Coached visits provide parents with hands-on, concrete support and feedback on their interactions with their child while he/she is in alternate care. Many children who have been exposed to domestic violence (DV), and their parents, can benefit from coached visits, but caution must be exercised. The decision about whether and how to use coached visits in a DV case should be made collaboratively among the worker, supervisor and the non-offending parent of the children (the adult victim of domestic violence).

The variations that a visit coach may experience in DV situations are so numerous that no single document could address all possibilities, so what follows should not be taken as an exhaustive list of things to consider. Readers should work to enhance their general knowledge and skill development related to domestic violence practice, particularly as it occurs in child welfare. Among the many variations are the following possibilities:

- A child who is in care may be afraid for his/her mother’s safety and his own safety if/when he returns home.
- The non-offending parent (NOP) may be more angry or distraught about the removal of her\(^1\) child—either at the worker or at her partner for the DV that resulted in the removal—than she is afraid of her partner.
- Either parent may feel shame, grief, or guilt—believing that he/she is a failure as a parent.
- The DV offender may blame his partner for the child being removed, particularly if her help-seeking resulted in child welfare involvement—this can place her at greater risk.
- The DV offender may have actively undermined his partner as a parent, resulting in the child not listening to her, disrespecting her, or being verbally or physically abusive to her.
- The child may be aligned with the DV offender, out of fear, or because he/she sees him as the more stable, fun or powerful parent.
- Either parent may struggle with talking to the child about what occurred, reassuring them about safety, and accepting THEIR anger, grief, sadness, anxiety, and other complicated feelings.
- The NOP may, as a result of the removal, have an “us against child welfare” perspective, which may be reinforced by the DV offender. The NOP may recant prior disclosures of violence because she believes that will help her get her child home faster.
- The DV offender may use visits to try to keep tabs on a mother who is living apart from him, or continue to undermine her parenting after separation.
- The DV offender may feel motivated by the removal to want to change his behavior, and be open to accepting help to make the changes.
- A father who was violent in the past who is being “reintroduced” to the child (which should happen only after careful assessment of the potential impact on the children—see Practice Considerations for Locating and Engaging Fathers in Domestic Violence Situations) may have a hope or an expectation of a better relationship, and need help accepting that the child may still be afraid or be suffering in other ways as a result of earlier exposure to DV.

\(^1\) The use of gendered pronouns in this document reflects the reality that women are most often the victims of domestic violence, and men are most often the perpetrators of domestic violence. However, domestic violence occurs in gay and lesbian relationships and can be equally dangerous in a same-sex relationship as in a heterosexual relationship. Less frequently, a woman may be violent and abusive with a male partner.
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- Abusive fathers may also see visits as another opportunity for emotional or psychological abuse of the ex-partner through the child.
- Mothers may want their child to have regular contact or a relationship with their father, or they may believe that he will wreak havoc by coming back into their lives.

Many children just want the violence and abuse to stop. Depending on their age and the dynamics within their family, it can be very difficult for a child to figure out who was the aggressor, who they “should” be mad at, and who will be able to keep them safe and give them a sense of normalcy in their lives when they go home. Because the focus in coached visits is on the needs of the child, coaches are in a unique position to both help parents plan for meeting varying needs of children, and to document how well parents were able to respond to a child’s needs.

While the variations seem endless, visit coaches can and should consider the context of domestic violence and how it may affect the visits as they prepare for, coach, and follow up on visits in these cases.

When considering using coached visits:

- In all DSS cases, caseworkers should ask family members about the presence of domestic violence when any new intervention is being considered, including coached visits. (See Identifying Domestic Violence.) Remember that DV often co-occurs with other issues such as child abuse or substance abuse, or may contribute to issues such as parental depression, or medical or educational neglect of a child. If DV hasn’t already been identified, explore whether it is an underlying issue where other concerns are identified.

- If DV is identified for the first time in a conversation about coached visits, SLOW DOWN and assess the possible impact on safety of the NOP and child. Safety is paramount, and the NOP is the most knowledgeable person about her and the child’s safety. Consult with a supervisor as needed.

- If DV has been identified, review current circumstances as they relate to possible visits:
  - Has the NOP expressed concerns about her safety or the safety of her child during or around visits? Has the worker asked her about whether she has concerns for safety related to visits?
  - Is there an Order of Protection in place that limits visits or contact between the parents or a parent with the child? Is there another court order that must be adhered to as visits are planned?
  - Does information about the child or NOP need to be kept confidential from the DV offender (i.e. phone number or address of home, school, babysitters, etc.)?
  - Has the DV offender used or threatened to use weapons against the child, the NOP, or anyone else? Does he have access to weapons?
  - In what ways, if any, has the child been used by the DV offender in his efforts to achieve or maintain control over the NOP (i.e. threats to harm or kidnap the child; forcing the child to watch or participate in the abuse of the NOP; using the child to keep tabs on the NOP; etc)?
  - Has either parent expressed concerns about the impact of visits on the emotional well-being of the child? Has the worker explored this with parents?
  - What does the NOP anticipate will happen during the DV offender’s visits with the child?
  - What is the worker’s assessment of the needs of the family/parents and any progress toward goals?
Practice Considerations for Coached Visits in Domestic Violence Situations

