



NEW HAMPSHIRE SUPERVISED VISITATION STANDARDS FOR BEST PRACTICE

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**Prepared by the
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New Hampshire Family Visitation and Access Cooperative

MISSION AND PURPOSE STATEMENTS

MISSION STATEMENT: The New Hampshire Family Visitation and Access Cooperative (NHFVAC) is a statewide organization of Visitation Centers that works in a coordinated effort to enhance services to victims of family violence, stalking, child abduction, and child abuse and neglect in New Hampshire.

PURPOSE STATEMENT: The NHFVAC's purpose is to increase awareness of supervised visitation as an option in family violence cases as well as to provide education to the community about the importance of supervised visitation and exchange services. The NHFVAC is committed to developing and adhering to best practice standards regarding child access services.

1.0 INTRODUCTION

- 1.1 Background
- 1.2 Purposes of Providing Supervised Visitation
- 1.3 Priorities in Providing Services
- 1.4 Purpose of the Standards
- 1.5 Philosophy of the Standards
- 1.6 Scope of the Standards
- 1.7 Applicability of the Standards

1.1 Background

The NHFVAC was established as a statewide organization of supervised Visitation Centers in 2000. The NHFVAC adheres to the Safe Havens: Supervised Visitation and Safe Exchange Grant Program's Guiding Principles (Guiding Principles) and the Supervised Visitation Network's (SVN) National Standards for Visitation Centers. The New Hampshire Supervised Visitation Standards for Best Practice have been developed to be in keeping with these documents. All participating Centers shall adhere to the state standards and non-compliance will result in termination.

NHFVAC member Centers provide an environment that promotes healthy interaction between the visiting parent and children, which prevents the victimization of any person. Each Center has established a highly structured program that demands appropriate behavior by all individuals while taking into account each family's unique safety needs. All participants have been made aware that there will be an immediate response and intervention for any violation.

1.2 Purposes of Providing Supervised Visitation

1. To reasonably assure the safety of all family members, with a special focus on the adult victim and their children, while using supervised visitation and access services.
2. To provide the safest, most secure, and structured setting possible for children to visit with their non-residential parents so that a relationship can be maintained.
3. When appropriate, to provide written information to the court or referring agency, regarding the supervised contact. Visitation Centers do not make recommendations regarding future contact between family members, nor do Visitation Centers assess parenting ability.

1.3 Priorities in Providing Services

In every case, providers of supervised visitation and exchange services shall make the following priorities in providing services:

1. Safety of all adult victims, their children, and program staff, shall be a precondition for providing services.
2. Given safety, the adult victim and the child's best interests shall be the first priority in any decision made about how or whether services are provided.
3. In order to maintain a safe environment, all individuals shall be held accountable for his or her actions. Providers shall maintain safety by not tolerating abusive behavior.

1.4 Purpose of the Standards

This document establishes minimum best practice standards for professional supervised visitation and exchange services. These standards are also intended to serve as a resource to courts, educators, funding sources, and others interested in the field of supervised visitation.

1.5 Philosophy of the Standards

The general philosophy of the standards is:

1. Quality and flexibility of service

These standards are intended to be applicable to all NHFVAC member centers and to ensure implementation of the purposes and priorities.

2. **Safety and well-being**

The underlying premise of these standards is that the safety of all participants is a precondition of providing services.

3. **Evolving standards**

The standards will be revised and updated periodically to reflect the evolving practice of supervised visitation services.

4. **Safe Havens: Supervised Visitation and Safe Exchange Grant Program Guiding Principles**

- A. **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.
- B. **Valuing Multiculturalism and Diversity**
Visitation centers should be responsive to the background, circumstances, and cultures of their community and the families they serve.
- C. **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.
- D. **Respectful and Fair Interaction**
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.
- E. **Community Collaboration**
Visitation centers should seek to operate within a community collaborative which has as its goal to centralize safety of child(ren) and adult victims and hold batterers accountable. The community collaborative will strive (1) to ensure a holistic response to each family member's needs; (2) to stop continued abuse of child(ren) and adult victims; and (3) to eliminate the social conditions that cause intimate partner violence.
- F. **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.

1.6 **Scope of the Standards**

The New Hampshire Family Visitation and Access Cooperative Standards for Best Practice address the following issues:

- The safe exchange of children for visitation purposes, and on-site visits, both fully-supervised and semi-supervised;
- Specific procedures for screening and orientation;
- Guidelines regarding fees for service;
- Specific staffing requirements, including, but not limited to, staff and volunteer qualifications and training;
- Security/safety procedures;
- Confidentiality;
- Specific site requirements;
- Types of services should be regulated by the standards;
- Procedures for record keeping and service documentation, and
- Any other issues the New Hampshire Family Visitation and Access Cooperative determines appropriate.

1.7 Applicability of the Standards

The standards apply to NHFVAC member centers. Membership in the NHFVAC explicitly implies agreement to follow the standards to the extent that they do not conflict with applicable law.

2.0 TERMINOLOGY

The terms below are defined as they are used in this document.

Accountability: refers to the obligation to acknowledge one's actions, take responsibility for them, and recognize that they have consequences.

Adult: refers to any person 18 years of age or older.

Adult Victim: refers to an adult who suffers direct or threatened physical, emotional or psychological harm as a result of the actions of another.

Advisory Board/Council: refers to a specific body that guides a Visitation Center in the delivery of its services. This should include representatives of the local domestic violence program, batterer intervention services, the court, law enforcement, and DCYF, as well as other community members, as appropriate.

Authorized Participant: refers to a person who is permitted to participate in visitation and access services. Can also be referred to as a "client".

Batterer: refers to a person who uses an ongoing pattern of intimidation, coercion, threats, and/or other violence to establish and maintain control over another.

Batterers' Intervention Program (BIP): refers to an educational program that works with batterers to help them identify and take responsibility for their abusive behaviors and the effects of their abuse on their intimate partners and children.

Child: refers to an individual between the ages of birth and eighteen years of age.

