup>

Although the roles of supervised visitation programs vary, most centers emphasize that their functions are limited.<sup>54</sup> Staff may not be experts on domestic violence or child development, and they may not be able to tell if an adult victim or a child is being intimidated during a visit. In addition, even the most experienced supervisors cannot predict the parties’ future parenting abilities because the visits are highly structured and artificial.<sup>55</sup> Uneventful visits with children or pleasant interactions with staff are not an adequate predictor of how batterers will relate to children in other settings.<sup>56</sup>

Rather than requiring centers to perform multiple functions, courts can protect the safety of victims by maintaining judicial oversight of the visitation process, for example, by requesting follow-up information about batterers’ compliance with court orders.<sup>57</sup> Domestic violence programs and most supervised visitation centers agree, however, that courts should not ask supervisors to assess or to evaluate the parties, or to make recommendations about future parental contact.<sup>58</sup> The valuable functions of supervised visitation centers—providing a safe space for children to visit with or be transferred to their parents and safety for adult survivors—pose enough of a challenge. In addition, the limited resources available to these programs and the specialized expertise required to make assessments and evaluations that may be helpful to courts may hinder a program’s ability to perform functions beyond safe visitations and exchanges.

### **Improving Safety Measures**

Domestic violence programs and supervised visitation centers concur that there is a need to improve safety measures to better protect domestic violence survivors and children. There is debate in the field about the utility of safety measures such as metal detectors and security guards, particularly when centers may be struggling for funding or when staff members are not trained to use such equipment.<sup>59</sup> However, 23% of respondents in the national survey conducted by the University of Michigan researchers reported the need for more funding for specific needs, including safety needs such as security equipment and staff.

A special assessment of safety in the context of domestic violence may be necessary. For example, programs that require custodial and non-custodial parents to stagger their arrival and departure times also may need to ensure that perpetrators cannot harass victims in parking lots. Similarly, centers should keep information about survivors and children from being disclosed,<sup>60</sup> for example, by keeping separate files regarding each parent. Centers also must have designs in place to protect survivors who are the visiting parents.<sup>61</sup>

Participation in domestic violence task forces can help programs improve safety measures by working with local law enforcement, domestic violence programs, and legal service providers. When supervised visitation centers take part in community response teams, law enforcement can be notified promptly of the centers' needs. Centers and law enforcement agencies can work together to enforce protection orders more consistently.<sup>62</sup> In addition, center staff can request assistance from local experts to help assess and modify their internal safety protocols.

### **The Legal System's Response**

Like the supervised visitation field, the legal system has begun to recognize the importance of safe visitation and exchange in domestic violence cases. The Model Code on Domestic and Family Violence, developed by the National Council of Juvenile and Family Court Judges, describes supervised visitation centers as an essential component of a community's response to abuse and recommends that states establish visitation centers protecting the safety of all family members.<sup>63</sup> Section 405 of the Model Code encourages courts to order visitation with domestic violence perpetrators only if adequate provisions for safety can be made, including supervised visitation or exchange.<sup>64</sup>

By December 1998, eight states had passed supervised visitation legislation resembling the Model Code.<sup>65</sup> At least seventeen other states have enacted legislation permitting supervised visitation in custody or protection order proceedings.<sup>66</sup> In Iowa, for example, the court must consider whether the safety of victims or their children would be jeopardized by unsupervised visitation.<sup>67</sup> In Louisiana, the law permits unsupervised visitation only if it is shown by a preponderance of the evidence that the violent parent has met certain conditions and poses no danger to the child.<sup>68</sup> Other states have enacted legislation to coordinate the provision of supervised visitation services.<sup>69</sup>

Increasingly, state laws regarding supervised visitation address domestic violence, setting forth policies to protect adult victims as well as children.<sup>70</sup> Some laws, such as North Carolina's protection order statute, acknowledge explicitly that perpetrators use visitation as an opportunity to further harass victims.<sup>71</sup> Many states now require supervised visitation centers to have services provided by individuals with domestic violence and child abuse expertise.<sup>72</sup> In other states, the laws set forth standards for who may not supervise visitation, including the friends and relatives of abusers.<sup>73</sup> Recognizing the link between domestic violence and parental kidnapping, state laws also have begun to identify supervised visitation as a means to prevent abduction.<sup>74</sup>

As awareness of domestic violence grows, state laws have begun to address who should pay the costs of visitation.<sup>75</sup> Increasingly, the laws require perpetrators to pay for supervised visitation.<sup>76</sup> In Louisiana, for example, the perpetrator must “pay any and all costs incurred in the supervision of visitation.”<sup>77</sup>

These laws recognize that visitation safeguards are critical to enable survivors to live free from violence. On the federal level, Congress made the connection between visitation and safety for victims in VAWA 2000.<sup>78</sup> VAWA 2000 created the first federal grant program addressing specifically the unique concerns raised by visitation in domestic violence cases.

### **The Violence Against Women Act of 2000**

Enacted on October 28, 2000 as Division B of the Victims of Trafficking and Violence Protection Act of 2000<sup>79</sup>, VAWA 2000 reauthorized critical grant programs, established new grant programs, and strengthened federal laws increasing victim safety and offender accountability.<sup>80</sup> In particular, it established the Supervised Visitation Program.<sup>81</sup> The Supervised Visitation Program was designed to reduce the opportunity for domestic violence to occur during the transfer of children for visitation purposes by expanding supervised visitation and exchange services.<sup>82</sup> It also provided a means for communities to support supervised visitation and the safe exchange of children in cases involving domestic violence, child abuse, sexual assault, or stalking.<sup>83</sup>

### **Legislative History**

Congress enacted the Supervised Visitation Program to better protect domestic violence survivors and children. Statements by various Senators and Representatives illustrate this legislative intent: “if there is anything we can do in this hallowed hall of the Senate, it is to protect children.”<sup>84</sup> Senator Orrin Hatch (Utah) described the new grant program as authorizing grants for supervised visitation and safe visitation exchange in situations involving domestic violence, child abuse, sexual assault or stalking.<sup>85</sup>

Members of Congress provided stark examples from across the country about the need for supervised visitation to “reduce the opportunity for additional domestic violence during visits.”<sup>86</sup> In floor statements, members concurred that these were “important grants”<sup>87</sup> necessary to help “young victims of crime.”<sup>88</sup> Senator Rick Santorum (Pennsylvania) described the Supervised Visitation Program as a means to “protect children during visits with parents accused of domestic violence.”<sup>89</sup> Senator Joseph Biden (Delaware) highlighted the need for safe places to exchange children, explaining that most of the time when women are killed in domestic exchanges, it is when they drop children off at the end of a weekend.<sup>90</sup>

While the structure of the Supervised Visitation Program evolved, its purpose—protecting survivors and children—remained constant. An early version of the law authorized the Supervised Visitation Program from 2000 until 2004, while the enacted version created instead a two-year pilot program.<sup>91</sup> The Supervised Visitation Program

promotes cooperation between supervised visitation centers and the local community in several ways.<sup>92</sup> The Attorney General must consider the applicants' collaboration with domestic violence programs, sexual assault programs, and courts.<sup>93</sup> Applicants must demonstrate expertise in the area of family violence.<sup>94</sup> Moreover, the grant program discourages certain activities in domestic violence cases, such as mediation, alternative dispute resolution, and family counseling,<sup>95</sup> recognizing that such practices may jeopardize victim safety. In order to report on the effectiveness of the Supervised Visitation Program and to understand other supervised visitation programs nationwide, Congress required an annual report.

## **Reporting Requirement**

As enacted, the VAWA 2000 required the Attorney General to report to Congress annually regarding supervised visitation and safe visitation exchange programs across the nation.<sup>96</sup> Specifically, the Attorney General must report on the following:<sup>97</sup>

“the number of –

- (i) individuals served and the number of individuals turned away from visitation programs and services and safe visitation exchange (categorized by State);
- (ii) the number of individuals from underserved populations served and turned away from services; and
- (iii) the type of problems that underlie the need for supervised visitation or safe visitation exchange, such as domestic violence, child abuse, sexual assault, other physical abuse, or a combination of such factors.”

To answer these statutory questions, the Attorney General entered into a cooperative agreement with researchers at the University of Michigan, School of Social Work. The present report responds to these legislative queries.

The VAWA 2000 also required the Attorney General to report on four additional issues with respect to the Supervised Visitation Program:<sup>98</sup>

- 1) the extent of supervised visitation and safe visitation exchange ordered by courts, whether through custody, divorce, protection order, child protection services, or other court orders;
- 2) the process by which children and victims are protected during supervised visits and custody transfers;
- 3) the safety and security problems occurring during supervised visitation, including the number of parental abduction cases; and
- 4) the number of parental abduction cases in a judicial district using supervised visitation programs and services.

The answers to these questions were gathered from Supervised Visitation Program grantees' semi-annual progress reports submitted to the OVW through the Grants Management System.

## Survey Methods

As noted above, OVW entered into a cooperative agreement with University of Michigan researchers to collect information on supervised visitation and exchange programs across the country in order to comply with statutorily mandated Congressional reporting requirements. The survey was sent to programs that were not OVW Supervised Visitation Program grantees and requested information on: the number of individuals served and the number who could not be served, including those from underserved populations, and the reasons that services were needed, focusing on cases involving sexual assault, domestic violence, stalking, child abuse and other forms of physical abuse. In addition, the survey sought to gather information on the types of services programs provide, barriers to providing services, program needs pertaining to safety, and limitations programs encountered in providing information for the survey. A copy of the survey form is attached.<sup>99</sup>

The researchers used existing organizational membership directories,<sup>100</sup> grantee lists from the U.S. Department of Health and Human Services Access Program, and internet searches to establish a database of centers across the country. In addition, telephone calls were made to verify contact information as well as to help identify other centers in the area. The survey was distributed to 733 programs across the country, and responses were received from 444 programs.<sup>101</sup> Researchers sent the survey to programs that provided supervised visitation and/or exchange services and not to programs that only provided private mediation and parent education nor to programs that only provided parenting aid or assessment. Private practitioners were included to the extent that they specialized in supervised visitation or exchange. The survey was not sent to agencies that served only their own clients in a limited way.

Programs that focused on reunification of parents with foster care children and a set of agencies that routinely served their own foster care clients were included in the survey. However, services for adoptive parents were excluded. Many state and county child welfare offices provide supervised visitation services, focusing on foster care cases. To the extent that information on these services was readily available, they were included in the survey. However, due to time constraints the researchers did not contact each welfare office in the country to determine if they provided supervised visitation and exchange services. Researchers checked surveys for completeness and consistency and contacted many programs to obtain missing responses or to clarify responses.

Of the 733 programs receiving a survey, 64 were not providing service during the Survey time frame of July 1, 2004 through December 31, 2004. Of the remaining programs, 444 (66%) provided at least one useable survey answer.

## **Survey Results**

### **Programs by State**

Table 1 shows the number of supervised visitation and exchange programs located in each state (excluding Supervised Visitation programs), as well as the number of programs responding to the survey in each state and the number of families served and partially served in each state over a six-month period. There was a very strong and statistically significant relationship between the number of programs in each state and state population levels.

