
Evaluation of the Community Safe Visitation Program: Updated 2006



by

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1.0 Executive Summary

Increased divorce rates in Canada, in conjunction with the legal system's recognition that many fathers desire to be active participants in their children's lives, have resulted in the trend to award joint custody to divorcing parents. Joint custody is based on the assumption that this is the most fair and amicable of the custody options available and is likely in the best interests of the child. Nevertheless, it is not likely appropriate for divorcing couples in which one spouse (typically the mother) has been abused by the other (typically the father).

The effects of children's exposure to spousal violence and/or being abused in one's family are often far-reaching. They include the possibility of a trauma response, external behavioural problems such as aggression to peers, internalizing problems such as depression, anxiety and difficulties in school. After divorce, the continued exposure to the actions of an abusive parent also impacts children. Traditional child custody arrangements may not take these negative effects into consideration, thus potentially further emotionally damaging children.

The typical interventions to assist parents in arranging child visits, mediation and unsupervised child exchanges, are, at best, questionable for parents experiencing domestic abuse. Women who have been seriously abused by their partners are at risk of continued abuse when fathers pick up and drop-off children for custodial visits. Supervised visitation centres and child exchange programs have been recently developed as alternatives for these families. While such programs have become widespread across North America, there is a paucity of research on their effectiveness.

1.1 The Safe Visitation Program

This report documents an evaluation of one such program, The Community Safe Visitation Program (Safe Visitation) offered in Calgary, Alberta at the YWCA Sheriff King Home. The program began as an eighteen-month pilot project with the collaboration of other Calgary community agencies involved in domestic violence issues. These organizations recognized the need for a supervised visitation and access program within the city to provide a protective and safe setting for visitation and transfers so that visiting parents could visit with their children. In families with past domestic abuse, the violence often escalates following marital separation. Safe Visitation purports to reduce the risk of abuse during visits and exchanges by ensuring that the custodial and visiting parents do not have contact during child exchanges.

Safe Visitation entails two services: Supervised Visitation, in which parent-child visits are held on-site and are supervised by staff, and Monitored Exchange, in which parents simply use the facility to separately drop and pick up children for (typically) weekend or evening visits with the visiting parent. The goal for both services is to increase the safety of the custodial parents (usually women) who have left abusive partners and their children during the child's visits with the visiting parent. The specific program objectives include:

- increased safety for parents and children during visits and exchanges
- provision of a healthy environment for supervised visits between children and visiting parents
- decreased stress for both parents and children

The program's mandate is to provide a safe and comfortable child-positive environment in which there is no contact between the parenting adults for the child exchange or visitation. The program is free to the public and parents can utilize it for one year.

Safe Visitation began offering supervised visits as of December 13, 2002. The program began with two part-time staff at 18 hours per week and a part-time Team Leader at 32 hours per week. Originally the program was offered two days each week, on Friday evenings and Sunday during the afternoon. Since January 2004, the program is open for an additional evening, Wednesday. To date, Safe Visitation has served 440 family members, including children. Currently, there are 26 families in the program for a total of 91 participants.

Seed funding was from HomeFront and The City of Calgary MATCH Solutions. The YWCA Fundraising and Development Department in collaboration with the *Prairieaction* Foundation were successful in garnering support from Gail and David O'Brien, who donated the funds required to close *Prairieaction's* three year \$5,000,000 campaign and to open the 18 month Safe Visitation Program.

1.2 Evaluation Methodology

This evaluation was conducted by RESOLVE Alberta in conjunction with a Research Advisory Team composed of representatives from the YWCA Sheriff King Home and the Safe Visitation program. RESOLVE Alberta is a family violence research institute based at the University of Calgary. It is part of a tri-provincial research institute, RESOLVE, with offices in Manitoba (at the University of Manitoba) and Saskatoon (the University of Saskatchewan).

Since Safe Visitation is the first centre of its kind in Alberta, the program developers and funders recommended that it be evaluated. With little published research to utilize as models, the Research Advisory Team decided on two major evaluation methods: qualitative interviews with parents and standardized pre-test post-test measures for all parents and children who were old enough to complete them. The measures were chosen based on the existing research on safe visitation programs and knowledge of the impact of domestic violence on both children and adults.

Parents and children involved with Safe Visitation were asked to complete a number of published standardized measures at pretest (either before starting or within one week); at 6 months and/or upon leaving the program). The parents completed the following measures: Parenting Stress Index, Brief Symptom Checklist, Marlowe-Crowne Social Desirability Test, Strengths and Difficulties Test (describing their children).

Children aged six and older completed one of two packages of standardized measures depending on their age. One package was designed for children aged 6 and older; the other for children aged 8 and older. Common measures in both packages were the Children's Depression Inventory and the revised Manifest Anxiety Scale for Children. Older children completed the Trauma Symptom Checklist for Children.

In addition to answering the standardized measures all program parents were invited to be interviewed within one month of starting the program and again at 6 to 8 months or upon leaving the program. The interview questions inquired about how the parents had been referred to Safe Visitation, how they found the program, what was working well and whether they were experiencing any difficulties. In total, 22 parents were interviewed.

The interviews were semi-structured to ensure that key questions were asked with respect to the program, yet allowed each parent the flexibility to tell his/her story as it unfolded. The interviews lasted from one to two hours. Diane Roski, an MSW social worker with a number of years post-degree experience conducted all of the interviews, which were audio-taped and transcribed verbatim. Standard

mainstream social work qualitative research methods were utilized in the data analysis, allowing the important themes and sub-themes to emerge.

1.3 Evaluation Results

Parents either self-referred to Safe Visitation or were referred from a number of community sources including lawyers, judges, probation officers, shelters, and child welfare workers. All had a history of and current concerns with respect to intimate partner violence and the mother generally had custody of the children. A number of parents were subject to court orders prohibiting contact between the mother and father, thus warranting the use of the program.

The evaluation provided considerable information about both the Supervised Visitation and the Monitored Exchange services of Safe Visitation. The outcomes evaluation, which gathered data using a battery of standardized measures for both parents and children, was only interpretable for clients of the Supervised Visitation service because numbers using the Monitored Exchange service were small. Interviews with parents from both services were conducted and analyzed.

The evaluation noted a number of statistically significant findings with respect to the Supervised Visitation service. Three statistically significant t-tests differentiated custodial from visiting parents with respect to their perceptions of their own stresses and symptomatology and parenting stresses at the Supervised Visitation service start. Visiting parents scored higher on the Depression subscale of the Brief Symptom Inventory than custodial parents. On the Parenting Stress Index, custodial parents were significantly more likely to perceive their children as behaving in difficult ways and were more stressed in their parenting, overall. This finding is consistent with Dunn (2002) who reported a similar pattern.

Also at the start of the program, custodial parents perceived their oldest children as demonstrating significantly more problems overall, more conduct problems and more emotional problems than did the visiting parents, however neither parent perceived the behavioural issues at a level that was of clinical concern, again consistent with Dunn (2002). As such, at program start, the children, on average, were not perceived by the parents as behaving in particularly problematic ways

Both at program start and at six months, from 45% to 55% of the twenty parents fell in the clinical range on the Brief Symptom Inventory. None of the research reviewed examined pretest post-test differences on parental functioning, so this result is unique. While some parents moved out of the clinical range on the Brief Symptom Inventory after six months, this improvement did not reach statistical significance, partially because of the small sample size and because one parent evidenced more clinical distress at post-test. Since many custodial and visiting parents appear to be in need of counselling, the program might consider being more pro-active about offering referrals or supplementary support.

Three subscales rated by parents improved to a statistically significant degree after 6 months: the BSI Interpersonal Sensitivity subscale, the BSI Positive Symptom Distress Index and the BSI Global Severity Index. Interpersonal Sensitivity refers to feelings of personal inadequacy, particularly in comparison with others. Self-deprecation, self-doubt and significant discomfort dealing with others are characteristic. The Positive Symptom Distress provides information about the average level of distress.

With respect to parent's perceptions of their children at the beginning of the program, parents did not perceive their children's behaviour as falling within the Strengths and Difficulties (S&D)

Questionnaire's clinical levels, consistent with Dunn (2002). All S&D subscales improved in the desired direction by six months or when the program was completed, although not to statistically significant levels.

At the beginning of the Supervised Visitation service, parents (both custodial and visiting) did not perceive their relationships with their children as problematic. After participating, parents reported statistically significant improvements in three parenting areas: Parental Distress, Parental-Child Dysfunctional Relationship and PSI Total Stress, both critical factors in their daily lives. None of the reviewed research focused on stress related to parenting. Further, the parents were significantly less defensive about their parenting at program conclusion. This finding is congruent with the major goals of Safe Visitation: to decrease stress for parents and to improve parent's relationships with their children. This conclusion is also supported by Dunn's research (2002).

A small sample of children completed self-report measures at both the start and at six months or on completion of the Supervised Visitation service. The scores for the entire sample at pretest indicated no depression (T-scores in the average range) on the CDI, no clinically significant scores on the RCMAS (anxiety) or on the Trauma Symptom Checklist (TSCC). This finding is congruent with the research of Lee et al. (1995) and Dunn (2002).

The children did not self-report any statistically significant changes from the start to finish of the Supervised Visitation service. The number of children old enough to respond to the standardized measures was small, however, so until a larger sample size is gathered, the results remain equivocal. Children's positive changes after involvement in a safe visitation program were reported by Lee et al. (1995).

In considering the quantitative findings, these results make sense when considering the potential impact of a once-to-twice-a-week service focused on parent-child relationships. Although visiting parents received frequent coaching from Safe Visitation staff, individual counselling with parents is not part of the program's service plan. The fact that the parents changed on two subscales related to personal sensitivity and overall distress is impressive. Perhaps even more importantly, they changed their perceptions of their relationships with their children to being less dysfunctional and reported less stress related to being a parent. While they did not report significant difficulties with their children either at the start of the program or later, parents did report improved prosocial behaviours of their second oldest children.

In summary, neither the parent's reports of their children's behaviour, nor the children's self reports suggest that the children were particularly stressed, either at the start of or later in the program. Nevertheless, there is evidence that the children improved in some areas after having been involved. Perhaps more importantly, the parents reported significant improvements in their stress levels with respect to parenting their children

1.4 Parental Perceptions and Recommendations for Safe Visitation

The parents' expectations of Safe Visitation were typically met. Feedback from parents suggests that the program decreased their fears of and/or experiences of domestic violence. Generally speaking, parents considered Safe Visitation to have had a positive impact on their children. Their most commonly noted concerns were timing and scheduling issues, and the perceived differential treatment of parents based on custody status and feeling stigmatized.

Parents were impressed with the program staff. In general, they considered the intake process appropriate and approved of the location and building. Overall, they considered the program to have met their needs in providing safe access for visiting parents' visits with their children. They believed that the service prevented further incidents of domestic violence and recommended expanding it with respect to times of visits, days open and delivery sites. All parents, both custodial and visiting, stated that they would definitely recommend the service to a friend who was experiencing domestic violence with their spouse or ex-partner:

(I would recommend it) in a heartbeat. I believe strongly in it. I have nothing but praise for it, nothing.

Definitely, if they were having problems fighting with the ex-wife when they're dropping off the kids. It works out well for me, and since I can see them, I'm sure it works well for them too.

Parents participating in the Supervised Visitation and Monitored Exchange services of Safe Visitation made the following recommendations:

- Consider expanding Safe Visitation to offer more frequent visits and for longer time-periods.
- Review the intake processes to ensure that the rules and regulations clearly outline the nature and form of contact between parents during the program.
- Outline the rules and consequences of breaking them for both parents at intake and throughout program.
- Clarify rules and procedures with respect to scheduling, communication between partners and ensure that these reflect the input of both custodial and visiting parents.
- Provide information regarding additional YWCA Sheriff King Home programs (or those of other community agencies) to parents during the intake process.
- Separate the Monitored Exchange and Supervised Visitation services.
- Train staff about the legalities of custody and access issues in which parents attending the program are involved, including different types of court orders.
- Continue to educate the community to create awareness and promote more use of Safe Visitation by parents experiencing domestic violence.
- Expand Safe Visitation to other centres in Alberta.

We also interviewed three key staff members from the YWCA Sheriff King Home to find out how the program had changed over time and what they perceived was working well. Safe Visitation representatives were certainly aware of the parents' concerns as noted above. A number of these concerns are inherent in any custody and access program, such as staff remaining neutral, even though this might be perceived as bias. For example, some parents were concerned that their partners were not reprimanded for being late or cancelling meetings. Staff may be aware that they have been consistent in reminding both parties of the rules and consequences of breaking them, but are not able to share this information with the other partner.

The parent interviews were completed by November, 2004. In January 2004, Safe Visitation received a three-year funding commitment of \$300,000 from RBC and Trans Canada Pipelines, matched by FCSS Match Solutions. This funding has allowed the program to expand in many of the ways recommended by parents. A full time Team Leader position was created, augmented by the addition of two part-time monitored exchange and supervision facilitators. The service was expanded by one day, thereby increasing service capacity to ten families per month.

The staff members also recommended that Safe Visitation be expanded, commenting on the need to expand the services to accommodate more families. In order for this to occur, core funding is required for supervised visitation centres, likely with the provincial government as the most appropriate funder.

1.5 Summary

Considering the research overall, including interviews with parents, self-reported functioning levels from both parents and children on the quantitative standardized measures and the interviews with program representatives, Safe Visitation is fulfilling its mandate to safeguard children and their custodial parents when domestic violence has significantly affected parent's ability to negotiate and compromise. The findings are also congruent with the literature describing the challenges and successes of offering supervised visitation. Parents who have been court-mandated to such services may have significant stresses, which, at the very least, are reflected as parenting stress. Safe Visitation provides the opportunity for visiting parents to have regular access to children without compromising the safety of the custodial parents. It offers a "win-win" solution for families that have been unable to routinely and safely enable parent-child visits.

This following quote from a parent perhaps sums up the findings most appropriately:

Now there's not going to be a fight when I drop them off. The kids don't need to see mom and dad fighting. They've seen enough of that when we were together. I think they're happier. They're still happy when they go home. I hope this program stays around for a long time.

2.0 Custody and Access in Cases of Domestic Violence

Increased divorce rates in Canada and the United States, in conjunction with the legal system's acknowledgement that many divorced fathers desire to be active participants in their children's lives, have led to new trends in child custody. The popularity of awarding joint custody to divorcing parents is based on the assumption that such a solution is the most fair and amicable option and is likely in the best interest of the child. However, it may not be appropriate for divorcing couples when one spouse (typically the mother) has been abused by the other (typically the father). In such cases, courts must evaluate the consequences of awarding parents joint custody since what is in the best interest of the child may not be entirely clear. Making custody decisions for families with a history of domestic violence is difficult, with few clear guidelines to assist in the process.

