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## Safety Following Domestic Violence

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*St. Catherine University*

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Safety Following Domestic Violence

by

Barbara Jo C. Kroening, B.S.W., L.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Domestic violence in the 1800's and before was thought of as being acceptable as women were seen as being the property of their husband. When violence occurred members of society felt it was a family matter and should be handled as such. Divorce at that time was also not common so visitation of non-custodial parents with their children following a domestic violence incident was unspeakable and incomprehensible. Children generally grew up in intact family homes and there was no need for visitation. By the 1920's all states had criminalized "wife beating" but this did little to end domestic violence (Steegh, 2000). In recent years, domestic violence has been an ever increasing problem in society as it is heard about and seen on the news daily. According to Stern and Oehme (2006), the American Bar Association's definition of domestic violence is:

...a pattern of behavior that one intimate partner or spouse exerts over another as a means of control. Domestic violence may include physical violence, coercion, threats, intimidation, isolation, and emotional, sexual or economic abuse. Frequently, perpetrators use the children to manipulate victims; by harming or abducting the children; by threatening to harm or abduct the children; by forcing the children to participate in abuse of the victim; by using visitation as an occasion to harass or monitor victims; or by fighting protracted custody battles to punish victims. Perpetrators often invent complex rules about what victims or the children can or cannot do, and force victims to abide by these frequently changing rules (p. 501).

Domestic violence can occur with either partner being the perpetrator of the abuse. However, it is more common for men to perpetrate the violence and women and children to be the victims. Steegh (2000) reports that 90-95% of the time the male is the abuser and the female is the victim. Further battering is the single most common cause of injury to women, (more common than car accidents, muggings and rape combined). For the purpose of this paper information will be presented in a manner consistent with this data. Therefore victims will be referred to as she and perpetrators as he.

In Minnesota there is a mandatory arrest law stating that if police have probable cause that domestic violence occurred they are required to arrest the person that they determine to be the primary aggressor regardless of what the victim wants. It can be difficult to determine who the primary aggressor is and therefore at times both parents are arrested. There are some stipulations to this law based on if the perpetrator is still present when the police arrive and within how many hours the police locate the perpetrator. Mandatory arrest can be traumatizing for children as they may witness their parent being arrested and may blame themselves for this especially if they were the person who called the police. In circumstances where a dual arrest is made children may be removed from their home, resulting in a potential foster care placement. Being removed from their parents and home is an upsetting experience for most children with potentially lasting effects.

According to Perry (2001), the home is the most violent place in America. Catalano (2007) reports that the majority of non-fatal intimate partner victimizations of women (two-thirds) in the United States occur at home. Thirty eight percent of children under age 12 witness this violence. Children can have various reactions and effects both short and long term as a result of witnessing this violence. Stern and Oehme (2002) report that the tragic effects of domestic violence on children have been well-documented, with studies showing that between fifty and seventy percent of batterers also abuse their children.

Children who witness violence between their parents often experience emotional difficulties which may include depression, anxiety, increased aggression and symptoms of Post-Traumatic Stress Disorder (PTSD) (Evans, 2004). It has been found that children

react differently to situations. However, research shows direct correlation between a child witnessing abuse and then experiencing emotional or psychological problems with immediate and long term implications. It has also been found that even if children do not witness the abuse, they can be affected negatively by the maternal stress which is placed on their mother who is being abused (Morrill & Dai, 2005). The presence of this type of stress can cause difficulty with attachment between mother and child. Children may also experience stress related to witnessing their father being arrested as they may have a strong attachment with him. They can also be exposed to further stress if the family struggles financially from going from a two income earning home and becoming just one when the father is in jail. There can also be stress related to not knowing what to expect for the future in relation to their father coming home and living with them again and whether or not the violence will continue.

This issue is important to society as, according to the MN Coalition for Battered Women (2012), in 2011, 23 women, 4 children, 6 family members/friends, and 1 man died from domestic violence. Many times these homicides happen after the parents have separated as that period of time is considered to be most dangerous for the woman and children. As is stated by Stern and Oehme (2006), a woman who has left her violent partner is at heightened risk for “separation violence” as the batterer tries to reassert his power and control over her.

Another reason that people should be examining this important issue is related to the cost of domestic violence. Many people like to look at domestic violence as an issue that only affects a man and woman in their own home. People would like to turn away and not get involved. However, the annual economic costs to society (in 2003 dollars) were

estimated at \$8.3 billion, (\$6.2 billion for physical assault, \$461 million for stalking, \$460 million for rape, and \$1.2 billion for lives lost). The Centers for Disease Control and Prevention (CDC) reports that victims of severe domestic violence miss 8 million days of paid work annually—the equivalent of 32,000 full-time jobs, and approximately 5.6 million days of household productivity (Burnett & Brenner, 2011). The National Center for Injury Prevention and Control (2003) reports that the largest proportion or two-thirds of the costs from domestic violence comes from health care which includes costs associated to ambulance transport and paramedic care; emergency department care; physician, physical therapy, and dental visits; inpatient hospitalizations; and outpatient clinic visits. Intimate partner violence results in more than 18.5 million mental health care visits each year (National Center for Injury Prevention and Control, 2003). Mental health care costs include victim's counseling with a psychologist, psychiatrist, or other mental health professional about the incident.

One measure which has been put into place to help keep victims and children safe following a domestic incident is the use of supervised visitation. Generally when the police are called to a domestic violence scene in Minnesota the police determine who was the primary aggressor. This person is arrested. The police report is sent to the County Attorney in the county where the violence occurred for review. The County or State can then pursue charging the alleged perpetrator independent of the identified victim. Generally, when this occurs a “no contact order” is issued between the alleged perpetrator and the identified victim. As a result of the no contact order, the non-custodial parent will likely be required or have mandated supervised visitation with the children. In situations where no safety risks have been found by law enforcement or the courts; the

alleged perpetrator is allowed to go back home with the identified victim and children without supervision.

Supervised visitation is something which can be requested by either the perpetrator or victim, by child protection workers, police, lawyers or the courts. The courts are able to enforce that parents use supervised visitation if they wish to have contact with their children. The main goal of supervised visitation centers is to provide a safe parent-child contact via a neutral/third party setting. Many supervised visitation programs use a combination of paid staff, student interns, and volunteer workers to provide their services. Having supervised visitation by a neutral party is important in maintaining the safety of all members involved. Unfortunately in many rural areas funding is not available for supervised visitation centers. Therefore families need to have visits with friends or family supervising or they are not allowed to visit at all. On some occasions child protection workers provide supervision for visitation. When this occurs many times the visits are shorter because these workers have large case loads and minimal time to provide this service.

