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ARIZONA STATE UNIVERSITY

Safe Havens Assessment & Replication Model

Final Report
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EXECUTIVE SUMMARY

The Arizona Governor's Office of Children, Youth & Families (GOCYF) contracted with Arizona State University, Center for Applied Behavioral Health Policy to conduct a summative case study of the La Paloma Center's (LPC) implementation of the Safe Havens Supervised Visitation and Safe Exchange program, funded by the U.S. Department of Justice, Office on Violence against Women (OVW). The purpose of this evaluation study was to identify specific and actionable recommendations for consideration in replication the OVW model of Safe Havens in other communities in the state. The project examined LPC's fidelity to the Safe Havens Guiding Principles developed by OVW, as well as the inputs, processes, and outputs of the program in order to develop recommendations for replication of the program in other agencies throughout Arizona. A variety of informational gathering techniques were utilized in this evaluation, including: archival record review (proposals, progress reports, etc.), key informant interviews and focus groups (agency directors, direct staff, community advisory members), and client chart reviews. Overall, LPC was found to have fully implemented 82% of the 92 practice indicators identified in the OVW's issued Guiding Principles for Safe Havens Supervised Visitation & Exchange Programs. Fifteen (15) practice indicators were identified as needing improvement. Those practice indicators in need of improvement cluster around Principle 3 (Incorporating DV services) and Principle 5 (Community Collaboration). Six specific and actionable recommendations are posited for consideration in replicating this program in other communities of our state: establish a system of coordination and collaboration between visitation/exchange agencies and local courts; develop formalized and documented processes and procedures; establish sustainable business and funding models; promote stakeholder and staff awareness raising, training and supervision; ensure facility and program accessibility; and, maintain reliable agency reputation and community support. While the findings from this evaluation provide sufficient information to offer recommendations for replicating the Safe Havens program, an evaluation of the outcomes of the Safe Havens program is still lacking. Ideally, faithful implementation of the Safe Havens program leads to reductions in threats or violence in the short-term while families are in services, and in the long-term (after families leave services) a successful outcome is one in which threats and violence have ceased. Unfortunately, there is currently no data to substantiate these intended outcomes. The state should carefully consider its reporting requirements and evaluation structure as it considers replication efforts.

INTRODUCTION

In spite of the fact that domestic violence is one of the most under-reported crimes, there are still 1.3 million females that report physical assault by an intimate partner every year (Oehme & O'Rourke, 2011). Lifetime prevalence of intimate partner violence has been estimated at 1 in 4 among women and 1 in 7 among men (The Arizona Coalition to End Sexual & Domestic Violence, 2014). Domestic violence and child maltreatment co-occur at rates of 50-70% (Stern & Oehme, 2002). Children frequently witness domestic violence and suffer from such experiences, emphasizing the importance of limiting the ability of batterers to continue abusive behaviors after a separation (Oehme & O'Rourke, 2011).

In families experiencing domestic violence, research has shown that separation tends to increase emotional and physical abuse, stalking, and harassment by batterers, which highlights the importance of safety for children and the victimized parent (Oehme & O'Rourke, 2011; Zeoli, Rivera, Sullivan, & Kubiak, 2013). Women tend to report a continuation of threats and intimidation against themselves as well as their children during this time. Additionally, estrangement has been recognized as a risk factor for homicide among intimate partners, occurring most frequently within the first year of separation (Zeoli et al., 2013). Supervised visitation and exchange programs provide the opportunity for children to have visits with a parent in a safe and controlled setting. Supervised visitation programs aim at helping to improve the parent-child relationship in a controlled and safe environment (Birmbaum & Alaggia, 2006; Oehme & O'Rourke, 2011; Saini, Van Wert, and Gofman, 2012).

Supervised visitation programs provide judges, who rule on custody determinations, with an alternative to no contact between parent and child, possibly damaging the parent-child bond, and unsupervised visits where abuse may continue (Stern & Oehme, 2002). Such cases are typically complicated by batterer unresolved substance abuse and mental health issues, underscoring the need for judicial education (Birmbaum & Alaggia, 2006; Oehme & O'Rourke, 2011).

As more formalized domestic violence supervised visitation programs have been established, a number of procedural and policy related issues have emerged. One such issue is the wide variation in program structure and operations due to the lack of a coherent and evidence-based program models and guidelines.

A second issue regarding supervised visitation centers is the variation in how services are done due to limited to no means of enforcing best practices. For many programs, there is little accountability for supervised visitation centers in the way they provide services. There is currently a voluntary organization called the Supervised Visitation Network (SVN) that develops and disseminates best practices regarding supervised visitation and exchange services, but providers are not required to join and therefore do not have to adhere to the SVN code of ethics (Saini, Van Wert, & Gofman, 2012).

One such issue is the degree of information sharing that should occur between such programs and the courts.   Nearly 80% of supervised visitation programs were found to make factual reports to courts, 60% offered recommendations about parent contact to courts, and 33% provided advice to courts about the validity of abuse and neglect allegations (Stern & Oehme, 2002). Stern and Oehme (2002) expressed caution regarding the courts utilization of program recommendations regarding parent contact or validity of abuse and neglect allegations due to a variety of reasons, including staff credentials (for non-mental health professionals) and the controlled and artificial nature of visitations which are designed to make visits safe and successful. Additionally, use of visitation records by courts overlooks certain behaviors common to batterers. Reports may indicate behavior improvements by the perpetrator, but studies have shown that batterers tend to be elusive and may show a completely different personality in public than what is seen at home. For these reasons, reports on visitations can be misleading to courts and ultimately lead to exposing the victim and children to additional risk (Stern & Oehme, 2002).

Little outcome research on supervised visitation centers has been reported, particularly with regard to factors related to parent-child contact and child well-being; what research has been conducted reports mixed findings (Birnbaum & Alaggia, 2006; Saini et al., 2012). Visitation has been associated with beneficial child outcomes and increased reunification while other studies have reported adjustment difficulties associated with visitation for children in out-of-home care. Supervision services have has been associated with elevated psychological and psychosocial difficulties among children (Saini et al., 2012). Parental hostility and aggression impacts resulting from supervision services has yielded mixed results. Some studies suggest that parental aggression decreases with supervision services and other suggest that services do not decrease hostility in parents (Saini et al., 2012). Oehme and O'Rouke (2011) found a decrease in arrests and involvement with child protection agencies one year after ending supervised visitation services indicating positive results for families ordered for these services.

Purpose of the Report

The purpose of this summative evaluation of the Safe Havens Supervised Visitation and Exchange Program, as implemented by LPC, was to generate actionable information for the replication of the Safe Havens program in other communities throughout the state of Arizona. Accordingly, a process evaluation was proposed, utilizing a case study methodology, to generate information and knowledge in three essential domains: Organizational Capacity, Essential Processes and Service Components, and Indicators of Outcome and Impact.   It is important to note that no other formal or informal evaluation of this program had occurred, outside of routine monitoring as reported to the federal funding agency in Annual Reports.   As such, little evaluation capacity or infrastructure existed at the onset of this evaluation study.   This lack of evaluation capacity, coupled with the short time frame in which the evaluation was to be conducted (4 months) severely restricted the scope and robustness of the resulting evaluation plan. Most regrettably, there is no outcome evaluation of the Safe Havens program in place.

While the current evaluation study does indeed generate actionable information for the replication of the program, the state is lacking sufficient information to justify such replication, namely, that such programs as represented by Safe Havens, reliably produces beneficial outcomes for the victims, children, and perpetrators of domestic violence.

METHODOLOGY

Setting and Context

In February 2007, GOCYF identified Against Abuse, Inc. as a partner in planning the application for the Safe Havens: Supervised Visitation and Safe Exchange Grant Program under the U.S. Department of Justice, Office on Violence against Women. GOCYF was notified in September 2007 that they were awarded the $400,000 grant to support a nine-month planning phase and two-year implementation phase through La Paloma Center/Against Abuse, Inc. The grant initiated Arizona's first formal program of supervised visitation and safe exchange program at La Paloma Center in Casa Grande, situated in a rural county with a high number of domestic violence incidences. In 2012, Pinal County had 116 reported deaths related to domestic violence which is an increase from 103 deaths in 2011 and 96 deaths in 2010 (Pinal County Domestic Violence Fatality Review Team, 2012). From 2001 to 2010, Pinal County also had a 50.5% increase in domestic violence related arrests (Arizona Criminal Justice Commission, 2013). The grant provided an opportunity for GOCYF to address these issues through sub-awarding grant funds to LPC/Against Abuse, Inc.

Data Collection

The guiding principles of *Safe Havens: Supervised Visitation and Safe Exchange Grant Program* (DOJ/OVW, 2007) provided an organizing heuristic that was used to design data collection systems for this evaluation study.   These six guiding principles provide an organizational framework for the articulation of 26 Standards representing 92 Practice Indicators.

Table 1: Safe Havens Visitation/Exchange Guiding Principles	
Principle 1: Equal Regard for the Safety of Child(ren) and Adult Victims	Visitation Centers should consider as their highest priority the safety of child(ren) and adult victims and should treat both with equal regard.
Principle 2: Valuing Multiculturalism and Diversity	Visitation centers should be responsive to the background, circumstances, and cultures of their community and the families they serve.

Principle 3: Incorporating an Understanding of Domestic Violence into Center Services	Visitation Centers should demonstrate a comprehensive understanding of the nature, dynamics, and impact of domestic violence and incorporate that understanding into their services.
Principle 4: Respectful and Fair Interactions	Visitation Centers should treat every individual using their services with respect and fairness, while taking into account the abuse that has occurred within the family.
Principle 5: Community Collaboration	Visitation Centers should seek to operate within a community collaborative which has its goal to centralize safety of child(ren) and adult victims and hold batterers accountable. The community collaborative will strive to ensure a holistic response to each family member's needs; to stop continued abuse of child(ren) and adult victims; and to eliminate the social conditions that cause intimate partner violence.
Principle 6: Advocacy for Child(ren) and Adult Victims	Visitation Centers should work with the community collaborative to ensure that child(ren) and adult victims have meaningful access to services and should actively link individuals to those services.

