



Supplemental Policy Considerations for Remote Supervised Visitation

Acknowledgments

During the early months of the COVID-19 public health crisis, the OVW Justice for Families (JFF) supervised visitation community came together in an unprecedented way to navigate, connect with one another and serve families impacted by violence with brave hearts and open minds. Inspire Action, in partnership with the Office on Violence (OVW), convened a Remote Supervised Visitation (SV) Services Learning Community. The Learning Community was tasked with creating consideration and example policies for remote supervised visitation services to be used as a reference point and resource during these challenging times and future circumstances that would benefit from remote services.

The Learning Community came together to listen and learn from one another and to create a concrete and valuable resource for the larger field of supervised visitation and safe exchange (SVSE) that addressed and responded to the COVID-19 public health crisis. Inspire Action for Social Change is incredibly grateful to our Learning Community members who gave tirelessly to this effort. The team at Inspire and the larger field of supervised visitation has learned and grown due to your efforts. The Learning Community members included: Gail Bartley, Nicole Borchert and Christopher Yucho from *Mary's Place*, Deschutes County, Oregon; Alicia Williamson from *Someplace Safe*, Trumbull County, Ohio; Lisa Logenbaugh, Brittany Simms, Michael Steele and Stephen May from *The Wellspring Counseling & Family Development Center*, Ouachita

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Parish, Louisiana; Julius Cook and Edward Morris from *Community Corrections Safe Havens: Supervised Visitation and Safe Exchange Program*, Shelby County, Alabama; Martha Snyder from *Voices Against Violence - All About Kids*, Franklin County, VT; and Kit Stanley, Miriam Mexicano and Travis Patterson from *Family Visitation Services of Chatham County*, North Carolina.

The SVSE response to the health crisis was thoughtful, urgent and responsive. In a short amount of time, providers co-created new programming to meet the needs of survivors and their families. We recognize that the ever-changing conditions and realities of the health crisis required flexibility, adaptability and the humble acknowledgment that we are responding, developing, and learning all at the same time. This document contains up-to-date, practice-informed guidance that is meant to be applied and adapted to meet each community's unique and diverse needs and experiences. In times of change and uncharted territory it is important to take it slow, let survivors lead and remember to be sure all policies and practices are grounded in the [Office on Violence Against Women's Supervised Visitation and Safe Exchange Guiding Principles](#).

Important Note: The supplementation policy adaptations contained in this document support the temporary service provision encountered during the COVID-19 public health crisis only. Conducting remote supervised visitation services is not an approved activity for the Office on Violence Against Women grant-funded programs outside of the COVID-19 public health crisis response. The considerations and guidance provided in this document are not mandated, should not be viewed as a standard, and does not create any programmatic or legal obligations. The information and guidance are advisory in nature, informational in content, and intended to assist

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supervised visitation programs in providing services as safely as possible for families and staff. The supplemental remote supervised visitation policies suggested in this document were developed to meet the urgent and immediate needs and require further development and learning for future long-term use.

As we co-create a new temporary reality to safely provide supervised visitation services in times of crisis, Inspire Action for Social Change, in partnership with the Office on Violence Against Women, is committed to the health and well-being of each of you and your communities and take our responsibility for supporting you and your programs seriously. Don't hesitate to get in touch with Inspire Action staff for support or resource needs. For all Office on Violence Against Women funded programs, please reach out to your OVW program specialist if you have questions regarding any changes in delivering services.

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A Continuum of Modified Supervised Visitation Service Options

Supervised Visitation programs have several options to provide ongoing support and connection for families. Every family utilizing services has unique needs and safety considerations that will determine the type and level of remote services the program is able to provide. Some families may be able to engage in a number of these options, while other families may only be able to engage in one method of connection. It is important to remember that risk and safety are not static; they will change over time. What may be safe and workable at one point may not be safe at a later point in time. The parent who needs protection and the child should be the guidepost for what feels safe and workable.

The continuum of supervised visitation programming options could include:

1. Ongoing check-ins with each member of the family.
2. Center-facilitated and screened exchange of letters, notes, or drawings between a visiting parent and their children.
3. Center-facilitated and screened video or audio recordings between a visiting parent and their children. For example, a parent or child could record a greeting, read a short story, sing a song or tell a joke.
4. Remote supervised visitation time.
5. Limited on-site supervised visitation with health (i.e., COVID-19) related precautions in place.

When considering and planning for remote visits it's important to remember that not all options will be safe for all families. Additionally, allowability of remote visits may be limited to funding allowability and conditions. Please check with your funder to assess allowability beyond the COVID-19 pandemic.

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Please note: The primary focus of the remainder of this document will focus on program policies and procedures when conducting remote supervised visitation.