The Supervised Visitation Network is an international non-profit membership organization. It is a network of agencies and individuals who are interested in assuring that children can have safe, conflict-free access to parents with whom they do not reside (SVN Standards Task Force and the Standards and Guidelines Committee, 2006). The Supervised Visitation Network defines three main types of visitation: supervised visitation, supportive supervised visitation and therapeutic supervision (Campbell, Gordan, & Foster, 2008). Supervised visitation or observational supervision is the least intense form of supervision. In this type of visitation staff observe the visit. If ground

rules are violated the monitor may interrupt, redirect, and/or terminate the visit. Most agencies have rules stating the non-custodial parent may not ask the child questions about the mother, where they are living, or make promises of seeing the child in another setting soon. If these rules are violated the monitor would likely first give a warning. If the parent continues to break the rules, the monitor can terminate the visit. Staff also record the interactions which took place between the parent and child. Campbell et al. (2008) suggest that observational supervision should not be used in cases where domestic violence has occurred as it is not safe and healthy for the children as they may feel too vulnerable and insecure without a higher level of involvement from staff. In supportive supervision visits, the supervisor is actively involved in promoting behavioral change in the parent/child relationship. In this type of supervision opportunities may arise for healing, child development information can be expanded on, culture and family values are shared, maladaptive interactions are explored, controlling and abusive behaviors are identified and alternatives offered (Campbell et al., 2008). Supportive supervised visitation may also be referred to as directed, educational or facilitated visitation. Therapeutic supervision is defined by Campbell et al (2008), as a contract between the therapist and the client that includes a specific agreement about the problem to be addressed and the desired outcomes of the intervention. Therapeutic supervision is to be provided only by licensed mental health clinicians.

The SVN Standards Task Force and the Standards and Guidelines Committee (2006) explain that the network supports a world in which all vulnerable families have access to safe and quality visitation services. If the Network can make this goal become a global reality, the Network would feel it has been successful. The mission of the SVN is to

establish standards, promote education and advance professionalism in the field of supervised visitation to assist in making healthier families and communities. Through this research project directors of supervised visitation programs will evaluate what factors they view as being important to make visitation a safe place for victims and children following an incident of domestic violence. The literature review will examine how the best interest of the child is considered when determining visitation, review common intake processes and explore the importance of properly trained staff employed at the visitation centers. Further consideration is given to how other programs for the perpetrator interface with visitation practices as related to a coordinated community response. The intended audience of the research paper is individuals on a mezzo and macro level involved with policy and practice. Examples of groups of people who may find this information useful include advocacy groups, direct service groups such as women's shelters, victim services, child protection, mental health workers, school staff, legal aide, community action centers and law enforcement. The individuals who are involved with lobbying and legislative decisions would benefit by knowing this information so they can support and advocate for policy changes which would increase victim and children safety. Individuals who work with victims of domestic violence would be able to use this information to know how to better direct clients to available resources. The overall goal of having both policy and practice parties informed of these research findings is to improve safety and experiences of those using supervised visitation services. The findings of this research are helpful for social workers as they commonly work with domestic violence victims and offenders. They also work with children who may be affected as a result of exposure to domestic violence. Having a

better understanding of domestic violence impact upon women and children and safety implications is helpful to support clients in maintaining their safety.

### **Literature Review**

#### **Best Interest of the Child and Model Code**

There are varied opinions including those from the public, professionals who work with children, this researcher and other private individuals on what is in the best interest of children following domestic incidents between their parents. Some individuals think it is important for children to maintain relationships with both parents no matter what the circumstances may be. Others think the children should not maintain relationships with the perpetrator of the violence as the child may fear this person and the relationship may prove to be more harmful than helpful. Many people feel continued contact with both parents is in the best interest of the child yet this may allow the perpetrator continued access to re-victimize the victim (Evans, 2004). It has also been discussed that having children continue contact with the abuser in a non-therapeutic setting can be traumatizing as it may allow them to continue to be victimized and may contribute to the children constantly reliving the violent events. Each case has different factors such as the degree of fear the child has of the non-custodial parent, and the risk assessed with having the non-custodial parent visit with the child. These factors and others are the reason that one single standard is not used in determining what should happen for all domestic violence cases. Each of these factors should be taken into consideration and evaluated based on what is in the best interest of the child.

In the 1970s “the best interests of the children” became the predominate guideline for determining child custody. However, domestic violence was not part of the list of

factors used to determine the child's best interest (Saunders, 2007). In 1994, the National Council of Juvenile and Family Court Judges published a Model Code on Domestic and Family Violence (Saunders, 2007). Saunders (2007) explains that the Model Code was drafted by a committee including judges, battered women's advocates, attorneys, law enforcement officers, and other professionals. The primary purpose of the Model Code was to treat domestic and family violence as a crime requiring intervention. The Model Code emphasized safety of victim and children, while maintaining accountability of the batterer by outlining procedures for comprehensive protection orders. Further, States received guidance on how to coordinate efforts to identify, intervene and prevent domestic and family violence (Saunders, 2007). The Model Code encouraged states to adapt a draft to ensure safety of children and adult victims. The Model Code specifically defined the best interest of the child is to reside with the non-violent parent in a location of their choice. Regarding visitation, the Model Code states that it should be granted to the perpetrator only if adequate safety provisions for the child and adult victim can be made (Saunders, 2007).

In discussing custody issues Steegh (2000) reports that:

...the majority of states child custody statutes now use a "best interest of the child" standard for awarding custody. Specifically, Minnesota Statute section 518.17 subdivision 1 provides: (a) "The best interests of the child" means all relevant factors to be considered and evaluated by the court including: (1) the wishes of the child's parent or parents as to custody; (2) the reasonable preference of the child, if the court deems the child to be of sufficient age to express preference; (3) the child's primary caretaker; (4) the intimacy of the relationship between each parent and the child; (5) the interaction and interrelationship of the child with a parent or parents, siblings, and any other person who may significantly affect the child's best interests; (6) the child's adjustment to home, school, and community; (7) the length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining continuity; (8) the permanence, as a family unit, of the existing or proposed custodial home; (9) the mental and physical health of all individuals involved; except that a disability, as

defined in section 363.01, of a proposed custodian or the child shall not be determinative of the custody of the child, unless the proposed custodial arrangement is not in the best interest of the child; (10) the capacity and disposition of the parties to give the child love, affection, and guidance, and to continue education and raising the child in the child's culture and religion or creed, if any; (11) the child's cultural background; (12) *the effect on the child of the actions of an abuser, if related to domestic abuse, as defined in section 518B.01, that has occurred between the parents or between a parent and another individual, whether or not the individual alleged to have committed domestic abuse is or ever was a family or household member of the parent; and* (13) *except in cases in which a finding of domestic abuse as defined in section 518B.01 has been made, the disposition of each parent to encourage and permit frequent and continuing contact by the other parent with the child,* (p. 789-790).

When evaluating the above criteria no one item should carry any more weight to influence the custody decision than any other. When assessing the preference of the child it is crucial that this be done away from both parents as the child may feel influenced and pressured to respond a certain way if one of the parents is listening. In determining the intimacy of the relationship between each parent and the child it is imperative that this be evaluated by a neutral party. If the parents are asked they will likely speak favorably about themselves and negatively about the other parent. Generally speaking family members who are asked to provide their opinions on victim and children safety likely will provide a biased opinion based on their relationship with each of the parents and what their understanding is of the domestic violence which has occurred. This research report is focused on visitation not custody but one must understand that visitation and custody are generally determined in a similar manner therefore similar protocol is used in establishing both of these.