- What is the quality of the worker’s relationship with the NOP and the DV offender? How does that impact the worker’s thinking about what coached visits may accomplish?
- Has either parent expressed worries about how they themselves will be able to handle visits emotionally?
- What exactly does the DV offender know, if anything, about what the NOP or child have said about his behavior? What CANNOT be discussed with him without placing the NOP or child at additional risk? (This must be discussed explicitly with the NOP.)
- Are there any concerns for the safety of the visit coach during or around visits?

Planning for physically and emotionally safe coached visits when DV is identified:

- Coaches MUST plan for uninterrupted oversight and monitoring of the child’s visit with the DV offender because of the potential for him to use his children in his efforts to control their mother.
- Visits by the DV offender should be congruent with the assessed level of seriousness of his abuse and the impact of his abuse. Additionally, consider whether he has demonstrated (through actions) motivation and commitment to changing his behavior. Remember that ANY violence or abuse might have a significant impact on the NOP and/or children—this must be explored on a case-by-case basis. Following are indicators of serious or increasing violence and/or danger—items 5 to 18 are most acute.

1. Abuse is accompanied by episodic or binge use of drugs or alcohol
2. Criminal record of the DV offender shows more than one restraining order against him/her, or restraining orders from multiple partners
3. Indications of increasing instability of DV offender: recent unemployment, signs of depression or trauma
4. Even if abuse is not severe, it does not stop
5. Serious physical violence (punching, kicking, cuts, bruises, burns, broken bones, head injury, internal injury, permanent injury, wounds from use of weapons)
6. DV offender forces or coerces NOP to have unwanted sex
7. DV offender owns a gun
8. DV offender has used or threatened to use a weapon against NOP
9. NOP has left or is planning to leave (may be in shelter or looking for shelter)
10. DV offender has avoided arrest for DV
11. DV offender is not the parent of the children
12. Intrusive control of NOP (controls car, money, relationships, etc)
13. Acute jealousy coupled with abuse (irrational accusations of infidelity, spies on, stalks, monitors NOP, destroys property). DV offender says “If I can’t have you, no one will.”

CAUTION
- Highly intrusive control and/or extreme jealousy are indicators of significant potential for serious violence even in the absence of prior violent behaviors.
- Avoid accepting culturally-based excuses for violence and abuse (i.e. “All Dominican men hit their wives.”)
- A man who makes overt statements justifying his abuse (i.e. “I hit her because she wouldn’t cook me food”) is not necessarily more violent or dangerous than a man who offers other explanations (i.e. “I just lost it”). Assessments must focus on BEHAVIORS and IMPACT on the family.
14. Behaviors continue after separation or divorce
15. Abuse is increasing in frequency or severity.
16. Escalating response to “trigger” events (i.e. separation, NOP leaving or becoming more independent)
17. Threats to kill or hurt children
18. Threats to kill or hurt the non-offending parent

*If any of these indicators are present, seek consultation from a DV advocate and/or talk with a supervisor if unclear about how to proceed.*

- A goal of coached visits is to help parents meet the needs of their child, so the planning process should also consider each child’s individual needs which may vary even within a sibling group. Each visit is an opportunity for a child to ask questions, express feelings, and interact with a parent in an environment as free as possible of tensions or dynamics that could diminish the quality of their time together.

- Because of the potential for visits to provide a safe space (physically and emotionally) for a child, when DV is occurring or has occurred workers should consider separate visits with each parent even if the parents continue to live together while the child is in care.
  - On an on-going basis, ask the NOP her perspective on whether she and the DV offender should visit children separately or together, and why.
  - Ask the children if they want to see their parents together or individually, or some of both. Because this may change over time, ask this question throughout the time the children remain in care.

- Separate coached visits with the DV offender should take place in a physical space that will promote safety for the child, and their NOP if her visits also take place there. For example, if parents do not live together but visits with each need to be scheduled back-to-back because of logistical issues, make a plan for safe entry and egress from the building or visit location for the NOP.

- It may be safe and/or advisable to plan a joint visit (or multiple joint visits) if reunification is planned in the near future and the parents plan to remain together. Consider whether the DV offender has demonstrated (through behaviors, not just in words) both willingness and motivation to change. If so, he may be ready to have a direct conversation with his child to hear how s/he has been impacted by his violence and abuse. If not, explore with him in the planning process how he thinks his child may have been impacted, and how he can prepare himself to hear about that in the future.