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Considerations and Cautions When Determining Whether to Provide Remote Supervised Visits

If any of the following behaviors or concerns are present, Inspire Action recommends proceeding with extreme caution:

- Stalking behavior is ongoing;
- Intimidation, threats and/or harassment are ongoing;
- In child sexual abuse cases; or
- The adult survivor and/or child expresses fear regarding using audio and/or video connection for supervised visits.

However, even if one or several of these circumstances are present, the survivor parent may have good reason to think that offering remote supervised visits is safer than not offering any visits. In this case, staff shall pay exceptional attention to safety and consult the survivor in all questions during preparation, facilitation and follow-up of remote supervised visits.

Each parent and/or child may deny remote supervised visits at any time.

Overarching Goal When Creating SV&SE Policies: Ensure the supplemental policies are grounded in the [Office on Violence Against Women's-Supervised Visitation and Safe Exchange Guiding Principles \(OVW SV&SE Guiding Principles\)](#).

The Assumption We are Operating From:

Considerations for policies for remote supervised visitation should be developed as a supplemental guide for programs' current on-site policies and procedures. Programs are encouraged to maintain their applicable on-site policies and procedures.

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Important Elements of Remote Supervised Visitation Considerations:

- Ensure parents have clarity about the **role of policies in remote visits** and why each policy is in place for their family.
- Each policy should be able to respond to the unique circumstances that may require **adaptability and flexibility** when situations are not black and white. Remember family circumstances are **unique** and will require varied and tailored responses. Remember when limiting, managing or mitigating safety risks that what you put in place for one family may not be needed or safe for another family. Policies should be supportive of this reality.
- Program policies should be as **transparent** as possible.
- Resist the “Laundry List” of remote service policies.
- Present program policies and procedures in a manner that conveys the level of **understanding, respect, care, and compassion** that should be held for each family that utilizes services.

Resist Policies That:

- Forbid participants from having any conversation about the past or the future.
- Require children to filter or censor their words or actions.
- Focus on redirecting less than desirable parenting choices.
- Dictate how participants should spend time with their children during a visit.
- Assume the person who uses violence is the visiting parent and doesn't account for the safety needs of survivors who use center services as the visiting parent.
- Impose a particular cultural value.

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Final Check - Ask the Following Questions of Each Policy:

Q: What belief is conveyed in the policy? Was this the intention?

Q: How does this policy support the OVW SV&SE Guiding Principles?

Q: Who is the policy established for & who does the policy benefit?

Q: Why is this policy established? What is the intent of the policy?

Q: How does this policy account for the realities of all of the unique needs and cultural identities of the possible participants?

Q: Does this policy account for the safety needs of survivors of domestic violence who are the visiting parent?

Q: Does this policy conform to VAWA that must be followed by all OVW grant recipients?

Q: Does this policy anticipate how a person who uses violence might circumvent the intent of this guideline or find ways to use this policy to cause further harm?

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SAMPLE POLICIES WHEN CONDUCTING REMOTE SUPERVISED VISITATION SERVICES

Conducting Remote Supervised Visitation

PURPOSE

Supervised visitation exists to ensure the safety of adult victims and their children, safeguard against further harm and provide opportunities for change.

POLICY

As an organization, a program should carefully assess your ability to maintain safety and prevent further harm before offering remote supervised visitation services.

PROCEDURES

The supervised visitation program may not be able to ensure the safety of all families when providing remote supervised visitation services.

A family may not receive remote supervised visitation services if the following conditions are present:

- The child or adult survivor indicates fear of risks associated with remote access.
- There is ongoing stalking behavior.
- There are continued threats or acts of violence, intimidation and harassment.
- There are allegations or findings of child sexual abuse.
- The person who caused harm has used the center to manipulate,

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undermine, or as a platform for ongoing power and control tactics while participating in on-site SV services.

- Center staff has had difficulty redirecting behavior during on-site visits in the past.
- The center has not previously provided center-based services to a family.

The supervised visitation program should screen for the above conditions before offering remote supervised visitation services to a family. If any of the preceding conditions exist, staff should consult with the survivor parent.

Recognize that (even if one or several of these circumstances are present) the survivor parent may have good reason to think that offering remote supervised visits is safer than not offering any visits. In this case, staff shall pay exceptional attention to the unique safety concerns of the survivor parent. Staff will consult with the survivor about preparation, facilitation, and follow-up of remote supervised visits, as well as any questions they may have. Any of the staff, parents and children are able to deny remote supervised visits at any time.

If the staff team determines it is safe to proceed, then before the first remote supervised visit is scheduled, staff will:

- Ask the survivor parent—if they are interested in remote visits—what type of remote supervised visits they feel will be safest for their family (via video or audio connection).
- Ask the parent that has caused harm if they are interested in setting up remote supervised visits (via video or audio connection).
- Ask each parent about their access to the internet, phone connectivity

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and devices, and seek resources and solutions for potential limitations.