### **Staff Training on Domestic Violence**

All staff who work in supervised visitation settings should have at least a basic understanding of domestic violence before working with families. Understanding the

basics regarding the use of power and control is important for staff as they provide services and ensure safety of children and victims. Without a general understanding of domestic violence one can easily be manipulated or deceived into believing that the violence never occurred (Stern, 2002). Stern (2002) notes that batterers have been known to have “dual personalities” where they are masters at using manipulation and may present to the monitor, the court and all other people involved as a non-abusive, caring, calm person. However in the home environment perpetrators may present as controlling and abusive towards their spouses (Bow & Boxer, 2003). Stern (2002) expands on this idea by stating that if staff are not properly trained on domestic violence they may cause further harm to the victim, children, other program participants or other staff. When staff are properly trained they should recognize that all domestic violence cases carry some level of risk. Batterers can convince staff that they are innocent and that claims against them, and the need for vigilance at visits has been exaggerated in their case (Oehme & Maxwell, 2004). Not understanding batterer tactics can allow staff to be manipulated by the very people they are hired to supervise (Stern, 2002).

Staff also must be properly trained to recognize the need to intervene or to ensure the child’s safety or to terminate the visit if needed. If a batterer is not following program rules the staff member needs to let them know this in a respectful but direct manner. The person being corrected may become upset as they may get the feeling of no longer being in control. Staff should be educated on proper methods to assist the person without further escalating them and still focus on the main goal which is to guarantee the safety of the children.

**Importance of a Thorough Intake Process and Record Keeping**

When a family needs supervised visitation services generally each parent is required to contact the program and complete an intake. Common intake process is for individuals to fill out paperwork on their history, and to sign contracts agreeing to program rules and procedures. Copies of the rules or handbook on the program policies are also given. Intake records should also include basic identification of all family members and telephone numbers to reach individuals. More importantly the intake should include asking questions about what brought the family to the supervised visitation center. As stated by Stern and Oehme (2006):

A thorough intake application should screen for a history of domestic violence as a means of assessing the risk of harm to adults and children....Some areas to consider questioning are: whether any type of violence occurred in the home...(including) a description of the first incident and most recent incident. It is important to find out if the children witnessed the violence, and if they made any attempts to stop it. (p. 509)

This comprehensive intake is vital for safety of the victim and children as staff need to know about the history of violence in order to be prepared for possible further harm being committed. After both parents have completed the intake individually then the agency can start providing visitation services to them.

It is also important to clearly explain program rules during intake and remind parents of the importance of following the rules if they want to receive services. There may be things happening during the visit that seem innocent to someone looking in from the outside but they may be sending a very clear message to the victim. For example, if a mother used to tell her children they were not allowed to drink pop and the father provided them with pop to take home with them after the visit he is clearly showing her that he is still in control. If she would not allow her children to have pop then it makes

her look like the “mean parent” and upsets both the children and the mother. Another example is a father who is trying to be overly close to a child. To an innocent bystander it may look as if he is simply trying to be affectionate. However, he may be trying to whisper something to the child. The closeness in itself may feel threatening to the child as well. Without having a properly trained staff member this may go unnoticed.

The intake procedures should explain the purpose of proper documentation including what will be recorded on a visitation report. Stern and Oehme (2002) report that, according to the Supervised Visitation Network Guidelines, observation reports should at least state:

- identifying client information
- information about who provided the supervision
- date of the visit
- time of the visit
- duration of contact between the visiting parent and their child/ren
- who attended the visitation
- an account of critical incidents
- a summary of activities by the parent and child
- comments or requests made by the parents or child
- interventions made during the contact including early termination of the visit (if this occurred) with the reason for the termination.

Both parents should be told during their intake that documentation from supervised visitation is not designed as something to be used directly to determine custody of children. Supervised visitation centers do not train their workers to make

recommendations on custody or to speculate about the safety of the child if the visit occurred in a different setting. However the visitation reports can be subpoenaed into court as evidence or support for requests for less restrictive visitation or unsupervised visitation. Stern and Oehme (2002), report that the Supervised Visitation Network recommend a cautionary note appear on all reports or observation notes stating:

The observations are of parent-child contacts which have occurred in a structured and protected setting. No prediction is intended about how contacts between the same parent(s) and child(ren) might occur in a less protected setting and without supervision. Care should be exercised by the users of these observations making such predictions (p.280).

Despite these recommendations by the Supervised Visitation Network, some centers' records are still requested by the courts. Courts may then use this information to help determine if a parent should have unsupervised visitation or custody. Due to this occurring it is even more important that staff is trained in a manner which allows them to fill out documentation properly without adding in their opinion and bias.

### **Programming for Offenders**

Many times perpetrators of domestic violence are court ordered to complete various treatment programs. There is ongoing debate on when the best time is to have individuals complete batterer intervention programs, parenting programs, substance abuse programs or any other necessary programs. Scott (2012) suggests that the court assess the nature and severity of the men's violence and then consider the implications of domestic violence in the context of women's/children's safety and well-being before ordering treatment. Following this evaluation it is suggested that men complete programming based on the order that is of most importance to address for the specific family. The order of priority that Scott (2012) recommends is to begin with the safety

needs of the children, then the safety of and well-being of the victim parent, then victim autonomy, perpetrator accountability, and finally the priority of ensuring access of both parents to the children. At the same time, it is important to note that just because an individual has entered or even completed programming does not guarantee that he has changed. Change requires the perpetrator to stop old behaviors and replace them with new ones. It is also essential that an individual take accountability for their past abusive actions. Until this is done the individual may not be able or willing to change negative behaviors as he will not see them as being harmful. This is another reason that proper staff training is important. Staff needs to understand that domestic violence cases always carry some sort of risk as the perpetrator is never actually “cured” and there is no guarantee they will not repeat past behaviors.

Scott (2012) reports that a combination of group and individual work can be beneficial in treatment of perpetrators of domestic violence. Attitudes change more through group delivery; while individual work allows a thorough look at the underlying issues that have led to the abusive actions. Programs designed for men who have committed domestic violence should specifically focus on working to decrease the fathers’ anger and aggression toward children and their mothers, increase men’s respectful and cooperative co-parenting, increase fathers’ positive relations with children, and reduce the incidence of aversive father-child interactions (Scott, 2012).

### **Importance of Coordinated Community Response**

It is important that programs that provide supervised visitation work cooperatively with other service providers who are working with the same individuals to provide a coordinated response. A coordinated community response is beneficial for all parties

involved, to help ensure all individual needs are being met and services are not being unnecessarily duplicated. Professionals involved in a coordinated community response for supervised visitation may include: visitation centers, judges, probation officers, child protection workers, substance abuse treatment agencies, religious institutions, health care facilities, women's advocates, counselors, and police (Shepard, 1999). Components of a coordinated response include pro-arrest or mandatory arrest policies, advocacy for victims, aggressive and prompt prosecution, monitoring individual cases, batterer rehabilitation programs, strengthening civil protection, and system-wide monitoring (Shepard, 1999). Jaffe and Juodis (2006) indicate that a coordinated community response is important in supervised visitation, to ensure that service providers and other systems share critical information about risk factors to ensure safety for all. Campbell et al. (2008) report that centers with more information from the courts, batterer intervention programs, child therapists, schools, pediatricians, and child protective services will be able to perform more informed and safer supportive interventions.