The typical interventions to assist parents in arranging child visits are mediation and unsupervised child exchanges. These are questionably appropriate when domestic violence is at issue. Supervised visitation centres and child exchange programs have recently developed to offer alternatives for these families. While such programs have become widespread across North America, there is a paucity of research on their effectiveness. This report documents an evaluation of one such program, The Community Safe Visitation Program (Safe Visitation) offered in Calgary, Alberta at the YWCA Sheriff King Home.

Throughout this report, we refer to children as being "exposed" to domestic violence. This is somewhat preferable to the term "witnessing", which implies visually observing the violence. Children may not actually see the abuse, but may well hear it or witness the effects, such as seeing bruises or injuries. The terms "violence" and "abuse" are used interchangeably throughout this document. Further, we use the terms "domestic", "spousal" or "intimate partner" violence to refer to abuse between fathers and mothers, most commonly the man perpetrating abuse on his woman partner. It should be noted that women can be both physically and emotionally abusive to male partners and to children, and, in many abusive couples, both partners may initiate or participate in mutual, typically low levels of violence (Johnson, 1995). In general however, the abuse of men by women partners is substantially different than the reverse (Tutty, 1999). In fact, when men refer to being abused they are often describing disagreements with respect to custody and access issues, the focus of this research.

2.1 The Context of Intimate Partner Violence

Intimate partner violence is a serious and significant issue in Canada. It results in long-lasting stresses and injuries that make the family a particularly dangerous place to live (Tutty & Goard, 2002). Although the major violence is between spouses, children often experience the abuse vicariously, if not directly. The effects of children's exposure to spousal violence and/or being abused in one's family are often far-reaching. Child custody arrangements may not take these impacts into consideration, thus potentially creating further emotional damage to children. Continued exposure to abusive parental interactions after divorce can also affect children.

While a smaller proportion of men are abused by women intimates, the nature and consequences tend to be less severe. In fact, men often describe their partner as being abusive solely in the context of post-separation custody disputes (Tutty, 1999a). In contrast, the abuse of women by male intimate partners is recognized as a serious and significant issue worldwide. Respected international organizations including the World Health Organization, the United Nations Development Program, and the United Nation's Development Fund for Women (UNIFEM) and Amnesty International have highlighted violence against women as of significant concern (Tutty, 2006).

Woman abuse takes many forms. Psychological abuse entails degrading comments and sexual slurs that target the most private and personal aspects of a woman's life. Psychological abuse also includes death threats that elevate the risk of harm to a new level (Campbell, 2001; Tutty, 1999b). Abusive men may sexually coerce or assault their partners (Bergen, 2004). Physical abuse often results in serious injuries and, for some, life-long disabilities. At the extreme, the assaults are brutal and result in death (Tutty & Goard, 2002).

In Canada, over a 22 year period (1978 to 1997), Fitzgerald (1999) noted that spouses were the victim in 18% of all solved homicides and 48% of family related incidents. Consistent with Wilson and Daly, Fitzgerald found that, "Over the two decades, three times more wives than husbands were killed by their spouse (1,485 women and 442 men)" (1999, p. 35).

As noted by Cooper (1994), children are also at risk of being murdered after marital violence and separation. In a file review of family homicides in B.C. from 1984 through 1991, she wrote that:

Children, in fact, constituted more than one-quarter of victims killed by men whose partners had left them, often following chronic violence against the women. In this group of cases, the children had rarely previously been abused by the homicide perpetrator and their mothers were not killed. (p. 22)

When a woman decides to leave an abusive partner, the perpetrator often continues his abuse during a bitter, high-conflict divorce. Leaving the abuser and petitioning for sole custody provides many opportunities for the abuser to continue to instil fear into the victim. According to Stahly (1999), the abusive partner often struggles with the loss of control. Having previously relied upon intimidation, physical threats, and harm to control his partner, abusive men often contest their partner's petition for child custody, leading to long and tumultuous court battles. Continued access to the partner when picking up and dropping off children during child visits affords further opportunities to abuse her.

Although the major violence is by the adult batterer toward the adult victim, children often experience the abuse vicariously, if not directly. The effects of children's exposure to spousal violence and/or being abused in one's family are often far-reaching. After divorce, continued exposure to the actions of an abusive parent can further impact children.

The typical interventions to assist parents in arranging child visits, mediation and unsupervised child exchanges, are, at best, questionable when intimate partner violence is a factor. Supervised visitation centres and child exchange programs have recently been developed as alternatives for these families. While such programs have become widespread across North America, there is a paucity of research on their effectiveness.

This chapter describes the issues for parents and children when intimate partner violence has occurred, and presents the rationale for developing supervised visitation and exchange centres.

2.2 The Impact of Domestic Violence on Women

The effects of having been abused by one's intimate partner can be traumatic, especially if the threats and physical abuse continue over time (Tutty & Goard, 2002). Serious abuse commonly results in women experiencing anxiety, depression, panic attacks, suicidal ideation, or abusing substances (Gondolf, 1998; Tutty, 1998). Each of these reactions could suggest the need for psychiatric intervention, implying that the abused woman is mentally unbalanced: a position that ignores the context of her situation.

Rather than looking at the symptoms in isolation, a number of authors have identified a cluster of symptoms that are similar to those experienced by other victims of violence such as rape, robbery and physical assault (Tutty, 2006). The symptoms include “anxiety, fears, recurrent nightmares, sleep and eating disorders, numbed affect, flashbacks, hypervigilance and increased startle responses” (Houskamp & Foy, 1991, p. 368). Women who experience this pattern of symptoms may be diagnosed as having Posttraumatic Stress Disorder (PTSD), a condition that was recently included in the American Psychiatric Association’s Diagnostic and Statistical Manual-IV (Ristock, 1995).

An advantage of the trauma perspective is that, by definition, these reactions are seen as “normal responses to abnormal occurrences in the lives of these victims” (Gleason, 1993, p. 62). More importantly, the trauma model moves away from an individual perspective that perceives abused women as responsible for having created their symptoms. Rather, her responses are seen as reactions to a larger event over which she has no control: the abusive behaviours of her partner. This context also supports the argument that women who have been assaulted by their partners are not necessarily in need of therapy, since anyone in such a situation would respond with similar reactions.

2.3 The Effects on Children of Exposure to Spousal Violence

This section reviews research on the effects of children being exposed to intimate partner violence, looking at the extent to which they exhibit trauma, externalizing behaviours, such as aggression, or internalizing behaviours, such as depression, all potentially detrimental to their social, emotional and academic functioning. Further, their possibly difficult relationships with parents and peers are highlighted.

The impact on children of being exposed to intimate partner violence has been of concern for a considerable time (Hughes, 1988; Jaffe, Wolfe, & Wilson, 1990). In the 1980’s, a number of authors (Davis & Carlson, 1987; Jaffe et al., 1990; Moore, Pepler, Mae & Kates, 1989) commonly observed that children who witnessed family violence at home often resorted to either the use of physical aggression or withdrawal to deal with conflict. Research by Jaffe and colleagues (1986) and Hughes (1988) concurred that children who are exposed to inter-parental abuse commonly exhibit heightened anxiety, depression, and low self-esteem, problems at school, self-abuse, aggressiveness, dependency, somatic difficulties, and poor sleep habits.

Exposure to domestic violence and child physical child abuse often co-occur. Several studies have reported that in 60-75% of homes where the mother is abused, children are also abused. Children exposed to interparental violence are physically abused and neglected at 15 times the national average in the U.S. (Osofsky, 2004). Children who have witnessed wife abuse and have themselves been abused, are significantly more likely to show more serious symptoms (Hughes, 1988; Hughes & Luke, 1998).

Considerable research has documented that whether children have experienced violence at the hands of their parents or witnessed physical intimate partner violence between their parents, the effects can be serious and long lasting. Witnessing abuse or being the target of child abuse places youth at risk for serious emotional and educational problems that may continue to negatively affect them long after the abuse has stopped.

A meta-analysis conducted by Wolfe, Crooks, Lee, McIntyre-Smith and Jaffe (2003) concluded that 40 of the 41 studies they examined reported negative emotional and behavioural outcomes for children of being exposed to domestic abuse. Furthermore, the authors noted that the effects of witnessing violence can be similar to being a direct victim of child abuse. Sox (2004)

conducted an integrative review of recent literature on the effects of exposure to violence, and reports similarly that such exposure is associated with an increased risk of behavioural and emotional problems, social dysfunction, cognitive delays, and physical injuries in children. Jacobus (2005) concluded from her meta-analysis of children exposed to violence that these children report worse outcomes than non-exposed children on measures of externalizing and internalizing behaviours, as well as social competence.

Although it is clear that exposure to domestic violence is associated with an increased risk of emotional and behavioural problems in children, the issue is complex. It has been difficult to draw definitive conclusions from the research about how exposure to domestic violence is related to specific emotional and behavioural outcomes, due in part to methodological issues such as differing definitions of abuse and types of exposure to intimate partner violence (Geffner, Igelman & Zellner, 2003). Numerous confounding factors exist such as poverty, emergency change in residence, single-parent household, non-violent marital discord, and the presence of non-related psychopathology in children (Osofsky & Scheeringa, 1997). The interplay of a wide range of contextual and resiliency factors, such as individual, familial, and environmental variables, affects the extent to which children are impacted by exposure to abuse (Geffner et al., 2003, Wolfe et al., 2003).

Further, much of the available research in child maltreatment is compromised in that single types of violence are the typical focus without determining whether other forms of abuse were also experienced. Studies that investigate outcomes for children demonstrate that children who have been abused in multiple way, or poly-victims, exhibit the most detrimental outcomes (Finkelhor, Ormrod, Turner & Hamby, 2005). Compared with other forms of child maltreatment, the research on exposure to violence is still undeveloped – pointing to a need for further research, particularly multi-site and longitudinal studies (Wolfe et al., 2003).

2.3.1 Children's Trauma Reactions to Exposure to Domestic Violence

While the earlier research on children exposed to domestic violence focused on externalizing (aggressive) or internalizing behaviours (depression or anxiety), since the mid-1990's, researchers have more recently conceptualized these behaviours as symptoms of a trauma response. The possibility that children exposed to domestic violence may develop Post-Traumatic Stress Disorder (PTSD) is concerning. This disorder occurs after an individual has witnessed or experienced a life-threatening event, creating intense fear, helplessness, or horror (Diagnostic and Statistical Manual of Mental Disorders IV – Text Revision, 2000).

The existence of PTSD symptoms in child witnesses of domestic violence has been commonly noted. Chemtob and Carlson (2004), for example, reported that a high proportion of abused women and children in their study had symptoms of PTSD. Even though women and their children had been out of the abusive relationship for an average of two years, 50% of women and 40% of their children had PTSD.

The developmental stage of the child influences his or her experiences of traumatic events. Children's reactions to trauma tend to differ from those of adults, although researchers have also noted similarities (Osofsky & Scheeringa, 1997). The reactions of children include generalized nightmares about monsters, threats to self or others, or rescuing others. Young children often engage in repetitive play, not consciously aware that they are re-enacting the events that they have witnessed. Children may also believe in their own impending doom and express their fear and helplessness through disorganized and agitated behaviour. Physical symptoms, such as headaches and stomach-aches, are also common to traumatized children (DSM-IV-TR, 2000).

Preschool children exposed to violence in the home have been identified as at risk to develop PTSD symptoms. Lieberman and Van Horn (1998) reported that preschoolers who had witnessed abuse between their parents exhibited behaviours consistent with a PTSD diagnosis. Similarly, Lehmann (1997) noted that over half of his study's population of children had symptoms consistent with PTSD. These were more often described in younger children who had difficulty controlling their emotional state; often being in either a state of emotional numbness or hyper-arousal. Osofsky and Scheeringa (1997) note that even the youngest of children often show regressions in toileting, behaviour, and language, emotional distress, and somatic complaints from exposure to violence. In severe cases, the authors describe clinical cases where infants and toddlers show symptom patterns of PTSD that are similar to adult war veterans.

Kilpatrick and Williams (1998) studied children between the ages of 6 and 12 to compare PTSD in child witnesses of violence to non-witnesses. All but one child exposed to domestic violence exhibited some symptoms of PTSD ranging from mild to severe. The researchers could not determine what variables predicted the severity of the PTSD symptoms. Neither the emotional well-being of the child's mother, nor the child's perceptions of the level of threat were associated with PTSD. Further, children's styles of coping, either active or passive, were not related to developing PTSD symptoms. This implies that even children who appear to be dealing well with their exposure to violence may still develop PTSD. Kilpatrick and Williams concluded that the severity of the assault was not directly related to whether or not PTSD developed, suggesting that even children who witness a 'minor' incident of violence between their parents could develop symptoms of PTSD.

Aggression and acting out are common for adolescents who have been exposed to domestic violence all their lives, as are other behaviour problems, truancy, anxiety, hopelessness, numbing, and substance abuse. However, some adolescents have overcome very difficult life experiences and used their adverse experiences to help others (Olofsky & Scheeringa, 1997).

Several researchers have reported that the level of trauma experienced by children varies according to the severity of the abuse to which they are exposed. Children exposed to more severe domestic violence appear to have higher rates of aggressive behaviour, attention difficulties, anxiety, depression, and dissociative symptomatology than those exposed to less severe domestic violence (Grethel, 2005).

Stahl (1999) and Grethel (2005) reported that both children who have experienced abuse and children who have witnessed abuse between their parents may exhibit PTSD symptoms. Regression to an earlier stage of development, hopelessness, vigilance, and fear were characteristic. Whether children use these behaviours as coping mechanisms or as strategies to deal with relationship issues, they can have a long-lasting impact on their private and public lives. Furthermore, as he or she ages this pattern of behaviour may interfere with both the child's professional and personal relationships.

Exposure to a parent perpetrating severe psychological abuse upon the other may also negatively affect children. In a retrospective study of over 1000 university students, Diamond and Muller (2004) concluded that childhood exposure to a parent perpetrating serious psychological abuse upon the other parent was generally associated with significantly more symptoms of psychopathology in males (internalizing symptoms, externalizing symptoms, and PTSD) than a comparison group of students from non-violent homes or from homes where they witnessed perpetration of less serious psychological abuse.