Using a mixed methods success case method design, information was gathered to assess the degree and quality to which GOCYF's contractor – the La Paloma Center - had implemented the Supervised Visitation and Safe Exchange Program with fidelity. Each of the data sources used in this evaluation study are summarized below:

Monitor Interviews.   A semi-structured focus group protocol was developed to gather information from the four program monitors. These individuals function as direct observers of visitations and exchanges, as such, they provide unique and direct perspective about the nature and quality of the services provided, and insight to critical gaps, etc.   The focus group occurred on September 29, 2014 lasting approximately 45 minutes.   The focus group was required for subsequent review and field noting.   However, structured coding of the focus group did not occur.

Program Director Interview. A semi-structured interview was developed to gather information from the Program Director. This individual oversees the program policies and procedures and supervises Monitors and other staff. As such, the Program Director provided insight into the functioning of the program and development of policies and practices. This interview occurred on September 5, 2014 and lasted approximately 60 minutes. This interview was required for subsequent review and field noting. However, structured coding of the interview did not occur.

Consulting Committee Member Interviews. Semi-structured interviews were developed to collect information from Consulting Committee members. The Consulting Committee served a community advisory function to the program. The Committee met monthly during the first 18 months of the program, and did not meet again until January 2014, at the behest of the DOJ/OVW.   There were 12 identified members of the Consulting Committee who were contacted for interviews.   Only three individuals agreed to participate in interviews. These interviews occurred via telephone from October 15-20, 2014, each lasting 15-20 minutes. The interviews were reviewed for relevant information, but structural coding of the interviews did not occur.

Case File Review and Extraction. A case file extraction tool was developed to gather information pertaining to services and referrals. In total, 29 case files were reviewed with 9 cases having been in services less than three months, 10 cases in services 6 months to 2 years, and 10 cases in services more than 2 years. Information gathered from the files included length of time in service, family issues, referral source and reason for referral, and visitation notes. The case file reviews were completed between September 12 - 26, 2014, and the data were then entered into an excel spreadsheet in order to identify patterns in referrals and service practices.

Semi-Annual Report Review and Extraction. GOCYF provided ASU with 13 semi-annual reports that had been previously submitted to DOJ/OVW.   One report was missing and could not be located by GOCYF.   Information that was extracted from these reports included planning and implementation activities, clients served, and services provided in 6 month periods. This information was entered into an excel spread sheet to examine trends over time.

Archival Document Review and Extraction. Documents were provided to ASU by GOCYF and LPC containing information regarding the planning and implementation of the Safe Havens program as well as program policies and procedures. These documents were reviewed to understand the process of planning and implementing the Safe Havens program and the policies and practices in place at LPC.

Fidelity Assessment

 Each of the data sources previously described was used in combination to determine the degree to which LPC had implemented the Supervised Visitation and Exchange Program in a manner consistent with the guidelines set forth by the DOJ/OVW.   For each of the 92 practice indicators, an ASU researcher (second author) assigned one of three fidelity ratings.   These fidelity ratings included Present; Needs Improvement/Missing; and, Could not be Assessed. The interviews provided the most detailed information, while other data sources supplemented gaps in information. For each practice in the Guiding Principles, combinations of these data sources were examined in assigning a Fidelity rating.

Human Subjects Protection

The data collection plan for this study was reviewed and approved by the Arizona State University Institutional Review Board (IRB) prior to the implementation of any primary data collection processes.

FINDINGS

Findings are organized below, in three essential areas: Organizational Capacity, Process Fidelity, and Outcomes and Impact.

Organizational Capacity

   Planning Activities.   Planning activities were reported to have commenced in January 2008, subsequent to the GOCYF receipt of DOJ funding, and GOCYF's subsequent subcontracting to Prevent Abuse/LPC. At that time (January 2008), the Safe Havens Advisory Committee (currently called the Consulting Committee) began meeting to carry out the necessary planning activities, holding a total of 11 planning meetings. The planning phase took approximately 18-24 months with key activities including:

- The development of sub-committees to divide the planning activities. The subcommittees consisted of program design, training, safety, and data/needs assessment.
- In September 2008, each group presented findings of focus groups they had conducted with various groups in the community that included domestic violence victims, offenders, advocates, judicial representatives, and law enforcement.

Table 2 summarizes reported planning activities occurring during the first 18 months of the project, Table 3 summarizes program activities throughout the life of the project.

Table 2: Planning Activities			
	Planning Phase		
Planning Activities	Jul-Dec 2007	Jan-Jun 2008	Jan-Jun 2009
Needs Assessment	x	x	x
Creating Goals and Objectives		x	x
Creating Personnel and Agency Policies			x
Identify location for center		x	x
Identifying resources	x	x	x
Identifying visitation center models		x	x

Table 3: Program Activities													
	Planning			**Implementation**									
Activities	Jul-Dec 2007	Jan-Jun 2008	Jan-Jun 2009	Jul-Dec 2009	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014
Establish or expand supervision services		x	x	x	x	x	x						
Develop consulting committee	x	x											x

Table 3: Program Activities (cont'd.)	Planning			Implementation									
Activities	Jul-Dec 2007	Jan-Jun 2008	Jan-Jun 2009	Jul-Dec 2009	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014
Develop and implementation of policies/procedures		x	x	x	x	x	x	x	x	x	x	x	x
Enhancement of services to address underserved populations			x	x	x								
Development and implementation of training			x	x	x	x	x						

Training. During the planning phase, two staff development events occurred with 4 staff attending each event. No trainings were held for individuals from other organizations. La Paloma Center began providing services in September 2009. Since 2009, La Paloma Center (LPC) has reported 98 staff development events (training attended by staff funded under the Supervised Visitation Program grant), and 24 training events (providing information on sexual assault, domestic violence, child abuse, and/or stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system). LPC has also trained 510 individuals from other organizations in the community. The three following figures and tables summarize the training activities reported during the course of this project.   Figure 1 summarizes the organizational identities of individuals attending training during the planning phase of the project.

Figure 1 indicates that most of the individuals trained have come from social service organizations, followed by victim advocates, child welfare workers, and mental health professionals. Only a small number of court personnel have been trained (n = 41) which is surprising given that most clients are referred to LPC by the court. Table 4 indicates that most of the trainings were related to domestic violence, dating violence, sexual assault, and child abuse and most of the trainings occurred between July 2011 and June 2013 when the program had already been in implementation for about 3 years. As indicated by Figure 3, most staff development events occurred between January to June 2010, and peaked again from January to June 2013.

Figure 1. Number of People Trained from Other Organizations

Number of People Trained from Other Organizations
(N=510)

Table 4: Topics Covered in Trainings (non-staff development events)

Training Content Areas	Planning			Implementation									
	Jul-Dec 2007	Jan-Jun 2008	Jan-Jun 2009	Jul-Dec 2009	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014
DV, Dating Violence, Sexual Assault, and Child Abuse				x	x	x	x		x	x	x	x	
Justice System							x	x	x	x	x	x	
Underserved Populations												x	
Organization and								x				x	

Table 4: Topics Covered in Trainings (non-staff development events)												
Community Issues												
TOTAL # Trainings				**1**	**0**	**1**	**1**	**2**	**4**	**10**	**5**	**0**	**0**
TOTAL # People Trained				**27**	**0**	**10**	**115**	**70**	**100**	**66**	**122**	**0**	**0**

Figure 2. Number Development Events and Number of Staff Attending Events

Number Development Events and Number of Staff Attending Events
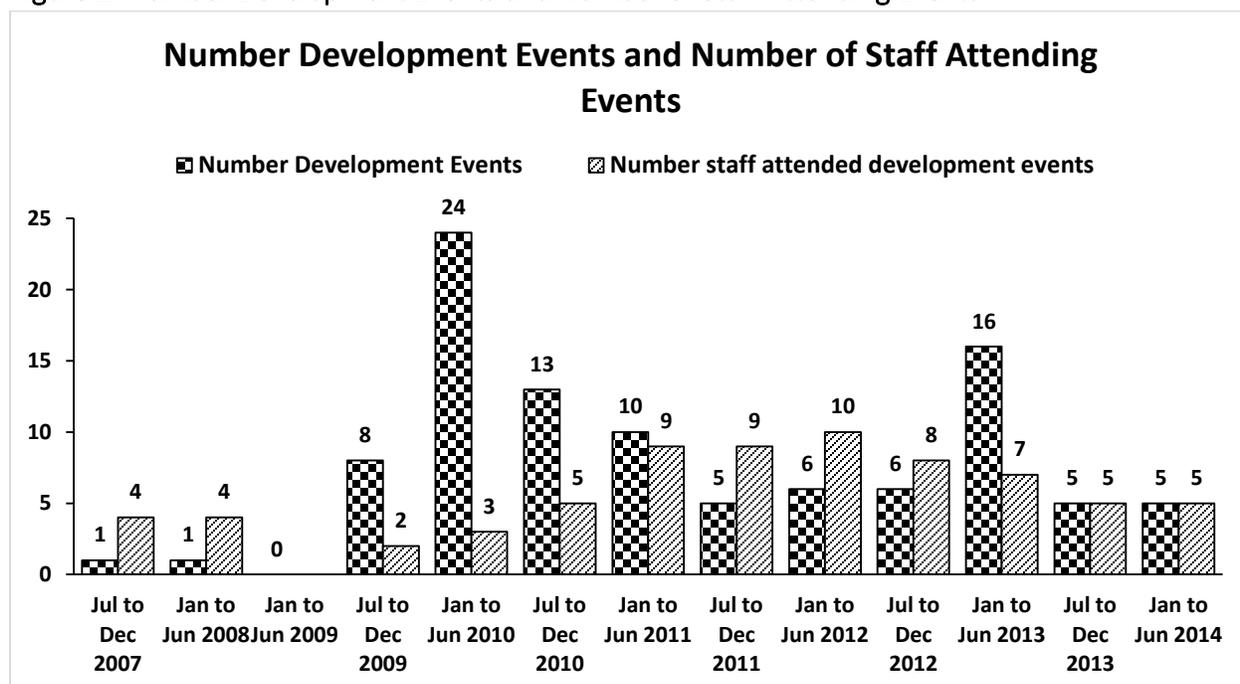
  Consulting Committee. During the planning phase, the Advisory Committee was essential to planning the implementation of the Safe Havens program. However, once implementation began the committee was no longer active until about January 2014 when the committee became active again with a new name, the Consulting Committee. The committee consists of representatives from the following agencies:

- Staff of Against Abuse, Inc.
- Staff of the Governor's Office for Children, Youth and Families
- Staff of Community Alliance Against Family Abuse
- Pinal County Superior Court Judges and staff
- Apache Junction Police Department, Chief of Police and Sergeant
- Casa Grande Police Department, Commander
- District V Program Manager for Az DES/CPS

- Arizona Coalition Against Domestic Violence staff
- Pinal County Domestic Violence Coalition members
- Adams Counseling, service provider for Batterer's Intervention programs
- Horizon Human Services staff
- Pinal-Gila Community Child Services (Headstart) staff
- Pinal County Sheriff's Office staff
- United Way of Pinal County, Executive Director
- Gila River Indian Community, Tribal Social Services staff
- A Survivor of Domestic Violence

The Committee has met monthly since starting up again and focused the first few meetings on becoming familiar with the Safe Havens Guiding Principles. The committee's role involves helping LPC identify problems or gaps in services and come up with solutions, as well as assistance with outreach to spread the word about the services available at LPC.