The literature review highlights the importance of determining the best interest of the child, properly training visitation center staff, a thorough intake process and record keeping, when offender programming should occur, and importance of a coordinated community approach. However, current research lacks data that establishes what factors increase safety in visitation sessions for victims and children following incidents of domestic violence. Additionally, there are few studies completed that ask providers what their agencies offer to ensure safety for all persons involved. This research project is to better understand what factors increase safety for victims and children in supervised visitation following domestic abuse incidents by examining, discovering, and

determining what safety factors are important from the view of supervised visitation center directors or supervisors.

The purpose of this research project is to evaluate:

- the elements or factors present in successful visitation between children and their non-custodial parent following a domestic violence incident,
- Identify needs or factors to increase safety for victims and their children.

### **Conceptual Framework**

One theory this research design relies on is the social learning theory or social constructionist theory, which states that if individuals have learned and feel that a certain way of doing something is the right way and no one ever corrects them they are likely to continue doing the same things. In other words, if a man grew up in a home seeing his mom being abused by his father, he is more likely to do the same to his wife. If this man does this to his wife, and his children witness it and no one tells them this is wrong, they are likely to treat their future spouse the same way. However, if intervention can take place the father can be educated on how to respectfully treat their partner. In turn the father models a non-violent way of interacting with a partner. They also then have the opportunity to teach their children something different as well. Taking a husband and wife out of contact with each other does not solve the problem long term since if the father doesn't know other ways of responding he will possibly treat his next partner the same way. Through therapeutic supervised visitation, therapy, batterer intervention programs, and parenting classes individuals can learn a healthier way of living and interacting and can teach this to their children.

People can learn from one another in different methods including observation, imitation and modeling (Bandura, 2012). Certain conditions must be present in order for effective modeling to take place. The individual must be paying attention to the process that is taking place around them. They must use some form of retention whether that be symbolic coding, mental images or motor rehearsal in order to remember what they were paying attention to. An individual must reproduce the event or image to begin modeling the action and remember it. The last component that must be present for successful modeling is motivation. The individual must have a good reason to want to imitate what they are observing. An example of this being used is having a father and his child in supportive supervision. The father would be paying attention to how the staff is redirecting the child when they start to try climbing on the table and the father can do the same thing the next time the child tries doing this. By repeating the action the father is able to better retain what was modeled to him. The motivation in this type of modeling is the desire for an improved relationship between the parent and their child and a desire to be able to have visitation in a less restrictive setting. Until the father learns these new behaviors as they are modeled and starts using them he is likely to continue to repeat his past ways of responding to situations with his children and with his future partner relationships.

When a father is in a visit with his children and the monitor is able to be involved it gives them the opportunity to model healthy and positive interactions with the children. If the father is unsure how to handle certain situations he may feel more comfortable asking in a therapeutic setting where he knows he isn't being judged. If the father is someone who manipulates the children and tries to get them to believe that it is entirely

their mother's fault that their dad can't come home, the monitor can intervene and explain to him how this is harmful for the children. Also if in the past the children listened to their father because he either physically abused them or threatened them, the supervised visitation setting is a place for the family members to each gain new respect for each other as the father learns healthier ways to discipline.

This research project also relies on the ecological perspective. The system of domestic violence can be looked at on many levels, as has been demonstrated in the literature review, and will continue to be seen this way in future pages. The microsystem, when looking at domestic violence is the immediate family which would include both parents and the child(ren). The mesosystem includes the community and the extended family or friends who are also affected by the family violence. The macrosystem includes the community and would encompass the courts and policy makers who impact domestic violence laws and prosecution. Each of these systems impact the other; thus creating a chronosystem which influences the thoughts and behaviors of individuals based on the environmental factors of the neighborhood and/or community feelings about violence (Bronfenbrenner, 1979). When someone lives in an area that is rampant with violence, the domestic violence may not seem to be important. If a family lives in an area where there is not a lot of violence with laws in place to protect victims; there is greater likelihood that people will take the violence more seriously and respond appropriately.

## **Methods**

### **Respondents**

For this research project respondents were chosen from a list of registered participants in the Supervised Visitation Network. The Supervised Visitation Network is a multi-national non-profit membership organization consisting of a network of agencies and individuals who are interested in assuring that children can have safe, conflict-free access to parents with whom they don't reside (Stern, 2002). The providers were chosen based on the criteria of being an agency with more than one employee providing services with an active website. The researcher chose 48 agencies from the 12 Midwest states in the United States with a goal of 15 respondents. First all 48 agencies were e-mailed the consent form and link to the survey on March 20, 2013. The researcher planned that if less than 15 participants came forward from the e-mail then a reminder e-mail would be sent. Six survey responses were received after sending out the first e-mail on March 20, 2013. This was short of the 15 anticipated responses so reminder e-mails were sent on April 1, 2013. At that time participants were asked to respond by April 6, 2013 as the survey would be closed at that time. The reminder e-mails resulted in two more respondents bringing the total to eight.

The agencies received an e-mail that included the informed consent form (see appendix A) and were asked to read it; if they had any questions they were asked to contact the researcher to have their questions answered. The consent form explained some of what the survey consisted of and what the desired outcome was of the survey. The consent form explained that by following the survey link and answering the questions the participant was giving their consent. This study and the consent form were

approved prior to beginning recruiting subjects by the St. Thomas Institutional Review Board (IRB). The research design was approved through the University of St. Thomas IRB and Protection of Human Subjects guidelines prior to sending the survey to the respondents. The consent form clearly explains the confidentiality and anonymity of the interviewee during the research process. The respondent's name will not be included in any data compilation and the completed survey will be destroyed following a compilation of the results.

This sample is a convenience sample of selected visitation agency directors who chose to respond to the survey. Membership in the Supervised Visitation Network suggests that the respondents are knowledgeable about domestic violence and visitation practices and policy that provide child safety after incidence of domestic violence. The agencies were chosen based on their having a website and e-mail contact which means they are easily accessible and member of the SVN so they should be knowledgeable about the issues.

### **Data Collection**

The respondents were e-mailed the informed consent form and it was explained that by beginning the survey they were giving implied consent to participate. The survey questions (as can be found in Appendix B) were approved by Dr. Karen Carlson and reviewed by the UST IRB to make certain that the questions met the UST IRB standards and did not violate guidelines of the Protection of Human Subjects. The research questions were presented in a neutral, open-ended manner to better understand what factors increase safety for victims and children after the domestic abuse incident.

**Setting**

The surveys were sent out by e-mail which allowed the respondents to answer the questions and e-mail their responses back at a time that was convenient for them. They were not given a deadline as to when the researcher must receive their results with the first e-mail but they were given a date on the reminder e-mail. Partially completed surveys were to be used as the information that was provided could still be valuable for the project despite not having the entire survey finished.

**Analysis Technique**

The data was received in the form of written responses in the Qualtrics survey software. The researcher used the responses to find common themes and group similar items together. This research report was built on grounded theory meaning the coding categories are derived directly and inductively from the raw data. This research project used a manifest content analysis. Codes were established from grouping the manifest or surface issues which are mentioned in the following pages.