The research on trauma in children exposed to domestic violence has been critiqued (Pepler, Catallo & Moore, 2000). First, much of the research was conducted on children while they were

residing in shelters. They may be reacting not solely to the domestic abuse but also to the trauma of being uprooted from their homes. Rossman and Ho (2002) compared children in shelters who were both abused and had witnessed domestic violence, shelter children who had solely witnessed violence and a community sample of non-abused or witnessing children. Being both abused and exposed and in shelter were associated with 36% of the sample having a PTSD diagnosis, witnessing and being in shelter led to 24% being diagnosed with PTSD (not statistically significantly lower). Both groups of children had higher PTSD rates than the community group of non-abused or exposed children with a 15% PTSD rate.

Osofsky and Scheeringa (1997) point out that two limitations of the existing research are 1) that often the severity of the exposure to violence has not been quantified and 2) many studies have relied solely on the Conflict Tactics Scale, in which different abusive acts are treated equally and without context.

Not all child witnesses develop PTSD. Two studies by Lehmann (1997) and Devoe and Graham-Bermann (1997, cited in Rossman & Ho, 2002) found rates of diagnosable PTSD at 56% and 51%, respectively. This means that the other half of the sample did not show symptoms at a level consistent with a trauma diagnosis.

Other researchers have focused on factors that may protect children from the negative consequences of witnessing domestic violence. Children who believe that they are in control of their lives and who have higher self-esteem may be less affected by violence that they witness (Grych et al., 2000, cited in Guile, 2004). Conversely, children that perceive the conflict between their parents as more threatening and blame themselves for the conflict report higher levels of internalizing problems (depression, anxiety). Researchers have also suggested that a nurturing, supportive mother-child relationship and/or positive sibling relationships may protect the child and minimize the negative effects of the violence (Moore et al., 1990 & Osofsky, 1999, cited in Guile, 2004).

Research on resiliency, which is defined as “good outcomes in spite of serious threats to adaptation or development” (Masten, p. 228, cited in Martin, 2002), has identified factors such as parenting qualities, cognitive functioning, socioeconomic status, and a positive self-image as correlated with positive adaptation to adversity. Other important protective factors include average or higher than average intellectual ability, good attention, good interpersonal skills, talent, religious affiliation, socioeconomic advantage, and connections with people that are nurturing. In domestic violence situations, the better the mother's mental health and the less frequent the violence, the better are the outcomes for children (Martin, 2002)

In summary, while not all children develop PTSD and some develop PTSD symptoms after exposure to what might seem traumatizing experiences, the trauma perspective contributes to our understanding of the array of behaviours and feelings expressed and exhibited by children exposed to domestic violence.

2.3.2 Children's Externalizing Behaviours

In addition to the trauma perspective, considerable research has focused on externalizing behaviours (behaving aggressively, destructively, or in an anti-social manner). An extensive review of the research examining the effects of witnessing domestic violence on children, Onyskiw (2003) concluded that the majority reported externalizing behaviours more often in children exposed to domestic violence than in children not exposed (control groups). The externalizing behaviours were serious and more often fell into the clinical range than the behaviours of children in control groups

who were not exposed. While Onyskiw did not identify gender differences in the majority of studies that she examined, other researchers have concluded that aggressive and anti-social behaviour are more often apparent in boys who witness domestic violence.

In a unique study, Johnston and Campbell (1993) described five distinct types of abusive parents, and the subsequent effects on parent-child relationships of children's witnessing or experiencing such abuse. When the father perpetrates the majority of the abuse, male children are often also aggressive and controlling. These boys typically manipulate their mothers, and, as they get older, may become violent towards their mothers. Externalizing behaviours in girls more often appeared as they entered adolescence and stood up to their fathers.

The incidence of externalizing behaviour problems in both boys and girls exposed to domestic violence is supported by the research of Kalil, Tolman, Rosen and Gruber (2003). These researchers found no gender differences with respect to externalizing behaviour but, like Onyskiw, linked exposure to domestic violence with externalizing behaviours. While researchers do not agree about whether boys or girls are more likely to exhibit externalizing behaviours, the presence of such behaviour is common among child witnesses.

2.3.3 Children's Internalizing Behaviours

The presence of externalized behaviour problems in children who have been exposed to domestic abuse is relatively easily observable by those in contact with the child. In contrast, internalized behaviours, the symptoms of depression, withdrawal, low self-esteem and somatic complaints, are less visible and may not be interpreted as problematic for years. Yates, Dodds, Sroufe and Egeland (2003) noted that while externalizing problems are more common than internalizing problems, 23% of school-age children and 21% of adolescents in the general population exhibit internalized behaviours that fall within the clinical range. In her review, Onyskiw (2003) commented that most studies concur that children exposed to intimate partner violence exhibit internalizing behaviours such as anxiety and worry. On average, these children withdrew from their peers and had low self-esteem and depression more often than children who had not witnessed abuse. Ayoub, Deutsch and Maraganore (1999) reported that 87.6% of children exposed to spousal abuse in their study exhibited psychological symptoms, with anxiety and fears or phobias the most commonly reported.

Some researchers, but not all, have noted gender differences in internalizing behaviours. Johnston and Campbell (1993) identified such behaviours as more often present in young girls than young boys, describing the girls who had witnessed their father battering their mother as passive and constricted. The research of Yates et al. (2003) concluded that when girls witness abuse in early childhood, they are more likely to exhibit internalizing behaviour in adolescence. Conversely, Lieberman and Van Horn (1998) found no gender differences in internalized behaviours in their study of preschoolers. Both male and female preschoolers were described as anxious and having low self-esteem.

An additional concern about children exposed to domestic violence is the potential impact of witnessing such behaviour on their educational performance and subsequent intellectual development. Although the cause of such impairment is still being determined, researchers such as Yates and colleagues (2003) hypothesized that witnessing violence in the home, particularly in early childhood, negatively affects child development. Huth-Bocks, Levendosky and Semel (2001) determined that child witnesses of domestic violence have poorer verbal abilities and language skills than children not exposed. Furthermore, Osofsky (1999) suggests that the mothers of these children may also be

traumatized. Being emotionally numbed, frightened, or depressed themselves could render mothers unavailable to assist their children in developing either intellectual or relationship skills.

In summary, the negative problems associated with being exposed to domestic violence for at least some children have been well documented. A mix of traumatic symptoms, externalizing behaviours and internalizing behaviours is often reported. Aggressive behaviour, intense fears and disturbed relationships with peers are common. Allen, Wolf, Bybee and Sullivan (2003) examined the coping strategies of children who had witnessed physical abuse against their mothers. Eighty-two percent of these children reacted with fear, 84% of children reacted with anger, and 70% were confused about the abuse. A meta-analysis conducted by Kitzmann, Gaylord, Holt, and Kenny (2003) determined that 63% of child witnesses of domestic violence were coping negatively, compared to control groups of children not exposed to domestic violence. Clearly, these children often experience difficulty coping with having been exposed and could benefit from intervention.

Nevertheless, other researchers argue that children exposed show a wide-range of adaptability, from extreme problems to remaining well within the normal range (Hughes & Luke, 1998). Clinicians and court personnel are advised to assess children individually, not necessarily assuming that they are experiencing problems, but remaining aware that they may be doing so now or in future. The severity of the emotional reactions of some children warrants close attention from courts making custody and access determinations in order to avoid causing further emotional distress.

2.3.4 Relationships with Peers and Parents

Another common issue for children exposed to domestic abuse is problematic relationships with parents and peers. Given the previously described difficulties with trauma symptoms, externalizing and/or internalized behaviours, the connection with relationship issues is not surprising.

In many of the studies that she examined, Onyskiw (2003) reported that children had difficulty with peer relationships with respect to handling frustration, and evidenced poor problem-solving skills. These children reacted aggressively to perceived threats, and more often judged ambiguous situations as threatening than children not exposed to domestic abuse. These difficulties, coupled with the anxiety, low self-esteem and the hyper-arousal characteristic of PTSD, leaves children vulnerable to a myriad of school and peer problems. These children may have difficulty feeling safe and, thus, their hyper-alertness to danger leaves them vulnerable to having poor relationships with friends and adults.

An issue that has received considerable attention in the research literature is the effect of exposure to intimate partner violence on relationships between children and their parents. Problems in these relationships depend on the type of abuse, the child's age, and their perceptions of both parents. Johnston and Campbell (1993) described five types of abuse between parents. When a child continually witnesses his/her father abusing his/her mother, girls generally become passive and fearful of both parents, suffering intrusive memories of the abuse (a trauma symptom) and a realistic fear of their fathers. As girls age, they become openly hostile towards their fathers and often believe themselves responsible for protecting their mother, attempting to do so by diverting their father's attention. In contrast, younger boys tend to become oppositional and attempt to control their mothers, modeling their father's behaviour. Both younger and older boys fear their fathers, and, consequently, behave obediently towards them. While they exercise power by manipulating their mothers, the boys behave submissively toward their fathers out of fear.

In abusive relationships in which the mother is the primary abuser, the least often occurring scenario, children's relationships with their mothers are more unpredictable. Johnston and Campbell

(1993) described young girls as timid and fearful, often engaged in warm and protective relationships with their fathers. As these girls age, they seem to identify with their mother's behaviour, becoming more aggressive and demanding. In contrast, young boys appear both intensely needy of their mothers' approval and deeply fearful of her reactions. As these boys age, they are more likely to model their father's behaviours in response to their mothers. They respond passively or aggressively depending upon how they have seen their father react in similar situations.

Other researchers concur that children's perceptions of their abusive parents may be conflicted or even distorted when they are continually exposed to domestic violence. In Lieberman and Van Horn's 1998 analysis, younger children are more likely to idealize the abusive parent. When separated from him, especially for extended periods, they often wish for reunification. These children may idealize the absent parent, or remember him in black or white terms, as either evil or their potential saviour. They may also feel angry at the custodial parent for ending the relationship (Johnson & Campbell, 1993). Nevertheless, Lieberman and Van Horn mention the contradictory nature of such desires: while younger children idealize their abusive parent, they are not only intensely fearful of them but also identify with that parent's behaviour. In an effort to protect themselves from harm, these children model the abusive parent's behaviour.

In Sternberg et al.'s study of children's perceptions of their abusive and non-abusive parents, (cited in Guile, 2004), children's perceptions depended on the parent's role with the child, not the spousal role. Children did not generalize from their negative perception of the abusive parent to the non-abusive parent. Children who witnessed spouse abuse but were not physically abused themselves, rated both parents as more functional than children who were also abused. The children exposed to parental violence rated their parents similarly to children in the comparison group of children from non-violent homes. This study suggests that children who witness their father battering their mother may be able to form close relationships with him, as long as he does not also victimize them. Also, children that are abused and also witness spouse abuse likely need alternative, more intense treatment than children that have been exposed to spouse abuse, but not themselves been abused.

More recent research on attachment in children from violent homes has lent support to the above findings. Adolescent victims of parental physical abuse reported significantly lower levels of attachment to their parents than non-abused children, whereas exposure to spousal violence had no significant impact upon attachment. The authors note that although witnessing spousal abuse has definite negative effects in other measures of psychological adjustment, in this study the exposure to violence had little impact on the children's perceived relationships with their parents (Sternberg et al., 2005).

Researchers have also identified the potential importance of mothers in protecting and buffering the influence of domestic violence on children. Moore and Pepler (1998) found that mothers' using low levels of verbal aggression was the strongest predictor of her children's adjustment. In contrast, mothers who are depressed and aggressive towards their children may contribute to these children's adjustment difficulties.

Children may also perceive mothers unrealistically. Older boys and girls often feel personally responsible for protecting their mothers (Johnston & Campbell, 1993) and guilty about not being able to protect her from their father's abuse. They may eventually become angry at her for her apparent helplessness (Pagelow, 1990; Allen et al., 1999). Young children may become fearful of the mothers they have watched fight their fathers. While fearful, these children are also often intensely protective of the abuser and fear losing them (Lieberman & Van Horn, 1998; Allen et al., 2003). Younger children

may also feel angry towards their mothers, especially if she separates from her abusive partner. Children may not understand that their father's abuse is responsible for the demise of the relationship. Furthermore, young children may model their father's abusive and angry behaviour when their mother behaves in a way that they do not like (Lieberman & Van Horn, 1998).

While contradictory and extreme emotions may emerge in equally contradictory and threatening households, children who are separated from their abusive parent seldom have the opportunity to develop realistic views of that parent. They may idealize and fear him, yet may not understand his nature in a more complex way (Lieberman & Van Horn, 1998; Pagelow, 1990; Johnston & Campbell, 1993). When children do not see a parent who was violent, they may also repress the memory of the violence, they may exaggerate the danger. Having some contact with the abusive parent may help to prevent the child from having unrealistic fantasies and inappropriate reactions. Tuckman (2005) suggests that most abusive parents still have something to offer a child.

Research on the effects of exposure to intimate partner violence deserves particular consideration when determining child custody decisions, since the research is clear that such exposure can be detrimental to children's normal developmental processes. Furthermore, joint custody may become a catalyst for further abuse of the mother; thus continuing the child's distorted perceptions of his or her parents. Conversely, denying the abusive parent access to his or her child may keep the child physically safe, but with no opportunity to develop a reasonable and realistic picture of the abusive parent. Clearly, custody arrangements in which the child has access to the abusive parent provide many opportunities to understand that parent's nature, challenging any idealized or unrealistic perceptions.

2.4 Child Custody and Access Decisions

According to Poirier (1991), in the last 65 years the resolution of child custody in North America has followed a distinct pattern. Courts have been primarily concerned with resolving custody disputes with "the best interest of the child" in mind. In the past, this typically resulted in the child being placed primarily with his or her mother under the "tender years" doctrine. In this premise, the courts generally assumed that mothers were better suited to raise younger children than were fathers, due to their 'nurturing tendencies' (Neilson, 1997).

As of the last 20 years, courts in non-contested custody disputes have recognized joint custody as a solution that better addresses the interests of the child (Poirier, 1991). The common practice of awarding joint custody to divorcing parents appears to be the norm in both non-contested and high conflict divorces. According to Jaffe and Geffner (1998), courts appear to have been influenced by research concluding that children of divorcing couples benefit from continued contact with both parents. The lobby of father's rights is also responsible for this trend, in that they have argued that women have long been unfairly favoured in custody cases. In Canada, furthermore, divorce law statutes specifically indicate that children should have as much contact with both parents after divorce as possible (Neilson, 1997). Thus, joint custody is the most commonly applied solution to meet children's needs.