Staff and Funding. Currently, OVW pays for about half of the budget at LPC, which is approximately $250,000 per year. Funding from Gila River in the amount of $100,000 was used in 2013, but in 2012, LPC used AZDES non-residential funding to balance the budget. The center currently has six staff members (not including the Program Director): Four part-time Monitors, 1 Coordinator, and 1 part-time Security Guard.

Process Fidelity

Safe Havens Guiding Principles. Based on our findings, 71 of the 92 Practice Indicators (82% of practices) were evaluated as "Present", indicating that LPC had fully implemented the practice, in accordance with the Guidelines set forth by DOJ/OVW.   Fifteen of the 92 Practice Indicators (18% of practices) were evaluated as either "Needs Improvement" or "Absent".   For these practice standards, there was either a complete absence of any referencing to the practice, or, the documentation provided suggested inadequate or insufficient implementation.   The remaining Practice Standards (n = 6; 6.5%)   were evaluated as "Cannot be determined" as there was not enough information to evaluate them.   As reflected in Table 5, those practices needing improvement tended to cluster in Principle 3 (Incorporating DV services) and Principle 5 (Community Collaboration), with Principle 1, and 4 also showing some areas for improvement. More detailed information regarding the evaluation of each practice indicator listed below can be found in Appendix A. And for a complete description of all practice indicators, refer to Appendix B.

Table 5. Practice Indictors Needing Improvement	
Principle /Standard /Principle	**Practice Indicator**
1.3.5	Develop community response. Develop a protocol within the community collaborative to address cases that are too dangerous for supervised visitation services and that have been rejected or terminated.

Table 5. Practice Indictors Needing Improvement	
Principle /Standard /Principle	**Practice Indicator**
1.4.1	Develop an information-gathering policy. Develop an information-gathering policy that will facilitate the visitation center receiving adequate information regarding the safety needs and other concerns of child(ren) and adult victims.
1.4.2	Develop an information-sharing policy. Develop an information-sharing policy that protects the safety of child(ren) and adult victims to the greatest extent possible and is consistent with state and federal laws, including mandatory child abuse reporting laws.
2.3.3.	Conduct cultural assessments. Conduct an organizational cultural competency assessment and invite representatives from diverse community organizations to assist in the design of the visitation and exchange program.
3.3.1.	Develop a referral policy. Work with the court and other referral sources to develop a policy addressing the information that visitation centers need at the point of referral, including the specific reason for the referral, the court order to use the supervised visitation center or exchange program, current protection orders or other restrictions on activities, and custody and visitation arrangements such as whether supervised visitation or safe exchange is required.
3.3.4.	Offer support during transitions. Work with both the adult victim and the batterer prior to the family transitioning out of supervised visitation or exchange services by providing assistance such as connecting the adult victim with an advocate to develop a post-supervised visitation or exchange safety plan or offering the center as a continuing resource should either parent so desire or require.
3.4.1.	Develop documentation practices. When developing documentation policies and procedures, consider the implications of sharing information about a family with the court, community collaborative partners, the parents or their attorney, or other outside agencies.
3.5.1.	Communicate reporting policies. Communicate visitation center reporting policies and procedures to court staff, including the philosophy behind the policy and the limitations of the information gathered by the center.
4.2.5.	Conduct an exit survey with children. Ask children, in age-appropriate terms, what they thought of the visitation or exchange experience and how the center could improve.
5.1.1.	Develop referral procedures. With guidance from the core partners, develop policies and protocols regarding what types of cases should be referred to the visitation center, how the referral will occur, and what information will be shared between the center and other partners.
5.1.2.	Develop an information-sharing policy. Develop a policy with guidance from the core partners regarding what, if any, information will be shared by the visitation center to the referring agency, and a mechanism for sharing that information.
5.2.2.	Articulate role of community collaborative. Work with the core partners to articulate clearly the role of the community collaborative, seeking input from those who will participate in the collaborative effort.
5.5.2.	Develop mission/vision statements. Develop a mission and a vision statement for the community collaborative that are in line with the Guiding Principles of the Supervised Visitation Program.
5.5.3.	Develop a sustainability plan. With core partners, develop a plan for sustainability and encourage the community collaborative to support the plan.
6.2.1.	Develop a policy on information sharing. Develop a clear and consistently applied policy regarding sharing confidential, identifying information with the domestic violence agency regarding individuals who use the visitation center.

Outcomes & Impact

Clients and Referrals. La Paloma Center reported serving 218 families (218 custodial parents and 218 non-custodial parents) since opening the center. As illustrated in Figure 3, the majority of these families were referred by Family Court Order (n=203) with very few referrals child welfare/CPS (n=8), or other sources. (e.g., social service agency, criminal court order, domestic violence court order, and mediation services).

As reflected in Figure 4, the center started out serving 8 families with large rise in families within the first 3 years, then remaining steady at about 50 families per 6 month period. Table 6 indicates that the individuals served by the program were evenly divided among males and females, as would be expected in a visitation and exchange program.   The majority of individuals served identified as Hispanic (44.04%) or Anglo (45.64%), with smaller proportions identifying as African American (3.67%) and Native American (8.49%).   Relative to the most recent census of Pinal County, individuals identifying as Hispanic and Native American were overrepresented, while Anglos were under-represented.   Only two individuals reported that they lived in a rural area, a curious finding considering the characteristics of Pinal County, 20 individuals disclosed that they experienced a disability, while just 5 individuals reported limited English proficiency, again a curious finding considering the high proportion of individuals identifying as Hispanic.

Figure 3. Number of Families by Referral Source

NUMBER OF FAMILIES BY REFERRAL SOURCE
(N = 218)

Other Civil court order 1%

Mediation Services 1%

Self referral 1%

DV court order 0%

Family Court order 92%

Other 8%

Criminal Court order 0%

Other 1%

Other Social Services 1%

Child Welfare agency 3%
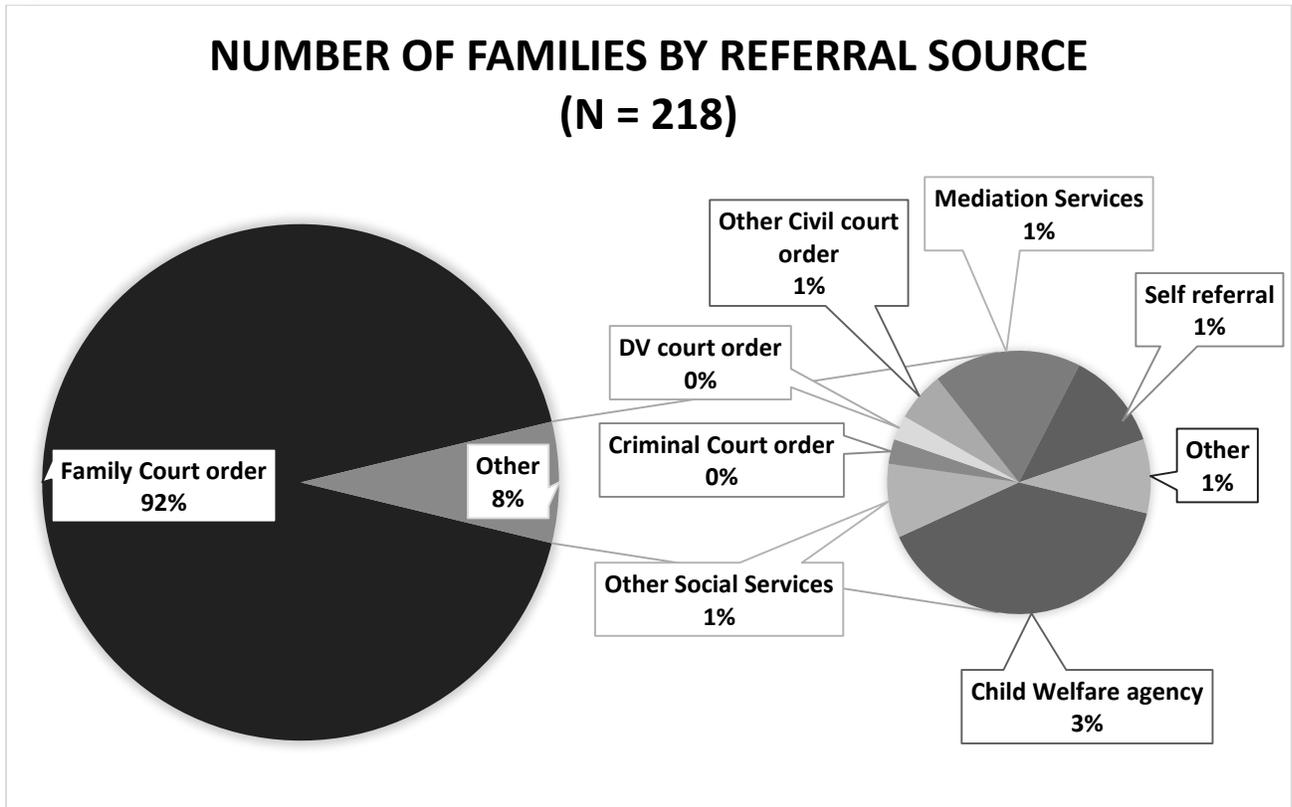
Figure 4. Number of Families Served