**Table 1 Distribution of Programs Located and Programs Responding by State**

<b>State</b>	<b>Number of Programs Located*</b>	<b>Number of Programs Responding*</b>	<b>Number of Families Served/ Partially Served (July - Dec 2004)</b>
Alabama	4	3	320
Alaska	10	6	102
Arizona	8	3	205
Arkansas	0	0	
California	85	45	1885
Colorado	8	8	588
Connecticut	23	15	399
Delaware	5	5	205
District of Columbia	4	0	
Florida	43	20	1298
Georgia	20	13	343
Hawaii	0	0	
Idaho	10	8	195
Illinois	13	9	568
Indiana	33	13	730
Iowa	6	3	38
Kansas	15	6	137
Kentucky	5	5	108
Louisiana	5	3	122
Maine	11	9	275
Maryland	29	21	544
Massachusetts	11	5	72
Michigan	12	9	263
Minnesota	19	16	690
Mississippi	8	5	40
Missouri	7	4	381
Montana	19	12	404
Nebraska	2	2	437
Nevada	4	3	219
New Hampshire	4	2	50
New Jersey	35	25	1083
New Mexico	14	9	569
New York	31	16	1292

**Table 1 Distribution of Programs Located and Programs Responding by State (cont.)**

<b>State</b>	<b>Number of Programs Located*</b>	<b>Number of Programs Responding*</b>	<b>Number of Families Served/ Partially Served (July – Dec 2004)</b>
North Carolina	11	9	169
North Dakota	2	1	4
Ohio	40	27	1387
Oklahoma	8	3	176
Oregon	10	7	223
Pennsylvania	17	12	407
Rhode Island	5	3	322
South Carolina	5	3	189
South Dakota	2	1	5
Tennessee	9	3	81
Texas	32	19	834
Utah	2	2	73
Vermont	7	5	188
Virginia	13	10	147
Washington	23	11	663
West Virginia	10	9	316
Wisconsin	22	12	461
Wyoming	7	4	122



## Types and Sponsorship of Programs

Almost three quarters of the programs (73% of the 444 respondents answered this question) identified themselves as supervised visitation and/or supervised exchange centers. This 73% included slightly over half of the respondents (51%) who described their agency as a “supervised visitation and exchange center,” 19% as a “supervised visitation center” and 3% who described agencies that operated as supervised exchange programs without offering supervised visitation (Table 2). The other common types of programs were “domestic violence” (16%), and “court” (state or local) (8%). Somewhat fewer programs were based in mental health or social service agencies, or were conducted by private practitioners. Even fewer programs were in child welfare/child advocacy, foster care/adoption, and community resource agencies (2-3%). None of those surveyed were operated by tribal governments. Many of the

Type of Agency/Organization	Percentage
Supervised visitation and exchange center	51%
Supervised visitation center	19%
Domestic violence program	16%
Court (state or local)	8%
Mental health counseling	6%
Social service agency	5%
Private for-profit agency	5%
Unit of local government	4%
Supervised exchange center	3%
Child welfare/child advocacy	3%
Foster care/adoption	3%
Community resource center	2%
State government	1%
Independent private monitor	1%
Other: family education center, educational & recreational; comprehensive victim advocacy <sup>102</sup>	1%

Note: Up to two descriptions coded.

above non-governmental programs further described their programs in an open-ended “other” category as “non-profit or private, non-profit” (27%).

Additional agency information was obtained during the University of Michigan researchers’ process for locating programs. Many programs were located in non-profit family and children’s service agencies that provided various services to families in addition to supervised visitation and exchanges (e.g., individual, couple, and family counseling and parent education); others were housed in child abuse prevention and domestic violence agencies. Some agencies provided supervised visitation exclusively. In some states, (e.g., Maryland, North Carolina, and New Jersey), many of the programs were based in courts that deal exclusively or primarily with family matters. In contrast, other states do not appear to have any courts providing services directly. Individual Court Appointed Special Advocates (CASA) sometimes provide supervised visitation, although it is not a major focus of the National Court Appointed Special Advocate Association.

Program sponsors included local, state and federal governmental agencies and non-profit local, state and national organizations. HHS’s Administration for Children and Families, Office of Child Support Enforcement provides funding through its Child

Access and Visitation Program established under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It distributes approximately \$10 million each year to states to support activities that include mediation, counseling, education, development of parenting plans, visitation enforcement (including monitoring, supervision and neutral drop-off and pick up) and the development of visitation and alternative custody guidelines. These HHS grantees typically have funds dispersed from their county-level Child Support Enforcement Agency. The goal of this program is “to remove the barriers to and increase the opportunities for biological parents who are not living in the same household as their children to become actively involved in the lives of their children.”<sup>103</sup>

On the state level, there are a variety of program sponsors. For example, the Georgia Department of Human Resources operates “Promoting Safe and Stable Families,” which allocates funding to county social services agencies or private, non-profit agencies. They focus on foster care reunification visits. Services in Florida are aided by the Clearinghouse on Supervised Visitation at Florida State University, which provides training, training manuals, and guidelines for establishing programs. In Alabama, a fatherhood initiative of the state’s Children’s Trust Fund sponsors several supervised visitation programs. In Minnesota, the Department of Public Safety provides funds for “parenting time centers.” Mississippi provides supervised visitation through some of its “School District Parent Centers.”

In addition, a number of national and regional non-profit organizations sponsor programs, for example the Salvation Army, YWCA, Catholic Social Services, Lutheran Social Services, Exchange Clubs of the United States of America, Casey Family Services and the Children’s Right Council. Most of the Children’s Rights Council programs provide supervised exchanges, as opposed to supervised visits, and are called “access centers.” In New York and Massachusetts, chapters of the Society for the Prevention of Cruelty to Children sponsor programs. The Children’s Home Society of Florida is active in providing services at many locations throughout the state.

### **Types of Services Provided**

Table 3 shows the different types of services provided by programs. Respondents could check more than one response. Almost all of the 444 programs provided “one-to-one supervision” (91%).<sup>104</sup> Sixty percent of the programs provided supervised exchange and 39% provided parent education programs. Twenty percent reported providing group supervision and therapeutic supervision, while 12% offered telephone monitoring. “other” types of programs were specified by 15% of the programs (up to three other services were recorded). Of the 66 programs listing “other” services, the most common were for counseling and mental health (3% of all programs) and mediation (3% of all programs). Two percent of all programs reported that they provided domestic violence services, including safety planning. Transportation was listed as a service by another 2% of all programs. Other services were listed less often, and included: anger management and conflict resolution, drug screening, substance abuse treatment, case management, guardian *ad litem*, and home evaluation or assessment.

**Table 3 Types of Services Provided**

<b>Type of Service</b>	
One-to-one supervision	91%
Supervised exchange	60%
Parent education program	39%
Group supervision	20%
Therapeutic supervision*	20%
Telephone monitoring	12%
Other (66 responses)	15%

\*Therapeutic supervision was defined as "Services provided by a licensed clinician for the purpose of providing therapeutic services." Responses add to more than 100% because programs could indicate more than one service provided.

**Numbers of Families Served, Partially Served and Not Served**

Of the 394 programs responding to this question, two thirds reported serving 1 - 40 families over the six month period of the survey, with 43% serving 20 or fewer (Table 4). Twenty-four percent served between 41 and 100 families and only 11% served over 100 families.<sup>105</sup> Programs also reported on the number of families who were "partially served," which means that not all needed services were provided. Thirty-one percent of the 394 programs reported that at least one family was "partially served" during the six month period (Table 4). About a fourth of the programs (26%) said that 20 or fewer families were "partially served." Only 5% reported that more than 20 families were "partially served" during the reporting period.<sup>106</sup> Slightly less than half of the 394 programs (48%) reported that one or more families had *not been served* during the six month period (Table 4).<sup>107</sup>

**Table 4**

<b>Total Number of Families</b>	
<b>Served</b>	<b>17,694</b>
<b>Partially served</b>	<b>1,635</b>
<b>Not served</b>	<b>2,103</b>

Number of Families Served	
0- 20 <sup>108</sup>	43%
21 - 40	22%
41 -60	12%
61 - 80	7%
81 - 100	5%
101 -120	3%
121 -140	3%
141 or more	5%
Total	100%

Number of Families	Percentage of Families Partially Served	Percentage of Families Not Served
0	69%	52%
1 -10	21%	39%
11 - 20	5%	5%
21 - 30	1%	1%
31 or more	4%	3%
Total	100%	100%

### Reasons Families Seeking Services Were Not Served or Were Partially Served

Respondents were asked for reasons that families seeking service were either “not served” or were “partially served” in their programs ( Table 5). In a relatively high percentage of programs (40%), the reason was that one or more families had not been accepted into the program, most often because at least one party was not willing to agree with program rules (36%) or was too dangerous (22%). Other commonly cited barriers noted were hours of operation (29%) or because the programs reached capacity (26%). Some clients were not served because of financial (28%) or transportation problems (22%). Approximately one fifth of the programs reported that clients were “not served” or were “partially served” because services were not appropriate for them.<sup>109</sup>

**Table 5**

#### Reasons Not Served or Partially Served

Hours of operation	29%
Financial reasons	28%
Program reached capacity	26%
Program rules not acceptable to party(ies).	24%
Transportation problems	22%
Services not appropriate for party(ies)	19%
Geographic or other isolation of party(ies)	13%
Services inappropriate or inadequate for people with mental health problems	10%
Services inappropriate or inadequate for people with substance abuse problems	8%
Inadequate language capacity	8%
Insufficient/lack of culturally appropriate services.	1%
Insufficient/lack of services for people with disabilities.	1%
<b>Parties not accepted into program:</b>	<b>40%</b>
<b>Reasons Not accepted</b>	
Too dangerous	22%
Conflict of interest	3%
Client unwilling to agree with program rules	36%
Other: any other reason for not serving that was not captured above	18%

<sup>110</sup>

## Demographic Characteristics of Family Members

Sixty-five percent of the 444 programs reported on the gender of the parents for those families who were “served” or “partially served.” The number of custodial parents (8,317) was lower than the number of visiting parents (11,774) because some programs partially or fully served foster care cases in which the state has guardianship or “custody” of the child(ren). In addition, some programs did not keep information on custodial parents. Most visiting parents (62%) were men; 38% were women. Conversely, 75% of custodial parents were women, and 25% were men. Table 6 shows the percent of custodial and visiting parents by gender. Male visiting parents represented the largest group overall (36%), and male custodial parents represented the smallest group (10%).

**Table 6 Gender of Custodial and Visiting Parents Who Were Served or Partially Served (289 programs responding)**

		Number of Parents
Female custodial	31%	6,244
Female visiting	22%	4,482
Male custodial	10%	2,073
Male visiting	36%	7,292
Total:		20,091

Of the 189 programs that reported at least one family “not served”, only 75 programs reported on the gender of parents. Therefore, information on the “not served” group should be interpreted cautiously. The pattern of results for the “served” and “partially served” groups were similar to the “not served” group: The largest groups of parents were female custodial (36%) and male visiting (39%); visiting females (15%) and custodial males (9%) were the smallest groups.<sup>111</sup>

Sixty-eight percent of the 444 programs reported on the race/ethnicity of individual family members who were “served” or “partially served.” Many programs that did not report on race/ethnicity did not have easy access to this information, did not use the same categories as in this survey, or simply had no information on race/ethnicity.

Of the 20,768 parents reported in the “served” and “partially served” race/ethnicity categories, their identities were reported as: 69% White, 14% Black or African American, 13% Hispanic or Latino; 2% American Indian and Alaskan Native, 1% Asian, less than 1% Native Hawaiian and other Pacific Islander, and 2% Unknown (Table 7.A).

**Table 7.A Race of Parents Served or Partially Served (304 centers reporting)**

<b>Race/Ethnicity</b>		<b>Number of Parents</b>
Black or African American	14%	2,839
American Indian & Alaskan Native	2%	359
Asian	1%	291
Native Hawaiian & other Pacific Islander	<1%	50
Hispanic or Latino	13%	2,621
White	69%	14,295
Unknown	2%	313
	<b>Total:</b>	<b>20,768</b>

Note: individuals could be counted for each race that applied.