In contested custody cases where there is domestic violence, advocates for abused women have expressed strong concerns that awarding custody to perpetrators of partner violence endangers the safety of women and children. In these families, the safety of both the abused parent and her children may be in jeopardy if courts do not carefully consider violence in custodial matters (Shalansky, Ericksen, & Henderson, 1999; Jaffe & Geffner, 1998; Stahly, 1999; Favreau, 1999). Unfortunately, literature on the harm to children of witnessing parental violence has developed independently of the divorce literature promoting maximum contact with both parents (Jaffe & Crooks 2004) who argue that the debate has not been informed by comprehensive, quality research.

2.4.1 Custody Disputes when Domestic Violence is an Issue

When a woman decides to leave an abusive partner, a bitter, high-conflict divorce often results. Leaving the abuser and petitioning for sole custody provides many opportunities for the abuser to continue to instill fear into the victim. According to Stahly (1999), the abusive partner often struggles with the loss of control. Having previously relied upon intimidation, physical threats, and harm to control his partner, abusive men often contest their partner's petition for child custody, leading to a long and tumultuous court battle.

When the courts determine custody, the victims of the abuse are often disadvantaged for a number of reasons, the major one being the trend to award joint custody to parents. With joint custody as the acceptable standard, courts have awarded this to an overwhelming number of contested divorce cases. Sorensen (1995) noted that in Florida, between 1988 and 1990, 84% of judges awarded joint custody to divorcing parents.

To parents with a history of domestic violence, joint custody allows the abuser ongoing access to the victim and to continue terrorizing her. During the custody battle, the victim is forced to face an often-controlling, threatening, and manipulating abuser. The victim is often responsible for proving that she was abused, which may entail disproving her partner's lies about her. Such experiences are both frustrating and stressful according to research conducted by Shalansky, Ericksen and Henderson (1999) who noted that women perceived their partners using the legal system to continue to control them. The women further believed that the courts did not pay sufficient attention to the abuse. Such experiences are daunting to women whose feelings of self-worth may already have been damaged by abusive partners. Facing such obstacles in court, while fighting for sole custody against a partner who has disproportionately more power than she, places her in a vulnerable position.

Women's perceptions that courts do not pay attention to their histories of abuse are supported by quantitative research. Even when evidence of a perpetrator's intimate violence exists in the criminal justice system, family courts often do not know of this history. A retrospective cohort study on child custody determinations found that family courts were made aware of a perpetrator's substantiated history of intimate partner violence in less than 25% of custody cases (Kernic, Monary-Ernsdorff, Koepsell & Holt, 2005). The authors identify a lack of coordination between legal systems, and that family courts do not screen adequately for domestic violence.

In Kernic et al.'s research, when the courts had substantiated information about an abuser's history such as police and court records they were more likely to place restrictions on the father in custody cases. For example, courts were more likely to limit the access of fathers to children, limit their decision-making power, and to require some form of treatment as a condition of access. However, 83% of the fathers with a substantiated history of family violence were still granted access to their children. Surprisingly, these men were also not any more likely to be given supervised access than the comparison group of non-violent fathers. One other noteworthy finding is that allegations of abuse – as opposed to substantiated abuse – were no more likely to lead to restrictive measures against the fathers than the comparison group of non-abusive fathers.

In 1994 in the United States, the National Council of Juvenile and Family Court Judges promulgated the Model Code on Domestic and Family Violence. With respect to custody and access decisions, the Model Code contains provisions including a rebuttable presumption that “it is detrimental and not in the best interest of the child to be placed in sole custody, joint legal custody, or joint physical custody with the perpetrator of family violence”, and a presumption that, “visitation by

a parent who committed domestic or family violence be awarded only if adequate provision can be made for the safety of the child and the parent who is the victim” (Morrill, Dai, Dunn, Sung, & Smith, 2005). State legislatures are free to adopt any or all provisions of the Model Code.

Researchers have investigated the impact of the above DV presumptions on custody and access court orders, examining 393 custody and/ or access orders where the father had perpetrated violence against the mother. In states where the Model Code was adopted and there were no competing statutes (i.e. a presumption favouring joint custody, with no exception for DV, or a ‘friendly parent’ provision), it was less common for fathers to be awarded joint custody than for mothers to be awarded sole custody. Even with the presumption, perpetrators of intimate partner violence were awarded joint custody in 40% of cases. When there were competing statutes, joint custody was awarded four times more often than sole custody to the mother. Furthermore, the DV presumption had no effect on physical custody orders, but the competing presumptions had a strong effect in favour of fathers. A finding that warrants concern is that when there were competing presumptions, sole physical custody was awarded more often to the perpetrators of intimate violence than to mothers (Morill et al., 2005).

While legislative reforms, such as the Model Code, have been developed with the best of intentions (i.e. to protect the safety of abused women and their children) there are often negative and unintended consequences to victims of abuse. In the case of the Model Code, these legislative reforms sometimes have had a negative impact on victims. The rebuttable presumption has led to an increased scepticism in the courts about allegations of abuse. It has also sometimes led to increased delays and costs of litigation – causing victims to compromise and settle for joint custody or unsafe visitation plans.

In a similar vein, laws stating that children who witness domestic violence be reported to child protection authorities have inadvertently re-victimized women (Nixon, 2002). There are not often the community resources available to provide adequate support to women and children fleeing from violence. Jaffe, Crooks, and Wolfe (2003) suggest that it is critical that new legislation or procedures be constantly evaluated and monitored, so that any negative or unintended consequences can be addressed through further legislation or social programs.

In the Canadian context, abusive men are, by and large, awarded unsupervised access to their children. Schaffer and Bala (2003) reviewed Canadian court cases between 1997 and 2000, in which domestic violence was documented as an issue in the trial proceedings. Most of the men that abused their wives were granted access to their children, and, for the most part, this access was unsupervised. Access was denied only in seven of the 31 cases in which the court accepted the mother’s allegations of spousal abuse. In these seven cases, the mothers were victims of extreme physical violence, and the children were also exposed to the risk of serious physical harm. Some of the cases reviewed by Shaffer and Bala were especially troubling, in that courts refused to order supervised access to highly abusive men. For example, unsupervised access was awarded to a man who was a serial wife abuser (having physically abused four of his female partners), who refused to seek treatment, refused to acknowledge he had a problem, and had been deemed by the Child Welfare authority as at risk of abusing the children.

Several researchers have argued that the failure of family courts to protect women and children from perpetrators of intimate violence in custody and access cases constitutes a violation of their human rights, as well as a failure to act in the best interests of the child according to the Convention on the Rights of the Child (Silverman, Mesh, Cuthbert, Slote, & Bancroft, 2004). In their Massachusetts study of child custody outcomes of domestic violence cases, in 46% of all cases the judges

recommended physical custody of children to men who had used violence against the mothers or both the mothers and their children. Similarly, 46% of judges recommended unsupervised access to fathers who had been violent towards their female partners and/or children. All of the female participants in this study possessed some documentation of domestic violence (e.g., police reports, witness affidavits, restraining orders, child protective service reports), with or without child abuse. However, for two thirds of the women in the study, the family court state actors failed to accept or consider the documentation as relevant to child custody. Most of these cases (24 of 27) involved the judges' refusal to accept or consider such documentation when it was presented by women or their counsel. This is troubling given that Massachusetts' own laws include the presumption that children should not be placed in the custody of an abusive parent. Silverman et al. (2004) conclude that the state actors were complicit in ongoing acts of harm against women and children.

Busch and Robertson (2000) describe similar circumstances in New Zealand, where courts have also tended to ignore the importance of spousal violence. The accepted logic is that a parent who has been violent towards his partner but not the children, can still provide a safe environment for those children. Such policies seem counter-intuitive given the previously presented research examining the effects of exposure to domestic violence on children.

As Stahl (1999) notes, even children who have not been directly abused by a parent may suffer psychological distress when having witnessed domestic violence. Furthermore, the abuser's style of parenting may not be adequate even if he has not abused his children. According to Bancroft and Silverman (2002), abuser's parenting styles are often authoritarian, controlling and rigid. These parents may be under-involved, neglectful, and avoid situations requiring parental responsibility. By creating a home environment fraught with violence and fear, the abusive parent has already disregarded the psychological needs of his children. Ironically, the victim's attempts to deal with the effects on her of the abuse, which can include counselling and medication, may make her appear even less stable than the individual who acted abusively, despite the fact that the abusive partner created the environment that led to the need for these coping strategies (Stahly, 1999).

Unfortunately, this logic appears to have evaded the legal system and mothers who petition for sole custody must often find other means to convince the courts that the abusive parent is unfit. In the absence of child abuse, joint custody appears to be the norm in determining childcare arrangements, further disadvantaging the abused parent in court decisions.

2.4.2 Mediation in Disputed Custody Cases

In disputed custody negotiations, mediation between parties may be recommended so that both parents can agree on custody and access outside of the courtroom. According to Maxwell (1999), the goal of mediation is to provide both parties an opportunity to see the other party's perspective and develop an amicable solution that is fair to both parents and the children. Mediation purportedly gives the decision-making power to the divorcing couple, and is less costly for the legal system, as parents discuss their grievances outside of a formal court. Maxwell indicated that mediation is usually successful and appears to be an ideal solution to disputed custody cases.

Nevertheless, mediation is not appropriate for every family because the underlying premise of the mediation process is that both parents come to mediation with equal power in the relationship. This caveat suggests that mediation is not appropriate for couples with a history of domestic violence. Power disparities make the process of fair mediation nearly impossible (Maxwell, 1999; Hart, 1990; Geffner & Pagelow, 1990; Newmark, Harrell & Salem, 1995). Despite this, when the courts refuse to

consider spouse abuse as relevant to parenting and couples are disputing custody arrangements, mediation is often mandated.

In exploring court cases in which mediation is mandated, researchers have reported differences in experiences between couples where there is a history of domestic violence versus couples where there is no history of violence. Tishler, Bartholomae, Katz and Landry-Meyer (2004) reported that couples with DV histories were more likely to be deemed inappropriate for mediation by the mediator, were more likely to be in default of child support payments, and were more likely to report problems with drug and alcohol abuse. The authors of this study suggest that court programs should have the flexibility to tailor their services to the individualized needs of couples, especially given that domestic violence is present in such a large proportion of disputed custody cases. They further suggest that mediation services should ensure that their staff are well trained in domestic violence issues, and that the safety of participants is a priority.

Newmark et al. (1995) surveyed men and women from both violent and non-violent relationships to discern their perceptions of the appropriateness of mediation for custody issues. The researchers evaluated both abused men's and abused women's perceptions of the extent to which they felt empowered in custody disputes. On a scale measuring personal empowerment, defined as how "willing and competent respondents [felt] in working with their partners to resolve the dispute over children" (p. 39), the responses between abused and non-abused women were quite different. The abused women believed that their partners would get what they wanted by 'out-talking' them more often than non-abused women did. The abused women reported that their husbands used revenge tactics when they had not been given their way, and that the abused women feared disagreeing with them. Further, 45% of abused women as compared to only 5% of non-abused women believed that they were in danger of physical harm from their partner. Finally, abused women more often perceived their husbands as having more decision-making power than they had. The abused men perceived mediation similarly to abused women, suggesting that the distribution of power in custody disputes, especially in violent couples, should be a central consideration for mediators in custody discussions.

Research on the serious nature, injurious behaviour and attitudes of abusive men is common and warrants significant attention from courts and mediators. Because mediators are responsible for helping violent families reach fair custody arrangements, attention to the power dynamics in these couples should be of central concern. Hart (1990) reported that abusive partners believe that they are entitled to loyalty and complete obedience from their spouses.

Individuals who abuse partners are often manipulative and may initially impress as wanting a fair and reasonable solution to custody disputes (Bancroft & Silverman, 2002). Furthermore, according to Maxwell (1999), in presenting himself as cooperative, the abusive partner also subtly gives the impression that his wife is unreasonable and vindictive in wishing to keep her and her children away from him. Both Maxwell and Hart concur that after years of abuse, the abusive individual has significant coercive control over his partner and this control is not likely to be relinquished in mediation. The subtle nuances of this control over his partner cannot be resolved or sometimes even identified in the typically small number of mediation sessions recommended.

Furthermore, according to Geffner and Pagelow (1990), abusive partners may behave entirely appropriately during the entire mediation process. They may be eager to sign the resulting custody arrangements, and purport to be earnest in their desire to follow all the rules that they, their women partners, and the mediators agreed upon during mediation. Such agreements may carry no weight to the abuser who may disobey it shortly after custody is resolved, placing the victim in significant

danger again. Without careful attention to the dynamics of violent relationships, mediation is yet another opportunity for the abusive partner to intimidate and control his ex-partner. Geffner and Pagelow commented on the irony of mediation in that, “A woman who has been unable to protect herself from physical assault and abuse is now expected to engage in a face-to-face, honest, open discussion and negotiation with her abuser to reach a ‘mutually acceptable agreement.’”(p. 156).

Saccuzzo and Johnson (2004) have also raised concerns about mediation, reporting that, similarly to the courts, mediators seldom acknowledge or assess for domestic violence. When women did inform mediators of a history of domestic violence or requested court-ordered safety arrangements such as monitored exchange and supervised visitation, they were afforded less favourable custody agreements. Again, joint custody was the most common outcome.

Saccuzzo and Johnson hypothesized that in the cases in which the mediators “detect” domestic violence, they feel responsible for protecting the children. In addition to the issues of power, control, and manipulation, these results suggest that mediation is a risky endeavour for abused mothers. Nevertheless, mediation is often a prerequisite for divorcing parents, whether violent or not.

Johnson, Saccuzzo, and Koen (2005) recommend against mediation being mandated in cases of domestic violence, based on the results of their research with victims and perpetrators of domestic violence who attended mediation services in the United States. Their research concluded that mediators failed to recognize domestic violence in 56.9% of the cases. A court screening form also failed to detect cases of domestic violence in 14.9% of the cases. Legal and physical custody arrangements stemming from mediation resulted in poor outcomes for abuse victims and their children, in that joint legal custody was recommended in the vast majority of cases (91.4% of domestic violence cases), and there were no differences between domestic violence and non-domestic violence cases in mediators’ recommendations for joint physical custody.

Even when mediators identified cases of domestic violence, they recommended that the perpetrators of violence be awarded some physical custody 98% of the time. Mediators also recommended that fathers in DV cases be awarded primary physical custody significantly more than fathers in non-DV cases. Furthermore, even documented concerns about the mother’s safety had no bearing on mediators’ recommendations for supervised visitation. In fact, a higher percentage of protected exchanges were for cases with no domestic violence reported than in cases where such abuse was documented.