Child Abuse and Neglect: refers to a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs, and/or neglect as defined by NH statute (RSA: 169-C).

Child Protection Services: refers to the state agency that investigates reports of alleged child abuse and neglect as defined by NH statute (RSA: 169-C).

Client: refers to a child, parent, and authorized person to whom services are rendered. See also child, residential parent, and non-residential parent in this list of definitions.

Confidentiality: refers to maintaining all records in a secure location and not releasing those records unless required by a court order, appropriate written releases of both parties, or at the request of the Guardian ad Litem. Releases are consistent with agency's policies and protocols.

Conflict of Interest: refers to a personal or professional relationship with a potential client which may interfere with neutrality of services.

Domestic Violence: refers to a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. It can be physical, sexual, emotional, economic, or physical actions, or threats of actions, that influence another person.

Evaluation: refers to the systemic determination of merit, worth, quality, ability, and significance of something or someone using criteria against a set of standards. *An NHFVAC member center must not perform evaluations concerning the quality of a visit or of parenting skills, future visitation arrangements, or child residential determinations.*

Family Violence: refers to many different forms of abuse, mistreatment or neglect that adults or children may experience in their intimate, kinship or dependent relationships.

Fully-supervised Visitation: refers to a non-residential parent/child contact at a professional Visitation Center. This contact shall be supervised by at least one Visitation Supervisor who must be present and focused, while overseeing and objectively documenting the contact.

Group Supervision: refers to the supervision of parent/child contact in which more than one family is supervised by one or more visitation supervisors. *The NHFVAC does not support group supervision visitation.*

Guardian ad Litem/Court Appointed Special Advocate (CASA): refers to a person appointed by the court to represent a child's best interests in any court proceeding,

including, but not limited to divorce, legal separation, paternity, parental rights, child protection and protection from abuse.

Incident: refers to an occurrence involving a client that threatens an individual's physical or emotional safety, results in injury, or that requires intervention by Visitation Center staff or a third party.

Incident Report: refers to the document which may be prepared as a result of an incident, as described above, that is disseminated to the referring agent and all parties.

Intern: refers to a person who is enrolled in an accredited two or four year college, or university, and is participating in a practicum/internship program under the supervision of a college instructor/administrator. An intern is directly supervised by a staff member who is responsible for that intern's work.

Monitored Telephone Contact: refers to a telephone call, which occurs between a child and a non-residential parent that is supervised by a third party.

NHFVAC Member Centers: refers to a Visitation Center that adheres to the requirements of the NHFVAC membership agreement. Also referred to as "provider" or "Visitation Center".

New Hampshire Family Visitation and Access Cooperative (NHFVAC): refers to the statewide organization of member Visitation Centers that work collaboratively to provide visitation and access services to families who have experienced family violence, stalking, child abduction, mental illness, and substance abuse.

Neutrality: refers to providing service without bias/partiality towards either parent/guardian. Also referred to as respectful and fair interaction.

Non-residential Parent: refers to a parent or other adult who has supervised contact with a child. This person may also be referred to as a "visiting" and/or a "noncustodial" parent.

Observation Notes: refers to objective documentation prepared by a Visitation Supervisor during visitation and access services.

Offender/Perpetrator: refers to one who is responsible for or commits a crime.

Off-site Supervision: refers to supervision of parent/child contact that occurs away from a professional Visitation Center. *The NHFVAC discourages off-site supervision.*

On-site Supervision: refers to supervision of non-residential parent/child contact that occurs at a professional Visitation Center.

Orientation: refers to the initial meeting each Visitation Center client undergoes, intended to obtain the information about the case. An orientation is also intended to provide the client with an understanding of the agency, its mission, and services, as well as to provide a comprehensive guide to its policies, procedures, and expectations.

Parent/Child Contact: refers to the interaction between a parent or other authorized person and one or more children. Contact can be face-to-face, by mail, e-mail, telephone, video conference, or other means of communication.

Participant: refers to a client, authorized person, provider, agency staff, or other on-site person involved in receiving or providing services.

Provider: refers to an NHFVAC member center and/or a trained employee, volunteer, or intern of an NHFVAC member center.

Recommendation: refers to the drawing of conclusions and statement of a professional opinion concerning future visitation arrangements and/or child custody determination. *An NHFVAC member center must not make recommendations or state opinions about future visitation arrangement and/or child residential determinations.*

Residential Parent: refers to a biological parent, adoptive parent, foster parent, or guardian that has temporary or permanent physical custody of a child. A residential parent is sometimes referred to as a “custodial” parent.

Safety: refers to protection from danger or risk of physical, psychological, or emotional injury.

Safety Evaluation: refers to the review and analysis of historical information, along with observation of behavior, for the purpose of deciding whether there is a match between the probability that a client will exhibit dangerous behavior and the capacity of a provider to manage that behavior.

Security: refers to measures put in place to effect safety.

Semi-supervised Visitation: refers to visits that occur on site at a professional Visitation Center and are closely monitored by center staff, but not observed 100% of the time.

Staff: refers to a trained employee, volunteer, or intern of a professional Visitation Center.

Supervised Exchange: refers to the transfer of children from one parent to the other at a professional Visitation Center, facilitated by a Visitation Supervisor.

Supervised Visitation: refers to the generic term used to describe non-residential parent/child contact overseen by a third party. Professional Visitation Centers interpret

supervised visitation to imply fully-supervised visitation. Although family members and other agencies can oversee visits, the NHFVAC believes the highest level of safety, objective documentation, and safe contact with parties should be used when providing supervised visitation, especially in any case where family violence may be a factor.

Termination of Services: refers to the discontinuation of visitation or supervised exchange services to a client, resulting from a violation of the court order and/or Center policy and procedures.

Therapeutic Supervised Visitation: refers to supervised visitation conducted by a licensed or certified mental health professional who is trained to provide supervised visitation in accordance with the Supervised Visitation Network and Visitation Center standards and policies, while interacting with the parent and child to address therapy related issues. *The NHFVAC discourages therapeutic supervised visitation in family violence cases.*

Victim: refers to a person who has been abused or neglected.