**Table 7.B Race of Children Served or Partially Served (261 centers reporting)**

<b>Race/Ethnicity</b>		<b>Number of Children</b>
Black or African American	19%	2,653
American Indian & Alaskan Native	2%	286
Asian	1%	152
Native Hawaiian & other Pacific Islander	<1%	28
Hispanic or Latino	12%	1,688
White	61%	8,519
Unknown	4%	589
	<b>Total</b>	<b>13,915</b>

Of the 13,915 children reported in the “served” and “partially served” race/ethnicity categories, their identities were reported as: 61% White, 19% Black or African American, 12% Hispanic or Latino; 2% American Indian and Alaskan Native, 1% Asian, less than 1% Native Hawaiian and other Pacific Islander, and 4% Unknown (Table 7.B).

For the racial/ethnic categories of the family members who were “not served,” only 105 programs provided information on parents and only 88 programs provided information on children. The parents’ identities were reported as: 53% White, 18%

Black or African American, 10% Hispanic or Latino; 2% American Indian and Alaskan Native, 2% Asian, 0% Native Hawaiian and other Pacific Islander, and 15% Unknown. As in the case of the “not served” group on gender, these results need to be interpreted cautiously, because programs were unable to report or were reluctant to report on those “not served.” In addition, agencies that could report might differ in significant ways from those that cannot provide this information. Information on children “not served” is not being reported, because of the small number of programs reporting.

Programs reported on services to several “traditionally underserved” groups: people with mental or physical disabilities, limited English proficiency, immigrant/refugee status, and those living in rural areas (Tables 8.A – 8.D). Only 2% of the custodial parents and children were reported to have disabilities, compared with a slightly higher rate for visiting parents (6%). Four percent of custodial and visiting parents were reported to have a limited ability to speak English, compared to one percent for the children. Only one percent of the families were immigrants or refugees. Between 15% and 20% of the family members lived in rural areas. The number of programs reporting on families “not served” was too small to provide reliable estimates of those not served. In addition, it was not possible to calculate the total number of traditionally underserved individuals in the “served” and “partially served” or “not served” groups, because individuals could be in more than one category of traditionally underserved.

**Table 8.A People with Disabilities**

	<b>Custodial Parents</b>	<b>Visiting Parents</b>	<b>Children</b>
Number with disabilities	172	676	307
Percentage of estimated total*	2%	6%	2%
Number of programs	172	198	194

**Table 8.B People with Limited English Proficiency**

	<b>Custodial Parents</b>	<b>Visiting Parents</b>	<b>Children</b>
Number with limited English proficiency	338	529	163
Percentage of estimated total*	4%	4%	1%
Number of programs	158	183	179

**Table 8.C People Who are Immigrants/Refugees/Asylum Seekers**

	<b>Custodial Parents</b>	<b>Visiting Parents</b>	<b>Children</b>
Number of immigrants/ refugees/ asylum seekers	85	128	81
Percentage of estimated total*	1%	1%	1%
Number of programs	104	125	92

**Table 8.D People who live in rural areas**

	<b>Custodial Parents</b>	<b>Visiting Parents</b>	<b>Children</b>
Number of people who live in rural areas	1,367	2,177	2,507
Percentage of estimated total*	16%	18%	18%
Number of programs	154	172	139

\*Estimated total number of custodial parents 8,683; visiting parents 12,086; children 13,915 from total number of individuals reported in the race/ethnicity tables. The estimated total numbers for custodial parents, visiting parents and children are the total number of individuals served reported across the race and ethnicity categories for each group. These numbers corresponded as expected to those found for the number of families in question 2 and the number of individuals reported on gender.

### **Reasons Service Needed**

Respondents were asked to report whether the reason or reasons that families needed supervised visitation or exchange was for domestic violence, child abuse, sexual assault, stalking, or other physical abuse. More than one form of abuse could be counted. For the families who were “served” or “partially served,” domestic violence affected the largest proportion of cases on average (43%), followed closely by child abuse (38%)<sup>112</sup> (Table 9A). Sexual assault, stalking, and other physical abuse affected far fewer cases.<sup>113</sup> An average of approximately 20 cases of domestic violence and child abuse were reported to be served in each program over a six month period, compared with only 2-3 cases of sexual, assault, stalking, and other physical abuse.



**Table 9.A Reasons Service Needed by Families Served and Partially Served (347 programs responded out of 394).**

	<b>Sexual Assault</b>	<b>Domestic Violence</b>	<b>Stalking</b>	<b>Child Abuse</b>	<b>Other Physical Abuse</b>
Number of families	1,118	7,170	899	6,627	812
Average number of families during six months	3.2	20.7	2.6	19.1	2.3
Proportion of families among those served averaged across programs	7%	43%	5%	38%	4%

Among the families that were reported to be “not served,” the most were domestic violence cases, followed by child abuse (Table 9.B). Relatively few cases of stalking, sexual assault and other physical abuse were “not served” during the six month period of the survey. As with the demographic characteristics, many programs do not collect information on those not served for these categories or they may be reluctant to report on families they could not help. Therefore, these results need to be interpreted with caution. There were 115 programs who reported cases from the total of 189 programs that indicated they did not serve at least one family. Over a six month period there were three domestic violence cases and 2 child abuse cases on average per agency that did not receive service. On average, one case or fewer were “not served” in the other abuse categories.

**Table 9.B Reasons Service Needed by Families Not Served (115 programs responded out of 189)**

	<b>Sexual Assault</b>	<b>Domestic Violence</b>	<b>Stalking</b>	<b>Child Abuse</b>	<b>Other Physical Abuse</b>
Number of families not served	49	377	100	223	15
Average number of families during six months	<1	3.3	1.0	1.9	<1
Proportion of families among those not served averaged across programs	9%	50%	7%	29%	3%

### **Areas of Need**

An open-ended question on the survey asked “What are the most significant areas of remaining need with regard to increasing safety in families?” Three hundred-six programs (69%) responded to this question. Explicit safety needs were described by 47% (141) of these programs. Ten percent (30 programs) listed general security and safety needs for their programs, while 69 programs (22%) gave specific needs, including needs for security guards, safety equipment, better enforcement of or more appropriate safety rules and staff training on safety. Thirteen programs described ways in which safety had improved. Twenty-nine programs also listed explicit safety needs on the community level, including more domestic violence programs and community education on domestic violence, and better enforcement of restraining orders and other laws. One respondent described the need for community education this way: “Attention needs to be focused on continuing education of the community. Everyone involved in the community from law enforcement and the judicial system, the education community and those working with victims of domestic and family violence need to be reminded on a continuing basis of the need for safety for all involved in supervised visitations and exchanges.”

Specific safety needs related to programming were mentioned often. For example, one survey respondent stated: “We would like to...serve the families who have a history of domestic violence in our facility. We would...like to employ a security officer to be present when these visits occur. Many of our families have a Protective Order in place and the heightened security would be safer as opposed to having these visits in a church with volunteers.”

Centers that participated in the survey also focused on the need for safety equipment. A survey respondent explained: "Sufficient, appropriate and up-to-date security equipment is a necessity at visitation centers. . . . Frequently, visitation centers have to rely on 'hand me downs' and donations for this type of equipment." Another mentioned the need for " . . . appropriate technology - panic buttons, locked entrances/exits - both of which contribute to safety. Also, . . . access to criminal record histories of all participants . . ."

There were 221 programs that listed needs not explicitly related to increasing safety in the program, primarily the need for more staff (34 programs), parent education (30 programs), more staff training (24 programs), and to be open more hours (17 programs). A wide variety of other needs was also described, including mental health treatment, more inter-agency collaboration, lower cost services, supervised exchange, larger facilities, substance abuse services, more specific court orders, and more visitation centers, especially for underserved groups. Needs involving transportation, therapeutic supervision, assessment tools, access to criminal records, child advocates, bilingual staff, and legal services were also mentioned, but less frequently. Survey respondents expressed other needs as well. One stated that "We serve a small rural area and low income families. We have found that our services are very much needed in our small community but funding is a huge problem." Another mentioned that "There is a need for mediation and parenting skills training to help the families that are currently being served. In addition, many of the families need psychotherapy." A respondent noted that their "Needs include legal aid services, better and more law enforcement, more wrap around services, drug education (big time!), community awareness of families in crisis, early intervention for young parents, and we need a full-time Juvenile Court Judge." Another cited: "The need for therapeutic supervised visits in an effort to address the underlying issues as well as provide parenting skill education. The need for neutral drop off/pick up sites with monitors."

Programs also mentioned funding needs in general or tied to the specific needs described above. One quarter of centers overall mentioned funding (107 programs). Over 101 of these 107 programs said they needed funding for specific needs, whether explicitly related to safety or not. Forty-seven programs out of the total 107 also said they needed more funding or resources in general. One respondent stated that: "I would love to have funding for more workers . . . . We have volunteers, but they have to have a paid employee with them during visits. Like most non-profit agencies we operate on limited funds." Another explained that: ". . . we could use additional security cameras. We are now working on funding for that purpose." A respondent emphasized that "Stable funding for the center is critical, especially to assist those parents unable to pay the reduced fees." Another respondent cited the need for "More funding to provide training and increased education to staff. Currently staff has to pay for their own training." And yet another mentioned that "We have a very limited space in which to provide visitations. Families are low income, cannot pay for services, therefore it is impossible to lease more space."

Twenty-seven percent (82 programs) mentioned general problems encountered at their programs or in the community, some of them voicing concerns about substance abuse. A respondent cautioned that “Substance abuse issues are growing - we see it not only as a primary reason for our supervised visitation service, but often times it is secondary to other issues. Our funding allows us to do little in this area.” Another explained that “We have had a tremendous increase in families served in the past year and this is largely due to methamphetamine use. Working with parents who are involved with meth and the potential paranoia and unpredictable violent outburst correlated with this addiction put both staff and other families at risk.” Other respondents focused on the economic problems of families. A respondent stated that “We service many young parents who are in need of housing and jobs or training to obtain jobs sufficient to support them and their child/children” while another explained that “The impact of overarching poverty appears to impact children's/families' ability to gain access to safe neighborhoods, good nutrition, health care, etc.”

### **Limitations to Information Gathering**

In anticipation of limitations that programs might face in providing information for the survey, one of the open-ended survey questions asked: “If the information provided in response to any of the above questions was difficult to obtain or limited in some way, please describe the reasons for the limitations and the efforts you made to obtain that information.” One hundred eighty-six programs responded to this question (42% of all programs). Some respondents mentioned specific areas that they did not record, most frequently not keeping records on those “not served” (10%) and the reasons for supervised visitation (8%). Among the general difficulties, the lack of a computerized database or the need for individual record checks was the most common obstacle noted (8%). Others simply said they could only give estimates (7%), the information was not available (3%), or they had no staff or resources to gather the information (2%). A typical comment included statements like the following: “Our center does not currently keep statistical records on the families we serve, other than the number of children, families, and hours. We are currently working on a program to compile this information.” These limitations point to the need for increased data collection resources in many programs, and also the need for caution when using these survey results.

### **Summary and Discussion of Key Findings**

Among the major findings of the survey:

- **One-to-one supervision is the most common service.** One-to-one supervision (91%) and supervised exchange (60%) were the most frequently offered services, with therapeutic supervision and group supervision offered by 20% of the programs.
- **Programs are mainly small.** Many programs (43%) served 20 or fewer families over a six month period; only 11% served over 100 families in that period.