On the other hand, some authors suggest it is possible that informed mediators who understand the power and control dynamics and the impact of domestic violence may appropriately intervene with these families. Magana and Taylor (1993) stated that mediation can assist the abusive partner to maintain a relationship with his children, while ensuring that contact between parents is safe. Furthermore, mediation can provide the abusive partner the opportunity to understand the consequences of his behaviour and to discuss his frustration at the dissolution of his marriage and the loss of access to his children. Newmark et al. (1995) noted that when mediators understand domestic assault, the process can empower the victim and provide the abuser access to anger management and counselling that may help curb future abuse.

Maxwell (1999) made a number of recommendations to assist mediators in making the process safe and fair for both parties. These include screening all clients for domestic violence separately, and providing specific training to mediators in the dynamics of domestic violence relationships. With

specific knowledge about domestic violence, mediators may be skilled in identifying power disparities, which can assist both parties to work towards a safe and fair agreement.

2.4.3 Problems with Unsupervised Visitation Arrangements

When courts and/or mediators do not adequately attend to the presence of violence in a couple's marital relationship, child exchanges to fulfill a joint custody arrangement can be seriously problematic for both parents and highly dangerous for victims. A number of researchers have noted that the most perilous time for women in a violent relationship is after they leave (Geffner & Pagelow, 1990; Favreau, 1999; Stahly, 1999; Jaffe & Geffner, 1998). Under a joint custody order, women are forced to renew contact with the batterer on a regular basis during child visitation. Such continued contact leaves women at significant risk of further physical, emotional, and psychological abuse.

Schaffer and Bala (2003) contend that when there has been a history of significant spousal abuse, unsupervised access places children at risk of further emotional and physical harm from the perpetrator. Furthermore, access provides the perpetrator with opportunities to question the child about the mother, and to attempt to continue to exert control over her life.

Child abduction is another risk of unsupervised visitation agreements. In high conflict divorces, parents typically abduct children for one of two reasons. First, the abused parent may fear for the safety of her child under the joint custody order and abduct the child to protect him/her. Second, the abusive parent, angry with the victim for leaving, may abduct his children to punish his spouse for leaving (Johnston, Girdner & Sagatun-Edwards, 1999). A history of violence in the relationship is usually characteristic of parents who abduct children (Hegar & Greif, 1991).

According to Hagar and Greif, the majority of child abductions occur when the child is in the care of the abductor. The characteristics of families in which children have been abducted are different from families with a history of intimate partner violence but that do not abduct children. Both Hagar and Greif (1991), and Johnston et al. (1999) noted that child abductors in divorced families exhibit significantly higher psychological disturbances such as psychoticism, narcissism and exploitiveness. Abductors had significantly poorer mental health functioning than other abusive parents. In determining custody arrangements, the courts typically do not take partner abuse into consideration, nor do they consider disturbances in psychological functioning.

While child abduction during custody exchanges is of serious concern, it does not occur often. The primary safety risk for women who must encounter their ex-partners to exchange children is further physical and emotional abuse. It is not unusual for both parents to use custody exchanges as opportunities to continue airing their grievances and the stress of this situation may often erupt into further violence (Sheeran & Hampton, 1999). In fact, 88% of the women surveyed by Favreau (1999) responded that they had been emotionally or psychologically abused during custody exchanges, and 55% had been abused physically. Furthermore, half of the women surveyed did not feel safe exchanging their children with their spouse.

Shepard (1992) also researched the problems of parents from abusive relationships during custody exchanges. One quarter of the women were forced to have sex at some point during the exchanges, 9% of the women reported being physically assaulted, and one-third reported some form of psychological abuse.

In order to comply with court ordered visitation arrangements, women who may have successfully separated from their abusive spouse are forced into regular contact with him. This can

mitigate against some strategies to which she has resorted for her own safety. For example, restraining orders become pointless if the victim must see her spouse regularly to comply with the custody order. She may face further legal action if she decides not to allow her partner access to their children.

In an effort to make such precarious situations safe, the victim typically chooses highly visible locations to conduct custody exchanges. These locations are commonly local fast food restaurants or police stations. While the public nature of these locations may deter further abuse, the opportunity for child abduction and further violence still exists (Favreau, 1999; Newton, 1997; Stahly, 1999). Clearly, safety during child exchange between parents is of great importance.

In divorces affected by domestic violence, courts may order private supervised visitation of the children to prevent further physical harm to the child and the child's mother during exchanges. In such cases, seemingly neutral family members of the child are shouldered with the responsibility to supervise visits between the child and the abusive parent. These arrangements are intended to relieve the potential danger of child abduction and reduce further abuse to either the parent or child (Clement, 1998).

Unfortunately, private visitation agreements can still be problematic for all parties involved. Newton (1997) recently drew attention to the impracticality of such arrangements. Organizing the visits requires the cooperation of both divorced parents in arranging appropriate times for exchanges, a task that may not be possible for couples with histories of violence, intimidation and control. Furthermore, the parents must be able to find a "neutral" relative who is willing to dedicate a significant amount of time to supervise the visits. James and Gibson (1991) noted that the family supervisor may not believe that such close monitoring is necessary and may be reluctant to maintain vigilance in protecting the child. Conversely, the supervisor may become hostile to and hyper-vigilant about the visiting parent, making the environment uncomfortable and antagonistic for both the visiting parent and the child.

Clement (1998) mentions another problem with these arrangements: the lack of professional training on the part of the supervisor. Often, the elected individual has no experience dealing with power differences. He or she may become subject to the manipulation and control of the abusive parent, thus creating a safety problem for the supervisor, the child and the victim.

Finally, private visitation arrangements are still not guaranteed to be safe, as the abuser may use the private arena to further abuse his partner, often by sending messages to her via the children (Favreau, 1999). The reality is that any exchange without professional supervision offers the abuser the opportunity to inflict physical and emotional harm on his victim and children (Shepard, 1992).

2.5 Professional Supervised Visitation

In the late 1980s and the early 1990s, the need for professional involvement in some child custody exchanges became apparent in family courts across North America. Supervised access centres meet the needs of the distinct population of families in which the safety of the victims and/or the children cannot be guaranteed by traditional child custody agreements (Carlson, 2000). According to Straus (1995), "Supervised visitation is contact between a child and adult(s), usually a parent, that takes place in the presence of a third person who is responsible for ensuring the safety of those involved. Supervised visits are necessary when contact with the adult(s) may present a risk to the child or to a parent" (p. 229). Rather than relying on a private arrangement, centres for the prevention of family violence across North America provide this service in a controlled and safe environment (Clement, 1998; Straus, 1995).

Tuckman (2005) recommends that supervised access is warranted when one or more of the following factors are present in a divorce situation: serious mental illness accompanied by behaviour damaging to children; history of physical abuse with lack of remorse; vindictive behaviour towards the children or custodial parent; arrests for violence against people; abuse of children, including sexual abuse; active alcohol and substance abuse; persistent violations of custody orders; threats or past acts of abduction; attempts by a non-custodial parent to impose religious views on a child against the custodial parent's wishes; ongoing parental conflict caused by a non-custodial parent; attempts to re-establish contact between the child and the non-custodial parent after a long period of time i.e. 6-12 months; and, an alienated child who is strongly allied with the custodial parent, and who views the noncustodial parent as dangerous and damaging.

Johnston and Roseby (cited in Rossman, Hughes & Rosenberg, 2000), state that batterers who continue to stalk or harass their partners, threaten violence, or continue to be physically abusive towards their partners should receive either supervised visitation or their visitation should be suspended by the courts. They caution that unsupervised visitation should only resume when the batterer is no longer physically or psychologically abusive to the custodial parent, and has successfully completed treatment programs such as batterer intervention programs, parenting education, and substance abuse programs.

Schaffer and Bala (2003) argue that in domestic violence cases, unsupervised access should only be granted if 1) the child is not afraid of the father and 2) it is unlikely that the perpetrator of abuse will continue to abuse the mother or child. They further contend that the court should ensure the exchange of the children will not place the mother and/ or children at risk of further harm from the perpetrator.

Straus and Alda (1994) describe two services typically offered by supervised visitation centres. Intense one-on-one supervision is used when the parent poses a distinct risk to the safety of the child. In these cases, staff members monitor the parent-child visits closely. The primary role of the staff is to protect the child's safety while still allowing the child and the parent to have a meaningful interaction.

The second service is that of exchange supervision, also known as monitored exchange. In these cases, the program staff member provides a secure location for parents to conduct child exchanges. The arrival and departure of parents is staggered so that they do not have face-to-face contact. These are appropriate, as Bala (2000) describes:

In some situations where there is a concern about the potential for violence, or at least verbal abuse, between the separated parents but the risk of direct harm to the children seems low, it may be appropriate to have supervision of the process of exchanging care of the child for access visits (p. 320).

Theoretically, the services offered by supervised visitation centres appear ideally suited to separated families in which a parent has been abusive to his spouse. Nevertheless, research evaluating the effectiveness of these centres on the well-being of both the children and their parents has been limited. The need for a well-developed analysis of the centres' outcomes is necessary to determine if these programs are meeting the needs they are intended to fulfill.

Research on the dynamics of divorcing families consistently concludes that children benefit from regular contact with both custodial and non-custodial parents (Lee, Shaughnessy, & Bankes, 1995; Stahl, 1994). Furthermore, Straus and Alda (1994) recommend that unless there are concrete

reasons, children should have regular visits with that parent. The rationale is that children whose parents have divorced often feel abandoned if denied contact with their non-custodial parent. Additionally, Stahl (1994) suggests that developing a relationship with both parents that is reasonably free of hostility and fear, is essential to children's psychological and social well-being. Even when a parent has been abusive, the child can develop a realistic picture of this parent and may avoid repeating similar abusive behaviours in future (Straus & Alda, 1994; Perkins & Ansay, 1998; James & Gibson, 1991).

James and Gibson (1991) observed that regular visitation reduces negative parent-child interactions as the visits are organized specifically to avoid this. The child thus maintains regular positive contact with the abusive parent, a situation that may have happened only sporadically before being involved in the program. Supervised visitation offsets the child's fear that the non-custodial parent has abandoned him or her. Finally, supervised visitation gives the child the opportunity to be parented positively by a parent who may have previously instilled fear and distrust. According to Bancroft and Silverman (2002), children exposed to domestic violence need predictability, structure, and limits in their environment if they are to overcome the effects of living in chaotic, disorganized and unpredictable homes. By their very nature, supervised visitation programs offer these consistencies and when children become aware of this, it is anticipated that their feelings of safety and comfort greatly increase.

In summary, the goals of supervised visitation centres are clearly and commonly aimed at bettering the experiences and emotional well-being of children visiting their non-custodial parent. Stocker (1992) noted that non-custodial parents are spending up to two hours of uninterrupted time with their children in a supervised visitation centres. Furthermore, in these centres, children can relax without having to worry about their safety and the safety of their parents, as both the child and the parent know that the visit is closely monitored.

2.5.1 The Effectiveness of Supervised Visitation Programs

The literature on supervised visitation primarily examines the policies of different centres and provides recommendations for creating new centres. Although there is little research on the effectiveness of these programs, some recent studies have explored the psychological and social outcomes of families who have attended these programs. Other researchers have examined program satisfaction from key stakeholders and parents who regularly use supervised visitation programs.

In a national U.S. survey of administrators of 94 supervised visitation programs, 51 family court judges and 40 child protective services administrators, Thoennes and Pearson (1999) determined that 70% of the judges were concerned that supervised visitation services were not widely available, although they were satisfied with the purpose and goals of these organizations. Without sufficient referrals, many programs struggle to survive. However, the courts were also requesting program reports for consideration in custody and access decisions, a role that most programs do not find appropriate.

Parental perceptions of the visitation experience are another evaluation focus. Flory, Dunn, Berg-Weger and Milstead (2001) examined the experiences of parents attending a supervised visitation centre. Over a 6-month period, interparental conflict as measured by the Modified Conflict Tactics Scale, decreased significantly. Flory et al. speculated that this is because parents feel more accountable for their behaviours and the need to conform to the high standards of behaviour that the supervised visitation centre expects of them. Similarly, Peterson-Badali et al. (1997) reported that parents attending a supervised visitation program experienced less interpersonal conflict.

However, the parents' perceptions of their ex-partner's behaviour in general did not necessarily change (Flory et al., 2001). The custodial parents estimated that their ex-partners had made fewer visits than were documented by staff, suggesting that even with attendance at a visitation centre, parents continue to use "he said/she said" communications that may drive further court visits. Such distorted perceptions of the ex-partner's behaviour suggest the necessity of strict documentation on the part of the visitation centre staff.

On a positive note, Flory et al. (2001) noticed that the more frequent the visits, the greater likelihood of parents complying with court-ordered parenting programs. This conclusion is supported by Pearson and Thoennes (2000) who noted that parents were more satisfied with visitation centres when they attended frequently and received helpful comments from staff.

The research of Jenkins, Park and Peterson-Badali (1997) examined the experiences of both parents (121 interviews) and children (29 interviews) attending the same 14 Ontario supervised visitation centres mentioned previously (Peterson-Badali et al., 1997). Ninety percent of custodial parents and seventy percent of non-custodial parents were satisfied with the program. Furthermore, both custodial and non-custodial parents were satisfied with staff and the safety offered by the program. However, only half of the parents were satisfied with the centre's policy on providing courts with reports obtained from visits, and non-custodial parents were dissatisfied with being restricted to the centre for their visits (custodial parents were satisfied with this policy).

Jenkins et al. (1997) found no evidence that attending a supervised visitation centre reduced hostility between parents. Rather, the researchers reported that parental attitudes towards the other remained stable over time. In this study, thirty-one parents also completed behaviour ratings on their children's behaviour on entry into the program. These children were eight times more likely to present internalizing behaviour disorders than a sample of children from the general population. In interviews with the children, the majority did not understand why they were coming to the visitation centre, although older children understood this more clearly. The children disliked some rules at the centre, felt uncomfortable without other children around, and did not understand the supervisory role of staff.

While attending a supervised visitation centre may be confusing for some, Lee et al. (1995) concluded that children exposed to domestic violence do fare better when permitted to visit their parent in a supervised centre. This research followed 70 children over a six-month period, examining a comprehensive number of variables including depression, self-esteem, aggression, learning and perceptions of their parent's conflict. After attending the visitation centre, there was a significant pretest posttest improvement in children's' perceptions of interparental conflict. With regular, good quality relationships with both parents, the children were better adjusted overall and at school, and were less depressed.

Research conducted by Dunn (2002) examined the adjustment of children attending a supervised visitation centre. Forty-one children between the ages of two and 15 participated in the study. Most had been attending supervised visits for only a short time and had received few services; however, a small group had attended the centre for longer, receiving more services over the course of their involvement. Parents completed the Achenbach Child Behaviour Checklist reflecting their perceptions of their children's behaviour. The children were tested only once, so this research does not document changes in behaviour as a result of supervised visits, but describes the adjustment of children whose parents utilize such services. Dunn reported that most of the children's behaviour scores fell within normal range, with only five of the forty-one falling within the clinical range. Impressively though, 13 of the 41 children had fewer problems than would be expected of a typical child.