Number of Families Served (in 6 month intervals)

6 Month Period	Number Families Served
Jul to Dec 2009	8
Jan to Jun 2010	22
Jul to Dec 2010	35
Jan to Jun 2011	50
Jul to Dec 2011	53
Jan to Jun 2012	54
Jul to Dec 2012	49
Jan to Jun 2013	58
Jul to Dec 2013	58
Jan to Jun 2014	49
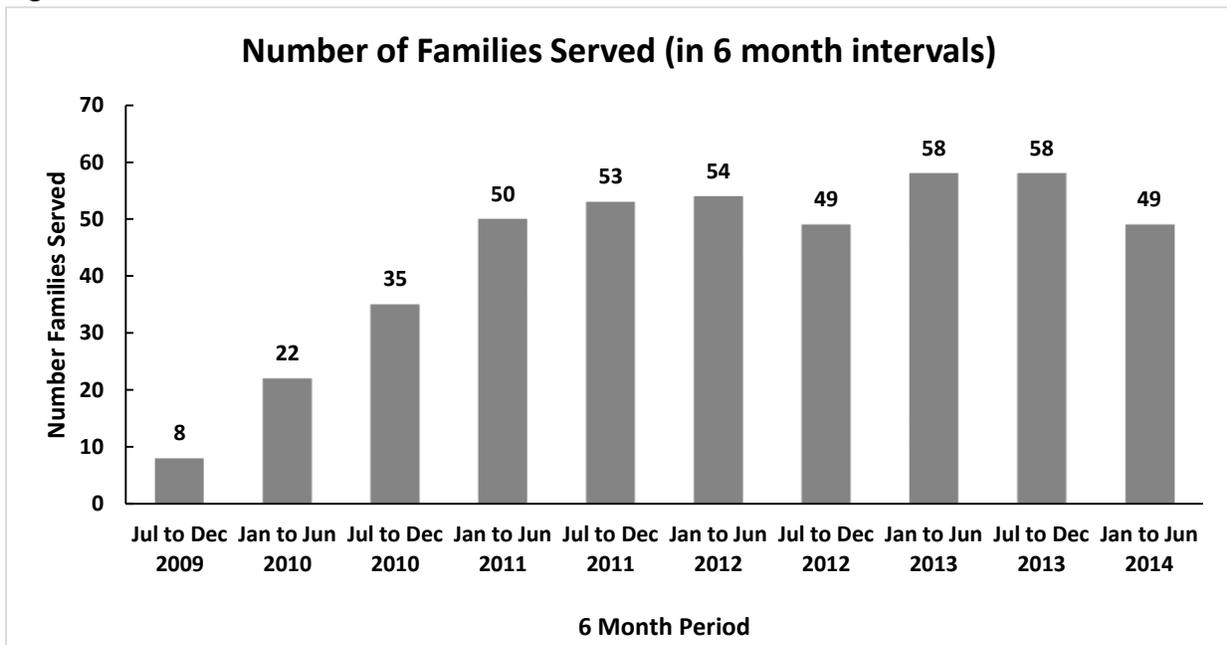
Table 6. Client Demographics Compared to Pinal County Census Data				
	LPC Clients		2010 Pinal Census[1]	
Gender	N	%	N	%
Male	199	45.64	197,165	52.47
Female	237	54.36	178,605	47.53
Race/Ethnicity[2]				
Black or African American	16	3.67	17,215	4.58
American Indian or Alaska Native	37	8.49	20,949	5.57
Asian	2	0.46	6,492	1.73
Native Hawaiian or other Pacific Islander	2	0.46	1,565	0.42
Hispanic or Latino	192	44.04	106,977	28.47
White	199	45.64	272,013	72.49
Unknown	1	0.23	--	--
Other				
Disabilities	20	4.59	41,314	12.0
Limited English	12	2.75	--	--
Immigrants/Refugees	5	1.15	--	--
Live in Rural Areas	2	0.46	--	--
Note: 1. Pinal 2010 Census data taken from: http://censusviewer.com/county/AZ/Pinal and http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk 2. Race/Ethnicity totals are higher because some individuals selected more than one race/ethnicity.				

Services. Over ¾ (77.06%) of families received one to one supervision and 29.13% families received supervised exchange from July 2009 to June 2014. Additionally, families spent a median of 13 weeks in services. Figure 5 reflects how many times LPC provided each type of service (supervised visitation or exchange) and Figure 6 reflects the average number of services provided per family. LPC started out providing more supervised visitations than exchanges, but by the second half of the third year they began providing more exchanges than supervisions. This trend is also seen in the average number of services per family with each family typically receiving double the number of exchanges than supervised visitations.
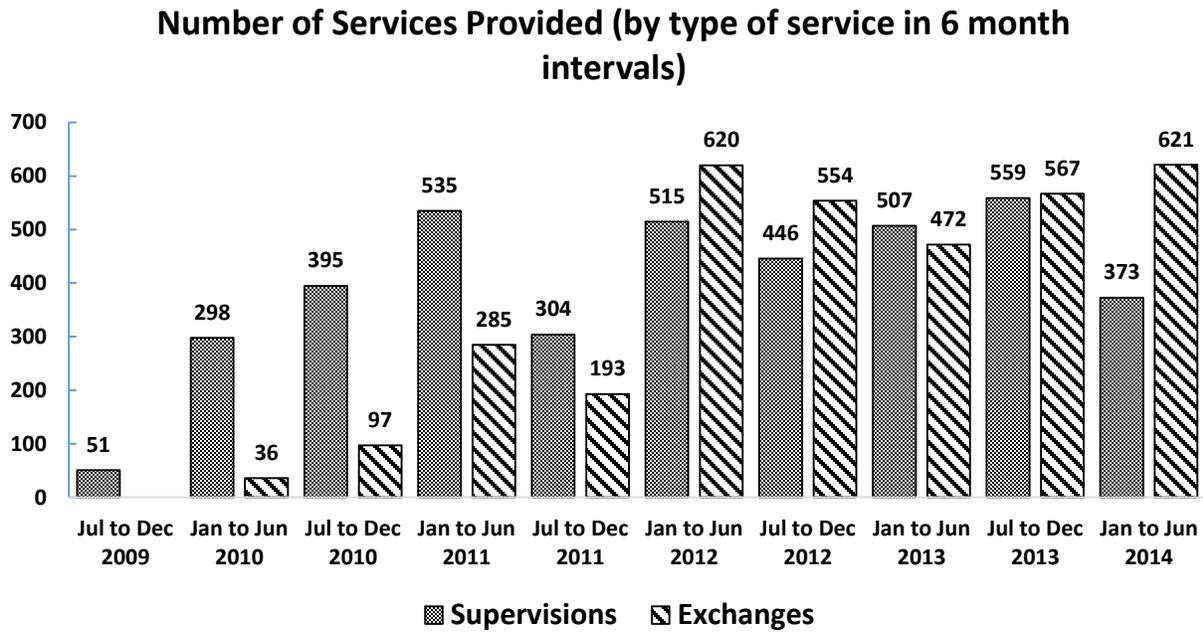
Figure 5. Number of Services Provided

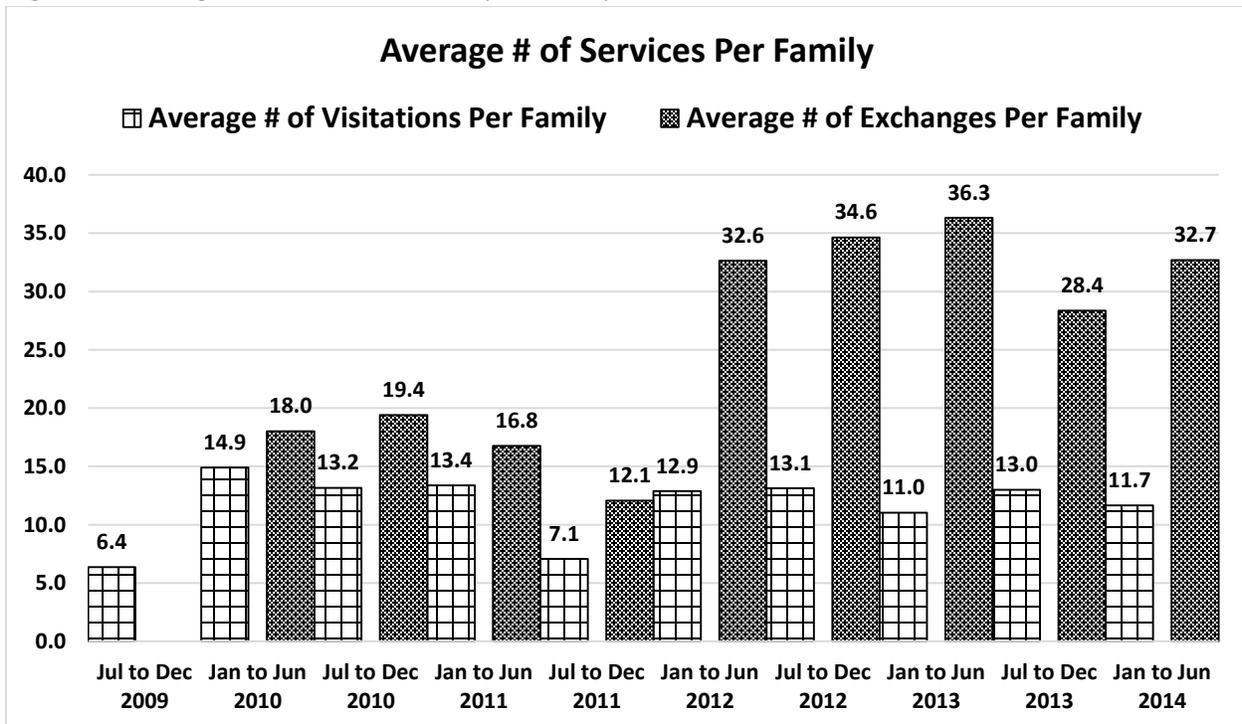**Number of Services Provided (by type of service in 6 month intervals)**

Supervisions   Exchanges

Figure 6. Average Number of Services per Family

Average # of Services Per Family

⊞ Average # of Visitations Per Family   ▦ Average # of Exchanges Per Family

Visits Terminated. Figure 7 reflects the occurrence of scheduled visitations that were cancelled or terminated over each 6 month period and Figure 8 reflects the primary reasons why visitations were cancelled or terminated. As these data reflect, the proportion of visitations that were terminated increased from less than 10% of all visitations in 2010, to between 30% and 50% in 2013 and 2014. As reflected in Figure 8, parental requests were the predominating reason that supervised visitations were terminated, accounting for 78% of all terminations.