- **Dangerousness and unwillingness to agree to program rules limits acceptance for service.** More than one in five programs (22%) had to refuse service, because a family member was deemed to be too dangerous to participate. Thirty-six percent of programs report refusal of service due to one or more parties unwilling to agree to program rules.
- **Service is limited by capacity, hours and transportation.** A sizable proportion of programs had limited hours (29%) or had reached capacity (26%), or reported that families had financial (28%) or transportation problems (22%).
- **Rural residents comprise largest traditionally underserved group.** Among traditionally underserved groups that received service, 17% lived in rural areas, 3% had a mental or physical disability, 3% had limited English proficiency, and 1% were immigrants.
- **Family violence is one of the major reasons for supervised visitation.** Of the forms of victimization listed on the survey, domestic violence (43%) and child abuse (38%) comprised the highest proportion of cases on average receiving services, with stalking and sexual assault comprising less than 10%.
- **Funding limitations are linked to safety needs.** A fourth of the programs (24%) reported the need for more funding, including specific safety needs.

Over 700 programs were located nationally. This is a very large increase over the few programs operating in the 1970s and early 1980s and the 56 programs identified in 1994.<sup>114</sup> Many programs operate within a “parent agency,” such as a domestic violence agency, family service agency, mental health clinic, or child protection agency. Others are “free-standing” supervised visitation and/or exchange programs, which comprised 42% of the programs. The percentage of non-profit and for-profit agencies is similar to findings from a 1995 survey.<sup>115</sup>

The frequent use of one-to-one supervision is consistent with patterns seen in the 1990s.<sup>116</sup> While the use of group supervision and telephone supervision was reported at the same rate as programs in the 1995 survey,<sup>117</sup> the proportion of programs offering therapeutic visitation (20%) was lower in this survey.

Nearly half of the programs experienced at least one barrier that limited the service they could provide. A sizable proportion turned away one or more persons, because they were too dangerous. As described in the introduction, experts suggest that dangerousness be assessed prior to referral.<sup>118</sup> Approximately 28% of families were not fully served, because the families lacked financial resources. This result is confirmed by past surveys of families utilizing supervised visitation services.<sup>119</sup> Transportation was also reported as an obstacle to families receiving service (22% of programs); transportation services were provided by only 2% of the programs. It was heartening to learn that almost all of the programs reported that they could provide services to people with disabilities and with inadequate language ability. Many programs also noted barriers to service that were linked specifically to funding. For example, a sizable number of programs were not open enough hours (29%) or were at capacity (28%), consistent with previous studies.<sup>120</sup>

Due to the low number of programs reporting on the racial/ethnic composition of those *not* receiving services, it was not possible to reliably compare the “served” and “not served” groups on race/ethnicity. Among “traditionally underserved” clients who were “served,” immigrants and refugees represented only 1% of the cases; 4% of the parents had limited English proficiency compared with 1% of the children. Visiting parents had a higher rate of mental and physical disability than the children or custodial parents, which relates to the need expressed by some for more mental health services.

Almost half (43%) of the families served by these programs were being served because of domestic violence, slightly higher than the percentage of child abuse cases (38%). The relatively high proportion of domestic violence cases is likely the result of the growing awareness among judges and other referral sources that cases involving domestic violence often require supervised visitation and exchange. Compared to the findings of a 1995 survey of 94 U.S. and Canadian programs, in which 44% of the programs served domestic violence cases,<sup>121</sup> the current survey found that 89% of the programs reported serving at least one family where domestic violence was the reason for service. Some domestic violence cases in these programs are likely to go undetected, although staff members are increasingly equipped to identify these cases.<sup>122</sup> It should be noted that among families *not served*, there were more domestic violence cases than other types of cases.

As described earlier, lack of adequate funding for programs continues to pose substantial challenges. A quarter of the programs in this survey cited the need for more funding, especially for procedures, mechanisms, and training that would improve safety. The need for larger facilities that can accommodate more clients reported in this survey is also consistent with needs expressed by programs in previous surveys.<sup>123</sup>

Several limitations of the survey need to be kept in mind when interpreting the results. Some types of programs were likely to be underrepresented, for example child welfare offices, private practitioners, and small, volunteer based programs. Although the response rate of 66% was good for surveys of this type, caution should be used when generalizing the findings beyond the programs that responded. The study found that many programs had difficulty providing information on client demographics and on those experiencing violence and abuse. Despite these limitations, this survey is the most extensive of its kind. It provides the most thorough profile to date of supervised visitation and exchange programs in the United States, including information on types of services, common barriers to service, and the number of individuals being seen in these programs who experienced several forms of violence and abuse. Services to domestic violence survivors have increased noticeably in the past 10 to 15 years.

### **OVW’s Supervised Visitation Program**

The Supervised Visitation Program provides funds to communities to support supervised visitation and safe exchange of children, by and between parents, in situations involving domestic violence, child abuse, sexual assault, or stalking. By statute, grants under the Supervised Visitation Program may be awarded to states,<sup>124</sup> Indian tribal

governments, and units of local government that propose to enter into or expand the scope of existing contracts and cooperative agreements with public or private nonprofit entities to provide supervised visitation and safe visitation exchange of children by and between parents in situations involving domestic violence, child abuse, sexual assault, or stalking. Grants may be awarded to assist applicants with the initial implementation of a supervised visitation center or to enhance and improve the services of an existing center. Grant funds may be used for establishing supervised visitation and safe exchange services to meet a demonstrated need, strengthening existing program operations, expanding center services, establishing statewide training and technical assistance projects, increasing center staff, enhancing security, and developing training for staff and volunteers. All applicants are required to enter into a collaborative working relationship with state or local courts and a faith and/or community-based nonprofit, nongovernmental domestic violence or sexual assault victim organization that represents the views and concerns of domestic violence and sexual assault victims.

Each year that OVW has posted a solicitation for grant proposals, the requests for funding have far exceeded the amount of money appropriated by Congress for this grant program. The competitive solicitation process includes an extensive peer review. The scope of the Supervised Visitation Program is defined by the following statutory considerations and minimum requirements: the number of families to be served by the proposed visitation programs and services; the extent to which the proposed supervised visitation programs and services serve underserved populations;<sup>125</sup> the extent to which the applicant demonstrates cooperation and collaboration with non-profit, nongovernmental entities in the local community served, including the state or tribal domestic violence coalition, state or tribal sexual assault coalition, faith-and/or community-based shelters, and programs for domestic violence and sexual assault victims; and the extent to which the application demonstrates coordination and collaboration with state and local court systems, including mechanisms for communication and referral. In addition, by statute, all applicants for the Supervised Visitation Program must: demonstrate expertise in the area of family violence, including the areas of domestic violence or sexual assault; ensure that any fees charged to individuals for use of programs and services are based on the income of those individuals, unless otherwise provided by court order; demonstrate that adequate security measures, including adequate facilities, procedures, and personnel capable of preventing violence, are in place for the operation of supervised visitation programs and services or safe visitation exchange; and prescribe standards by which supervised visitation or safe visitation exchange will occur.

The information in the following section was gathered from semi-annual progress reports submitted to OVW by 63 Supervised Visitation program grantees under the Grants Management System (GMS) system for the reporting period July 1 through December 31, 2004. Not all OVW grantees submitted progress reports. It should be noted that the initial awards under this grant program were awarded in October 2004. The data from the reporting period reflects initial start-up activities for these grantees from October to December 2004. Current information regarding Supervised Visitation program grantees can be found in OVW's Reports to Congress on the Effectiveness of Grant Programs under the Violence Against Women Act.

**Grantee Information  
Programs by State**

The Supervised Visitation Program is a competitive, discretionary grant program in which the OVW Director strives to award grants that reflect geographic diversity. However, due to the highly competitive nature of the program, the Director is not able to award grants in every state. Table 1 shows the number of OVW funded Supervised Visitation program grantees located in each state and the number of families served in each state over a six-month period.

**Table 1. Distribution of Programs Located and Programs Responding by State**

State	Number of Safe Havens Programs*	Number of Programs Filing Progress Report*	Number of Families Served Partially Served(July - Dec 2004)
Alabama			
Alaska	1	1	14
Arizona			
Arkansas			
California	3	3	376
Colorado	2	2	147
Connecticut			
Delaware			
District of Columbia			
Florida	4	4	147
Georgia			
Hawaii			
Idaho	1	1	0
Illinois	2	2	127
Indiana			
Iowa			
Kansas	1	1	13
Kentucky	3	3	203
Louisiana	0	0	0
Maine			
Maryland			



State	Number of Safe Havens Programs*	Number of Programs Filing Progress Report*	Number of Families Served Partially Served (July - Dec 2004)
Massachusetts			
Michigan	2	2	108
Minnesota	1	1	135
Mississippi			
Missouri	1	1	86
Montana	2	2	6
Nebraska	2	2	0
Nevada	1	1	17
New Hampshire	1	1	394
New Jersey			
New Mexico	1	1	0
New York			
North Carolina	1	1	21
North Dakota	1	1	210
Ohio	2	2	95
Oklahoma	1	1	0
Oregon	5	5	97
Pennsylvania	2	2	0
Rhode Island			
South Carolina			
South Dakota	1	1	174
Tennessee			
Texas	2	2	84
Utah	1	1	0
Vermont	2	2	32
Virginia			
Washington	1	1	0
West Virginia			
Wisconsin	1	1	0
Wyoming			

**Implementing Agency or Organization  
Table 2.**

<b>Type of Agency/Organization</b>	
Court	2
Domestic Violence Program	6
State government	6
Supervised visitation center	3
Tribal government	5
Supervised Visitation and Exchange Center	10
Unit of local government	18
<b>TOTAL</b>	<b>50</b>

A review of the forms submitted by the grantees identifies almost all of the implementing agencies or organizations as units of local government. The next largest category was supervised visitation and exchange centers.

**Types of Services Provided**

Table 3 shows the different types of services provided by grantees. Grantees could check more than one response. "One-to-one supervision" is the service provided most often to clients and to the most families, followed by supervised exchange

**Table 3. Types of Services Provided**

<b>Type of Service</b>	<b>Number of Families</b>	<b>Number of Times Services Provided</b>
<b>Group Supervision</b>	222	2002
<b>One-to-one supervision</b>	1,400	10,354
<b>Supervised exchange</b>	623	8,902

**Numbers of Families Served, Partially Served and Not Served**

Of the 63 programs reporting, 2,486 families were served or partially served by grantee programs. Families were considered served if they received the services they needed if those services were provided under the Supervised Visitation Program grant. Families were considered partially served if they received some services, but not all of the services they needed if those services were provided under the grant.

**Table 4. Number of Families Served, Partially Served, and Not Served**

<b>Total Number of Families</b>	
<b>Served</b>	2,310
<b>Partially Served</b>	176
<b>Not Served</b>	231

**Reasons families seeking services were not served or were partially served**

Grantees identified the reasons that families seeking service were either not served or were partially served in their programs (See Table 5). The two most common reasons that families were not served or were partially served were that at least one party was not willing to agree with program rules or at least one party was not accepted into the program. Grantees reported that parties were not accepted into programs, because they were *considered too dangerous*, conflicts of interest existed or they were unwilling to agree with program rules as well as for other reasons. Other commonly cited reasons included transportation problems or services that were not appropriate for parties.