In this study, the parents rated their relationships with their children positively. Dunn also examined reports of conflict between the former spouses, finding that neither parent reported significant conflict. Parents with positive relationships with children reported less conflict between themselves and their ex-partner; however Dunn noted that the results of the parental surveys of their relationships with their children may have been heavily biased, as parents “engaged in active impression management” in the course of the research.

Dunn found no significant differences between custodial and non-custodial parental reports of their children’s internalizing behaviours, but non-custodial parents reported fewer aggressive and offending behaviours than custodial parents did. This is not surprising, as custodial parents live with their children and have the opportunity to see the child’s entire range of behaviours, whereas the visiting parent may only see his or her child once per week under strict supervision, thus mediating the child’s negative behaviour. While the research indicated that a parent’s positive self-report of their relationship with their child were associated with a better adjusted child, the result is important as the primary goal of visitation centres is to help parents develop realistic and positive relationships with their children. When children are not exposed to violence and constant arguing about access, they can relax and develop better relationships with both parents.

Pearson, Davis and Thoennes (2005) evaluated a supervised visitation and neutral exchange program offered in 30 of California’s 58 counties. Ninety percent of the parents reported that the program provided a safe environment for themselves and their children. Two-thirds of the non-custodial parents reported being either somewhat satisfied or very satisfied with the services they received at the supervised visitation centres. Supervised visitation users reported a significant increase in the number of days of contact with their children. The percentage who reported seeing their children at least once a week went from 39 to 50%, and those with no contact dropped from 36 to 25%.

Fewer non-custodial parents characterized their relationships with the other parent as "hostile and angry" following program participation, with the percentage dropping from 54 to 26% of supervised visitation clients. Similarly, the percentage of custodial parents that characterized their relationship as “hostile and angry” dropped from 45 to 14% for supervised visitation clients. At least some of the improvements for supervised visitation clients were due to their ability to avoid one another during visits, as the proportion of parents reporting "no contact" increased following program participation. One encouraging result was that thirty–nine percent of the participants reported that they stopped using the service because the court determined that it was no longer necessary, and another 15% of the parents no longer required the program, suggesting that the had service enabled them to safely manage visitation and exchanges themselves.

The Pearson et al. 2005 study also reviewed child support records for 173 program users in three states. Child support payments improved following participation in the supervised visitation centres, with 38% of the users increasing their child support. In cases in which the noncustodial parent entered the program paying less than 100% of what they owed, payment gains were even more significant, with 53% of supervised visitation clients registering gains. The increases in child support payments was especially relevant for never-married parents, in which cases the non-custodial parent paid a significantly greater proportion of what they owed in child support in the 12 months after than in the 12 months before receiving services, with the average percent paid rising from 59 to 79%.

In exploring whether a supervised visitation centre had an impact upon parental attitudes and beliefs with respect to their children, Dunn, Flory, and Berg-Weger, (2004) were surprised to find no differences between custodial and non-custodial parental beliefs and attitudes about their roles as

parents, their expectations of children, and their understanding of their children's needs. It is important to note, however, that the study measured parenting attitudes, and not practices. The parenting attitudes of both sets of parents also fell within the normal range. The researchers speculate that this group of separated parents with histories of domestic violence may be "less pervasive and entrenched" than non-separated families. They also suggest that, since most of the violence between separated parents with domestic violence histories occurs during child exchanges, children from homes where there has been domestic violence may be no more at risk than the general population if contact with the abusive ex-partner is minimized and if access takes place in a controlled, protective setting. The parents that did report significant reductions in attitudes that favour corporal punishment over a six month period in which they were involved with the supervised access and visitation centre.

At the beginning of the study, non-custodial parents tended to rate their children's adjustment as better than the custodial parents, but the perceptions of non-custodial parents became more congruent with those of the custodial parents over the course of their participation in the supervised visitation program. The authors speculate that perhaps since the supervised access centre enabled more regular visitation with the non-custodial parent, the increased contact led children to feel more at ease with the non-custodial parent, and, hence, to be less concerned about being on their best behaviour. It is also possible that children were more relaxed when visiting with the non-custodial parent in the supervised setting, with an absence of inter-parental conflict. The authors suggest that congruent parental perceptions will make it more likely that the parents will manage child-rearing responsibilities in a similar fashion (Dunn, et al., 2004)

Children in the study maintained normal levels of adjustment over the six month period in which the study took place, despite having increased contact with the non-custodial parents. This suggests that children are less likely to exhibit symptoms of maladjustment when needed intervention is in place. The authors conclude that their study suggests that supervised access and exchange programs can help prevent child abuse by reducing the contact and exposure to the actions of the abusive parent during the children's transfer (Dunn, et al., 2004).

Peterson-Badali, Maresca, Park and Jenkins (1997) elicited the opinions of 14 lawyers and 13 judges with respect to 14 supervised visitation programs in Ontario. The lawyers had all referred families to such programs, believing that the service met a need in their communities. Both judges and lawyers were concerned that the demand for the service was greater than the service's capacity, and recommended expanding the programs. Furthermore, the majority of judges and lawyers believed that supervised access programs decrease the amount of time parents spent in court; specifically, these programs reduced hostility between parents and consequently reduced the frequency of court visits. Judges were of the opinion that their custody orders were more likely to be upheld by parents when supervised visits were available. They believed that the centres greatly increase the safety of the children who attend them. Finally, judges and lawyers were satisfied with the nature of the reports prepared by centre staff about parental behaviour during visits. Both judges and lawyers found this neutral information helpful in both court appearances and for making further recommendations regarding custody and access.

On the other hand, some researchers have suggested that judges and supervised visitation centre staff need to collaborate more effectively to develop better ways of responding to the needs of families affected by domestic violence (Praxis International, 2004). In a recent audit of U.S. visitation centres, problems were identified with the way that these two systems work together, creating safety risks for adult victims and children of domestic violence. Supervised visitation centres are often given little information by the courts about the reasons for an order to supervised visitation. The lack of detailed

information about the nature and extent of violence committed by a perpetrator leaves the centre staff ill-prepared to effectively address the safety risks to the adult victim and children. Another safety risk reported by the audit was that the observation notes of the parent-child visit, containing little information of relevance to the domestic violence in the family, were being used by the courts to prematurely award unsupervised visitation to parents whose behaviours remained abusive (Praxis International, 2004).

2.5.2 Recommendations from the Practice Literature

A significant portion of publications on safe visitation centres has been devoted to suggestions and recommendations for developing new centres. Visitation centres appear to meet the needs of their clients; nevertheless, this group remains under-served, requiring more centres. However, supervised visitation centres are steadily becoming more common (Straus, 1995; Clement, 1998) and those that have been operating for a number of years can provide expert suggestions for newer centres, as follows.

Successful, well-established supervised visitation centres provide a wealth of suggestions and practical advice. Visitation centre staff must be trained to understand and deal with the coercive nature of violent family dynamics (Straus & Alda, 1994). As Bancroft and Silverman (2002) discuss, abusers are adept at performing well under observation, often appear loving and caring towards their children in a supervised setting. Skilled observers must intervene at any signs of child distress. Because the visits take place in controlled, supervised settings, the child often feels safe with the abusive parent and may greatly enjoy the visit. Supervisors must be careful not to misinterpret this as indicating that the child will be equally safe and happy alone with the parent outside the centre.

A common recommendation is that supervisors maintain a neutral stance in engaging with both parents. James and Gibson (1991) stress the importance of the supervisor reporting facts and stating his or her own opinion only when asked by courts or judges. The supervisor should be protecting the child, as the child is the primary client of the supervisor. Supervisors monitor the parent during visitation, attending to both the behaviour of the visiting parent and the subsequent body language and behaviour of the child to ensure that the visiting parent is behaving appropriately. In the interest of protecting the child from further abuse, parents are prohibited from whispering to the child, making negative comments about the child's other parent, and forcibly touching the child in any way. Such behaviours are vigorously controlled and when they occur, are recorded both to protect the child and educate the parent about effective child-rearing practices (Clement, 1998; Park et al., 1997; Straus, 1995). The children can consequently visit the non-custodial parent in a safe atmosphere without fear of being hurt themselves or having their custodial parent hurt further.

Parental safety during exchanges is another important issue. When the reason for referral to safe visitation centres is primarily the violence between parents, monitored exchanges may be the only service required. In these cases, the centres provide a safe, neutral place for parents to exchange children without ever having to see each other. It is anticipated that these programs reduce the potential for further violence and abusive language that is stressful for both victims and children. The parents' drop-off and pick-up times are staggered and security is a visible presence that discourages violent outbursts and stalking behaviour of either parent. Many centres have separate entrances for each parent and even separate parking lots in an effort to increase the safety of the abused partners and children. Appointment times are rigidly adhered to, and consistent late or early arrivals may result in cessation of visits between parent and child (Clement, 1998; Hess & Mintun, 1992; Park et al., 1997; Stocker, 1992).

Favreau (1999) surveyed clients of a visitation centre (mostly abused partners) and reported that the women were primarily concerned with the safety and accessibility of the centres. They recommended having the centre located centrally and easily accessible by public transportation, as the lack of reliable transportation was a major impediment to their use of the facility.

2.5.3 Controversies about Safe Visitation Centres

Safe visitation centres appear an ideal solution to the complex problem of custody and access in the context of domestic violence. While visitation centres provide a service that previously has been unavailable to many families, several ethical and organizational issues have yet to be resolved. Barnum (1987) identified the first of such problems; how to interpret a child's problem behaviour. Sometimes children regress to an earlier developmental stage when faced with the non-custodial parent during visitation. It is generally unclear whether this is a result of internal processes, such as grief or anxiety, or whether the child is experiencing harm. Without a clinical assessment of the child, the origins of such problems are difficult to determine, but the consequences can be severe.

Placing too much emphasis on a child's behaviour in a contrived and limited situation can be over-zealous. To control for this possibility, Barnum recommends professional assessments of the child in a number of contexts (such as home and school) before making any recommendations about custody. Furthermore, Johnston and Straus (1999) point out that the children who come to supervised visitation centres are among the most vulnerable in our population, so it is essential that staff do all they can to protect children's psychological safety. This includes working with other community agencies and the courts to ensure that referrals to the supervision centre are appropriate, responding to children's distrust and their need for hypervigilance, supporting the child's ability to appraise reality, addressing the child's needs for safety and a sense of control, and recognizing and intervening when a child is distressed. These are fundamental to operating a visitation service.

A second controversy in visitation is requests to program supervisors/staff to provide reports to courts and judges regarding the visiting parent's behaviour and parenting abilities. Such reports suffer the same limitations as judgments about a child's well-being that were discussed above. The observations are based on behaviours made in a highly controlled and contrived setting and may not reflect the parent's behaviour and attitudes outside the centre. Straus (1995) recommends that centres provide strictly factual data to courts such as arrival times, serious incidents, and observable behaviours. Straus warns supervisors not to give opinions about the visiting parent's parenting abilities, and especially opinions about whether or not future contact should occur. The role of the visitation centre is to record behaviour, not advise on future custody decisions.

A third controversy in visitation is whether or not to offer additional services such as parent education, groups for abusers, and counselling for victims. These are seen by some as conflicting with the neutral stance that is the foundation of visitation programs. Poirier (1991) commented that when clinicians work with families that have experienced abuse, they lose their neutrality to make recommendations about custody arrangements. As such, some critics believe that visitation centres should not offer counselling, to maintain the strict neutrality of the programs.

However, as Poirier points out, providing needed counselling to abusive and abused parents is paramount in ending the cycle of violence. Carter, Kay, George and King (2003) determined that treatments for victims and abusers are often effective and reduce fear and psychological symptoms following the cessation of the relationship. MacMillan and Harper (2003) concur, having determined that clinically significant psychological symptoms were reduced in victims of violence that were provided appropriate treatment. In order to ensure that visitation centres are properly serving victims,

counselling may well be necessary. To resolve the conflict of interest that counselling may create, Poirier suggests that clinicians need to be clear about their involvement with the family if called as expert witnesses. Specifically, they must ensure that they do not purport to have a neutral stance towards any clients that they also counsel.

Despite these conflicts regarding the role of supervised visitation centres, McMahon and Pence (1995) define what they consider the most appropriate position for visitation centres to assume. In examining the centre's beliefs and policies, the researchers determined that, "the Centre's role was to intervene in and influence the process of reordering family relationships from the standpoint of those who had been harmed by violence" (p. 192). This reaffirms that the child is the most important client: the child's psychological well-being must be protected and enhanced as much as possible through the work of the centre.

2.6 Conclusion to the Literature Review

In a society that has deemed joint custody between parents as the fairest option for all parties involved after divorce, the special needs of families that have experienced domestic assault have been forgotten or ignored by courts. Supervised visitation centres are an attempt to resolve this gap and provide a critical service that attempts to ensure the safety of both parents and children, while preserving the integrity of the parent-child relationship. Despite several questions surrounding the neutrality of visitation centres towards parents, supervised visitation centres appear to offer the safest and most practical way to ensure that children maintain a relationship with both parents.

2.7 Community Safe Visitation

This section describes the various facets of the Community Safe Visitation Program in Calgary situated at the YWCA Sheriff King Home. Safe Visitation began as an eighteen-month pilot project with the collaboration of other Calgary community agencies involved in domestic violence issues. These organizations recognized the need for a supervised visitation and access program within the city to provide a protective and safe setting for visitation and transfers so that non-custodial parents could visit with their children.

Safe Visitation's mandate is to provide a safe and comfortable child-centred environment for exchange or parent-child visitation. It is free to the public and parents can utilize the service for a period of one year. The rationale for the program is to increase the safety of individuals and their children who have left their abusive home environment, during the child's visits with the non-custodial parent. The specific program objectives include:

- increased safety for parents and children during visits and exchanges
- provision of a healthy environment for supervised visits between children and non-custodial parents
- decreased stress for both parents and children

Safe Visitation began offering supervised visits as of December 13, 2002. The program started with two part time staff at 18 hours per week and a part time Team Leader working 32 hours per week. Originally the program was offered two days per week on Friday evenings and Sundays during the afternoon. Since April 2004, the program is open for an additional five hours on Wednesday evening.