Visitation Agreement: refers to a written contract between the Visitation Center and an individual who participates in services at the Center that outlines the conditions by which services will be provided.

Visitation Center: refers to a professional organization that operates in accordance with the NHFVAC membership agreement. Also referred to as “NHFVAC Member Center” or “provider”.

Visitation Supervisor: refers to a professional employee of a Visitation Center who observes and oversees nonresidential-child contact during visits and exchanges. Also referred to as Visitation Monitor.

Volunteer: refers to a person who performs work under direct staff supervision, without pay, for a supervised visitation or exchange program after completing specific training. Volunteer positions may supplement, but not replace, paid staff positions.

3.0 PROGRAM OPERATIONS

- 3.1 Purpose
- 3.2 Resources and Functions
- 3.3 Program Policies and Procedures
- 3.4 Scope of Services
- 3.5 Premises
- 3.6 Accessibility
- 3.7 Insurance

3.1 Purpose

This section is intended to set forth basic operating requirements for providers.

3.2 Resources and Functions

A provider should offer only those services and serve only the number of clients, for whom they have adequate financial and personnel resources.

3.3 Program Policies and Procedures

Providers must have written rules and policies governing the delivery of services that take into account each family's unique safety needs.

3.4 Scope of Services

Providers must have at a minimum, the following services:

Fully Supervised Visits

Fully supervised visits are most appropriate when there are concerns about the adult victim's safety and/or concerns about the child's safety. Fully supervised visits at a professional Visitation Center are observed at all times by a trained staff member who remains in the room with the family and has complete visual and auditory contact with the child during 100% of the interaction. The staff member objectively documents the parent/child interaction. Participants are not allowed to write notes, whisper, or speak a foreign language without an interpreter present. Fully supervised visits occur within a Center setting and no part of the visit is unmonitored. This includes close observation in the bathroom if a child requires parental assistance. The referring agent, or clients in the event of a self-referral, must determine if a visit is to be fully supervised. A Visitation Center staff member will intervene whenever there is a concern of safety with regard to the child or to the adult victim. When necessary, the Visitation Center staff member assumes the responsibility to end a visit when a parent cannot be redirected and the visit cannot successfully be resumed.

Semi-Supervised Visits

Semi-supervised visits are most appropriate when there are concerns of abduction, abuse and neglect, or substance abuse. Semi-supervised visits at a professional Visitation Center occur within a Center setting, but are only partially overseen by a trained staff member, who objectively documents the parent/child interaction that they observe. The Visitation Supervisor observes the initial and final interactions between the parent and child, but then only observes the visit every 10 to 15 minutes for a time period long enough to be able to document what is occurring during that parent/child interaction. The Visitation Supervisor does not hear all verbal communication during the contact. If a child requires parental assistance in the bathroom, the Visitation Supervisor will provide close observation. Semi-supervised visits must have a ratio of one staff member to one visit at a time. The referring agent, or clients in the event of a self-referral, must determine if a visit is to be semi-supervised. A Visitation Center staff will intervene when there is a concern of safety with regard to the child or to the adult victim, however,

there is much more limited observation of the parent/child interaction than with a fully supervised visit. When necessary, the Visitation Center staff member assumes the responsibility to end a visit when a parent cannot be redirected and the visit cannot successfully be resumed.

Supervised Exchanges

Supervised exchanges are most appropriate when there are concerns for the safety of the adult victim and child exposure to conflict or domestic violence, or substance abuse. Supervised exchanges at a professional Visitation Center occur within a Center setting, and are facilitated by a trained staff member, who objectively documents the brief parent/child interaction during the transfer of the child only. Parents' arrival and departure times are staggered, and they have no contact with each other while participating in services. A Visitation Center staff will intervene when there is a concern of safety with regard to the adult victim or child, to include suspected substance use by either parent.

Therapeutic Supervised Visitation

Therapeutic supervised visitation can not occur within a Visitation Center.

Since therapy often involves emotionally charged dialogue, it often deviates from the mission of supervised visitation which is to "ensure that children are safe from domestic violence, abuse and neglect, while having contact with the parent with whom they do not reside." For this reason, the NHFVAC prohibits therapeutic supervised visitation in family violence cases.

Off-Site Supervised Visitation

Off-site supervised visitation cannot be facilitated by a Visitation Center.

3.5 Premises

The physical layout of the premises must be designed to protect the safety and security of participants.

3.6 Accessibility

A provider must have policies and procedures about accessibility to their supervised visitation services in terms of geographic location, transportation, hours of operation, American Disabilities Act and its equivalent legislation in the jurisdiction. A provider should also be responsive to the background, circumstances, and cultures of their community and the families they serve.

3.7 Insurance

A provider must obtain and maintain insurance coverage that is appropriate to their business operations and the nature of the work and services provided.

4.0 ETHICAL CONSIDERATIONS FOR NHFVAC MEMBER CENTERS

- 4.1 Purpose
- 4.2 Providers
- 4.3 Role of the Provider
- 4.4 Neutrality
- 4.5 Conflict of Interest
- 4.6 Program Services

4.1 Purpose

This section is intended to define provider/NHFVAC member Center and to outline basic ethical considerations.

4.2 Providers

Professional supervised visitation services are to be provided by Visitation Centers who follow these Standards for Best Practice, and are NHFVAC members in good standing.

4.3 Role of the Provider

1. Providers must offer supervised visitation services that are consistent with the training requirement set forth in section 12 of this document, and within the capacity of their staff and program.
2. Providers must know and understand the scope of their services, the limitations of their role, and explain their role(s) to both clients and users of their service.
3. Providers must demonstrate a comprehensive understanding of the nature, dynamics, and impact of domestic and family violence and incorporate that understanding into their services.

4.4 Neutrality

Neutrality refers to providing service without bias/partiality towards either parent/guardian. Neutrality is intended to convey respect for the potential importance of each parent/guardian to his or her child. Maintaining neutrality does not mean accepting or condoning abusive, intimidating or demeaning behavior towards the adult victim, visiting child, any participants, or staff. Neutrality is never applied to concerns of safety. Visitation Centers always keep safety a priority in the delivery of services.