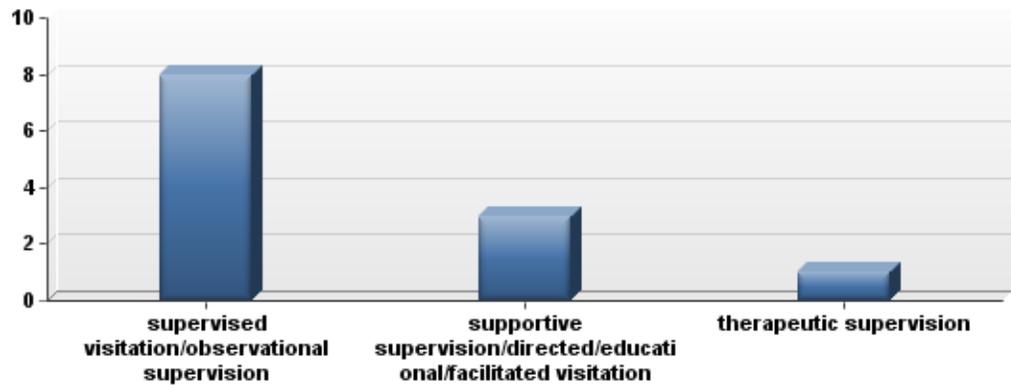
**Results/Findings**

This section is designed to define characteristics of who completed the survey and what the general results and supporting themes were that resulted from the survey. The survey was completed by eight individuals who reported their positions as client services coordinator, clinician, founder, executive director, two assistant directors and two coordinators. Training that these individuals reported they had which made them qualified for their position and to answer the survey question included extensive training in domestic violence, former SVN board member, years of working in the supervised

visitation setting managing who provide supervision and direct client service including supervising visits, completing intake interviews and assessments.

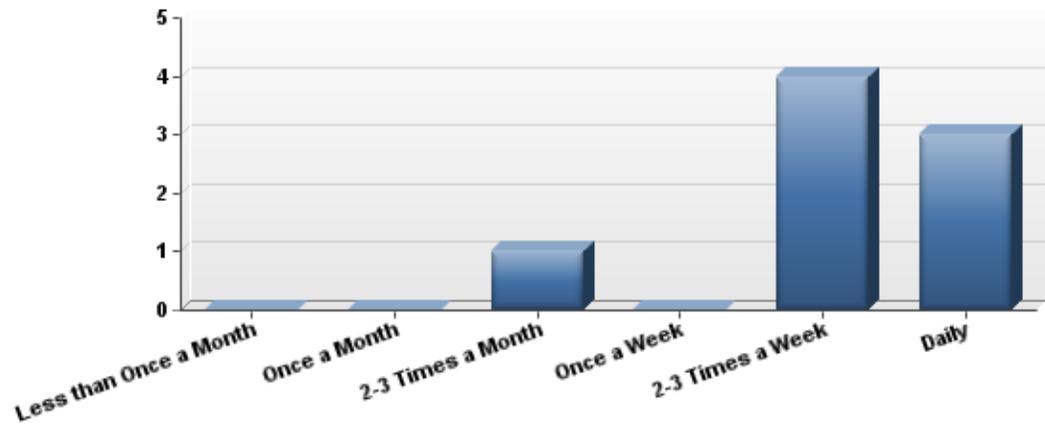
When the survey asked the question on what type of supervision the facility provided (see figure 1) all of the participants reported that their facilities provide supervised/observational visitation. Three participants reported they also provide supervision/directed/educational/facilitated visitation and one facility provides therapeutic supervision as well.

Figure 1: Types of visitation provided



When asking the participants how often they work with families with a history of domestic violence one person stated they work two to three times a month, four participants said two to three times a week and three participants stated daily (see figure 2).

Figure 2: Work with families with history of domestic violence



The participants reported they would be made aware of this history through asking the clients directly during the intake and orientation process. They also may be made aware of the domestic violence history from the court, referring attorney or other collaborating professionals such as county social services.

This researcher found several themes emerge from the information that was collected on the surveys. These topics have been separated as training, policy, adequacy of the setting, safety, a small section on therapeutic supervision and coordinated community response. The training portion discusses the training of staff members at hiring as well as the education provided specific to domestic violence. The section on policy has been looked at from the intake standpoint as to what policies are agreed upon at intake and what policies exist for cases where children do not want to see the non-custodial parent or in what types of situations termination may take place. Participants answered questions on their feelings toward the appropriateness of the facilities for visitation and time period given for visits and what suggestions they have for improvement. The subject on safety had the information separated into (a) safety with

consideration to whether children have ever been at risk in visits and (b) what the safety plan is if safety ever were compromised. The findings then evaluated what the participants' beliefs about their agency and larger community working together or as a coordinated community response. The final section on therapeutic supervision goes over the findings from the one provider who stated their facility provides this service.

### **Staff Training**

All of the participants in the study report that the staff at their facilities had some sort of training on domestic violence when they were hired. They all also comment that they feel this training is helpful and state there is always a need for continuing education and training. One participant reported that:

*Domestic violence is a subject that is addressed in detail during training of supervisors/monitors. However, there is always a need for more training and continued education.*

Another participant stated:

*Two staff members recently attended the annual fall training of the Minnesota chapter of SVN. We were provided with tips to recognize the escalation of a parent and provided with some de-escalation techniques.*

This person goes on to explain that they believe this training was a great benefit and should be reinforced regularly. Three participants also commented that their agency follows the SVN standards and guidelines- (these standards can be found at <http://www.svnetwork.net>) and this requires them to have continued training. Several different agencies and grants were mentioned as being key players in this education process and one participant discussed how these trainings are helpful as they stated:

*This training has been vital to our program development and has helped us to make many changes to the program to increase safety and security for families.*

## **Policy**

### **Intake**

All of the participants responded that there is some type of intake or orientation process that takes place with all involved adults before services are provided. Five of the participants clearly stated that individuals need to sign a contract or participation agreement before they are allowed to begin visitation times. Participants also shared information regarding how long the visits last which were between one and two hours. They also talked about staff to client ratio during supervised visits. The agencies that did report on the ratio stated there is generally a one to one ratio (one staff to one adult client) and at least one other staff person always on site. Two agency respondents stated their agency abides by the SVN standards of practice as well as having policies specific to their needs. One participant stressed that parents are encouraged to ask questions during their intake and others mentioned that monitors are trained to direct clients to contact the program coordinator/director if they have any concerns or questions. This person reported:

*Clients are given ample time opportunity to ask questions and are encouraged to call the Coordinator if they have questions or comments in the future.*

### **Child Refusal**

The most common response (from seven participants) was that children are not forced to visit with their parent. One respondent indicated that children are not allowed to refuse. All respondents strive to make the visitation safe and comfortable. The survey

questions did not ask and none of the respondents reported on the ages of the children who attempt to or refuse to attend. Different agencies explained their reasoning for not forcing children to attend and describe how they try to make the experience go more smoothly for the child(ren). One participant states:

*An orientation is done with children to assess their comfortability with visitation, safety concerns, what it will look like, safety words, what can make the visit more successful/less successful. Afterwards, if child refuses to visit we encourage them (ex. would you like to just say HI this time?) and then document what happened to send to referral source.*

Another respondent reports that their agency:

*Has never felt it was appropriate to “force” children to visit with their non-residential parent. However, every effort is made to encourage children to attempt the visit. Children are introduced to staff and familiarized with the visitation room during the child intake which is conducted prior to the first visit.*

It was also brought out by one provider that after three refusals the case is referred back to the courts. The agency which had a different response regarding children refusing the visit stated:

*Our policy is that the children are not allowed to make the decisions and that we will be in the visit directly for their physical safety. It is the responsibility of the residential parent to encourage the child to go into visit and the responsibility of the visiting parent to appropriately and non-physically make it comfortable for the child to remain in the visit.*

### **Steps to Termination**

When agency representatives were asked if the agency has ever had to terminate a visit or refuse services to specific families six representatives said they have and two said they have not. A respondent explained that their agency makes it clear in the intake that rules must be followed or the visit can be terminated.