**Table 5. Reasons Not Served or Partially Served: Programs Reporting Reasons for Any Clients Not Being Served or Being Partially Served**

Hours of operation	6
Program reached capacity	5
Program rules not acceptable to party(ies)	14
Transportation problems	8
Services not appropriate for party(ies)	6
Geographic or other isolation of party(ies)	3
Services inappropriate or inadequate for people with mental health problems	1
Services inappropriate or inadequate for people with substance abuse problems	1
Insufficient/lack of adequate language capacity (including sign language)	2
Insufficient/lack of culturally appropriate services	0
Insufficient/lack of services for people with disabilities	0
Parties not accepted into program	14
Other	12

**Demographic Characteristics of Family Members**

Grantees reported the demographics of those families (custodial parents, non-custodial parents and children) who were served or partially served. Table 6 shows the percent of custodial and non-custodial parents by gender. Most visiting or non-custodial

parents 79.2% were men while 20.7% were women. Conversely, 80% of custodial parents were women and 19% were men.

**Table 6. Gender of Custodial and Visiting Parents Who Were Served or Partially Served**

<b>Female Custodial Parent</b>	40%	1,892
<b>Female Visiting Parent</b>	10%	492
<b>Male Custodial Parent</b>	10%	458
<b>Male Visiting Parent</b>	40%	1,875
<b>Unknown Gender</b>	.2%	13
<b>Total</b>		<b>4,730</b>

**Table 7. Race/Ethnicity of Parents and Children Served or Partially Served**

<b>Race/Ethnicity</b>	<b>Custodial Parents</b>	<b>Non-Custodial Parents</b>	<b>Children</b>
<b>Black or African American</b>	177	227	298
<b>American Indian or Alaskan Native</b>	37	47	124
<b>Asian</b>	54	41	62
<b>Native Hawaiian &amp; other Pacific Islander</b>	11	13	19
<b>Hispanic or Latino</b>	233	257	413
<b>White</b>	1738	1654	2537
<b>Unknown</b>	136	146	244
<b>Total</b>	<b>2386</b>	<b>2385</b>	<b>3697</b>
Note: Individuals could be counted for each race that applied.			

Of the custodial parents reported in the Served/Partially Served race/ethnicity categories, their identities were reported as: 72.8 % White, 9.7% Hispanic or Latino, 7.4% Black or African American, 2.2% Asian, 1.5% American Indian and Alaskan Native, 0.4% Native Hawaiian and other Pacific Islander, and 5.6% Unknown.

Of the non-custodial parents reported in the Served/Partially Served race/ethnicity categories, their identities were reported as: 69.3% White, 10.7% Hispanic or Latino, 9.5% Black or African American, 1.9 % American Indian and Alaskan Native, 1.7% Asian, 0.5% Native Hawaiian and other Pacific Islander, and 6.1 % Unknown.

Of the 3,697 children reported in the Served/Partially Served race/ethnicity categories, their identities were reported as: 68.6% White, 11% Hispanic or Latino, 8% Black or

African American, 3 % American Indian and Alaskan Native, 1.6% Asian, 0.5% Native Hawaiian and other Pacific Islander, and 6.5% Unknown.

Programs reported on services to several “traditionally underserved” groups: people with mental or physical disabilities, limited English proficiency, immigrant/refugee status, and those living in rural areas. Only 2.1% of the custodial parents and 3% of the children were reported to have disabilities, compared with a slightly higher rate for visiting parents ( 5.7%). 3.6% percent of custodial and 4% of visiting parents were reported to have a limited ability to speak English, compared to 1.8% for the children. Only 2.4% of custodial parents and 3.2% of non-custodial parents were immigrants or refugees; while less than 1% of the children were. As for those who live in rural areas, 26.7% were custodial parents, 29.4 % were visiting parents and 31% were children.

**Table 8.**

	<b>Custodial Parents</b>	<b>Visiting Parents</b>	<b>Children</b>
<b>People with Disabilities</b>	55 2.1%	137 5.7%	105 3%
<b>People with Limited English Proficiency</b>	93 3.6%	97 4%	64 1.8%
<b>People who are Immigrants, Refugees, Asylum Seekers</b>	62 2.4%	77 3.2%	26 .75%
<b>People who live in Rural Areas</b>	678 26.7%	689 29.4%	1,070 31%

### **Reasons Services Were Needed**

Grantees reported on the primary reason that families needed supervised visitation or exchange services: domestic violence, child abuse, sexual assault, stalking, or other physical abuse. For the families who were served/partially served, domestic violence affected the largest proportion of cases (83.9%), followed by child abuse (11.4 %) (Table 8). Sexual assault, stalking, and other physical abuse affected far fewer cases.

**Table 8. Primary Victimization  
(Services Provided With Grant Funds)**

<b>Primary Form of Victimization</b>	<b>Sexual Assault</b>	<b>Domestic Violence</b>	<b>Stalking</b>	<b>Child Abuse</b>
<b>Number of families</b>	79	2,090	34	286
<b>Percentage</b>	3.1%	83.9%	1.3%	11.4%

It should be noted that grant funds can only support the supervised visitation and safe exchange of children, by and between parents, in situations involving domestic violence, child abuse, sexual assault, or stalking and that this question on the semi-annual progress report is asking grantees to identify a primary source of victimization for families served, partially served or not served..

Although most grantees reported that families who received services did so through services supported by OVW grants, some grantees (16 out of 23 grantees who responded to specific clarification question sent out by OVW on a one-time basis) reported that they served victims with funds from other sources.

**Table 9. Number of Families Served, Partially Served, and Not Served (Services Provided with Other Funds)**

<b>Total Number of Families</b>	
<b>Served</b>	1,391
<b>Partially Served</b>	47
<b>Not Served</b>	296

**Reasons Services Were Needed by Families Served and Partially Served (Services Provided With Other Funds)**

<b>Primary Form of Victimization</b>	<b>Sexual Assault</b>	<b>Domestic Violence</b>	<b>Stalking</b>	<b>Child Abuse</b>
<b>Number of families</b>	107	913	88	354
<b>Percentage</b> (% numbers are based on a total of 1,374 families served or partially served with other funds)	7.4%	63.4%	6.1%	24.6%

Some of the other reasons cited by families who were served or partially served with other funds included parental reintroduction, divorce, neglect, poor parenting skills, and child refusal.

**Areas of Need**

The semi-annual progress report for the Supervised Visitation program poses the following question to grantees on an annual basis: “What do you see as the most significant areas of remaining need, with regard to increasing the safety of families?” Most of the grantees (53) submitted narrative responses which can be categorized as follows:

<b>Narrative Responses to question regarding unmet needs</b>	<b>Grantee response</b>
Safety Equipment and Safety Training	19

More Hours of Operation/ More Service Available	17
Education of Judges and Court Personnel	17
Transportation	11
Underserved Populations	10
Interpreter Services	9
Coordinated Community Response	6
Culturally Accessible of Services	6
Parenting Classes	4
Availability of Funding/Sustainability	4

The most commonly noted unmet need involved safety and security measures. One grantee stated that “Visitation and exchange can have a high potential for lethality if not handled appropriately. Staff is currently developing a danger and risk assessment that will be used with each parent to gauge the potential lethality issues that could compromise safety during visits.” Many grantees cited a significant need to educate more attorneys and judges about the dynamics of domestic violence. One grantee noted that “Often, judges order domestic violence victims to exchange their children in a public place or force them to supervise visits with their abusers.”

## Conclusion

Communities across the country should support efforts to provide supervised visitation and safe exchanges of children, by and between parents, in situations involving domestic violence, child abuse, sexual assault, or stalking. Studies have shown that the risk of violence is often greater for victims of domestic violence and their children after separation from an abusive situation. Even after separation, batterers often use visitation and exchange of children as an opportunity to inflict additional emotional, physical, and/or psychological abuse on victims and their children. Visitation and exchange services should reflect a clear understanding of the dynamics of domestic violence, sexual assault and stalking, the impact of domestic violence on children, and the importance of holding offenders accountable for their actions.

<sup>1</sup> CALLIE MARIE RENNISON, BUREAU OF JUSTICE STATISTICS, CRIME DATA BRIEF: INTIMATE PARTNER VIOLENCE 1993-2001 (FEBRUARY 2003); CALLIE MARIE RENNISON & SARAH WELCHANS, BUREAU OF JUSTICE STATISTICS SPECIAL REPORT: INTIMATE PARTNER VIOLENCE (MAY 2000).

<sup>2</sup> CALLIE MARIE RENNISON, BUREAU OF JUSTICE STATISTICS, CRIME DATA BRIEF: INTIMATE PARTNER VIOLENCE 1993-2001 (FEBRUARY 2003).

<sup>3</sup> PATRICIA TJADEN & NANCY THOENNES, STALKING IN AMERICA: FINDINGS FROM THE NATIONAL VIOLENCE AGAINST WOMEN SURVEY, NATIONAL INSTITUTE OF JUSTICE AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (APRIL 1998).

<sup>4</sup> *Id.* at 6.

<sup>5</sup> PATRICIA TJADEN & NANCY THOENNES, PREVALENCE, INCIDENCE, AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN: FINDINGS FROM THE NATIONAL VIOLENCE AGAINST WOMEN SURVEY, NATIONAL INSTITUTE OF JUSTICE AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION 3 (NOVEMBER 1998).

<sup>6</sup> *Id.* at 2.