- Set up a remote orientation appointment with each parent.

Orientations for Remote Supervised Visits

PURPOSE

The goals of parent and child orientation are to enhance safety, build relationships and work to identify and meet the unique needs of every parent and child.

Orientations are critical in establishing trust and connection between staff and each family member. Conducting a remote orientation allows the staff to discover each person's unique needs. When transitioning to a new type of visitation, it is important to connect with parents and children to identify any additional risk, concern, and situation that might arise due to the change in service provision. It's important to remember that orientations are not a one-time opportunity; they are the first of many opportunities to learn from and deepen relationships with the parents and children using center services.

PLEASE NOTE: The following orientation policies and procedures are written for families who have completed a regular in-person orientation and have had at least one in-person visit at the visitation center. Please refer to your program's on-site guidelines for additional steps for newly referred families who have not received in-person services at the supervised visitation program.

POLICY

The supervised visitation program shall conduct a new remote orientation with each family member before starting remote services.

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PROCEDURES

Whenever possible, supervised visitation staff should conduct a remote orientation with the survivor parent before any other family member. The following is a guide for the staff to consider sharing and discussing during a remote orientation:

1. The staff should explain all options for remote supervised visits:
 - Audio-only visits (similar to phone calls but a virtual platform is used so program staff can monitor and enable security features)
 - Audio and video for all participants
 - Video for one party – audio for the other party
2. The staff should explore with the survivor parent their technological readiness for remote supervised visits (access to the internet, devices that can be used for remote supervised visits, phone connectivity and level of comfort with using computer technology and web browsers).
3. The staff should strive to assist the survivor parent in finding solutions for technological challenges.
4. The staff should explore with the survivor parent their safety concerns and the risks of remote supervised visits. Together, staff and the survivor parent should think through family-specific concerns for supervised audio vs. video calls. In this context, the staff should discuss with the survivor parent how in-person visits have been going at the visitation center and any potential safety concerns if services are transitioned to remote supervised visitation.

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5. The staff should remind the survivor parent that only pre-approved visitors may join the audio/video visit. In this context, the staff should ask the parent if other visitors will be present at the time of the visit, who may (intentionally or coincidentally) become a part of the visit. The staff and the parent should discuss solutions to avoid unapproved visitors joining.
6. The staff should explain how the facilitators will supervise the visit, how they may intervene when necessary and how that may look and feel in a supervised audio/video call (traditional intervention, muting one party, breakout sessions to check in, etc.).
7. The staff should also explain the process of before and after visit check-ins.
8. The staff should request that no portion of any remote visit be recorded (audio or video), including photos or screenshots.

If the Survivor Parent is the Custodial/Residential Parent

1. The staff should ask the survivor parent which children, if any, the survivor parent would want to be involved in the planning conversations. The staff and the parent should discuss each child's age when they consider audio/video calls--for example, what form of physical child supervision, if any, will be necessary during the visit.
2. The staff should ask the parent how the facilitators can help the child to feel safe during the visit.

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3. The staff should explore with the survivor parent how they may feel during the remote visitation. Discussing the possibility of the impact of hearing the other parents voice during the remote visit. Additionally, they should consider what background objects will be visible to the visiting parent during visits and problem-solve potential risks and concerns.
4. The staff should ask the parent if they have communicated to the child(ren) why visits will be remote and how they have talked to the child about remote supervised visitation.
5. The staff should consult with the survivor parent about the length of the visit they believe their child(ren) will be able to maintain.
6. The staff should determine the frequency of visits (if the visitation center can offer more than one remote supervised visit per week). In general, remote visitation may not be longer than 15 to 30 minutes initially. In most circumstances, one hour is the maximum length of a remote visit once a routine is established.

If the Survivor is the Noncustodial/Visiting Parent

1. The staff should explore with the survivor parent how they may feel about the possibility of hearing or even seeing the other parent in the background of any remote visitation session. The staff should talk with the survivor parent about their virtual background that may be visible to the custodial parent during a visitation session.
2. The staff should explore with the survivor parent the ideal length of

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the visit (depending on the child/children's age, the staff should recommend that remote visits not be longer than 15 to 30 minutes for the first few remote visitations).

The Parent Who Caused Harm (Orientation Procedures)

After the staff has conducted an orientation with the survivor parent and child(ren), they should conduct a remote orientation with the parent who has caused harm. Depending on the custodial status of the parent who has caused harm, the staff will want to cover different strategies for considering the survivor parent's safety.

1. The staff should explain options (audio/video) for a remote supervised visit.
2. The staff should explore their technological readiness for remote supervised visits (access to the internet, devices that can be used for remote supervised visits, phone connectivity, level of comfort with using computer technology, and web browsers). The staff should strive to assist the parent in finding solutions for technological challenges.
3. The staff should explain to the parent who has caused harm the risks and safety concerns in the context of remote supervised visits. In this context, the staff should discuss with the parent how in-person visits have been going at the visitation center for this family. The staff should point out that all previously signed agreements are still in effect for remote supervised visits.