*Adult participants are required to sign a participation agreement stating that they will adhere to the guidelines in order to continue to receive services and outlines fully the right of the agency to suspend or terminate services at any time.*

The general statement from agency representatives was:

*Staff try to intervene initially in the least intrusive way possible, as appropriate for the situation, such as shaking their head at the parent to indicate a topic of discussion is not okay, but will step in and quickly remove a parent or child from the room if necessary.*

Another staff discussed this by stating:

*Our staff intervenes when policies are being violated or when the visiting parent is in violation of a court ordered specific event, i.e. telling the child(ren) they can visit the parent soon, away from the center, making promises about unsupervised visits, etc.*

Of the six agencies that stated they have had to terminate visits in the past the general conclusion (that of five respondents) was that following termination individuals must meet with the Program Director or Coordinator to discuss the problems that resulted in the termination. They will discuss and determine if visits can be safely restarted and if so they will do so. There may be a probationary period or shortened visits for a time to

ensure everyone is demonstrating appropriate behaviors. The sixth agency, which reports they have had to terminate visits, reported:

*If we terminate a family we will not accept them back into the program. We also suspend families, and if they are suspended then they can return pending a meeting with the Coordinator or Director where specific criteria will be developed for the individual/family to return.*

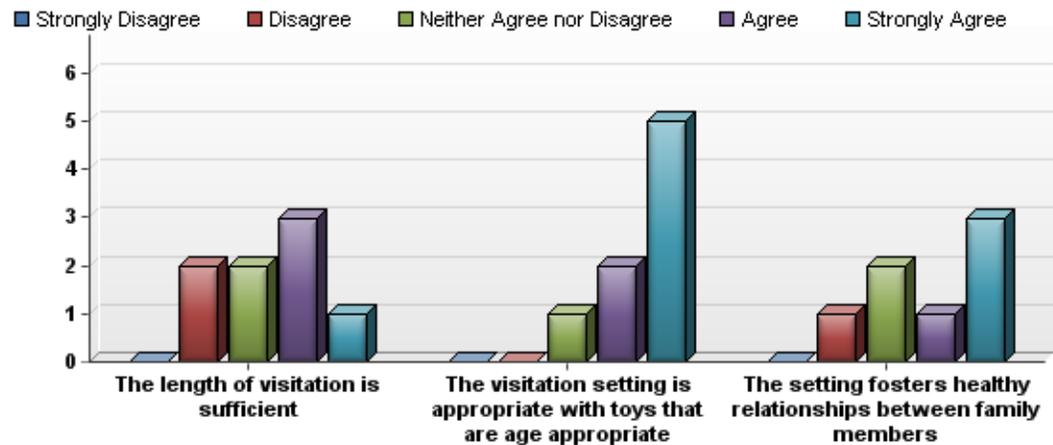
This may just be a case of different verbiage and perhaps all of the agencies have the same general policy regarding suspension and termination.

### **Adequacy/Appropriateness of Facility and Suggested Improvements**

When asking participants their opinion on the length of visitation and the visitation setting their answers were varied. When asked specifically if they agree with the statement: the length of visitation is sufficient; two people stated they disagree, two stated they neither agreed nor disagreed, three agreed and one strongly agreed. With the statement: the visitation setting is appropriate with toys that are age appropriate; one person neither agreed nor disagreed, two agreed and five stated they strongly agreed.

When responding to their opinion to: the setting fosters healthy relationships between family members; one disagreed, two neither agreed nor disagreed, one agreed and three strongly agreed. One person did not answer the final question on their opinion towards visitation fostering healthy relationships. When asked specifically if they thought improvements could be made to visitation, seven participants stated they did and one said they did not (see figure 3).

Figure 3: Adequacy/appropriateness of facility



When asked what improvements should be made several different ideas were brought out. A couple of individuals commented that it would be helpful if they were able to have more space available which would allow more frequent and longer visits. Also someone mentioned that it would be helpful if the visits took place in a more natural setting with more subtle security measures. Also assessed by several participants was the need for more education. This was discussed on a family/client level as well as a systems/court level. An individual reported:

*Participants need to be better educated about the reasons for the visits, given tips on how to interact during visits and advised that the visits are for the child's safety.*

Another person stated:

*I feel the family courts need more expertise when it comes to ordering supervised visitation in order to give visitation centers more ability to appropriately service families.*

This person went on to explain they think it would be helpful if the courts informed family members of what they were hoping would be addressed while attending visitation such as physically abusive behavior or addressing battering behavior.

It is understood that “concerns with visitation” is a topic which could fall under the category of safety but this researcher feels the answers provided fit better in this category. When asked if the participants have concerns with visitation seven people stated they did and one did not. Responses to what these concerns are included statements such as:

*Our biggest concern continues to be ensuring that we are able to deliver quality services to all of those with a need for those services.*

*At times visits are used as a means of revenge. At times the children should be assessed by a clinical therapist rather than the court as to their readiness for engagement with a past parent.*

*Supervised visitation feels like a band-aid, there is no real “treatment” and many of the families come to supervised visitation for a period of time and then go to unsupervised visitation without ever receiving any type of treatment. The issues that brought many of the parents into supervised visitation in the first place are rarely addressed in a formal matter.*

These statements are similar to those mentioned in the statements above discussing that it would be helpful to have more education on all levels of involvement. The last statement is quite controversial as there is a continuum of types of treatment that offenders may receive. For a person who works in the setting of providing treatment they may take offense to the statement of there not being any real “treatment.”

**Safety**

When asked if they ever felt children were at risk in the visitation setting it was a split response with half of the respondents stating they have and half stating they have not felt children have been at risk. Respondents mentioned various things that are in place at their agencies which increase safety such as having a panic button in the visitation rooms and having security guards on site. Participants were asked what their agency safety plans are if staff feel children are at risk. A number of participants described a detailed safety plan that their staff is trained to use if needed. These plans many times included removing the children from the room and taking them to a safe place and then calling for additional help and terminating the visit if needed. One participant describes:

*The safety plan begins during the intake with both parents and children (if applicable). This involves creating the opportunity for open communication between the agency and all involved parties to help ensure there are few if any surprises. Other safety planning techniques include separate entrances and arrival times, staff training/expertise, use of metal detectors, use of cameras and audio equipment, panic buttons, and an ongoing relationship with local law enforcement and referring agencies.*

A participant also brought out a safety concern which they worry about. They reported:

*My concerns are when uneducated, biased family members or seemingly general members of the population are selected to provide supervised visits as a cost saving measure. These people do not know the reasons for the visits, are unaware of the need for monitoring the verbalization between the participant and the children, do not know to redirect or stop the participants from whispering to the*

*children. There are many events that continue to happen when regular people are providing for visits.*

### **Therapeutic Services**

There was only one respondent that reported they offer therapeutic supervision so there was no other current collected data to compare this to. Despite this the findings are still found to be important to mention. When the participant was asked what the costs or unintended consequences were of offering these services they stated:

*I don't think it would be appropriate to provide therapeutic services to someone who does not want them (i.e. when this is court ordered but a participant does not agree with it). I think it would impede the process. Also, in cases of domestic violence it can have poor outcomes and can be highly inappropriate.*

This person reports the goal of such services is:

*To improve communication between a noncustodial parent and child or to improve a bond between a noncustodial parent and child.*

The respondent stated that the service can benefit the children and both custodial and noncustodial parents.