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- <sup>7</sup> NATIONAL CLEARINGHOUSE ON CHILD ABUSE AND NEGLECT INFORMATION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CHILD MALTREATMENT 2003: SUMMARY OF KEY FINDINGS (2003).
- <sup>8</sup> NATIONAL CLEARINGHOUSE ON CHILD ABUSE AND NEGLECT INFORMATION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CHILD ABUSE AND NEGLECT FATALITIES: STATISTICS AND INTERVENTIONS 1,3 (APRIL 2004) (finding that there were 1400 such fatalities reported in 2002).
- <sup>9</sup> See, e.g., NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, FAMILY VIOLENCE DEPARTMENT, EFFECTIVE INTERVENTION IN DOMESTIC VIOLENCE & CHILD MALTREATMENT CASES: GUIDELINES FOR POLICY AND PRACTICE (FEBRUARY 1999).
- <sup>10</sup> 42 U.S.C. § 10420(d)(1)(A).
- <sup>11</sup> Daniel Saunders, *Child Custody Decisions in Families Experiencing Woman Abuse*, 39 SOC. WORK 51, 52 (Jan. 1994). See also, Mildred Daley Pagelow, *Effects of Domestic Violence on Children and Their Consequences for Custody and Visitation Agreements*, 7 MEDIATION Q. 348 (1990) (finding that the overlap is about 40-60%).
- <sup>12</sup> Jeffrey L. Edleson, *Children's Witnessing of Adult Domestic Violence*, 14(8) J. OF INTERPERSONAL VIOLENCE 839 (Aug. 1999); Saunders, *supra* note 11 at 52. See also, Bonnie E. Carlson, *Children of Battered Women*, in HELPING BATTERED WOMEN: NEW PERSPECTIVES AND REMEDIES 172, 173 (Albert R. Roberts ed., 1996); Marjory D. Fields, *The Impact of Spouse Abuse on Children and Its Relevance in Custody and Visitation Decision in New York State*, 3(2) CORNELL J. L. AND PUB. POL. 221, 225 (Spring 1994) (citing studies by Rosenbaum, O'Leary, Hilberman, Munson, Jaffe, Wolfe, Wilson, Zak, Davis, and Carlson, among others).
- <sup>13</sup> Pagelow, *supra* note 11, at 349.
- <sup>14</sup> *Id.*
- <sup>15</sup> PETER G. JAFFE ET AL., CHILD CUSTODY AND DOMESTIC VIOLENCE: A CALL FOR SAFETY AND ACCOUNTABILITY 28 (2003).
- <sup>16</sup> LUNDY BANCROFT & JAY G. SILVERMAN, THE BATTERER AS PARENT: ADDRESSING THE IMPACT OF DOMESTIC VIOLENCE ON FAMILY DYNAMICS 5-10 (2002).
- <sup>17</sup> *Id.*
- <sup>18</sup> CALLIE MARIE RENNISON & SARAH WELCHANS, BUREAU OF JUSTICE STATISTICS, INTIMATE PARTNER VIOLENCE 1, 5 (MAY 2000) (finding that "[t]he percentage of female murder victims killed by intimate partners has remained at about 30% since 1976" and that "divorced or separated persons were subjected to the highest rates of intimate partner victimization"). See also MINDY ABEL, DENVER METRO DOMESTIC VIOLENCE FATALITY REVIEW 5 (2002) (finding that in 67 percent of the homicides, the victim had expressed a desire to leave or end the relationship).
- <sup>19</sup> Martha Mahoney, *Legal Images of Battered Women: Redefining the Issue of Separation*, 90 MICH. L. REV. 1, 65 (1991).
- <sup>20</sup> WALTER S. DEKESEREDY ET AL., SEPARATION/DIVORCE SEXUAL ASSAULT: THE CURRENT STATE OF SOCIAL SCIENTIFIC KNOWLEDGE 3 (2002) (review of research presented at annual meeting of the American Society of Criminology).
- <sup>21</sup> *Id.* at 19.
- <sup>22</sup> Saunders, *supra* note 11 at 53.
- <sup>23</sup> See Bancroft & Silverman, *supra* note 16.
- <sup>24</sup> See Bancroft & Silverman, *supra* note 16 (finding that such tactics serve to monitor victims and to undermine their parenting authority).
- <sup>25</sup> Marsha B. Liss and Geraldine Butts Stahly, *Domestic Violence and Child Custody*, in BATTERING AND FAMILY THERAPY 175, 183 (Marsali Hansen and Michele Harway, eds. 1993).
- <sup>26</sup> GEOFFREY L. GREIF AND REBECCA L. HEGAR, WHEN PARENTS KIDNAP: THE FAMILIES BEHIND THE HEADLINES 59 (1993).
- <sup>27</sup> See Saunders, *supra* note 11 at 53. Tactics may include repeatedly filing for modification of custody or visitation orders and raising false allegations of abuse. David Adams, *Identifying the Assaultive Husband in Court: You Be the Judge*, 33 Boston B.J. 23, 24 (1989); Julie Kunce Field, *Visiting Danger, Keeping Battered Women and Their Children Safe*, 30 CLEARINGHOUSE REV. 295, 304-05 (1996).
- <sup>28</sup> See Bancroft & Silverman, *supra* note 16.
- <sup>29</sup> Experts suggest that domestic violence often underlies families perceived as "high conflict." See., Robert B. Straus, Nadine Blaschak-Brown, and Anne Reiniger, *Standards and Guidelines for Supervised Visitation Network Practice: Introductory Discussion*, 36(1) FAM. AND CONCIL. CTS. REV. 96, 233, note 15,



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citing Johnston & Campbell (1998). *See also* MICHIGAN DEMONSTRATE SITE, SAFETY & ACCOUNTABILITY AUDIT PLANNING ASSESSMENT, REPORT TO THE MICHIGAN DEMONSTRATION SITE ADVISORY COMMITTEES, PRAXIS INTERNATIONAL 8 (JUNE 2004) (explaining that many of these “high conflict” cases in Michigan actually were cases where couples were separating in the midst of significant violence and intimidation by one parent against the other).

<sup>30</sup> Straus, *supra* note 29 at 230.

<sup>31</sup> Straus, *supra* note 29 at 236.

<sup>32</sup> Straus, *supra* note 29 at 236. For example, in 1989, the Domestic Abuse Intervention Project in Minnesota created the Duluth Family Visitation Center to meet the needs identified by shelter staff.

<sup>33</sup> *Id.* at 17.

<sup>34</sup> Maureen Sheeran and Scott Hampton, *Supervised Visitation in Cases of Domestic Violence*, 50(2) JUV. AND FAM. CT. J. 13, 19 (Spring 1999) (describing the case of Melanie Edwards, a victim whose batterer shot and killed her and their daughter in the parking lot of a visitation center following a scheduled visit).

<sup>35</sup> M. Sharon Maxwell and Karen Oehme, *Strategies to Improve Supervised Visitation Services in Domestic Violence Cases*, VIOLENCE AGAINST WOMEN ONLINE RESOURCES 4 (October 2001).

<sup>36</sup> *See, e.g.*, LUNDY BANCROFT, WHEN DAD HURTS MOM: HELPING YOUR CHILDREN HEAL THE WOUNDS OF WITNESSING ABUSE 214 (2004) (explaining that batterers use the children as weapons post-separation, including by returning them late for visits).

<sup>37</sup> *See* MICHIGAN DEMONSTRATE SITE, SAFETY & ACCOUNTABILITY AUDIT PLANNING ASSESSMENT, REPORT TO THE MICHIGAN DEMONSTRATION SITE ADVISORY COMMITTEES, PRAXIS INTERNATIONAL 9 (JUNE 2004).

<sup>38</sup> *See, e.g.*, Martha McMahon, Jeremy Neville-Sorvilles, and Linda Schubert, *Undoing Harm to Children: The Duluth Family Visitation Center*, in COORDINATED COMMUNITY RESPONSES TO DOMESTIC VIOLENCE: LESSONS FROM DULUTH AND BEYOND 151, 159 (Melanie F. Shepard and Ellen L. Pence, eds., 1999) (explaining that attention to the dynamics of violence distinguishes the Duluth center from visitation centers organized primarily through social service agencies).

<sup>39</sup> For example, a church-based program responding to this national survey illustrated this change in philosophy; staff stated “we would like to make modifications to our office in order to serve the families who have a history of domestic violence in our facility.”

<sup>40</sup> *See* PRAXIS INTERNATIONAL, *supra* note 29 at 6.

<sup>41</sup> PRAXIS INTERNATIONAL, *supra* note 29 at 2 (quoting Shelia Hankins).

<sup>42</sup> NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, FAMILY VIOLENCE DEPARTMENT, EFFECTIVE INTERVENTION IN DOMESTIC VIOLENCE & CHILD MALTREATMENT CASES: GUIDELINES FOR POLICY AND PRACTICE 111 (FEBRUARY 1999). *See also*, American Bar Association Policy 00A109A (2000).

<sup>43</sup> As noted above, supervised visitation programs have developed through courts, child protective services agencies, domestic violence programs, and community-based non-profits. They may differ in rural and urban communities and should be shaped to address the cultural needs of diverse populations.

<sup>44</sup> Maureen Sheeran and Scott Hampton, *Supervised Visitation in Cases of Domestic Violence*, 50(2) JUV. AND FAM. CT. J. 13, 18 (Spring 1999). *See* Nancy Thoennes and Jessica Pearson, *Supervised Visitation: A Profile of Providers*, 37 FAM. & CONCIL. CTS. REV. 460, 467 (1999).

<sup>45</sup> Straus, *supra* note 29 at 252. *See also* Maxwell and Oehme, *supra* note 35 at 7.

<sup>46</sup> Sheeran and Hampton, *supra* note 34 at 19 (citing Pearson study in 1999).

<sup>47</sup> Sheeran and Hampton, *supra* note 34 at 18. The term “supervisors” – also called “monitors” – refers to staff members who supervise visits or the exchange of children.

<sup>48</sup> Nancy Thoennes and Jessica Pearson, *Supervised Visitation: A Profile of Providers*, 37 FAM. & CONCIL. CTS. REV. 460, 464 (1999).

<sup>49</sup> *See, e.g.*, Maxwell and Oehme, *supra* note 35 at 6; PRAXIS INTERNATIONAL, *supra* note 29 at 17. The current guidelines of the Supervised Visitation Network state that training should ensure the following: knowledge of ethical principles involved in supervision of visits; cultural sensitivity; awareness of one's own values; familiarity with the reasons for supervised visitation; familiarity with issues about visits related to family violence, partner abuse, child abuse, and substance abuse; familiarity with issues related to psychiatric/psychological disorders; familiarity with relevant legal, welfare and governmental processes and terminology; awareness of common issues and problems which may arise during visits and techniques for dealing with difficult situations; awareness of the need to maintain role integrity; ability to assist

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parents, where appropriate, with parenting and child care skills; working knowledge of child development; visitation issues that may be related to separation; familiarity with the dynamics of separation and divorce and the impact on children and their parents; knowledge of the provider's policies and procedures; and familiarity with other relevant services in the community.

<sup>50</sup> Sheeran and Hampton, *supra* note 34 at 18.

<sup>51</sup> Maxwell and Oehme, *supra* note 35 at 5.

<sup>52</sup> PRAXIS INTERNATIONAL, *supra* note 29 at 5.

<sup>53</sup> PRAXIS INTERNATIONAL, *supra* note 29 at 18.

<sup>54</sup> *See, e.g.*, Duluth Family Visitation Center, [www.duluth-model.org](http://www.duluth-model.org) (2005)(explaining that it is not the purpose of the Visitation Center to observe in order to make recommendations to the court regarding custody or visitation). *See also*, Thoennes and Pearson, *supra* note 44 at 475 (finding that program directors worry that supervisors may not be qualified to make recommendations about custody and visitation).

<sup>55</sup> Nat Stern and Karen Oehme, *The Troubling Admission of Supervised Visitation Records in Custody Proceedings*, 75 TEMP. L. REV. 271, 281 (2002).

<sup>56</sup> Sheeran and Hampton, *supra* note 34 at 18.

<sup>57</sup> *See* Field, *supra* note 27 (citing an SJI report concluding that supervised visitation is not a substitute for judicial oversight).

<sup>58</sup> *See, e.g.*, Straus, Blaschak-Brown, and Reiniger, at 100; Thoennes and Pearson, *supra* note 44 at 467. *See also*, Julie Kunce Field, *Visits in Cases Marked by Violence: Judicial Actions That Can Help Keep Children and Victims Safe*, 35 CT. REV. 23, 27 (1998).

<sup>59</sup> *See, e.g.*, Karen Oehme and Sharon Maxwell, *Florida's Supervised Visitation Programs: The Next Phase*, 78 FLA. BAR J. 44, 46(2004).

<sup>60</sup> Maxwell and Oehme, *supra* note 35 at 6.

<sup>61</sup> PRAXIS INTERNATIONAL, *supra* note 29 at 10.

<sup>62</sup> Survey respondents identified the need for better enforcement of protection orders. *See infra*, *Survey Results*.

<sup>63</sup> NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, MODEL CODE ON DOMESTIC AND FAMILY VIOLENCE 35 (1994).

<sup>64</sup> *Id.* at 34.

<sup>65</sup> Sheeran and Hampton, *supra* note 34 at 16.

<sup>66</sup> *Id.*

<sup>67</sup> IOWA CODE § 598-41(3)(i)(2004).

<sup>68</sup> LA. REV. STAT. ANN. § 9:364(C)(2005).

<sup>69</sup> *See, e.g.*, FLA. STAT. CH. 753.002(2005)(creating the Florida Family Visitation Network to support local programs). Note that while some states define supervised visitation services through legislation, others utilize judicial, administrative or voluntary guidelines. *See, e.g.*, Office of Kan. Atty. Gen., *Child Exchange and Visitation Center Guidelines* (1998). *See also* Stern and Oehme, *supra* note 55.