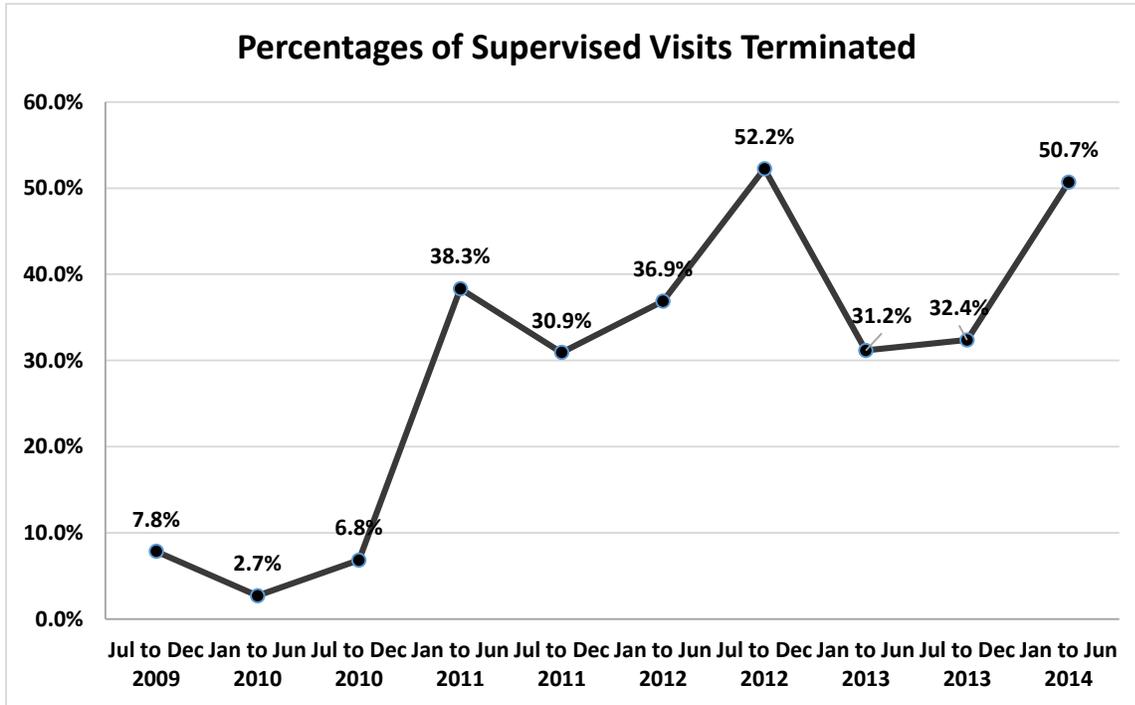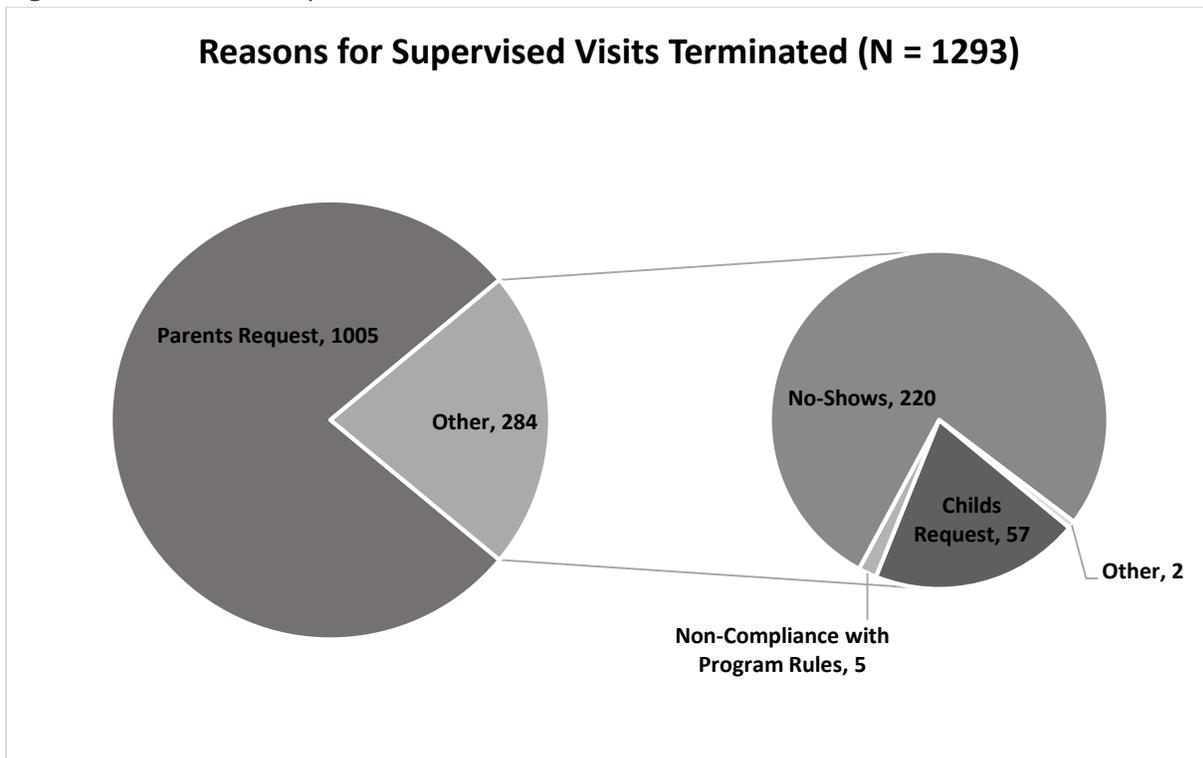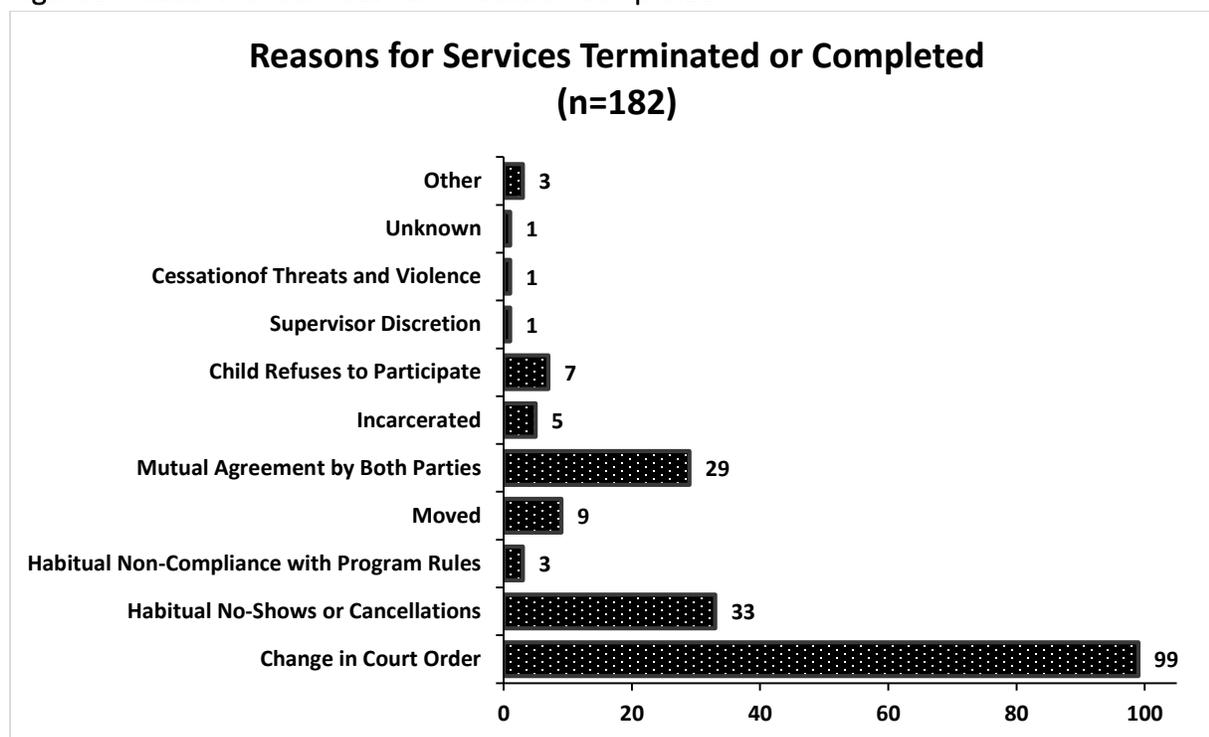Figure 7. Percentages of Supervised Visits Terminated

Figure 8. Reasons for Supervised Visits Terminated

Reasons for Supervised Visits Terminated (N = 1293)

Parents Request, 1005

Other, 284

No-Shows, 220

Childs Request, 57

Other, 2

Non-Compliance with Program Rules, 5

Services Terminated. Among the 218 total families served project, 182 have either completed or terminated visitation/exchange services. Four reasons for service completion or termination were excluded from the chart because they had values of zero (Deceased, Deported, Parent completed treatment program, and Unknown). The primary reason for termination or completion of a family's services was due to a change in court order (n=99), followed by habitual no-shows or cancellations (n=33) and mutual agreement by both parties (n=29).

Figure 9. Reasons for Services Terminated or Completed

Reasons for Services Terminated or Completed
(n=182)

Reason	Count
Other	3
Unknown	1
Cessation of Threats and Violence	1
Supervisor Discretion	1
Child Refuses to Participate	7
Incarcerated	5
Mutual Agreement by Both Parties	29
Moved	9
Habitual Non-Compliance with Program Rules	3
Habitual No-Shows or Cancellations	33
Change in Court Order	99

DISCUSSION & RECOMMENDATIONS FOR REPLICATION

The purpose of the Safe Havens Assessment & Replication Model was to perform a summative evaluation of the Safe Havens Supervised Visitation and Safe Exchange program in order to offer recommendations for the replication of the program in other Arizona communities. La Paloma Center (LPC) was evaluated in reference to the National Institutes of Justice, Office of Violence against Women, *Safe Havens Guiding Principles*. Overall, LPC was determined to meet 82% of the practice indicators of the Principles.   Only 15 practice indicators were evaluated as needing improvement or absent. Those practice indicators reflected a need for more formalized processes and procedures primarily in the area of referral processing and information-sharing with other agencies, most notably the courts.