Seed funding was provided by HomeFront and The City of Calgary MATCH Solutions. The YWCA of Calgary Fundraising and Development Department in collaboration with the Prairieaction Foundation were successful in garnering support from Gail and David O'Brien, who donated the funds

required to close Prairieaction's three year \$5,000,000 campaign and to open the 18 month Safe Visitation Program.

Consistent with similar programs across North America and concerned with the recognized safety risks to women and children after leaving an abusive partner, Safe Visitation offers two services: Supervised Visitation and Monitored Exchange. Monitored Exchange involves the safe transfer of children from the custodial parent to the non-custodial parent for the purpose of access visits without the parents being in contact with each other.

Supervised Visitation is non-custodial parent-to-child visits that are supervised by program staff at the YWCA Sheriff King Home. Contact between the children and their non-custodial parent occurs in the presence of a designated staff member who remains within visual as well as auditory distance of them and ensures that the visit is safe and the interaction appropriate. If not, the staff member intervenes and suggests alternatives. For example, if a father were to ask the whereabouts of the mother, or talk about his plans to get custody of the children in future, the staff would interrupt and ask that the topic be changed. Similarly, if the play became too rough or inappropriate discipline was utilized, the staff would intervene to request that the behaviour stop.

Supervised visitation and monitored exchange are thought to benefit families in which one parent (typically the mother but not always) has been abused by the other (typically the father). Reasons for referral to the program may include emergency protection or restraining orders that prohibit contact between parents or court orders requiring that the parents access the service. As such, an important feature of both services is the safety measures. The parents enter through different doors and leave their cars in separate parking lots to ensure that they do not meet each other either on arrival or leaving, even when late or slow to leave.

In Supervised Visitation, the custodial and non-custodial parents enter at staggered times, such that the non-custodial parent comes 15 minutes before the custodial parent, who drops the children off for the visit with the non-custodial parent. When the visit is over, the custodial parent picks up the children and the non-custodial parent waits 15 minutes until the custodial parent and children have left the premises and area to ensure that no contact between the parents occurs. The same time frames and rules apply to Monitored Exchange.

To date, Safe Visitation has served 440 family members, including children. Currently, there are 26 families in the program for a total of 91 participants. Generally, 50 individuals access the services every month. Individuals can self-refer or are referred by community agencies such as lawyers, judges, probation officers, shelters and child welfare workers.

3.0 Evaluation Methodology

Since Safe Visitation is the first supervised visitation centre in the province of Alberta, the program developers and funders agreed that it would be important to evaluate the service. With little published research to utilize as models, the Research Advisory Team decided on two major evaluation methods: qualitative interviews with parents and standardized self-report measures for both parents and children who were old enough to complete them. The measures were chosen based on the existing research on safe visitation programs and knowledge of the impact of domestic violence on both children and adults.

Parents and children involved with Safe Visitation were asked to complete a number of published standardized measures at pretest (either before starting or within one week); at 6 months; and at one year (or upon leaving the program). The parents were asked to complete the following measures: Parenting Stress Index, Brief Symptom Checklist, Marlowe-Crowne Social Desirability Test, and The Strengths and Difficulties Test (reporting on their children). Each will be described in more detail below.

The Parenting Stress Index (Short form of 36 items)(Abidin, 1990) is a widely utilized measure to identify parent-child relationships that are stressed and at-risk for children developing behaviour problems and adults parenting inappropriately. The short form PSI consists of 36 items derived from the 120 item version. It comprises three scales: Parental Distress, Difficult Child Characteristics and Dysfunctional Parent-Child Interaction. In addition, we utilized the Life Stress Questionnaire (17 items from long version of PSI). This subscale describes typical life stress that may have occurred in the last six months such as leaving one's job, moving and/or being ill. Identifying stresses beyond the current divorce and custody crises was considered important as these could affect the individual adults and their abilities to parent.

We included a symptom inventory in the research package to assess how the Safe Visitation parents were functioning. The Brief Symptom Inventory (Derogatis, 1992) consists of 53 items that assess nine dimensions (Somatization; Obsessive-Compulsive; Interpersonal Sensitivity; Depression; Anxiety; Hostility; Phobic Anxiety; Paranoid Ideation; and Psychoticism). In addition, one can calculate three global indices (Global Severity; Positive Symptom Distress Index; and Positive Symptom Total). This scale is condensed from the Symptom Checklist-90, a commonly utilized measure of psychological symptom patterns of psychiatric and medical patients. The scales have good internal consistency, with alpha coefficients ranging from .71 to .89 (Derogatis & Melisaratos, 1983). Test-retest reliability is also excellent with a range from .68 to .91 for the subscales (Derogatis & Melisaratos, 1983). Scaled scores range from 0 to 100. The scaled scores are converted to T-scores, with a mean of 50. Although there is no clinical cut-off point for the sub-scales, a BSI total stress score of 63 or scores of 63 and above on any of the other subscales constitutes a case of clinical concern.

The Strengths and Difficulties Questionnaire (Goodman, 1999) consists of 25 items on which parents rate their child's behaviours. One advantage of the scale is that, in addition to asking parents to rate their child's problem behaviours, it asks them to rate strengths, a focus that is critical, yet not normally assessed. The Strengths and Difficulties Questionnaire has two versions for different aged children: 3 to 4 years and 4 to 16 years. It has five subscales: Emotional Symptoms Scale; Conduct Problems Scale; Hyperactivity Scale; Peer Problems Scale and a Prosocial Scale. The scores on the first four subscales are added together to create a Total Difficulties Score. Subscale scores range from 0 to 40.

The Marlowe-Crowne Social Desirability Scale (13 items) tests whether parents are trying to present themselves as doing better than they are. Reynolds (1982) developed this 13-item short version (Form C) of the Marlowe-Crowne Social Desirability Scale that has acceptable internal reliability and significantly correlates ($r = .93$) with the original measure. Scores range from 0 to 13 with higher scores representing greater social desirability.

Children aged six and older completed one of two packages of standardized measures depending on their age. One package was for children aged 6 and older; the other for children aged 8 and older. The reason for this is that the language and readability of standardized tests varies by grade level.

The Trauma Symptom Checklist for Children (TSCLC) (Briere, 1996) is a 54 item scale appropriate for children aged 8 to 16. This self-report instrument measures posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, or witnessing violence). It consists of seven scales: Anxiety; Depression; Anger; Posttraumatic Stress Disorder; Dissociation Sexual Concerns and two validity scales (under-response and over-response). The internal consistency of the subscales range from .77 to .89 and show reasonable discriminant, convergent and predictive validity in normal and clinical samples. T-scores at or above 70 are considered of clinical significance.

The Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978) is a 37 item self-report scale for children aged 6 to 19. Subscales include: Worry/ Oversensitivity, Physiological Anxiety, Social Concerns/Concentration and a social desirability subscale (9 items). Each item describes a feeling or action that embodies an aspect of anxiety. The subtitle, "What I think and Feel" reflects this focus. The scale is relatively brief and has extensive evidence that it is psychometrically sound. The Total T-score has a mean of 50 and standard deviation of 10, whereas, the subscales have a mean of 10 and a standard deviation of 3.

The Children's Depression Inventory (Lang & Tisher, 1983) is a 66-item self-report depression scale for children aged 6 and older. The CDI yields two main scales: Depressive and Positive scales. The Depressive scale is composed of 5 sub-scales (Affective Response, Social Problems, Self-Esteem, Preoccupation with Sickness and Death and Guilt) and miscellaneous depressive items. The Positive scale has one sub-scale and miscellaneous positive items.

3.1 Quantitative Data Analysis

Because the evaluation is exploratory and little previous research allows us to hypothesize with any certainty that parents or children would improve after having been involved in Safe Visitation, we chose a probability level of .10 to indicate significance on any of the statistical tests used, primarily t-tests and chi-square analyses. Further, although one might recommend using a smaller than usual p-value because of the number of statistical comparisons with the numerous subscales involved, because of the novelty of the program and the exploratory nature of the research, we argue for using the standard p-value of .10. A further rationale for this is the power of the intervention. The program is a once-a-week parent-child visit, not a therapeutic intervention. Typically, parents receive no counselling and have no contact with each other, a core principle of the program. As such, using a smaller significance level could prevent us from identifying changes that occur as a result of a program, given that any impacts are likely of an indirect nature.

3.2 Semi-Structured Interviews with Parents

All program parents were invited to participate in a research interview within one month of starting the program and again at 6 to 8 months or on leaving the program. The interviews were semi-structured to ensure that we asked key questions with respect to the program, yet allowing each parent the flexibility to tell his/her story as it unfolded. Murphy and O'Leary (1994) have endorsed the utility of qualitative research strategies in studying family violence. In general, the interview questions inquired about how parents had been referred to Safe Visitation, how they were finding the program, what was working well and were they experiencing any difficulties. The interviews lasted from one to two hours.

Diane Roski, a masters-prepared social worker with a number of years post-degree experience conducted all the interviews, which were audio-taped and transcribed verbatim. Standard mainstream social work qualitative research methods were utilized in the data analysis allowing the important themes and sub-themes to emerge (Tutty, Rothery & Grinnell, 1996).

3.3 Summary of Current Evaluation Methodology

In conclusion, the research methodology for the evaluation of Safe Visitation utilizes a mix of quantitative outcome measures with both parents and children, as well as interviews with parents. The measures reflected our understanding of the characteristics of the population and built upon the small body of research already completed.

4.0 Safe Visitation Program Evaluation Results

In total, the program collected demographic data and standardized test information from 281 members of 79 families that went through the Safe Visitation intake process from the program inception until December 31, 2006. Participants entering the program after January 1, 2006 were not included in the sample: however we included participants discharged from the program until April 15, 2006 in the research.

Twenty-six families did not continue after intake, however; the program staff had little information about why these families chose not to use the service. Most (23 of 26) had originally asked for supervised visitation, one for monitored exchange and the final two requests were unknown. In the families that did not continue, the mother was the custodial parent in most cases (24 of 26 or 92.3%). Most (19 of 26 or 73%) of the parents who did not continue but had filled out the intake forms stated that they had been referred by the courts, two were referred by a counselling agency, three were self-referrals and one was a referral from child welfare.

It is possible that analyzing demographic information from program completers compared to non-starters can provide important feedback about for whom the program is best-suited. However, no significant differences were found between parents who continued compared to those who did not on any of the demographic variables, such as referral source, source of income, whether visits were court-ordered or voluntary, reason for referral or marital status. Nor were there statistically significant differences between program completers and non-starters on any of the standardized measures such as parental distress, difficult parent-child relationships, parental symptoms of distress or parental life stress.

Of the 54 families that continued in Safe Visitation after intake, the majority (49 of 54 or 90.7.1%) used the Supervised Visitation service (20 custodial mothers; 3 custodial fathers for a total of 46 adults) with a total of 73 children (36 boys or 50% and 36 girls or 50% with no information on one child). Five families (9.3%) used the Monitored Exchange service with a total of eight children (6 boys and 2 girls).

Slightly more than half (52%) or 28 of the 54 custodial parents from both Supervised Visitation and Monitored Exchange had court orders prohibiting contact. At minimum, this validates the need for supervised exchange and safe visitation. One visiting father from Supervised Visitation had a no contact order against him and one custodial mother had a restraining order against her ex-partner. All six parents interviewed from the Monitored Exchange program had court orders prohibiting contact between the adults, either restraining orders or emergency protection orders.

We conducted a total of 22 interviews with parents that had used Safe Visitation: 14 mothers and 8 fathers. This included five couples. Sixteen interviews were with parents referred to the Supervised Visitation service and six parents utilized Monitored Exchange.

The quantitative data on the families from the Supervised Visitation program is integrated with their interview responses because the qualitative data provides context to the quantitative information. Given the much smaller number of parents and children using the Monitored Exchange service, statistical tests were not warranted and the evaluation feedback uses the qualitative interview data exclusively.

Although Supervised Visitation is a much more intensive and intrusive program, given that parent-child visits are monitored on site, the feedback from parents in Monitored Exchange were remarkably similar on a number of factors. As such, some sections present feedback from parents from both programs where others are specific to either Supervised Visitation or Monitored Exchange.

4.1 Court Experiences Prior to Safe Visitation

The parents had varying experiences with family court, primarily dependent upon whether or not they were the custodial parent. Parents with custody, all but one being women, usually had more positive court experiences than the visiting parents, all but one being men. Of those who had positive court experiences, nine were women and two were men. Those with negative court experiences included six men and four women (one of which did not have custody). One parent did not comment, as they had not yet been to court. Another custodial father had limited court experience.

Five visiting fathers perceived the courts as siding with the custodial parents (all women):

I find that they (the courts) favour the mother. It seemed like no one wanted to hear my side of the story. She was accusing me of being abusive and violent, and no one asked me if I was. (Visiting father, Supervised Visitation)

I think it is all for the women and they don't give the man a second look. I did not get to say a word in court that was not shot right down. I think the court system is a joke when it comes to that. (Visiting father, Monitored Exchange)

In contrast, six custodial mothers mentioned that, despite the fact that they had custody, they perceived the courts as treating men leniently. One mother stated her concern that judges and other professionals do not take domestic violence seriously:

Judges don't give domestic violence a lot of credence. Children are put in harm's way because of decisions the judges make. Even the counsellor we started seeing for marriage counselling said that the aggression was directed towards me, not my daughter. With me out of the (way), there'd be nothing to be upset about. I found that very hard to swallow. (Custodial mother, Supervised Visitation)

Maybe if they were harder on him he would have stopped. When he starts grovelling, they go easier on him. One day, the judge was sending everyone to jail. When our case came up, he pleaded and apologized to me in front of the court, apologized to the judge, said that he would take anger management. He was the only guy in the courtroom that day that did not go to jail. (Custodial mother, Monitored Exchange)

Several parents described scenarios in which the particular judge that presided over the case made a substantial difference in the outcome. As one mother documented:

He's had his access suspended twice, he's been arrested for breaching the protection order, he does drugs and alcohol and it's in the order that he's to abstain. We had court for the third time. If he didn't show up, sole custody to me and no access to the children. He showed up, of course. He's not following the order, he's phoning outside of the time. The judge said, "Fine, you're not seeing your kids. You can access them through the court system." It so depends on that judge. Then you get a different judge who says, "If you promise me you're going to do this,

we're going to give you..." They give him so many chances. (Custodial mother, Monitored Exchange)

My (child) came home once with a bite mark on his arm. Another time he came home from a visit and his anus was bloody. So the Child Abuse Clinic was involved. We had reports saying that dad should be supervised medically but the judge did not adhere to what we had to say. He was not listening, now it is to the point where dad feels that I am doing this for no other reason than to remove him, which was not the case at all. (Custodial mother, Monitored Exchange)

One custodial mother commented positively that the court had ruled in her favour, taking her partner's attempt to discredit her into consideration.