<sup>70</sup> *See, e.g.*, CAL. FAM. CODE §§ 3200, 3202 (West 2005) (requiring supervised visitation providers, including those in the domestic violence field, to comply with uniform standards of practice); MO. REV. STAT. § 452.400(2) (2005) (requiring proof of treatment and rehabilitation before unsupervised visitation can be ordered if a court has ordered supervised visitation initially in a domestic violence case); OKLA. STAT. tit. 43, § 110.1a (2004) (describing the Oklahoma Child Supervised Visitation Program, designed to protect children and other parties).

<sup>71</sup> N.C. GEN. STAT. § 50B-3(a1)(2)(i)(2005)(requiring a court to consider, when determining custody and visitation, whether a party has used visitation as an opportunity to abuse the victim).

<sup>72</sup> *See, e.g.*, GUAM CODE ANN. § 8404.1(2005)(requiring visitation centers to be supervised by persons trained in the avoidance of family violence); HAW. REV. STAT. §§ 571-46(11)(14)(2004)(requiring supervised visitation centers to provide for supervision by a person trained in security and the avoidance of family violence).

<sup>73</sup> *See, e.g.*, LA. REV. STAT. ANN. § 9:362(6)(2005)(prohibiting supervision by a relative, friend, therapist, or associate of the parent perpetrating family violence).

<sup>74</sup> *See, e.g.*, ARK. CODE ANN. § 9-13-406 (Michie 2005) (permitting courts to order supervised visitation to prevent international child abduction by parents and others); TX. FAM. CODE ANN. § 153.503(2004) (allowing courts to order supervised visitation to prevent abduction).

<sup>75</sup> See, e.g., N.M. STAT. ANN. § 40-12-5.1(C)(Michie 2005) (requiring parents to pay the costs pursuant to sliding fee scales).

<sup>76</sup> See, e.g., GA. CODE ANN. § 19-9-7(2005)(encouraging courts to order perpetrators to pay the costs of supervised visitation); HAW. REV. STAT. § 571-46(11)(E)(2004)(permitting a court to order the perpetrator of family violence to pay a fee to defray the costs of supervised visitation).

<sup>77</sup> LA. REV. STAT. ANN. § 9:362(6)(2005).

<sup>78</sup> Pub. L. No. 106-386 (codified as amended in scattered sections of 8, 16, 18, 20, 28 and 42 U.S.C.).

<sup>79</sup> Pub. L. No. 106-386 (codified as amended in scattered sections of 8, 16, 18, 20, 28 and 42 U.S.C.).

<sup>80</sup> *Id.*

<sup>81</sup> 42 U.S.C. § 10420.

<sup>82</sup> CONF. REP. 106-939, H.R. 3244, at 108 (Oct. 5, 2000).

<sup>83</sup> See Safe Havens: Supervised Visitation and Safe Exchange Grant Program Fiscal Year 2005 Solicitation, Office on Violence Against Women, U.S. Department of Justice 3 (2005).

<sup>84</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10173 (October 11, 2000) (statement of Sen. Boxer).

<sup>85</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10192 (October 11, 2000) (statement of Sen. Hatch).

<sup>86</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10213 (October 11, 2000) (statement of Sen. Feinstein). See, e.g., *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10180 (October 11, 2000) (statement of Sen. Wellstone, describing a Minnesota case in which a batterer murdered his two sons when a judge rejected a victim's request for supervised visitation).

<sup>87</sup> H. R. CONF. REP., H.R. 3244, H9029, H9033 (October 6, 2000) (statement of Rep. Smith).

<sup>88</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10185 (October 11, 2000) (statement of Sen. Leahy). See, also, *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10217 (October 11, 2000) (statement of Sen. Johnson, describing how VAWA funds supported the first family visitation center in the state of South Dakota).

<sup>89</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10199 (October 11, 2000) (statement of Sen. Santorum).

<sup>90</sup> *Trafficking Victims Protection Act of 2000*, CONF. REP., H.R. 3244, CONG. REC. S10164, S10203 (October 11, 2000) (statement of Sen. Biden).

<sup>91</sup> H.R. 357, 106<sup>th</sup> Cong., 1<sup>st</sup> Sess., Sec. 211, Sec. 212 (1999). In addition, the bill required the Attorney General to promulgate regulations for the Safe Havens Program (changed in the final version to guidelines) and mandated explicit agreements with domestic violence and sexual assault programs.

<sup>92</sup> 42 U.S.C. § 10420(b)(3)(4).

<sup>93</sup> *Id.*

<sup>94</sup> 42 U.S.C. § 10420(c)(1).

<sup>95</sup> See Safe Havens: Supervised Visitation and Safe Exchange Grant Program, Program Brief, Office on Violence Against Women 3 (2004), available at [http://www.ojp.usdoj.gov/vawo/safehaven\\_desc.htm](http://www.ojp.usdoj.gov/vawo/safehaven_desc.htm).

<sup>96</sup> 42 U.S.C. § 10420(d).

<sup>97</sup> 42 U.S.C. § 10420(d)(1)(A).

<sup>98</sup> 42 U.S.C. § 10420(d)(1)(B)(C)(D)(E).

<sup>99</sup> The national survey form used items from the Semi-Annual Progress Report form used by OVW grantees of the Safe Havens Supervised Visitation and Safe Exchange Program. The survey was pilot tested with five programs.

<sup>100</sup> The major lists were those of: 1) the Supervised Visitation Network and its state chapters; 2) the Florida Clearinghouse on Supervised Visitation, a service of the College of Social Work at Florida State University; 3) the USDHSS Access Program report with state profiles and local service providers; and 4) the Children's Rights Council, a non-profit organization which sponsors programs in 13 state and the District of Columbia.

<sup>101</sup> Surveys responses were received from all states except for Arkansas, Hawaii, and the District of Columbia

<sup>102</sup> There were 84 programs that selected only the "Other" category and 118 programs that selected the "Other" category in conjunction with the designations provided.

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<sup>103</sup> See <http://www.acf.hhs.gov/programs/cse/pol/IM/im-01-03a/index.html>; retrieved August 13, 2005 “Child Access and Visitation Grants: State Profiles”, Office of Child Support Enforcement.

<sup>104</sup> This percentage might actually be higher because some programs did not understand this category to mean one family being supervised by one or more monitors.

<sup>105</sup> The median number of families served during the six month period was 26 and the average number was 45 (standard deviation = 60.7).

<sup>106</sup> The median number of families partially served during the six month period was 0 and the average number of families partially served was 4 (standard deviation = 13.7).

<sup>107</sup> The median number of families not served during the six month period was 0 and the average number of families not served was 5 (standard deviation equals 19.5). Many programs do not gather information on those who were not served. In addition, programs may be reluctant to report on families they were not able to help.

<sup>108</sup> The program reported no families served in this category.

<sup>109</sup> Eighty-one programs listed “other” reasons that their clients were “partially served” or “not served” (Table 5). The most common “other” reason was that one or more parents refused service (16 programs or 4% of all programs) and the next most common was that parties did not return, with no reason given (14 programs or 3% of all programs). Eight programs reported that services were not provided or not provided fully because clients were incarcerated. Eight programs also indicated that by policy they refused to serve certain types of clients, for example child sex offenders.

<sup>110</sup> Percentage indicates the proportion of programs that did not provide service or partially served *one or more clients* for the reasons shown. It does not indicate the proportion of clients within programs who were not served or partially served. Based on all 444 respondents, blank responses were assumed to mean that the barrier did not exist.

<sup>111</sup> Results were also similar within the “served/partially” group among agencies that reported on the “not served” group.

<sup>112</sup> Calculated for each center as a proportion of all cases served/partially served from question 2, then averaged across all centers

<sup>113</sup> Many programs indicated that they did not obtain information on stalking and programs were allowed to define “Other Physical Abuse.”

<sup>114</sup> Straus, *supra* note 29; R. B. Straus & E. Alda. *Supervised Child Access: The Evolution of a Social Service* (1994) 32 Family and Conciliation Courts Review 230.

<sup>115</sup> Thoennes and Pearson, *supra* note 44.

<sup>116</sup> Straus, *supra* note 29, Thoennes and Pearson, *supra* note 44.

<sup>117</sup> Thoennes and Pearson, *supra* note 44.

<sup>118</sup> Maxwell and Oehme, *supra* note 59.

<sup>119</sup> Thoennes and Pearson, *supra* note 44.

<sup>120</sup> J. Pearson & N. Thoennes, 38, *Supervised Visitation: The Families and Their Experiences*, 38 FAM & CONCIL. CTS. REV 123 (2000).

<sup>121</sup> Thoennes and Pearson, *supra* note 44.

<sup>122</sup> Percentages in the survey are likely to be underestimates because the question asked for the “reason for the need” for service, and domestic violence cases uncovered after referral might not be included in this number.

<sup>123</sup> Thoennes and Pearson, *supra* note 44.

<sup>124</sup> For the purposes of this grant program, a state is defined to include all states, the District of Columbia, the Commonwealth of Puerto Rico, and the Virgin Islands, American Samoa, Guam and the Northern Mariana Islands.

<sup>125</sup> The term “underserved populations”, as defined in section 2008 of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg-2), includes populations underserved because of geographic location (such as rural isolation), underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and

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any other population determined to be underserved by the state planning process in consultation with the Attorney General.



THE UNIVERSITY OF MICHIGAN  
School of Social Work  
1080 S. University Ave.  
Ann Arbor, MI 48109-1106

## NATIONAL SURVEY OF SUPERVISED VISITATION AND EXCHANGE PROGRAMS

April 11, 2005

Dear Director of Supervised Visitation/ Exchange Program:

We have been asked by the U.S. Department of Justice to prepare a report for the U.S. Congress on the nature of supervised visitation and exchange programs throughout the United States. We are inviting you to participate in a national survey that will supply information for the report. In approximately one week you will receive a copy of the survey and more information about it.

The survey will include questions concerning the types of services offered by your program, the number of people served, and possible reasons that services are not available. We will not request information about individual clients. We only need summary information about the people you serve.

Thank you for considering this request.

Sincerely,

Daniel G. Saunders, Ph.D.  
Professor  
Project Director, National Survey of Supervised Visitation/Exchange Program



U. S. Department of Justice

Office on Violence Against Women

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Washington, D.C. 20531

April 18, 2005

Dear Director of Supervised Visitation/ Exchange Program:

The U. S. Justice Department's Office on Violence Against Women (OVW) invites you to participate in a national survey of supervised visitation and safe exchange programs. An important provision of the Violence Against Women Act of 2000 directs the Department of Justice to submit a report to the United States Congress on supervised visitation and safe exchange programs across the country. The responses to this survey will be the basis for the Congressional Report.

The survey covers the types of services provided, the number of individuals served, and the reasons that services might not be available. In addition, the survey asks for the reasons for the need for supervised visitation and exchange including domestic violence, child abuse, sexual assault and stalking.

The survey does **not** request information on individual clients. The focus is on the aggregated collection of data. The survey requests information about your program for the period of July 1, 2004 to December 31, 2004. Your responses and information on your program will be kept confidential.

While your participation is voluntary, we hope that you will take this opportunity to help inform Congress about supervised visitation and exchange services. We have included instructions describing several ways to return the information to us, including mail, fax, telephone, email, and via the Internet. We would be grateful if you would return the survey by May 12, 2005.

OVW has entered into a cooperative agreement with the University of Michigan to conduct this survey. If you have any questions about this survey, please contact Dr. Daniel Saunders, Project Director at the University of Michigan, at 734-763-6415 or by email at [saunddan@umich.edu](mailto:saunddan@umich.edu).

We encourage you to participate in this survey and support our efforts to keep Congress informed about supervised visitation and exchange programs and the need for these critically important services.

Sincerely,

A handwritten signature in cursive script that reads "Diane M. Stuart".