- There may be circumstances under which joint visits (with both the DV offender and NOP present) are necessary before the worker/visit coach thinks the family is ready (e.g. under court orders). In these situations, visit coaches should be cognizant of the NOP’s safety and the worries of children throughout the process, from planning to follow-up.
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- Coaches should schedule time privately with the NOP to check in about how the visiting process is impacting her safety. Helping her to remain safe serves the best interests of her children.
- Visit coaches should also ask alternate caregivers how the children respond or react to the idea of joint visits, and factor this information into planning (e.g. have alternate caregivers talk directly to children about their worries and their hopes; help parents plan for stress-free, fun or developmentally focused visit activities rather than emotional or difficult conversations)

- While visit coaches are not expected to be therapists or mental health counselors, they must be prepared to help families and individuals deal with the emotional and psychological impact that DV can generate. Coaches should seek help and guidance in supervision, from a DV program (some of which have Children’s Advocates who can be especially helpful in understanding the needs of children exposed to DV), from a Family Engagement Specialist, or from experienced peers.

Preparing parents for visits:

- Make specific DV safety plans with the NOP related to the visits. Begin by asking her how she thinks the visits might impact her safety, if at all, and ask her what precautions should be taken for her to feel safe. Be aware that she think (and may be encouraged to do so by the offender) that if she downplays the abuse, she will get her children back sooner. This is often assessed as her “minimizing” the abuse, but in fact is a logical strategy for accomplishing a specific, meaningful goal. If necessary, ask her to engage in safety planning “hypothetically”—e.g. “I know that you aren’t expecting him to take out his anger about the kids being in care on you. But let’s just say that he does, because he’s having a really hard day. Where could you go if you needed to leave? How long could you stay there? Who would be willing to help you?”

- Remember that a NOP’s age, culture, immigration status, class background, prior experience with authority figures, and other factors may impact her willingness to trust a worker enough to disclose abuse and to express disagreement with any plan that may be suggested, including plans related to visits. Take the time to consider and/or explore directly WITH her the full context of her experience.

- Parents need to know whether their child has expressed specific fears or worries that need to be addressed during the visit. Of course, it cannot be assumed that it’s safe to share a child’s disclosures about domestic violence, or even statements about their worries, with DV offenders—doing so without assessing the potential impact on future safety would be irresponsible and potentially dangerous. Visit coaches should consult with the NOP about the DV offender’s potential reaction or response. Some children will need reassurances that their parent who is the DV offender has a place to live, or is getting help. Many will also need information and/or assurances that the NOP is safe, supported by friends or family, able to pay the bills, and so on.

- Both parents should be coached to stay focused on the children and their needs during the visit, and not to use the time to denigrate the other parent.

- Visit coaches can help parents accept the reality that their child may be aware of the domestic violence that has been occurring, even if parents have tried to protect him/her from being exposed. And, while coaches are not therapists, they do need to help parents prepare for what may be painful conversations
about the child’s experiences when it arises in the context of a visit. (If safe family counseling is occurring, some of these conversations may occur more easily in that context. However, coaches should still help parents prepare for conversations that a child may initiate in a visit.) Help parents prepare to send specific messages about DV to a child during visits:

- “This was not/is not your fault. Nothing that you did caused any of this to happen. You didn’t do anything wrong. It’s not your fault that you aren’t living at home.”
- “All parents fight but it isn’t okay for parents to fight in ways that scare children.”
- “It’s not your job to protect me. Your job is to keep yourself safe, and (when age-appropriate) help your brothers/sisters to stay safe.”
- “It’s okay to feel however you feel about this—angry, sad, confused—all of your feelings are valid. It’s important to talk about your feelings.”
- “When someone hits you, they aren’t showing love, they’re showing who’s in charge. When you’re in a relationship you should never have to feel afraid of that person.”
- “I’m going to get help to try to be a better dad.”

• If reunification is imminent, a visit coach can help the NOP prepare to have an age-appropriate safety planning conversation with the child. The plan can include things like calling 911, taking younger siblings into the bedroom and shutting the door during an fight, calling a grandmother to come pick them up, kids walking next door to the neighbor’s house, helping the child think of a person who they can talk to about their fears, and so on.

Preparing a child for visits:

• It can be helpful for ANY child in care to be prepared for visits by providing them information about when, where and with whom the visit will occur. As needed, explain to the child that some visits may occur with individual parents while other may involve both parents.
• Ask each child if he/she has any specific worries about visits, and plan accordingly. Be aware that each child in the family may have different fears or worries about visits that involve both parents, versus separate visits with the DV offender and the NOP.
• Follow guidelines in the rest of this toolkit in preparing ANY child for a coached visit.2

During the visit:

• Coaches should be aware that many DV offenders use “image management strategies” under observation to make themselves look good and to encourage others to think highly of them as parents. Coaches must be cognizant of whether observed behaviors match what is known about the DV offender from other sources, and should document both behaviors and the supervised, monitored context in which those behaviors occurred.