4.5 Conflict of Interest

1. When supervised visitation services are provided by an umbrella agency whose primary function is not supervised visitation, the agency:
 - a. must have a policy regarding inter-program confidentiality; and
 - b. must ensure that staff /program roles are clearly defined within individual programs. No cross-programming.
2. Provider conflict of interest

A provider has an obligation to be alert to take reasonable steps to resolve potential conflicts of interest. A provider must not engage in social or business relationships with clients. In instances where dual/multiple relationships are unavoidable, the provider is responsible for setting clear and culturally sensitive boundaries with clients.

3. Personal conflict of interest

An individual staff member has an obligation to inform their employer about any personal or professional conflict of interest that they may have with a potential client or family. The employer must then determine if the potential conflict impacts the provider's ability to objectively provide a service to the family or if other appropriate accommodations can be made to unbiasedly serve the family.

4.6 Program Services

All providers must:

1. At a minimum, offer the following three services during hours that are accessible for most families, which must include nights and weekends: fully-supervised visitation, semi-supervised visitation, and supervised exchanges;
2. Ensure that all staff providing direct services are trained in accordance with the training requirements contained in section 12 of this document;
3. Provide parents with an orientation packet which outlines all services that are provided, the policies that must be followed in order for services to be provided safely; and information regarding their individual grievance process;

4. Carefully assess initial and ongoing safety of children and adult victims and decline services to families when they can not reasonably assure safety of all participants and staff.

5.0 ADMINISTRATIVE RESPONSIBILITIES

- 5.1 Purpose
- 5.2 Financial Management
- 5.3 Personnel Policies
- 5.4 Client Records
- 5.5 Internal Case Review

5.1 Purpose

This section is intended to define the parameters for maintaining financial records, personnel policies, and client records.

5.2 Financial Management

A provider must maintain financial records and follow generally accepted accounting principles. Financial records must be retained for the period required by local law.

5.3 Personnel Policies

A provider with employees or volunteers must have written personnel policies and maintain personnel records.

5.4 Client Records

A provider must keep client records in accordance with section 7.0 of this document and in accordance with those of their umbrella agency (if any). The collection and reporting of data based on client records must not compromise client confidentiality.

5.5 Internal Case Review

A provider must conduct an internal case review which consists of randomly selecting 10% of current client files to review at a minimum of three times per year. The purpose of the examination of files is to ensure that the best practice standards as stated in this document are being adhered to with regard to any and all required policies.

6.0 EVALUATIONS AND RECOMMENDATIONS

- 6.1 Purpose
- 6.2 General Policy

6.1 Purpose

This section defines the limits for providing an assessment, evaluation, and/or recommendations concerning the treatment, future visitation arrangements, and/or child custody determinations.

6.2 General Policy

A provider must not perform any formal evaluations or assessments, and is prohibited from making recommendations or state opinions about future visitation arrangements and/or child residential determinations. This policy does not prohibit a provider from providing factual information based on observations of clients which may be used by others who are conducting an evaluation and/or assessment.

7.0 RECORDS

- 7.1 Purpose
- 7.2 Client Files
- 7.3 Records of Parent/Child Contact
- 7.4 Protection of Client Information

7.1 Purpose

This section sets forth the requirements of maintaining client files, case records, guidelines for release, disclosure of client information, and types of provider reports to the court and/or referral source.

7.2 Client Files

1. A provider is responsible for maintaining, storing, and destroying records in a manner consistent with applicable New Hampshire statutes and regulations in accordance with any overseeing agency.
2. A file must be created for each parent/guardian, and kept according to standards of confidentiality under section 21.0 of this document. Each client file must, at a minimum, include:
 - a. names of each parent and child;
 - b. dates of birth;
 - c. addresses (physical or mailing);
 - d. telephone numbers;
 - e. emergency contacts and telephone numbers;
 - f. motor vehicle information;
 - g. orientation dates;
 - h. sources of referral;
 - i. reasons for referral;
 - j. signed visitation agreements;

- k. if applicable, other persons authorized to visit or provide transportation and the information collected from them at their required orientation;
- l. relevant court orders or signed agreement between the parties;
- m. consents for release of information, which may include criminal record checks;
- n. Risk Factor Checklists;
- o. written communications between the Center and the parties and/or children;
- p. copies of photo identification cards, and;
- q. clear, facial pictures of clients.

7.3 Records of Parent/Child Contact

A provider must maintain a record of each parent/child contact. The record must be factual and should, at a minimum, include:

- 1. residential parent name;
- 2. non-residential parent name;
- 3. child name;
- 4. name of person who transported the child to the Center;
- 5. identifying information concerning who supervised the parent/child contact;
- 6. date, arrival and departure times of clients, scheduled time, and duration of parent/child contact;
- 7. names of any additional persons participating in the parent/child contact and the duration of time that they participated;
- 8. visit narrative including interactions and activities;
- 9. an account of any interventions, which took place during that parent/child contact to include, early termination of service; and
- 10. all items brought by the non-residential parent and the child during the parent/child contact.

Observation reports shall *not* include any evaluative or subjective comments by Visitation Supervisors.

The Program Coordinator must read and sign all completed observation reports.

7.4 Protection of Client Information

- 1. A provider must set forth in writing, implement, and maintain policies and procedures regarding the release of case information. Case files must not be released except as provided by law, court order, or consent of the parents.
- 2. Observation notes are released by court order, to the Guardian ad Litem, or by mutual written release of the parent/guardians, in accordance with Center policies.

3. The provider must not disclose any identifying or other confidential client information, except as required by law or court order.

8.0 SAFETY AND SECURITY

- 8.1 Purpose
- 8.2 General Policy for Safety
- 8.3 Declining Unsafe Cases
- 8.4 Participant Relationship
- 8.5 General Policy for Security
- 8.6 Case Screening
- 8.7 Staff to Participant Ratio
- 8.8 Incidents

8.1 Purpose

This section sets forth general safety and security requirements for providers of supervised visitation.