Based on these findings, the following recommendations are posited for consideration as the state contemplates replicating the Safe Havens Visitation and Exchange Program in other communities in Arizona.

Establish System for Coordination and Collaboration with the Courts. Developing a collaborative relationship with judges and other court staff is essential for agencies planning to implement a visitation and exchange program. Most referrals are received from judges and in order to get judges to make these referrals they need to understand the importance of such programs. Additionally, information sharing between the courts and the implementing agency

should be understood on both sides. The courts should be aware of what information the program can and cannot provide, and what information the program needs from the court upon referral to ensure safety of the families and staff.

Develop Formalized and Documented Processes and Procedures. Formalized memorandum of understanding and written policies and procedures need to be developed, to ensure consistency in implementation and staff practices. This includes staff documentation practices, referral procedures for agencies referring clients to the program, and information sharing guidelines for all agencies that clarify what can and cannot be shared as well as what information the program needs from referring agencies.

Establish Sustainable Business & Funding Model.   Establishing a sustainable model of funding Safe Havens Visitation and Exchange emerged as a critical finding of this evaluation. Key informants affiliated with LPC who were interviewed for this evaluation articulated the absence of a sustainability plan as a critical weakness.   Securing stable and reliable non-federal funding sources for the operations of Safe Haven programs is a critical element of any efforts of the state in replicating this program in other communities.

Promote Stakeholder and Staff Awareness Raising, Training, Supervision. Program stakeholders that were interviewed emphasized the importance of judges and other judicial staff having an awareness of the need for, and the characteristics of, effective and evidence-based safe visitation and exchange programs.   Judiciary awareness and knowledge is essential since the majority of clients are referred by the courts.   The issues associated with coordination and buy in from the judiciary extend beyond simple information dissemination and training, but needs to incorporate appropriate collaborative planning and specific referral mechanisms and procedures. Of particular note are issues related to the sharing of information between the courts and visitation/exchange programs.   In order for visitation and exchange programs to be effective and trusted by perpetrators and victims alike, the results of these visitations and exchanges and the opinions of the visitation center staff should *not* be shared with the courts or used in determination of custody rulings.   Finally, the development of a skilled workforce conversant in the unique issues related to working with domestic violence perpetrators and victims is a challenge for visitation and exchange programs. Developing informational and training resources related to working with perpetrators is an area for critical need in Arizona communities.

Ensure Facility & Program Accessibility.   Clients receiving services at LPC faced difficulties in accessing the program due to their distance from the center which was compounded by the lack of public transportation in a largely rural county (Pinal).   Location, transportation, and service costs should be taken into consideration when implementing this program. Agencies should consider locations that are easily accessible to clients with transportation issues or consider multiple locations.

Maintain Reliable Agency Reputation and Community Support. Implementing this program in an agency that already had an established reputation was a critical asset. Being well-known in the community and having sufficient staffing and program infrastructure resources including strong relationships with other agencies in the community provides more support in implementing this program. Implementing the Safe Havens program within an agency that provides other supportive services to families impacted by domestic violence allows for a more centralized hub of services to be provided and enhances cross-service information sharing. Engaging in community outreach assists is informing community members about available services. In addition, forming a Consulting Committee provides opportunity to gain support from other agencies and increase referrals from sources other than the courts.

In conclusion, while the findings from this evaluation provide sufficient information to offer recommendations for replicating the Safe Havens program, an evaluation of the outcomes of the Safe Havens program is still lacking. Ideally, faithful implementation of the Safe Havens program leads to reductions in threats or violence in the short-term while families are in services, and in the long-term (after families leave services) a successful outcome is one in which threats and violence have ceased. Unfortunately, there is currently no data to substantiate these intended outcomes using the data reporting template provided by the federal agency that was utilized for this grant. The state should carefully consider its reporting requirements and evaluation structure. As efforts for replication continue, the state could consider revising or improving the federal reporting requirements.

Lastly, the state may wish to consider utilization of a structured and formalized inter-agency implementation strategy as it considers replication. The inter-play between the courts, law enforcement, and domestic violence and human service agencies, many of which are private, non-profit entities, creates complexity in implementation and sustainability. Utilization of externally-based consultant services that specialize in inter-agency collaboration and evidence—based approaches to implementation has recently been demonstrated to enhance implementation effectiveness in a variety of inter-agency/cross-sectional initiatives, such as the courts and community-based substance abuse treatment systems.

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APPENDIX A

Practice Standards Evaluated as Needing Improvement		
Principle/Standard/Principle	Evaluation	Notes
1.3.5.	Needs Improvement	Evidence from interviews of an informal protocol, unclear on what the process would be if this situation occurred.
1.4.1	Needs Improvement	Case file reviews showed limited information coming from courts on the family. Typically LPC receives minute entries after clients have started services, but they could use that information prior to services starting. Due to the lack of information from the court, LPC relies on self-report of each parent which in the case file reviews appeared to provide inconsistent information from each parent. Staff interviews indicated a need for more information from the court. Additionally, there was no evidence of a formal policy regarding information sharing. In the case file reviews, courts did not always send a referral form, but when they did very few provided a reason for the referral. 15 out of 29 files did not have a referral form, and only 7 of the 15 provided a reason for the referral.
1.4.2	Needs Improvement	Evidence of an MOU with the courts. Clients can complete an ROI if they choose. However, based on interviews, the courts do not have a good understanding of what LPC can and cannot share.
2.3.3.	Absent	No assessments are completed.
3.3.1.	Needs Improvement	No formal policy. Other agencies hear about LPC through courts or outreach efforts. LPC does not have a policy or referral form with other agencies other than the courts. The informal protocol for other agencies to refer is a phone call.
3.3.4.	Needs Improvement	Interviews indicated that Monitors do work with families to find out if they have any needs for referrals, but no evidence of consistent or formalized procedure to support client transition.
3.4.1.	Needs Improvement	Based on case file reviews documentation was not consistent across files. No formal policy or procedures exist on documentation, only informal discussions on documentation practices.
3.5.1.	Needs Improvement	MOU exists with the courts, but there are still issues with courts not understanding what LPC can and cannot share.
4.2.5.	Needs Improvement	LPC does an exit interview with parents. They are currently working on developing an exit interview for children.

Practice Standards Evaluated as Needing Improvement		
Principle/Standard/Principle	**Evaluation**	**Notes**
5.1.1.	Needs Improvement	No evidence of formal procedures in place.
5.1.2.	Needs Improvement	LPC uses an ROI for clients to complete if they choose to share information. If not completed, LPC reports that they do not share information with anyone other than the court if records are subpoenaed. No evidence of formal policy regarding information sharing procedures with agencies other than courts.
5.2.2.	Needs Improvement	Interviews with consulting committee members indicate differences in how each views the role of the committee.
5.5.2.	Absent	Each committee member interviewed was not aware of a mission statement for the committee.
5.5.3.	Absent	No evidence of a sustainability plan.
6.2.1.	Needs Improvement	No evidence of formal policies with other agencies. Information can be shared if ROI is signed, but no formal procedure on how or what information is to be shared.

APPENDIX B

1. Principle 1: Equal Regard for the Safety of Child(ren) and Adult Victims
   1.1. Standard: Visitation centers should consider as their highest priority the safety of
        child(ren) and adult victims and should treat both with equal regard.
        1.1.1. Practice: Offer staggered arrival and departure times. Develop a policy requiring
               visiting and custodial parents to arrive and depart at staggered intervals
        1.1.2. Practice: Examine facility design. Select a facility where the design will decrease
               the opportunity for parents to come into contact with one another and will include
               such features as separate entrances, separate parking lots, and separate waiting
               rooms.
        1.1.3. Practice: Allow custodial parents to wait on- or off-site. Based on the safety
               needs, age, and developmental stage of the visiting children, needs of visiting
               children with disabilities, and other concerns of child(ren) and adult victims.
   1.2. Standard: Develop and implement security measures and protocols that meet the diverse
        safety needs of the community and individuals using visitation center services.
        1.2.1. Practice: Develop security protocols.
        1.2.2. Practice: Inform referral agencies. Inform courts and other referring agencies of
               the security measures in place, along with the philosophy behind such measures, so
               that such agencies can make informed decisions about where to refer cases.
        1.2.3. Practice: Inform child(ren) and adult victims. Inform child(ren) and adult victims
               of the security measures and safety features in place, along with options for
               additional safety measures that could be put in place, so that child(ren) and adult
               victims can build into their safety plan those measures that will enhance their unique
               safety needs.
        1.2.4. Practice: Work with law enforcement. Encourage, and work with, local law
               enforcement to develop a protocol for responding to calls from the center, and seek
               assistance from law enforcement in developing other security protocols.
   1.3. Standard: Acknowledge and exercise the discretion visitation centers have in rejecting
        cases or suspending or terminating services or individual visits/exchanges in instances
        where such services cannot provide for the safety needs of child(ren) and adult victims.
        Centers should develop criteria by which such decisions are made, based on safety
        considerations.
        1.3.1. Practice: Reject cases. Communicate to individuals using services and referring
               agencies the criteria for rejecting a case; reject cases if the emotional or physical
               safety of child(ren) and adult victims, center staff, or other individuals using
               services cannot be ensured.
        1.3.2. Practice: End visits. End visits, or do not allow exchanges to take place, if parents
               engage in behavior that compromises or endangers the emotional or physical safety
               of child(ren) or adult victims, center staff, or other individuals using services.

      1.3.3.   Practice: Terminate services. Develop criteria by which services to a family will be terminated based on the safety risks to child(ren) and adult victims, center staff, and other individuals using services.

      1.3.4.   Practice: Inform referral source. Develop a protocol to inform the referring agency that a case was rejected or terminated and the underlying reasons for such action.