2 Be prepared to discuss and process specific strategies for preparing children for visits in DV situations with a supervisor or Family Engagement Specialist, and in practice training related to use of these toolkit materials.
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- DV offenders may ask a coach for “special privileges” such as unsupervised time with their children, or may actively work to create a favorable impression to “lay the groundwork” for such a request in the future. Remember, coaches MUST plan for uninterrupted oversight and monitoring of the children’s visit with the DV offender to eliminate any opportunities for him to use or attempt to use the children against their mother.

- Some DV offenders will attempt to directly control or manipulate coaches themselves. For example, a DV offender might invite collusion by telling stories about how the system is stacked against him, elicit sympathy for strained finances as a result of having to move out of the house or pay child support, or presenting himself as the “real victim” of the NOP’s mental health issues, substance use or use of physical violence. While some elements of these stories may be true (i.e. a NOP may suffer from depression, or money may actually be very tight), DV offenders very often fail to acknowledge the role that their own behavior has played in creating these situations.

In addition, be aware of any attempts on the part of the DV offender to manipulate or control a coach through implied threats or more subtle behaviors. For example, DV offenders may use compliments, flirtation, testing of personal space, asking about the coach’s children or martial status, approaching a coach getting into their car in the parking lot, veiled threats, or other tactics to get the coach aligned with or frightened of him, or to create a level of discomfort in the coach which gives him some control. Coaches must be prepared to set limits (“Mr. Jones, you may not be aware of this but you are standing way too close to me/asking inappropriate questions. Can you (describe what he should be doing instead) so that we can get back to talking about your visit with your children?”) and to document WHETHER AND HOW he responds to limit-setting.

- If safety concerns arise during a visit, coaches must be prepared to provide direct coaching or to end the visit, and should notify the worker so the behaviors can be documented and factored into assessment. Safety concerns may be related to physical or emotional safety of children or the NOP.

If a DV offender does any of the following during a visit, NOTIFY THE WORKER AND THE NOP, AND CONSIDER CAREFULLY WHETHER ADDITIONAL SUPERVISED VISITS ARE ADVISABLE:

- Engages children to keep tabs on the NOP’s movements (“Does mommy still go to the gym after work?”) or other relationships (“You’ll tell me if Uncle Richie comes to see mommy, right?”).

- Violates an Order of Protection (“Give this card to Mommy and tell her that I miss her.”)

- Blames the NOP (“We could all be a family again if your mother would just let me come home” or “I could take you to the park if your mom hadn’t insisted someone else be here during our time together”).

- Attacks the parenting of the NOP (“Your Mom made you stay in your room without the TV or your games? That would never happen if I was at home” or “Why isn’t your Mom letting you wear makeup to school anymore? You’re a young lady now. She’s being unfair”)
Practice Considerations for Coached Visits in Domestic Violence Situations

- Tells the child that a beloved pet has died or had to be given away because the child is no longer at home.

- Minimizes the abuse or violence (“Your mom overreacted by calling the police—I never touched her” or “What I did wasn’t so bad, was it? I’m your dad, and I would never hurt you or your mom”)

- Undermines the NOP’s position with the children (“I brought you this candy, but don’t tell Mommy you had candy before supper. It’s our secret, okay?”).

- Uses finances to threaten, manipulate, or control the NOP or children (“If I lived at home with you and didn’t have to pay rent on the apartment, we could take that trip to Disneyland that we always wanted to take”)

- Visits should also be suspended if:
  - The DV offender repeatedly tests or violates the terms of visiting, including what may and may not be discussed with the child
  - The child experiences severe distress in response to visiting
  - There are indications that the DV offender has threatened to harm or flee with the child
  - The DV offender has threatened to commit suicide
  - The DV offender attempts to bring a weapon into a visit
  - The DV offender uses any physical violence or destroys objects
  - The DV offender stalks the NOP upon arriving for or leaving a visit
  - Volatile situations arise during visits.

After the visit:

- Document the visit in behaviorally specific terms (e.g. “Ms. Smith asked each of her children individually to talk about how they were feeling, and then hugged and kissed each child even though they said they were mad at her.” “Mr. Smith continued to ask questions about his wife even though the coach cautioned him against doing so.”) In DV situations, the child welfare case record may be the most detailed and usable record of parenting practices for potential future court proceedings.

- During the debriefing process, check in with the NOP to ask about the impact of visits on safety. If there are new or heightened fears about NOP safety or the safety of the child, update domestic violence safety plans, explore options to promote immediate safety as needed, and/or connect her to supportive services as quickly as possible. Factor these new or heightened fears into planning for future visits.