8.2 General Policy for Safety

1. Providers must have written security procedures designed to protect all participants. Security procedures shall be applied for all clients, staff, and volunteers.
2. A provider must always take into consideration the safety of the adult victim, children, and staff when assessing the security of all participants.
3. Providers shall be responsible for taking reasonable precautions and implementing the security measures outlined in these standards, but a provider cannot *guarantee* safety; adult participants are expected to follow all policies, procedures, and court orders and to remain responsible and accountable for their own actions.

8.3 Declining Unsafe Cases

A provider must decline to accept any case when the provider cannot reasonably assure the safety of the adult victim and children, as well as all other participants and staff involved. Providers must notify the referring agent and parties to a case after declining services in this situation.

Additionally, if services have already commenced, providers must assess safety and the level of risk presented by a client on an ongoing basis. Providers must take action by implementing additional safety precautions or terminate services if the risk level escalates to exceed the provider's ability to continue to reasonably assure safety.

8.4 Participant Relationship

The physical safety measures described in this section are not a substitute for maintaining a relationship with each participant that will help reduce potential risks of harm. This means treating each participant with respect and fairness, while taking into account the abuse that has occurred within the family. It also means that providers must make every effort to conduct ongoing check-ins with custodial parents to determine if events are occurring that may increase the risk level for a particular visit.

8.5 General Policy for Security

A provider must make reasonable efforts to ensure that security measures are provided. Providers must have written policies and procedures that include, but are not limited to the following minimum security measures:

1. Separate parking areas, building entrances, and waiting areas for residential and non-residential parents. When not possible, providers should have a written policy in place to assure safety of all participants;
2. Staggered arrival and departure times;
3. The presence of security personnel when necessary;
4. The use of metal detectors at a minimum for the non-residential parent entrance, and at both entrances when possible;
5. Community collaboration with local law enforcement to facilitate a rapid response, and a written protocol with the police that describes what assistance and response will occur;
6. Protocols for emergency situations, dangerous behavior, potential abduction, medical emergency, bomb threat, or fire;
7. The facility is in compliance with all state and local fire, building, and health codes.

8.6 Case Screening

A provider's safety policies and security measures are not a substitute for screening for potential risks of harm. Providers shall use the Risk Factor Checklist form approved by the NHFVAC. See Appendix A.

A provider must seek input from the adult victim during orientation regarding any reasonable accommodations that could be made to make the adult victim and children feel safer while using visitation services.

Additionally, case screening must occur on an ongoing basis by conducting regular client check-ins and case management with other service providers. Risk levels change over time and providers must make every effort to stay apprised of the unique changing needs of families during the course of service provision.

8.7 Staff to Participant Ratio

A provider shall have a minimum of one supervisor per family for all fully and semi-supervised visits.

8.8 Incidents

A provider must have written policies and procedures regarding incidents including recording, reporting, and actions taken to resolve the incident.

If any incident occurs in which the safety of the adult victim and/or children is compromised, the provider shall inform the appropriate individuals and agencies within the community collaborative. The provider shall also help link the adult victim to services in situations of crisis.

9.0 PROVIDER'S RESPONSIBILITY FOR THE CHILD

- 9.1 Purpose
- 9.2 General Policy
- 9.3 Parental Responsibility
- 9.4 Provider Responsibility

9.1 Purpose

This section is intended to clarify the boundaries between parent responsibility and provider responsibility for children during the provision of service.

9.2 General Policy

A provider must have clearly defined policies and procedures for parental and provider responsibilities.

9.3 Parental Responsibility

1. Parents will be responsible and held accountable for their own behavior during supervised visitation. This includes following the program policies and procedures, the court order, and the signed visitation agreement.
2. Parents are responsible for the care of their child, the child's behavior, and the child's belongings during supervised visitation services.

3. If a child has a medical condition that requires any kind of emergency equipment (i.e. an Epi-pen, rescue inhaler, etc.), a provider must have a policy in place to address which parent is responsible for providing the equipment for each visit/exchange, and any documentation that would be required regarding the use of the equipment.

9.4 Provider Responsibility

1. On-site supervised visitation services must be provided in a safe, secure building. Visitation rooms must be equipped with age-appropriate playthings and must provide access to bathroom facilities. Toys should be clean, unbroken, and safe to use. Toys of a violent nature should be prohibited.
2. The Visitation Supervisor must not leave children unattended with their non-residential parent nor lose focus on the parent during any fully-supervised visit.
3. Providers must have written policies and procedures for parent/child contact. See section 3.4.
4. Providers are responsible for the care and protection of children during the transition of children from one parent to the other.

10.0 FEES

10.1 Purpose

10.2 General Policy

10.3 Allocation of Fees

10.1 Purpose

This section sets forth the duties and obligations of providers regarding program fees and the collection of fees.

10.2 General Policy

1. All providers must establish written policies and procedures regarding fees for services including the amount and collections of fees, and the consequences for failure to pay.
2. The provider's policies regarding fees must be discussed with each parent prior to the beginning of service.

10.3 Allocation of Fees

When there is no court order, or decision by the referring agency/source, or the parent's do not agree with the provider's policy regarding allocation of fees, the provider could deny service until a fee agreement is put in place.

11.0 STAFF

11.1 Purpose

11.2 General Qualifications for All Providers

11.3 Staff Orientation and Supervision

11.1 Purpose

This section sets forth the general requirements and qualifications for providers.

11.2 General Qualifications for All Providers

All staff, both paid and unpaid, must meet the following minimal qualifications:

1. Not have any conflict of interest as outline in section 4.5;
2. Not have any conviction of child molestation, child abuse, or other crimes related to children;
3. Not have any conviction of a violent crime and/or have been on probation or parole;
4. Not have any civil or criminal restraining order issued against him or her within the last 5 years;
5. Not have any current or past court order in which the provider is the person being supervised;
6. Be at least 18 years of age;
7. Be in compliance with local health requirements for direct contact with children; and
8. Be adequately trained to provide the supervised visitation services offered by the provider (see section 12 in this document).