### **Coordinated Community Response**

The answers regarding a coordinated community response were varied. Two individuals clearly stated that their community does not and explained they think the community is not knowledgeable enough to support one, as many people don't even know the supervised visitation center exists. One person stated their community is beginning to have a coordinated community response and another stated that one

“somewhat” exists. Three participants stated their community does have a coordinated response. One responded stated:

*We have a consulting committee that is comprised of the Friend of the Court, Family Courts, local attorneys, local domestic violence agency and other agencies that meets regularly to address issues related to domestic violence and supervised visitation.*

### **Discussion and Implications**

The survey was divided into six main themes: training, policy, appropriateness, safety, therapeutic supervision and coordinated community response. Each of these themes were expanded on above beginning with the subject of training being looked at from the position of staff training at hiring and training specifically on domestic violence. This researcher was pleased to read the survey results which reported all of the agencies surveyed do provide domestic violence training at the time of hiring as well as further continuing education at various times to stay current on practice and policy and other helpful information for working with this population.

The second theme that was evaluated from the survey was policy on intake procedures. All of the agencies have an intake process with clients signing a contract agreeing to follow the rules of the center. I also found it to be positive that there were so many various responses on length of visit and staff to client ratio as I think this means they are treating each family as an individual and making decisions on a case by case basis to arrange for the best interest of the client. I was surprised to read that one agency would force a child to attend a visit even if they did not want to. I can understand this to a certain degree but in cases of domestic violence I think it could be very traumatic to

force a child to see a parent if they are not emotionally/mentally prepared to do so. The stages of terminating a visit seemed appropriate as they look at the least intense step first and then increase intensity based on how critical the rule is which is being broken.

A third area that was assessed is the appropriateness of the visitation setting and suggested improvements. There was a wide range in responses to these statements. I was surprised to see so many people mention that education would help improve this. I have always thought better education would be helpful but had never looked at it from the perspective that was presented by the survey participants. I was glad to see that one individual discussed that it would improve services if there was more work being done to truly change behaviors rather than just put a band-aid over the issue by temporarily mandating supervised visitation. So often I think this is what occurs which results in a waste of resources because services are not being used to the full potential to help aid in changing behaviors and improving relationships.

The fourth section that was evaluated was the issue of safety. The results indicate at least perceived sense of safety by having safety plans, panic buttons, and policies for termination of visits. This was the main issue of this research paper and makes this issue essential to understand in order to make appropriate suggestions of what may increase victim safety. I thought it was excellent to read that almost all of the agencies have a panic button and security on site. I was not expecting to have such a large number of individuals report their agencies have these. It was also refreshing to see that agencies have a safety plan in place and that they are always looking out for the best interest and, first and foremost, the safety of the child(ren).

The theme of therapeutic supervision was only responded to by one participant which is probably rather representative to the real population of agencies that do have therapeutic supervision. Despite only having one response I found the information which was given to be helpful in looking at what safety factors increase victim and children safety. Having only one respondent that provides therapeutic services is not surprising given that limitations of supervision and hierarchy of services that are provided.

A coordinated community response was evaluated and the results were split in communities that have this in place and those who do not. I have read a lot of good feedback on how important a coordinated community response is and how it can be very beneficial to everyone involved. It is also a good way of using available resources without unnecessarily duplicating certain services. It is discouraging that despite the data showing this is significant in making good outcomes for families there are not more communities which have started to use this.

Each of the themes relate to the research question on factors which improve safety of victims and children. Although some of these themes do not directly answer the research question they do contribute to making a conclusion on what helps with safety, what places safety at risk and what would be good changes to increase safety.

Similarities were found between the researcher's findings and the literature reviewed. The first similarity is the issue of the best interest of the child. The literature clearly reports that determining visitation arrangements should be based on what is best and safest for the child; it was noted by the individuals who completed the survey that they value making decisions based on what is best for the children. Another area that was related is that appropriate staff training is significant in providing quality service to

consumers. The literature review discussed the importance of having staff trained on domestic violence issues as staff must understand what specific behaviors to watch for in visits. The survey respondents also stated that they feel education is important and that they provide this to employees when they are hired as well as continuing education throughout the year. The survey and literature also both discussed the significance of completing an intake with family members who will be using the supervised visitation center.

There were some differences found between the literature review and the survey responses. The literature focused on the importance of proper and detailed documentation and this was not something that survey respondents made any comment on. Also the literature had information on programming for offenders. The survey responses only talked of this in the context of feeling that more education should be available and that services should be in place so that long term changes can occur in behaviors which will improve relationships. The literature discussed the importance of having a coordinated community response and all of the survey respondents were familiar with what this is but most of them reported their community does not have one.

One area which varied greatly is that the literature review stated that observational supervision should not be used in cases of domestic violence yet the survey respondents all reported working with a large number of domestic violence cases and few agencies provide anything more than observational visitation. Also the one participant who reported they do provide therapeutic visitation stated that they felt this type of visitation is many times not good and can actually be harmful in cases of domestic violence.

**Implications for Research**

Prior to the literature review and survey process this researcher knew a fair amount of information existed on what domestic violence was and what the effects of it can be. It was expected that there would be at least some information from within the last five years on domestic violence and supervised visitation. However, not a lot of research existed and that which did was rather old. One reason for this may be because domestic violence laws have changed in the last ten to fifteen years and it takes approximately ten years for practice to take place before research is completed on it.

In this research process it became ever more evident that more research needs to be done on this issue. I have some experience in the past with working with a batterer treatment program and also with supervising parenting times so this may have given me a better understanding of the process that occurs following a domestic violence incident. I think, upon completing this research project, I have a little better understanding on what is necessary to keep victims safe and what changes should be made to increase safety. I primarily see the importance of having properly trained staff and having policies in place for intake and potential termination of a visit in maintaining child safety. I also see the value that more intense levels of supervision may provide to children and their parents.

**Implications for Policy**

It has been evident through this research project that perhaps at times there is a conflict between what policy states and what best practice states. One example of this is the difference in facilities that force a child to attend a visit versus the potential damage this could do to the child if they are not ready for this. Another conflict is that which centers around offenders receiving treatment and if they do what order they receive this

in. Best practice would state that treatment should always be offered as that is how individuals can learn to change behaviors.

Another recommendation regarding policy is that there should be a system in place which matches the level of supervision needed for individual families with agencies that can meet these needs. Following this it would be important to offer a taper down of service intensity as this would be less drastic for the children and would help make all parties feel safer.