      1.3.5.   Practice: Develop community response. Develop a protocol within the community collaborative to address cases that are too dangerous for supervised visitation services and that have been rejected or terminated.

1.4. Standard: Develop policies and procedures addressing the way information is gathered, maintained, and released that promote the safety of child(ren) and adult victims; seek the guidance of community partners, including legal professionals, as needed.

      1.4.1.   Practice: Develop an information-gathering policy. Develop an information-gathering policy that will facilitate the visitation center receiving adequate information regarding the safety needs and other concerns of child(ren) and adult victims.

      1.4.2.   Practice: Develop an information-sharing policy. Develop an information-sharing policy that protects the safety of child(ren) and adult victims to the greatest extent possible and is consistent with state and federal laws, including mandatory child abuse reporting laws.

      1.4.3.   Practice: Remove identifying information. In instances where information is or must be released, remove identifying information, such as addresses, phone numbers, e-mail addresses, name(s) of employer and name of school, from the report or file as is necessary to ensure safety and confidentiality.

      1.4.4.   Practice: Ensure internal confidentiality. Keep files confidential and identifying information secure and protected from public view at all times; share confidential information only with appropriate center staff as needed; identify staff members who will need access to confidential family member information; ascertain those staff members who will need limited family member information to complete their job function.

      1.4.5.   Practice: Develop policies regarding destruction of records. Develop policies, consistent with state and federal laws, regarding the destruction of records. Centers are encouraged to seek assistance of legal counsel when developing such policies.

      1.4.6.   Practice: Inform individuals using the visitation center. Communicate clearly information-sharing and confidentiality policies so that individuals using visitation center services can make informed decisions about the disclosure of information.

2. Principle 2: Valuing Multiculturalism and Diversity

2.1. Standard: When creating policies and services, consider the unique experiences, values, circumstances, and cultural backgrounds of the individuals receiving visitation and

exchange services. This inclusive approach can be guided by input from the individuals served, as well as from the visitation center's collaborative community partners.

   2.1.1. Practice: Consider extended family. Consider allowing extended family members, as identified by those receiving services, to participate in a visit if it is not prohibited under a court order and does not compromise the safety of child(ren) and adult victims.

   2.1.2. Practice: Offer services in the primary language of the individuals. Strive to permit individuals to complete orientations, receive information, ask questions, and participate in visits using their native or preferred language or sign language; work with collaborative community partners to facilitate the availability of visitation and exchange services in the individual's native or preferred language.

   2.1.3. Practice: Inform interpreters. Ensure that the role, policies, and safety precautions of the visitation center are clearly communicated to individuals being used as interpreters. For occasions when interpreter services are not available, explore alternative options, provided the safety concerns have been addressed.

   2.1.4. Practice: Consider allowing food, music, and religious traditions. Examine whether to allow individuals to celebrate the food, music, and/or religious traditions that they practice, provided that doing so is safe for child(ren) and adult victims.

   2.1.5. Practice: Identify transportation needs. Develop flexible policies and procedures that will account for various methods of transportation, which may necessitate extending arrival and departure schedules to enhance the safety of child(ren) and adult victims.

   2.1.6. Practice: Offer a range of visitation center hours. Offer a range of hours for visitation and exchange, such as accommodating weekend and evening visits or exchanges, in order to be inclusive of the varying types, hours, and places of employment for individuals using such services.

2.2. Standard: Design visitation center programming and physical space, and the recruitment and development of staff, to promote and encourage diversity in center services.

   2.2.1. Practice: Offer a diverse staff. Seek to hire bi-lingual and culturally diverse staff from within the community to be served who will work with the individuals using services and to inform them of the policies, procedures, and work of the visitation center.

   2.2.2. Practice: Encourage continual internal discussions about diversity. Continually assess forms, policies, procedures, and materials for cultural responsiveness, competence, and relevance, seeking outside assistance as necessary.

   2.2.3. Practice: Provide staff with training. Encourage visitation center staff to participate in culturally relevant, up-to-date, practical training on, and engage in continual self-reflection regarding, the following topics: the nature of power imbalances, social oppression, prejudice, and discrimination, and the ways in which

these dynamics impact the development and delivery of center services to and interactions with community partners and individuals using center services.

    2.2.4. Practice: Examine the design of the physical space. If possible, design the visitation center facility to reflect the different cultures of the individuals who the center serves in terms of décor, toys and other playthings, resources available, accessibility, and layout.

2.3. Standard: In conjunction with the collaborative community partners, develop strong working relationships with culturally specific organizations to increase the visitation center's capacity to serve the diverse cultures in its community.

    2.3.1. Practice: Develop multicultural partnerships. Partner with representatives from the communities the visitation center has the potential to serve, including staff of culturally specific services.

    2.3.2. Practice: Offer staff development opportunities. Involve representatives from culturally specific organizations as trainers of and consultants to visitation center staff.

    2.3.3. Practice: Conduct cultural assessments. Conduct an organizational cultural competency assessment and invite representatives from diverse community organizations to assist in the design of the visitation and exchange program.

    2.3.4. Practice: Establish linkages for outreach. Work with representatives from culturally specific organizations to identify populations needing services, establish linkages for outreach, enhance accessibility, and promote relevant services.

    2.3.5. Practice: Ensure access to interpretation. Work with community collaborative partners and culturally specific organizations to identify and create access to interpretation services.

3. Principle 3: Incorporating an Understanding of Domestic Violence into Center Services

3.1. Standard: Ensure visitation center staff know and understand the issues related to domestic violence, sexual assault, child abuse, dating violence, and stalking.

    3.1.1. Practice: Train staff. Provide visitation center staff and volunteers with comprehensive training on domestic violence prior to or within the first few weeks of employment, and additional training periodically throughout the duration of employment; design the training workshops in partnership with domestic violence victim advocates and include information on, but not limited to, the following:

- Fundamentals of power and control;
- Tactics of battering and coercive control;
- Post-separation violence and domestic violence, including child sexual assault;
- Intersection of domestic violence and substance abuse;
- Adult sexual assault, particularly the intersection with domestic violence;
- Stalking;
- Working with child(ren) and adult victims;

- Working with batterers;
- Providing culturally-responsive services;
- Interrupting and redirecting conversations during visits;
- Child development; and
- Systems within which families come into contact.

3.2. Standard: Design visitation center practices and operations to reduce a batterer's opportunity to continue the abuse during visitation and exchanges.

   3.2.1. Practice: Prohibit conversations about the victim. Do not allow a batterer to talk or inquire about the victim with staff; redirect such conversation to the batterer's interaction and relationship with the children.

   3.2.2. Practice: Address continued abuse. Discuss with the adult victim the options available for addressing or reporting occurrences of a batterer's continued abuse of the victim, whether such abuse is witnessed by or reported to staff.

   3.2.3. Practice: Check in frequently with the adult victim. Out of the presence of the children, follow up with adult victims to determine if the visitation center's policies and the visitation or exchange plan are meeting their safety needs.

   3.2.4. Practice: Address non-compliance. Address safety issues that may arise from a batterer's non-compliance with either the visitation center's policies or the visitation or exchange plan.

   3.2.5. Practice: Encourage adult victims to check in with the center. Encourage adult victims to check in with the center about a batterer's compliance with center policies and the visitation or exchange plan, if that is their preference; be prepared to address safety issues that may arise from a batterer's non-compliance.

   3.2.6. Practice: Identify safety needs. Identify and address the unique safety needs of each family and gear visitation center policies and practices toward taking an individualized approach with each person using the center.

3.3. Standard: Design services specifically tailored to meet the unique safety needs and concerns of child(ren) and adult victims; ensure visitation center staff have an understanding of the circumstances that bring families to the center.

   3.3.1. Practice: Develop a referral policy. Work with the court and other referral sources to develop a policy addressing the information that visitation centers need at the point of referral, including the specific reason for the referral, the court order to use the supervised visitation center or exchange program, current protection orders or other restrictions on activities, and custody and visitation arrangements such as whether supervised visitation or safe exchange is required.

   3.3.2. Practice: Perform a comprehensive orientation. Conduct a comprehensive orientation with each parent and each child prior to commencing services; gather information about the family's experiences related to domestic violence; determine whether there are safety or other concerns.

      3.3.3. Practice: Offer different levels or types of monitoring. Consider offering different levels or types of monitoring (e.g., one-on-one or group visits) as space allows, while still ensuring safety; select a level in consultation with the adult victim that meets the safety needs of that parent and the children, yet is the least intrusive as possible; depending on the specificity of the original referral or court order, transition families through various levels or types of monitoring as needed based upon periodic assessments.

      3.3.4. Practice: Offer support during transitions. Work with both the adult victim and the batterer prior to the family transitioning out of supervised visitation or exchange services by providing assistance such as connecting the adult victim with an advocate to develop a post-supervised visitation or exchange safety plan or offering the center as a continuing resource should either parent so desire or require.

3.4. Standard: Focus documentation practices on the reason the family has been ordered or referred to the visitation and exchange center.

      3.4.1. Practice: Develop documentation practices. When developing documentation policies and procedures, consider the implications of sharing information about a family with the court, community collaborative partners, the parents or their attorney, or other outside agencies.

      3.4.2. Practice: Document critical incidents. Document critical incidents, which may include rule violations or attempts to continue abuse, particularly instances in which action is taken by staff (such as ending a visit) or by an outside third party, such as law enforcement.

      3.4.3. Practice: Review files for adherence to policies. Regularly review files for adherence to and consistency with the visitation center's policies on confidentiality and documentation; provide ongoing training on confidentiality and documentation policies and philosophies to ensure all center staff have an understanding of and comply with them.

3.5. Standard: Determine if and what information will be reported to the court, balancing the expectations of the court with the need to keep child(ren) and adult victims safe, and taking into consideration what is required by state or federal law.

      3.5.1. Practice: Communicate reporting policies. Communicate visitation center reporting policies and procedures to court staff, including the philosophy behind the policy and the limitations of the information gathered by the center.

      3.5.2. Practice: Identify abusive behaviors. Include information related to abusive behaviors demonstrated during a visit or exchange in a report, keeping in mind the reason the family was ordered to supervised visitation.

      3.5.3. Practice: Refrain from making recommendations. Avoid including in reports to the court recommendations regarding a parent's parenting of the children or custody and visitation arrangements.