11.3 Staff Orientation and Supervision

Providers must orientate new staff to the Visitation Center's policies and procedures, during which the staff must sign a statement of confidentiality. Staff must also be provided with a copy of the New Hampshire Family Visitation and Access Cooperative's Standards for Best Practice, and the Safe Havens: Supervised Visitation and Safe Exchange Grant Program's Guiding Principles, which they must become familiar with.

Providers must have policies regarding the supervision of staff, and the evaluation process which must occur regularly.

12.0 TRAINING AND EDUCATION

- 12.1 Purpose
- 12.2 General Training Principles
- 12.3 Training for Visitation and Exchange Supervisors
- 12.4 Training for Provider Management
- 12.5 Training for Supportive Supervision

12.1 Purpose

This section sets forth the minimum training requirements for Visitation Center staff.

12.2 General Training Principles

All new employees working directly with clients must complete the following training prior to independently supervising visits or exchanges. The Program Coordinator must determine the readiness of each new employee and adjust the training needs as necessary.

1. Direct observation of parent/child contact performed by a trained Visitation Supervisor (shadowing);
2. Direct observation by a trained Visitation Supervisor while the trainee independently supervises the visit (reverse shadowing).

12.3 Training for Visitation and Exchange Supervisors

Training must be completed by any person who provides direct visitation or exchange services covering at least the topics listed below within 12 months of employment. Any person who has not completed the required training may provide direct service only under the supervision of a person who has completed the required training.

1. The Guiding Principles of Safe Havens: Supervised Visitation and Safe Exchange Grant Program, the SVN Standards and Code of Ethics;
2. Provider policies and procedures;
3. Safety for all participants;
4. The history of violence against women;
5. Myths that perpetuate victim-blaming;
6. Why battered women remain with abusive partners;
7. The forms of domestic violence;
8. The effects of domestic violence on women and children;
9. Causes of battering;
10. Services available to the public concerning domestic violence;
11. The overlap between domestic violence and child abuse;
12. Risk Factor Checklist and ongoing risk management;

13. Mandatory child abuse reporting;
14. Child abuse and neglect, including child sexual abuse;
15. Basic stages of child development;
16. Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality;
17. Effects of separation and divorce on children and families;
18. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
19. Cultural sensitivity and diversity;
20. Family violence, including domestic violence and the effects of domestic violence on children;
21. Substance abuse;
22. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
23. Parent introduction/re-introduction;
24. Parenting skills;
25. Assertiveness training and conflict resolution;
26. How and when to intervene during visits or exchanges to maintain the safety of all participants;
27. Observation of parent/child interactions;
28. Preparation of factual observation notes and reports;
29. Relevant laws regarding child custody and visitation and child protection;
30. Batterer Intervention Programs;
31. HIV and communicable disease awareness.

Training should be provided in collaboration with domestic violence programs, Child Protection Services, Batterer Intervention Programs, child specialists, legal services programs, and experts in child trauma related to violence.

12.4 Training for Provider Management

Any individual provider or any person who is responsible for management of a program, in addition to the requirements of sections 12.3, must complete additional training covering at least the following topics:

1. Receiving referrals;
2. Conducting intake and orientation, including preparing children;
3. Record keeping and confidentiality;
4. Establishing a visitation contract with clients;
5. Setting fees;
6. Setting conditions (rules) for receiving services;
7. Setting up the physical space or location for safe visits/exchanges;
8. Collaborating with the court, child protective agencies, and other referring sources;
9. Referring clients to other services;

10. Training and supervising staff, including volunteers and interns;
11. Reporting to the court or other referring sources;
12. Testifying in court;
13. Suspending and/or terminating services; and
14. Managing and ongoing review of cases.

12.5 Training for Supportive Supervision

In addition to the above, a Visitation Supervisor providing supportive supervision must complete additional training on the following topics:

1. Intervention to promote change;
2. Parenting skills; and
3. Behaviors that facilitate positive attachment, separation and reconnection.

13.0 REFERRALS

- 13.1 Purpose
- 13.2 Accepting Referrals
- 13.3 Declining Referrals

13.1 Purpose

This section sets out the general criteria for accepting or declining cases by a provider.

13.2 Accepting Referrals

1. Referrals may be made by order of a court, by Guardian ad Litem, attorney, DCYF, Child Support, mental health professionals, or by the parties.
2. Referral information should include the reasons for the referral and information on any family issues that may impact on the parent/child contact, or the safety of the participants.
3. If a provider receives a referral without all of the necessary information, the client must seek clarification from the referring agency.

13.3 Declining Referrals

1. A provider must refuse to accept any case when the safety needs and risks presented by the family cannot be managed. Reasons for declining a referral may include that the provider is not adequately trained, resources are insufficient to provide the type of service

requested, or there are safety and/or security risks that the provider cannot manage.

2. A provider must inform the referral source of the reason for declining any referral.

14.0 ORIENTATION

14.1 Purpose

14.2 Orientation

14.3 Child Orientation

14.1 Purpose

This section defines the duties and obligations for conducting intake and orientation.

14.2 Orientation

1. Trained staff shall conduct separate face-to-face meetings with each parent/guardian/child, prior to beginning services. Children should not be present during a parent's orientation. Children's orientations shall be conducted just prior to the first visit/exchange. During the orientation, Visitation staff must familiarize each participant with the staff and the site/location of the visits.
2. Visitation staff should use the orientation meeting to build a foundation of safety, a respectful and fair relationship, and to recognize the unique needs of each family, including their cultural identities.
3. Visitation staff must place equal regard for the safety of child(ren) and adult victims.
4. Visitation staff shall ask open-ended questions that explore fear, patterns of abuse, and changes in behavior since the separation.
5. Visitation staff shall address adult victims' safety concerns around visitation, and help to develop safety plans or provide meaningful links to advocacy and other safety services.
6. Visitation staff shall acknowledge the abusive parents' feelings about visitation, while setting clear guidelines for accountability and the Center's commitment to promoting and providing a safe environment for all participants.
7. Visitation staff must inquire about the reasons for the referral and information on any family issues that may impact the parent/child

contact or the safety of the participants during the orientation. It is required that a Risk Assessment be completed. In cases that high risk indicators are present, a provider must take great care to assess the Visitation Center's ability to reasonable assure safety.