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4. The staff should remind the parent that only pre-approved people may join the remote visit. In this context, the staff should ask the parent if other people will be present at the time of the visit, who may (intentionally or coincidentally) become a part of the visit. The staff and the parent should discuss solutions to avoid unapproved people from joining or becoming visible during visitation and how any intervention would proceed.
5. The staff should explain how the facilitators will supervise the visit, how they may intervene when necessary and how that may look and feel for the participants in a supervised remote visitation (traditional intervention options, muting one party or removing them from a session, moving into a breakout session to check in, etc.).
6. The staff should ask the parent if they have a preference for how they would like to be made aware of possible staff intervention. The staff should explain the process of before and after visit check-ins.
7. The parent who has caused harm should be asked to agree to not record any part of the remote visit nor take photos or screenshots.
8. Depending on the age of the child(ren), the staff should determine the frequency and the duration of remote visitation (if the visitation center can offer more than one remote supervised visit per week).

If the Parent Who has Caused Harm is the Custodial/Residential Parent

1. The staff and the parent should discuss each child's age-appropriate needs and considerations in the context of remote visitation. Younger

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children may need some level of support and physical supervision during visits; for example, they may need the custodial parent to help manage the technology. It will be important to consider the visiting victim parent's safety needs if the parent who caused harm will need to be present to help the child.

2. The staff should explore with the parent who has caused harm what they will do during the supervised visit to support the safety of the victim visiting parent. Recognizing that this may be an opportunity for the abusive custodial parent to try and interfere, intimidate and continue causing harm, it will be important for the staff to set clear and explicit boundaries with the parent who had caused harm.
3. The staff should ask the parent if they have communicated to the child(ren) why visits are going to be remote and how they talk to their children about the current public health crisis.
4. Depending on the age of the child(ren), the staff should determine the frequency (if the visitation center can offer more than one remote supervised visit per week) and the duration of remote visitation.

Remote Orientation with Infants, Children and Youth

After both parents have agreed to their individual plan and procedures, the staff will conduct a remote child orientation. The following is a guide to be used depending on the age of the child(ren). Even with very young children and infants, the staff should conduct an orientation session. This orientation will help identify any issues or problems that may arise, establish a routine and demonstrate the process of remote visits. With older children, the staff

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should spend time talking with children to develop a remote connection. The staff should explain what a visit may look like and how the facilitator will support them through the visit.

1. Staff should ask the child how they can help them during the visit - for example, if they would prefer that the facilitator be visible during video visits.
2. Staff should ask each child about their comfort level using the technology and practice using the technology with the children.
3. The staff should encourage the child to share what they would like to do with their other parent during a visit.
4. The staff should explore the concerns of each child. Staff and each child may agree on a signal, which the child can use to let the staff know they need a break, would like to check in, or want to end the visit. The staff should emphasize that the child can end the visit at any time.

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5. The staff should explain that they will check in with the child before an audio/video visit and clarify that staff will support them in whatever way they may need.

POST-ORIENTATION PROCEDURES

Developing a Customized Approach for Each Family

Based on the information from both parents and the child(ren), staff should develop an individual plan for remote supervised visits and a specific procedure for each family with the utmost attention to safety. Staff should co-create this plan and procedure with the survivor parent and be prepared to modify it based on changing safety risks and needs. Subsequently, the staff should articulate a clear plan and procedure for the parent that has caused harm. Their feedback and needs should be considered as well, but under a rigorous safety lens. Program policies applied to families during in-person visits will continue to apply when providing remote access visits. For example, if guests are not allowed for in-person visits, that same guideline would apply to a remote visit.

1. The staff should hold as many practice visits as needed with each party to test out connections, technology features, and to experience how the format feels.
2. The staff should follow up on possible glitches or new concerns that come up during these practice visits. All parties should be asked to agree to the individual plan and procedures. A day and time for the first remote supervised visit will be set.

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Check-Ins with Each Member of the Family

PURPOSE

Check-ins are a time that should be dedicated to connecting with each parent and child to strengthen relationships, build trust, address unique needs and solve any ongoing issues or safety concerns. Considering the differences between in-person and remote visits, staff should work with parents and children to carve out intentional time to connect via phone or video.

POLICY

The supervised visitation staff shall facilitate regular check-ins with each family member before and after remote supervised visits.

PROCEDURE

The staff should plan time before and after each visit to check in with each parent and child. The staff can utilize waiting rooms and breakout spaces for check-ins. When it is not possible to connect before or after visits, or additional time is needed, staff should schedule calls with parents outside of the visitation time.

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