3.5.4. Practice: Provide context. Include in a report a statement of why the family was referred to the center so as to contextualize the information contained within the report.

3.5.5. Practice: Increase awareness of the limitations of information. Work with courts and other partners to increase awareness of the limitations of the information that can be provided by the visitation center.

4. Principle 4: Respectful and Fair Interaction

4.1. Standard: Seek to use a least-intrusive approach to services, consistent with safety, level of risk, and cultural needs.

4.1.1. Practice: Reduce the impact of monitoring. Train monitors to lessen the impact of their presence during the visit by engaging with the visiting parent and children only when necessary to redirect the visiting parent's conversation, when asked to do so by the visiting parent or children, or to provide supportive assistance to the parent and/or children.

4.1.2. Practice: Offer a range of service. Offer various levels and types of monitoring (e.g., one-on-one or group visits) and select a level in consultation with the adult victim that meets the safety needs of that parent and the children, yet is the least intrusive as possible.

4.2. Standard: Recognize and make an effort to honor the input of children.

4.2.1. Practice: Check-in with children. Give children the opportunity to express concerns or ask questions prior to commencement of services and on an on-going basis.

4.2.2. Practice: Support conversations. Support children's requests to initiate conversations with the visiting parent about what brought them to the visitation center only if center staff have the requisite training and expertise to guide a case-specific conversation and have ascertained with input of the adult victim that it is safe to allow conversations about the case.

4.2.3. Practice: Respect children's wishes. Refrain from forcing children to participate in a visit; explore with children, in a non-coercive manner, their reason(s) for not wanting to participate in a visit and offer them alternatives.

4.2.4. Practice: Inform children. Work with the custodial parent to inform the children, in an age-appropriate manner, why they are visiting at the center; let parents know what center staff have told the children.

4.2.5. Practice: Conduct an exit survey with children. Ask children, in age-appropriate terms, what they thought of the visitation or exchange experience and how the center could improve.

4.3. Standard: Strive to mitigate the artificial environment of visitation centers by inquiring about each individual's preferences, and make an effort to meet those preferences within the parameters of safety, resources, and the role of the center.

4.3.1. Practice: Seek to accommodate preferences. Ask visiting parents about the types of activities they would like to engage in with the children, and attempt to make those activities available during visitation if it is reasonable and safe to do so for child(ren) and adult victims.

4.3.2. Practice: Establish respectful interaction. Interact with courtesy and kindness during orientation.

4.3.3. Practice: Allow participation by extended family. Allow extended family members to participate in a visit, if the victim parent approves and if it is not prohibited under the court order.

4.4. Standard: Inform the parents and children about the role and parameters of the visitation center.

4.4.1. Practice: Inform parents and children. During orientation and as needed, inform parents and children of the:

- Expectations of the visitation center, including the rules and the consequences for not abiding by those rules;
- Policies and procedures of the visitation center;
- Safety features of the visitation center;
- Role of the visitation center, including its relationships with other agencies or systems with which the individuals may come into contact; and
- Steps taken to protect confidentiality and the limits of such confidentiality.

4.4.2. Practice: Prepare visiting parents. Discuss with visiting parents what their expectations are for the visit(s) and the visitation center's ability to meet those expectations; prepare visiting parents for the children's potential reaction to the visit.

4.5. Standard: Treat batterers with respect while recognizing that they have used violence; set parameters around their behavior to provide for the safety of child(ren) and adult victims.

4.5.1. Practice: Discuss expectations. During orientation, explain to parents that the rules are intended to promote positive relationships with their children, provide for the safety of everyone, and are not intended to be punitive.

5. Principle 5: Community Collaboration

5.1. Standard: Work proactively with the core partners—the court, domestic violence or sexual assault program(s), and governmental unit—to develop mechanisms for referrals to the visitation center, information sharing, and other procedures.

5.1.1. Practice: Develop referral procedures. With guidance from the core partners, develop policies and protocols regarding what types of cases should be referred to the visitation center, how the referral will occur, and what information will be shared between the center and other partners.

5.1.2. Practice: Develop an information-sharing policy. Develop a policy with guidance from the core partners regarding what, if any, information will be shared by the

visitation center to the referring agency, and a mechanism for sharing that information.

5.2. Standard: Work with core partners to develop a community collaborative, or join an existing community collaborative effort, which has as its goal to enhance the community's response to child(ren) and adult victims of domestic violence, with a focus on post-separation violence and supervised visitation and safe exchange.

    5.2.1. Practice: Identify community collaborative membership. In developing a community collaborative, work with core partners to identify agencies, institutions, community members, and culturally relevant community programs whose work includes a focus on ending domestic violence.

    5.2.2. Practice: Articulate role of community collaborative. Work with the core partners to articulate clearly the role of the community collaborative, seeking input from those who will participate in the collaborative effort.

    5.2.3. Practice: Work with existing response effort. If a coordinated community response to domestic violence already exists, work with core partners to determine how the core partners can be integrated into the existing community collaborative.

5.3. Standard: Work within the community collaborative to enhance the community response to post-separation violence through visitation and exchange services that are targeted to meet the safety and other needs of child(ren) and adult victims.

    5.3.1. Practice: Share expertise. Emphasize the importance of utilizing each community collaborative member's expertise and developing opportunities for cross-training in order to enhance the knowledge and skills of those who work with batterers and/or child(ren) and adult victims of domestic violence.

    5.3.2. Practice: Obtain feedback. Develop mechanisms with core partners and the community collaborative to obtain feedback from community groups and from individuals who use the visitation center regarding the quality of services provided; such mechanisms could include focus groups and surveys.

    5.3.3. Practice: Refer to culturally relevant resources. Work with the community collaborative to provide or refer families to culturally relevant community resources or services.

5.4. Standard: Work with the community collaborative to address systemic problems and harmful or ineffective practices that have been identified by the visitation center and the individuals who use its services, domestic violence practitioners, and others— particularly those issues related to post-separation violence.

    5.4.1. Practice: Identify issues. Work with the community collaborative to develop mechanisms to identify systemic problems or gaps in services routinely, such as conducting focus groups with child(ren) and adult victims, batterers, domestic violence practitioners, and center staff.

    5.4.2. Practice: Develop solutions. Encourage the community collaborative to coordinate an inter-agency meeting to develop creative solutions to address issues

related to the systemic problems or the harmful or ineffective practices that have
been identified.

    5.4.3.   Practice: Provide resources. Work with the community collaborative to provide or
seek out resources to fill gaps in services and address systemic problems.

5.5. Standard: Seek to integrate the principles of the Supervised Visitation Program into the
coordinated community response to families who use the visitation center.

    5.5.1.   Practice: Review history of the grant program. Provide a collaborative-wide
training with the core partners on the need for and history of the Supervised
Visitation Program.

    5.5.2.   Practice: Develop mission/vision statements. Develop a mission and a vision
statement for the community collaborative that are in line with the Guiding
Principles of the Supervised Visitation Program.

    5.5.3.   Practice: Develop a sustainability plan. With core partners, develop a plan for
sustainability and encourage the community collaborative to support the plan.

6.   Principle 6: Advocacy for Child(ren) and Adult Victims

6.1. Standard: Provide meaningful access to community resources to help meet each family
member's individual needs, which may include legal, administrative, or service-oriented
resources to end or reduce post-separation violence and to meet their other needs.

    6.1.1.   Practice: Develop relationships with community organizations. In order to make
meaningful referrals, develop relationships with other programs offering relevant
resources in the community in order to acquire an in-depth understanding of the
program, including its mission, philosophy, and services.

    6.1.2.   Practice: Develop an understanding of each parent's and each child's needs.
Strive to understand each parent's and each child's specific safety and other needs,
which can be identified during orientation and periodic safety check-ins, before
making referrals.

    6.1.3.   Practice: Identify referral sources. Identify appropriate referral sources to
programs that prioritize the safety of child(ren) and adult victims.

    6.1.4.   Practice: Explain available resources. Explain to individuals how specific
community resources or services can assist them in dealing with issues identified
during orientation or through periodic safety check-ins.

    6.1.5.   Practice: Provide meaningful referrals. Work with adult victims to provide
meaningful referrals to advocates, such as allowing adult victims to call an advocate
from the center, or calling on their behalf, if requested.

6.2. Standard: Work with domestic violence and other advocacy organizations to ensure the
visitation center is adequately addressing the safety and well-being of child(ren) and
adult victims.

    6.2.1.   Practice: Develop a policy on information sharing. Develop a clear and
consistently applied policy regarding sharing confidential, identifying information

with the domestic violence agency regarding individuals who use the visitation center.

6.2.2. Practice: Facilitate meaningful access. Develop policies and protocols with the domestic violence agency to facilitate meaningful access to community resources for child(ren) and adult victims.

6.2.3. Practice: Provide cross-training. Together with the domestic violence agency, develop a cross-training program to educate the staff of both the visitation center and the agency about domestic violence, the dynamics of the post-separation period, supervised visitation and exchange, how to work effectively with child(ren) and adult victims from diverse backgrounds, and the services provided by each.

6.2.4. Practice: Consult with domestic violence agencies. Consult with the domestic violence agency in developing and implementing visitation center polices and procedures to ensure safety and other needs of child(ren) and adult victims are met.

6.3. Standard: Define clearly the role of the visitation center with regard to its advocacy efforts, particularly in relation to existing domestic violence advocacy programs and services in the community.

6.3.1. Practice: Define scope. Define the visitation center's scope regarding advocacy.

6.3.2. Practice: Articulate the visitation center's limitations on advocacy. Inform individuals and other programs as to which services are outside the scope of visitation and exchange services.

6.4. Standard: Encourage the community collaborative to support the development and implementation of quality post-separation advocacy services in the community where none exist.

6.4.1. Practice: Identify gaps. Seek input from adult victims, advocates, visitation providers, and representatives from other relevant organizations to develop an understanding of the gaps in services for child(ren) and adult victims who have left their batterers.

6.4.2. Practice: Provide cross-training and outreach. Encourage the community collaborative to make resources available through cross-training and outreach to victim advocacy services. Such efforts can help enhance the visitation center's knowledge of traditional victim advocacy issues, while domestic violence agencies can obtain insights into unique issues that arise in the area of post-separation services. In this way, the skills and capacity of professionals in both systems can be improved.