8. Visitation staff must inquire about ongoing or chronic medical conditions of the participants that could affect the health and safety of other participants.
9. Visitation staff must discuss the limits of confidentiality and request a release of information from parents/guardians, allowing the Visitation Center to communicate with other individuals and/or agencies designated on the release, to further ensure safety.
10. Visitation staff must discuss the program structure with all participants during the orientation.
11. Visitation staff must have a service agreement signed by each parent/guardian prior to the commencement of service.
12. A provider must create an opportunity for clients to express concerns regarding visitation.

14.3 Child Orientation

Visitation staff should meet with all child(ren) prior to the first scheduled visit or exchange. Any verbal child over the age of three must be given the opportunity to discuss what they are curious about and afraid of in relation to visitation and exchange, their safety concerns, favorite activities, and relationship to each parent. The child(ren) shall be given a tour of the facility and review the process for visits with visitation staff.

15.0 STAFF PREPARATION FOR SERVICES

- 15.1 Purpose
- 15.2 General Policy
- 15.3 Conditions for Parent/Child Contact

15.1 Purpose

This section is intended to describe how staff is to be prepared for service delivery and conditions of parent/child contact not covered by a court order.

15.2 General Policy

Providers, including staff or volunteers supervising a visit, must know the reasons for referral, the safety risks associated with the family, and the terms and conditions of the service being provided.

15.3 Conditions for Parent/Child Contact

1. A provider must have written policies and procedures regarding conditions of supervised visitation including, at a minimum, issues such as visitors, toys, food, gifts, electronics, and toileting.
2. If visitation staff does not speak and understand the language being spoken by the parent and child, the center must provide an appropriate interpreter over the age of 18.

16.0 INTERVENTIONS AND ENDING A VISIT OR EXCHANGE IN PROGRESS

16.1 Purpose

16.2 General Policies

16.1 Purpose

This section defines the parameters for staff interventions and ending a parent/child visit or exchange in progress.

16.2 General Policies

1. A provider must have written policies and procedures for intervening in and ending parent/child visits or exchanges in progress. The policies must include situations in which the provider determines:
 - a. a child is acutely distressed;
 - b. a parent is not following the program rules set by the visitation agreement;
 - c. a participant is at risk of imminent harm either emotionally or physically; and
 - d. when a parent appears to be under the influence of drugs or alcohol.
2. Ending a client's parent/child contact may be a temporary measure and is not the same as termination of services.
3. Interventions must be documented within the observational report.

17.0 PROVIDER FUNCTIONS FOLLOWING SUPERVISED VISITATION

- 17.1 Purpose
- 17.2 Feedback to Parents
- 17.3 Discussion of Cases with Staff

17.1 Purpose

This section clarifies when staff should provide feedback to parents and when to conduct staff debriefing.

17.2 Feedback to Parents

1. A provider must inform a parent if there has been an injury to their child, a critical incident during supervised visitation, or an incident that presents a risk to that parent's safety. An exception to this section is if a critical incident involves a mandatory report to child protective services wherein DCYF instructs the provider to not inform the parent.
2. A provider must inform a parent if s/he has violated a provider rule which may lead to the suspension or termination of services.

17.3 Discussion of Cases with Staff

Visitation Supervisors must be given an opportunity to receive supervision and to debrief after visits. In the case of a critical incident, the provider must debrief with all staff directly involved in the incident and provide/assist with access to appropriate crisis services if necessary.

18.0 TERMINATION OF SERVICES

- 18.1 Purpose
- 18.2 Reasons for Termination
- 18.3 Refusal of Child to Visit
- 18.4 Procedures for Termination of Services

18.1 Purpose

This section sets forth the procedural parameters for termination of supervised visitation services.

18.2 Reasons for Termination

A provider must have written policies and procedures that set forth the reasons for which services may be terminated, including, but not limited to:

1. Safety concerns or other case issues that can not be effectively managed by the provider;

2. Excessive demand on the provider's resources;
3. The parent's failure to comply with the conditions or rules for participation in the program;
4. Nonpayment of program fees; and/or
5. Threat of, or actual violence or abuse.

18.3 Refusal of Child to Visit

A provider must have written policies and procedures for situations in which a child refuses to participate in visits.

18.4 Procedures for Termination of Services

When a provider terminates services, the provider must:

1. Inform each parent in writing of the reason for termination of services;
2. Provide written notice to the court (if allowed) and/or referring source stating the reason for the termination; and
3. Document the reasons for termination in the case file.
4. Provide referrals to other agencies as appropriate.

19.0 STANDARDS FOR CHILD SEXUAL ABUSE CASES

19.1 Purpose

19.2 Child Sexual Abuse

19.1 Purpose

This section is intended to set forth additional conditions for the delivery of services for situations involving child sexual abuse.

19.2 Child Sexual Abuse

1. A provider must have written policies and procedures for the supervision of cases with allegations or findings of sexual abuse that provide for the safety of all participants using the services, including having specific sexual abuse restrictions in writing that must be signed by the offender.
2. Any provider supervising the parent/child contact when sexual abuse has been alleged or proven must have specific training in child sexual abuse and its effects on children.

3. The contact between the visiting parent and the child must be supervised continually, one-on-one during a fully supervised visit, so that all verbal communication is heard and all physical contact is observed.
4. Any provider who is supervising contact in a founded case of sexual abuse between an offender and the child victim should only do so under the following conditions:
 - a. a team is formed for the safety of the victim which consists of the child's therapist, the sexual offender treatment provider, parent, and Guardian ad Litem/CASA (if appointed);
 - b. the offender must sign releases allowing free flowing communication between all parties in the team which should meet no fewer than 4 times per year;
 - c. the offender releases to the visitation center his/her psycho-sexual evaluation to include his propensity for re-offense, and mechanism of injury to victim.
5. If there is an allegation of sexual abuse that is under investigation, providers must not accept a referral or must suspend service unless there is a court order to the contrary or an opinion by a sexual abuse expert involved in the case.