### **Implications of Current Research Findings for Social Work Practice**

The research information collected answers some of the questions on how to increase safety, but it also leaves several questions unanswered. It was found that more research needs to be done as most of the research which has been completed is out dated. Some of the implications which are significant as a result of outdated data is that the financial impacts are no longer accurate as the cost of items and services has increased over time.

The findings are critical for social workers as they have to do with clients, victim safety, right to self-determination, best interest of the child, policy impacts, and trying to maintain or reestablish family unity and healthy family dynamics.

### **Strengths and Limitations**

There were several strengths in this study. One strength was the number of people that the survey was e-mailed to. The resource information for locating agencies was in a convenient location with the Supervised Visitation Network which made this possible to find so many agencies from the Midwest states. Another strength is there were responses from all three of the types of supervision settings. It was helpful to have

each of these perspectives as the safety and intensity of the visits can vary greatly from an observed visit to a therapeutic visit.

There were also several limitations to this study. One of these limitations was the small sample size of participants. One reason there may have been such few respondents is due to the nature of sending surveys through Qualtrics instead of speaking to the agency representative by phone or in person. This method of collecting data is rather impersonal and that may be why people find it so easy to just ignore the request. This method was chosen due to the short time period allowed to complete data collection. Perhaps if more time would have been given another approach could have been used to reach participants and the response rate could have been better. Another limitation is how outdated the literature is that is available on this safety for victims and children following domestic violence incidents. One can make several guesses as to the reason for this but there is no way of knowing for sure. It could be due to how difficult it is to accurately collect data from the population on this topic. It could also be due to public feeling that the issue is no longer a problem and therefore efforts are not being focused on research.

One improvement which could have been made to this research study is to have included an even larger sample size specifically more agencies that provide therapeutic supervision.

### **Conclusion**

The findings of this study make known the fact that research is lacking in this area. The literature which is available is outdated and therefore in order to have a better understanding of the issues which exist more recent data must be accessed. Between the

literature reviewed and survey responses it has been found that supervised visitation by properly trained staff is a factor which increases safety. With this finding it could be stated that the Supervised Visitation Network provides the structure, policy and framework for visitation centers to provide safety after an incidence of domestic violence. However, the Supervised Visitation Network could strengthen with a greater emphasis on community collaboration and wraparound services by providing educational trainings. The Supervised Visitation Network and the agencies which are a part of this network are increasing safety. A current limitation of supervised visitation is the lack of therapeutic visitation.

Further research is needed on this topic and education needs to take place on the results of this research. It is through learning the safety factors and teaching others what these are that people will support making change within the system to make improvements for victims and children.

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**APPENDIX A:  
CONSENT FORM  
UNIVERSITY OF ST. THOMAS**

**Project Name: Safety Following Domestic Violence**

IRB Tracking Number: 100927268

*I am conducting a study about what makes for successful visitation between children and their non-custodial parent following a domestic violence incident and what needs to be done to increase safety for custodial parent victims and their children. I invite you to participate in this research. You were selected as a possible participant because your agency is a professional participant of the Supervised Visitation Network. Please read this form and ask any questions you may have by before agreeing to be in the study.*

This study is being conducted by: *Barb Kroening , B.S.W. under the advisement of Karen Carlson, M.S.W., Ph.D., L.I.C.S.W..*

**Background Information:**

*The purpose of this study is: The purpose of this research project is to evaluate what makes for successful visitation between children and their non-custodial parent following a domestic violence incident. The hope is that the findings will help determine what needs to be done to increase safety for victims and their children.*

**Procedures:**

*If you agree to be in this study, I will ask you to do the following things: Review the consent form and contact me by e-mail if you have questions. Answer the survey questions through qualtrics and submit your answers. Your answers will be presented during a public dissemination of this clinical research study at the University of St. Thomas in May, 2013. No identifying information will be given in the research report or presentation.*

**Risks and Benefits of Being in the Study:**

*There are no known risks to participating in the research study.*

*There are no known benefits to participating in the research study.*

**Compensation:**

*You will not receive compensation for participating in the research study.*

**Confidentiality:**

*The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include: e-mail correspondence with survey questions and responses. These will be kept in my e-mail which is password protected and on my laptop which is also password protected. All e-mails will be deleted from my inbox as well as from my trash folder after*

*research presentations on 5/20/13. I will be the only person who has access to any of these records.*

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with *the University of St. Thomas or St. Catherine University*. If you decide to participate, you are free to withdraw at any time up to and until you *return your responses to me by e-mail*. Should you decide to not answer all survey questions I will still include your responses to the questions you do answer.

**Contacts and Questions**

My name is *Barbara Kroening*. You may ask any questions you have now *by returning them in e-mail to me or by calling myself or my advisor*. The number you can reach me at is (507) 398-7485. My advisor, *Karen Carlson* can be reached at (651) 962-5867. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You are welcome to print this form off and keep it for your records if you wish.**

**Statement of Consent:**

*By answering the survey questions and returning them to the researcher after reading this consent form you are giving implied consent without signing any papers. With implied consent you are agreeing to participate and stating that you are at least 18 years of age. If you choose to participate please make sure previously that your questions have been answered to your satisfaction.*

**APPENDIX B:**Research Question

What factors in the view of supervisors or directors of supervised visitation centers increase safety for victims and children in supervised visitation following domestic abuse incidents?

Proposed Survey

Email correspondence with directors of facilities that provide supervised visitation services.

Survey Questions

What is your position within the agency?

What experience have you had within supervised visitation which renders you knowledgeable to participate in this survey?

Does your facility provide supervised visitation (may also be called observational supervision), supportive supervision (may also be referred to as directed, educational or facilitated visitation), and/or therapeutic supervision?

What guidelines does your agency follow in regards to visitation? Do your clients sign a contract agreeing to these guidelines? (Length of visits, staff to client ratio, confidentiality, when and how staff intervene during visits)

Do you have a policy regarding children who do not want to see their parent? If so please explain.

Answer the following statements based on your opinion and experience (options- strongly disagree, disagree, neither agree nor disagree, agree or strongly agree)

The length of visitation is sufficient

The visitation setting is appropriate with toys that are age appropriate

The setting fosters healthy relationships between family members

Do you think improvements need to be made to visitation?

If yes: What improvements do you think should be made?

Do you have concerns with visitation?

If yes: Elaborate on what your concerns are.

Have you ever felt children were at risk in the setting?

What is the safety plan if staff feel children are at risk in the setting?

Have you or your monitors had any domestic violence specific training? Do you think it would be helpful? If so please elaborate on the training which staff has had or what kind of training you feel would be helpful.

How often do you work with families with a history of domestic violence?

How would you be made aware of this history?

Have you ever had to terminate a visit or refuse services to specific families?

If yes: Following termination of a visit what needs to be done before these families can start services again?

Besides providing a safe environment for children and victims, what could centers offer to families who experience domestic violence?

If agency provides therapeutic supervision:

In considering therapeutic supervision what are the costs or unintended consequences of offering these services?

In considering therapeutic supervision what are the goals of such services?

In considering therapeutic supervision who benefits from these services?

Do you think your agency/community has a coordinated community response in regards to visitations? Please explain.