Diane M. Stuart  
Director



THE UNIVERSITY OF MICHIGAN  
School of Social Work  
1080 S. University Ave.  
Ann Arbor, MI 48109-1106

## NATIONAL SURVEY OF SUPERVISED VISITATION AND EXCHANGE PROGRAMS

### General Instructions

1. All questions refer to the time period from **July 1, 2004, through December 31, 2004.**
2. We define “families” in the survey to include extended family members and families with unmarried parents.
3. If your agency did **NOT** provide either supervised visitation or exchange services from July 1, 2004 – December 31, 2004, please return the survey to us marked “no services provided.”

### How to Return the Survey Information to Us

We hope to hear from you within three weeks. We are providing several options for returning the information to us:

1. **Mail** the survey to us using the enclosed, stamped envelope.
2. **Fax** the survey to us at: 734-763-3372.
3. **Call us toll free** at: 877-615-2103 and give us the information over the phone.
4. **E-mail** your responses to us. Request an electronic version by calling us toll free at 877-615-2103 or sending a message to: [nssvep2005@umich.edu](mailto:nssvep2005@umich.edu).
5. **Online.** Complete and submit the survey on the web. The web address for the survey is: <http://lessons.umm.umich.edu/2k/nssvep/survey>. To enter the website, please enter the code number found at the top right of this page.

### The Survey Is Voluntary and Confidential

Although we hope that you participate in the survey, your participation is voluntary and you may refuse to answer any of the questions. Your responses will be kept confidential and will be used only as part of summaries in which no individual agency can be identified. If you have any questions about the survey, please contact the Project Coordinator, Merle Feldbaum, or the Project Director, Daniel Saunders, at the toll free number: 877-615-2103. If you have questions about your rights as a participant in the survey, you may contact Kate Keever, The University of Michigan, Institutional Review Board, 734-936-0933.

We would like to share the results of this survey with you. As soon as the results become available, we will let you know how to obtain them.

**Thank you in advance for helping to inform Congress about these important services!**



# NATIONAL SURVEY OF SUPERVISED VISITATION & EXCHANGE PROGRAMS

**1. Services provided:** *Please report the services your program provided during the six-month period specified in the instructions. Check all that apply.*

	Type of service
<input type="checkbox"/>	Group supervision
<input type="checkbox"/>	One-to-one supervision
<input type="checkbox"/>	Parent education program
<input type="checkbox"/>	Supervised exchange
<input type="checkbox"/>	Telephone monitoring
<input type="checkbox"/>	Therapeutic supervision
<input type="checkbox"/>	Other ( <i>specify</i> ):

Services provided by a licensed clinician for the purpose of providing therapeutic services.

**2. Please report the number of families served, partially served, and families seeking services who were not served.** *Report the following, to the best of your ability, as an unduplicated count for each category during the six-month period specified in the instructions. This means that each family who sought or received services during this six month period should be counted only once and in only one of the listed categories.*

	Number of families
<b>A. Served:</b> <i>Families who received the service(s) they needed in your program.</i>	
<b>B. Partially served:</b> <i>Families who received some service(s), but not all of the services they needed, if those services were provided by your program. For example, partial service would have occurred if your program provided both one-on-one supervision and parenting classes and you provided the supervision but had no vacancies in your parenting class program. You referred this family to another program in your area for parenting classes. This family should be counted as "partially served".</i>	
<b>C. Not served:</b> <i>Families who sought services and did not receive service(s) they needed, if those services were a normal part of your program.</i>	

3. Reasons families seeking services were **not** served or were **partially** served (*check all that apply*).

<b>Reasons Not Served or Partially Served</b>	
<input type="checkbox"/>	<b>Program reached capacity.</b> The program was operating at full capacity. Families might have been placed on a waiting list. The program was not able to accommodate all of a family's court-ordered visitation hours.
<input type="checkbox"/>	<b>Hours of operation.</b> Hours during which the program provided services were not consistent with the hours the family was available to receive needed services.
<input type="checkbox"/>	<b>Program rules not acceptable to party(ies).</b> One or both parties determined that program rules were not acceptable and declined to accept a service offered by the program.
<input type="checkbox"/>	<b>Services not appropriate for party(ies).</b> For any reason, the services available were not appropriate for one or more parties.
<input type="checkbox"/>	<b>Transportation problems.</b> One or more parties were unable to arrange for transportation to the center. This includes situations in which public transportation was available but could not be paid for or the organization could not provide transportation.
<input type="checkbox"/>	<b>Financial reasons.</b> One or more parties could not afford the services, even if they were on a sliding scale depending on income.
<input type="checkbox"/>	<b>Services inappropriate or inadequate for people with substance abuse problems.</b> Staff were not able, for any reason, to provide appropriate or adequate services for families with substance abuse problems that might have arisen within the context of supervised visitation and/or exchange.
<input type="checkbox"/>	<b>Services inappropriate or inadequate for people with mental health problems.</b> Staff were unable, for any reason, to appropriately address mental health issues that might have arisen within the context of supervised visitation and/or exchange.
<input type="checkbox"/>	<b>Insufficient/lack of culturally appropriate services.</b> The services available were not appropriate or adequately accommodating for a family for cultural reasons. For example, services were only available on days that were holy for a particular family's culture.
<input type="checkbox"/>	<b>Insufficient/lack of services for people with disabilities.</b> The facility lacked accessibility or resources to appropriately serve people with disabilities.
<input type="checkbox"/>	<b>Inadequate language capacity (<i>including sign language</i>).</b> Staff or volunteers were unable to adequately communicate with the family due to language differences. Interpreter services were not available or were not available at the time the family was seeking services. The family might have been placed on a waiting list to receive interpreter services but was not served by the end of the six-month period
<input type="checkbox"/>	<b>Geographic or other isolation of party(ies).</b> Staff or volunteers could not serve the family due to geographic distance or isolation. For example, the family was in the organization's service jurisdiction but a three-hour drive prohibited the family from attending a support group.
<input type="checkbox"/>	<p><b>Party(ies) not accepted into program.</b>            One or more parties were not accepted into the program because (<i>check all that apply</i>):</p> <p><input type="checkbox"/> <b>Too dangerous.</b> Provision of services would have jeopardized the well-being of program staff or family members.</p> <p><input type="checkbox"/> <b>Conflict of interest.</b> The program could not serve the family because of current or previous relationships with a member of the family or other parties related to the family that would have interfered with the ability of the program to serve that family.</p> <p><input type="checkbox"/> <b>Client unwilling to agree with program rules.</b> Client was unwilling to agree with program rules and/or procedures prior to acceptance, including filling out required paperwork, attending appointments, providing required documents, etc.</p>
<input type="checkbox"/>	<b>Other.</b> Describe any other reason for not serving that is not captured above:

**4. Demographics of family members served, partially served, or not served.**

	Served or Partially Served			Not Served		
	Custodial parents*	Visiting parents**	Children	Custodial parents*	Visiting parents**	Children
* "Custodial parents": No information needed when child is in foster care or for other reasons there is no "custodial parent"						
** "Visiting parents": non-custodial parents or parents whose children are in foster care						
<b>Race/ethnicity:</b> (Individuals may be counted for each race that applies.)						
Black or African American						
American Indian & Alaskan Native						
Asian						
Native Hawaiian & other Pacific Islander						
Hispanic or Latino						
White						
Unknown						
<b>Gender:</b>						
Female						
Male						
<b>People with disabilities:</b> Those with a significant limitation in activities of daily living, including people who are vision-impaired, hearing-impaired, with physical disabilities, & with diagnosed mental illness, if their activities are limited.						
<b>People with limited English proficiency:</b> Those who do not speak English as their primary language & who have limited ability to read, write, speak, or understand English.						
<b>People who are immigrants/refugees/asylum seekers</b>						
<b>People who live in rural areas:</b> Those not within a standard metropolitan statistical area.						

**5. Reasons for the Need for Supervised Visitation and Exchange.** Of all the families identified in **Question 2**, report the reason(s) for the need for supervised visitation and exchange of children in situations involving domestic violence, child abuse, sexual assault, and stalking. The five forms of victimization can be a

duplicated count. For example, if you have a family who was referred for domestic violence and stalking, count them in both the domestic violence and stalking columns.

The term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, or related by blood or marriage to, or in a dating relationship with the victim. The term **domestic violence** includes felony or misdemeanor crimes of violence (including threats or attempts) committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, or by a person who is cohabitating with or has cohabitated with the victim as a spouse. **Stalking** is defined as a course of conduct directed at a specific person that places that person in reasonable fear of the death of, or serious bodily injury to, herself or himself, a member of her/his immediate family, or her/his spouse or intimate partner. **Child abuse** means a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs, or lack of protection from these, by a person responsible for the child (or as defined by your state's statutes).

	<b>Sexual Assault</b>	<b>Domestic Violence</b>	<b>Stalking</b>	<b>Child Abuse</b>	<b>Other Physical Abuse</b>
<b>Number of families served or partially served</b>					
<b>Number of families not served</b>					

**6. Limitations of Information.** *If the information provided in response to any of the above questions was difficult to obtain or limited in some way, please describe the reasons for the limitations and the efforts you made to obtain that information.*

**7. Areas of Need.** *What do you see as the most significant areas of remaining need with regard to increasing the safety of families?*

**8. Additional Information.** *Please provide any additional information that you would like us to know about your program.*

**9. Information about Respondent:**

**Name of person completing questionnaire:** \_\_\_\_\_

**Agency/organization name:** \_\_\_\_\_

**Type of agency/organization** (*check all that apply*):

- Court (state or local)
- Domestic violence program
- State government
- Supervised exchange center
- Supervised visitation center
- Supervised visitation and exchange center
- Tribal government
- Unit of local government
- Other (*specify*): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date questionnaire was completed:** Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**Public Reporting Burden**

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 810 7<sup>th</sup> Street, NW, Washington, DC 20531.

May 3, 2005

Dear Director of Supervised Visitation/ Exchange Program:

Two weeks ago we sent you a survey requesting information on your supervised visitation/exchange program.

If you have already completed and returned the survey to us, THANK YOU! If not, please do so as soon as possible. Your responses about your program's experience will enable us to inform Congress about the important services you provide.

If you did not receive a survey, or if it was misplaced, please call us toll-free at 877-615-2103 and we will mail another survey to you today.

Daniel Saunders, Ph.D., Project Director  
National Survey of Supervised Visitation and Exchange Programs



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## NATIONAL SURVEY OF SUPERVISED VISITATION AND EXCHANGE PROGRAMS

June 3, 2005

Dear Director of Supervised Visitation/ Exchange Program:

Recently, you were invited to participate in the National Survey of Supervised Visitation and Exchange Programs by the Office on Violence Against Women of the U.S. Department of Justice. We are conducting the survey on behalf of the Department in order to prepare a report for the U.S. Congress. We hope you received your copy of the survey.

If you have completed and returned the survey to us, thank you!

If you have yet to complete the survey, it is not too late to participate. We have included another copy of the survey that you can return by mail, or you can complete the survey online at <http://lessons.umm.umich.edu/2k/nssvep/survey>. You can request a Word version of the survey by calling us toll free at 877-615-2103 or sending an email to [nssvep2005@umich.edu](mailto:nssvep2005@umich.edu).

We realize that many programs do not collect all of the information that we ask for in the survey or do not collect it in exactly the manner requested. Please answer the questions as best you can since any information you provide will be useful to Congress.

We would appreciate receiving your completed survey by June 17<sup>th</sup>.

Thank you in advance for your help!

Sincerely,

Daniel G. Saunders, Ph.D.

Professor

Project Director, National Survey of Supervised Visitation/Exchange Program