20.0 REPORTS TO COURTS AND REFERING SOURCES

20.1 Purpose

20.2 Factual Reports

20.3 Disclaimer on All Reports or Observation Notes

20.1 Purpose

This section sets forth standards for submission of reports to the court and referring sources.

20.2 Factual Reports

1. A provider must have written policies and procedures regarding writing and submitting reports to the court, or referring source, or case parties.
2. A provider must ensure all reports are limited to facts, observations, and direct statements made by the participants, arrival and departure times, cancellation and no show appointments. Reports shall not include personal conclusions, suggestions, or opinions of the provider.

3. Information may be provided to the court in the form of an incident report when a participant does not adhere to the court order pertaining to visitation or the program rules.

20.3 Disclaimer on all Reports or Observation Notes

When submitting any reports or copies of observation notes, a provider must include the following disclaimer stating the limitations on the way the information should be used:

TO ALL READERS OF THIS CLIENTS CHART:

This report is based on observation notes that have been prepared by volunteer observers in training as well as by paraprofessional and professional staff.

Observers are instructed to record what happens during parent child contacts and are required to not include opinions and judgments.

The Center does not provide evaluations of the families who use the program's services or make recommendations about future arrangements for parent-child access.

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. The users of these observations making such predictions should exercise care.

21.0 CONFIDENTIALITY

- 21.1 Purpose
- 21.2 General Policy Statement
- 21.3 Exceptions to Restrictions of the Release of Client Information
- 21.4 Parents Rights to Review Records
- 21.5 Requests to Observe or Participate in Supervised Visitation

21.1 Purpose

This section sets forth the parameters and obligations of providers regarding confidentiality and exceptions to confidentiality.

21.2 General Policy Statement

1. Clients of visitation providers do not have a privilege of confidentiality protecting against a subpoena of visitation records.
2. A provider must have written policies and procedures regarding confidentiality and the limits of confidentiality, including but not limited to the submission of observation notes or reports, or responses to subpoenas.
3. Except as required by law, a provider must maintain confidentiality and refuse to release information without written permission.

21.3 Exceptions to Restrictions of the Release of Client Information

In the following situations, a provider may release client information without specific client permission:

1. In response to a subpoena request;
2. In reports of suspected child abuse and neglect to the appropriate authority, as required by law; and
3. In reporting dangerousness or threats of harm to self or others, as required by law.

21.4 Parents Rights to Review Records

A provider must have written policies and procedures regarding parents' right to review case files.

21.5 Requests to Observe or Participate in Supervised Visitation

A provider must develop policies and procedures concerning a third party's participation in supervised visitation.

APPENDIX A

New Hampshire Family Visitation and Access Cooperative Risk Factor Checklist

A. Severity of Violence

- Serious injury
- Threats to kill
- Use of weapons
- Strangulation of victim
- Sexual assault/abuse
- Abuse of animals
- Sadistic/terrorist/hostage acts
- Abuse during pregnancy
- Property damage
- Forcible entry to gain access to partner
- Repeated/escalating violence

B. Child Endangerment

- Child Abuse
- Violence in presence of children
- Threats to abduct child
- Threats to harm/kill child

C. Centrality of Victim to Other Parent

- Obsessive behavior (monitoring, harassment, and/or jealous behavior)
- Stalking
- Isolation of victim from family/friends

D. Anti-Social Behavior

- Assaults on others
- Violence or threats in public
- Threats/harassment of victim's family and friends

E. Criminal History

- Numerous calls to police
- Prior arrests for violence
- Prior charges for domestic violence
- Charges pending
- Other criminal history
- Violated protection/restraining orders

F. Psychological Indicators

- Suicidal threats
- Formal diagnosis of mental illness
- Hospitalized and/or treated for depression
- Hospitalized and/or treated for other mental illness
- Participated in drug or alcohol treatment

G. Other Danger Indicators

- Parents have recently separated
- He/she has access to weapons
- He/she has weapons training
- He/she has served in the military
If so, where and when?
- He/she interfered with victim's access to emergency services i.e. pulled phone from wall
- There is a language barrier for either parent
- Victim has begun relationship with someone else
- Victim has children from other relationships
- Recent change in custody order

H. Location of Violent Behaviors

- Home
- Work
- School
- Other

I. Does He/She Know Where the Other Parent Resides?

- Yes
- No

This information was obtained from _____ on ____/____/____

Additional Questions

What is your understanding of the reason you were referred to this Visitation Center?

Do you know if/why your children are fearful with regard to visits/exchanges?

When was the last time the children saw their father/mother?

What do you think you/your children will need from the Center to feel safe?

How long have you been separated from your partner?

What type of violence has occurred since the separation?

What plans do you have for the future with your children three or five years from now?

What medications are you currently taking or have taken during the past year?

What medications has the other parent taken during the past year?

Do your children take any medications?

How long have you lived in the town/city in which you now live?

If there has been a diagnosis of mental illness for either parent, what is said illness?

Have your children ever been diagnosed with a mental illness or other disability?

Do you have any questions or is there anything else you want to share?

This tool is not to be used to predict future acts of violence. Based on the information provided, this checklist is to identify specific areas of concern and assist in developing protective factors for individuals in regards to providing supervised visitation and exchange services at Visitation Centers. If circumstances change (i.e.: change in custody, court order, recent arrest, divorce, violation of probation or restraining order, etc.), a reevaluation may be necessary to determine the appropriateness of services. This form has been developed by the NH Family Visitation & Access Cooperative (NHFVAC). The NHFVAC cannot assume liability for the use of this form by individuals or agencies.
Rev. 3/10/10