The court has been in my favour pretty much the whole time. He's tried to take my children away. He called social services and said we were abusing the children. They came over, stripped my children and said, "Get a grip, there's nothing wrong with these children. Leave her alone." If you take that extra effort and put your children into the programs that they should be in, the courts kind of applaud you. They're good as long as you make an effort to show them that you care and that you understand. Mine (court experience) was really positive. (Custodial mother, Monitored Exchange)

4.2 Parents' Custody and Access Issues Prior to Safe Visitation

The custody and access issues that prompted utilizing the Supervised Visitation and Monitored Exchange services were remarkably similar. Of the women interviewed, all but one had custody of the children, a mother who was using the program for supervised access to her children. The parents cited a number of reasons for needing Safe Visitation. The most commonly cited (mentioned by 11 custodial mothers) was previous negative experiences with unsupervised or non-professionally staffed supervised visitation.

I tried using me (no supervised exchange) and he started getting aggressive; then his family, although not all his family were willing to do it. They felt uncomfortable. I learned that he had a long history of aggression. (Custodial mother, Supervised Visitation)

We had to stop the visits 'cause the way (child) was feeling and the abuse, the screaming and the yelling and screeching in the car and throwing things at me on the balcony. (Custodial mother, Supervised Visitation)

The first was him coming here (my home). When my current husband wasn't home, he would yell and scream at me. Then his friend agreed to do visitation, a woman. But he would show up before I would, and then it's the same thing, different location. I never denied him access; I was trying different ways so it wouldn't involve me. I went to court for a restraining order. In the process, I was referred (here). When I went to court, I said, "I just want him away from me, not the children." (Custodial mother, Monitored Exchange)

Even going through friends (for exchange), he was leaving disturbing messages for me through them and trying to manipulate. Always changing schedules, when the kids are expecting him and he never shows up. I hired a day home. I would drop the kids off an hour before he was to get them. It turned into a disaster and she did not want to do it anymore. We could not find people to do it. He was always angry and making people uncomfortable. (Custodial mother, Monitored Exchange)

In several cases, the father's attempts to provide supervised access were deemed unacceptable by the custodial mothers.

I tried to provide adequate supervisors. Those were rejected, some in court. I had lots of supervisors, my ex-wife would say no without even meeting them. So, supervised visits were at her discretion. It never happened. (Visiting father, Supervised Visitation)

I was trying to get visitation myself, but (a private company) was the only option she was giving me. (Visiting father, Supervised Visitation)

When we first separated, I went through a lot of court appearances and it cost me a lot of money, and nothing ever happened. If I wanted visits, I had to pay for them. I used my family and my wife came back with horrendous allegations about me and my family. So, this is my last resort without having to hire a professional. (Visiting father, Supervised Visitation)

Another visiting father had attempted to come to an agreement about child visitation, but his ex-partner refused him access to the children. He took the case back to court and was ordered to access Safe Visitation.

In another situation, a visiting father refused to adhere to the supervised visitation requested by the custodial mother. He took her to court and was initially granted access to the children with his family members providing the supervision. The custodial mother did not comply and, after many court experiences, the father was ordered supervised visits at Safe Visitation.

A second significant reason that parents became involved with Safe Visitation was child welfare involvement. Child welfare was involved in six cases (5 Supervised Visitation and one Monitored Exchange). In each of the five Supervised Visitation cases, the child welfare worker had prohibited the visiting fathers from having unsupervised access with their children. Custodial mothers were notified that they would lose custody of their children if they reunited with the fathers. One custodial mother stated, "Child Welfare didn't want (ex) to have anything to do with (child). And if (ex) was back in the picture in my life, (child) would be taken away."

Child Welfare decided he needed supervised visits. They became involved when I went to the shelter with the kids. They told me that if my husband came back home, the children would be gone. (Custodial mother, Supervised Visitation)

We were in a support agreement with Child Welfare and our social worker explained Safe Visitation. My husband had been removed from the home because he had abused some of the kids and for the first months after he was removed, Child Welfare did not want him to have any contact with the children. The worker was telling me, "He must not have contact with the children, period" and I was just cooperating with her. (Custodial mother, Supervised Visitation)

One custodial mother from Monitored Exchange described her history of child welfare involvement.

Child welfare has been involved on three occasions and has ordered a bilateral parenting assessment. I have just completed mine; however, dad hasn't and refuses to. (Custodial mother, Monitored Exchange)

Four visiting fathers complained about the expense involved in other supervised access options.

I was in a pre-trial hearing and the judge brought (the SV program) up because I couldn't afford to pay for the visitation through (private company). They supervise visits at your home. It was costing me \$200.00 every two hours. I spent about \$1,200 and then said, "I can't do it anymore." So, these are free. That's how I found out about it. (Visiting father, Supervised Visitation)

Several parents had tried other counselling or mediation to address marital or custody and access issues, either before or during involvement with Safe Visitation.

We went through mediation, but that was crap, so we walked out. No matter how hard you try to stay neutral, you're always going to side with somebody, mentally. So, I just said, 'I'm out of here.' (Custodial mother, Supervised Visitation)

We started with family therapy and that wasn't as helpful. We really weren't dealing with the issues that I felt needed to be dealt with and that was really difficult. We went for a time and it wasn't bad, but I had no idea about the lady's focus. It certainly wasn't violence or abuse. She didn't seem to understand those issues at all. It was quite disheartening. (Custodial mother, Supervised Visitation)

The first six months (in program) I was confused, angry from before. It helped to keep my head on straight. I really don't like the situation and don't know how to get out of it. It's frustrating, and, to get really good answers, you have to pay a lot of money. (Visiting father, Supervised Visitation)

In summary, the parents had attempted numerous solutions to custody and access before embarking in the Safe Visitation program. The reasons given for program involvement included previously unsuccessful attempts to arrange visitation, often because visiting fathers behaved abusively toward their ex-partners during the exchanges. Child Welfare involvement was the second most commonly mentioned reason, with visiting parents being prohibited from unsupervised contact with the children.

5.0 Safe Visitation - Supervised Visitation Service

This section relates the experiences of parents who accessed the Supervised Visitation service of Safe Visitation, examining referral sources, the parent's perceptions of their own and their children's functioning and the impact of the program on the children. Because this information is from the total sample of parents that used Supervised Visitation, not all of whom were interviewed, the following statistics may differ from that previously reported from the group of interviewed parents.

Looking first at the demographic characteristics of all 54 families that had used Supervised Visitation, most were Caucasian (81 or 75%) with two parents each of Aboriginal (3), Asian (6), East Indian (3), Black (4) and Central/South American (3), Middle Eastern (2) backgrounds. The families had from one to three children: 55.5% (30 families) had one child, 35.2% (19 families) had two children and a minority (5 or 9.3%) had three children. The age of the oldest child ranging from less than one year to age 12, with an average age of six years. The parent's ages ranged from 22 to 57 years.

With respect to marital status, 32 couples (59%) were separated and 14 (26%) were divorced with the rest being single. About three quarters (76.5%) of the 102 adults that reported income was from employment (78 of 102). Three visiting adults had no income and the remainder (21 parents or 20.6%) had income from a variety of other sources including unemployment insurance, disability income and student loans.

As previously mentioned, 36 mothers and nine fathers were custodial, although eight mothers and six fathers described their custody as joint. Although the custodial parent did not always agree with the visiting adult about who had referred the family to Safe Visitation, 71% (66 of 93 parents or twenty-three families) were referred by legal sources such as the court, 12.9% by Child Welfare (twelve parents or six families), 5.4% (five parents) were in-house from other YWCA Sheriff King Home programs and 10.8% (ten parents or five families) were self-referrals.

The most commonly noted reasons for the referral were safety 27.6% (19 custodial parents and 10 visiting parents); and domestic violence (21% or 9 visiting and 13 custodial parents). Seven reported that the program had been requested by the custodial parent, three mentioned that it had been requested by the visiting parent. Other reasons noted by more than one parent were a court order (9 parents), child fearful of parent (2), allegations of child abuse (5). Four visiting parents did not know the reason for the referral. A little more than half (51.9% or 28 of 54 families) had a protection or restraining order.

At the time of data entry (April 2006), the families had been in the program for a duration of from 13 days to 395 days (over one year) with an average length of program of 130 days (4 months). Since the second data collection time period was scheduled to be at 6 months, only about half of the families provided data for a pretest/post-test data analysis, thus partially explaining the low numbers of post-test data available for the quantitative analysis.

5.1 Referral to the Supervised Visitation Service

Sixteen interviewees were referred to the Supervised Visitation service of Safe Visitation, including three couples and ten women. Of those interviewed seven were visiting parents referred for supervised visits: six men, and one woman. In addition, nine women described their perceptions of their ex-partners' participation in the program. They had heard about the program from different

sources. With respect to one couple, the visiting parent found out about Safe Visitation through a community agency. In another couple, the visiting parent heard about the program through his father, who had seen a television news story about the program and told his son about it. The third couple was court mandated to the program. Of the nine women who described their ex-partners' supervised visits, three men were court ordered, four were referred by a YWCA Sheriff King Home-related program and two other men found out about the program through court.

5.2 The Supervised Visitation Parent's Perspectives of Their Functioning

To test the possibility that custodial parents, who spend the bulk of their time with the children, might perceive their own and their children's behaviours differently than visiting parents, we conducted statistical tests on the standardized measures to compare the scores of custodial to visiting parents at the beginning of their involvement with the Supervised Visitation service (see Appendix 2).

A series of t-tests on the pre-test scores of the total sample of parents showed three statistically significant differences on parent's perceptions of their own stresses and symptomatology and parenting stresses. Visiting parents scored higher on the Depression subscale of the Brief Symptom Inventory than custodial parents. On the Parenting Stress Index: Difficult Child, custodial parents were significantly more likely than visiting parents to perceive their children as behaving in difficult ways. Custodial parents were, finally, more stressed in their parenting overall, as indicated by scores on the PSI Total.

To identify whether there were any differences between custodial parents and visiting parents on symptoms of clinical concern on the Brief Symptom Inventory at the start of the program, we conducted a chi-square analysis (see Table 1). As can be seen below, 53.6% of parents fell within the clinical range. The resulting chi-square value of 1.68 ($p = .14$) indicates that as many custodial as visiting parents scored above the clinical cut-of and may benefit from counselling.

Table 1: Brief Symptom Inventory Clinical Level by Role Status at Start of Supervised Visitation

		Visiting Adults	Custodial Adults	Total
BCI Clinical Level	No	14 (40%)	21 (60%)	35
	Yes	22 (55%)	18 (45%)	40
Totals		36 (48%)	39 (52%)	75

A further analysis compared the parent's self-reported scores at the start of the Supervised Visitation service to their scores at six months or when they left the program (see Table 2). When looking at the subset of twenty parents who completed measures both at the start and at 6 months (or completion) of the program, scores did not generally improve to a statistically significant degree, although half were in the improved direction.

Notably though, three subscales rated by parents improved to a statistically significant degree: the BSI Interpersonal Sensitivity subscale and the BSI Positive Symptom Distress Index. Interpersonal Sensitivity refers to feelings of personal inadequacy, particularly in comparison with others. Self-deprecation, self-doubt and significant discomfort dealing with others are characteristic. Importantly as well, the BSI Global Symptom Rating improved to a statistically significant degree from program start to finish.

The Positive Symptom Distress Index is calculated by counting the sum of the scores and dividing by the PST or number of items not endorsed with a zero (indicating no problem). It provides

information about the average level of distress. This index also improved significantly from the start of the program to the 6-month point or program completion.

Table 2: Supervised Visitation Parent Self-reported Scores

Variable	Pretest Score (total sample at program start)	Pretest Score	Post-test Score	T-test
BSI Global Symptom Inventory	58.8; s.d.=10.9 (N=75)	64.3 (n=20)	61.4 (n=20)	1.86; p=.078*
BSI Somatization	54.8; s.d.=10.3 (N=75)	59.9 (n=20)	57.9 (n=20)	1.17; p=.26
BSI Obsessive Compulsive	58.2; s.d.=10.7 (N=75)	64.5 (n=20)	62.1 (n=20)	1.61; p=.12
BSI Interpersonal Sensitivity	57.2; s.d.=9.9 (N=75)	62.1 (n=20)	57.1 (n=20)	2.72; p=.013**
BSI Depression	58.4; s.d.=10.6 (N=75)	61.6 (n=20)	60.3 (n=20)	0.56; p=.58
BSI Anxiety	57.3; s.d.=10.4 (N=75)	60.8 (n=20)	58.6 (n=20)	1.16; p=.28
BSI Hostility	52.7; s.d.=9.4 (N=75)	54.9 (n=20)	54.7 (n=20)	0.11; p=.91
BSI Phobia	53.7; s.d.=9.6 (N=75)	58.1 (n=20)	56.3 (n=20)	1.19; p=.25
BSI Paranoia	58.1; s.d.=10.9 (N=75)	63.5 (n=20)	61.8 (n=20)	1.12; p=.28
BSI Psychoticism	59.5; s.d.=11.1 (N=75)	62.9 (n=20)	62.2 (n=20)	0.30; p=.77
BSI Positive Symptom Distress Index	54.9; s.d.=10.9 (N=75)	59.1 (n=20)	55.5 (n=20)	1.84; p=.08*
BSI Positive Symptom Total	58.5; s.d.10.6 (N=75)	63.9 (n=20)	62.3 (n=20)	1.39; p=.18

A further chi-square analysis examined whether parents moved out of range of clinical concern as documented by the Brief Symptom Inventory after six months or on completion of the program. As can be seen in Table 3, the chi-square value of 2.55 (p=.15) shows no changes in clinical levels from start to program completion. One parent moved into the clinical range from the non-clinical, and the scores of five parents who were in the clinical range at the start of the program, were no longer were of clinical concern at post-test. However these shifts were not statistically significant. Eleven parents continued to score above the clinical cut-off and may be in need of counselling.

Table 3: BSI clinical level * BSI clinical post Supervised Visitation Program

	BSI Not Clinical Pretest	BSI Clinical Pretest	Total
BCI Not Clinical Posttest	3 (37.5%)	5 (62.7%)	8
BCI Clinical Posttest	1 (8.3%)	11 (91.7%)	12
Total	4 (20%)	16 (80%)	20

5.3 The Impact of Supervised Visitation on Children

We examined the parent's perceptions of their children by asking them to complete standardized measures rating the children's behaviours and asking them to comment on this narratively during the interviews.

As with the parent self-reported scores, we began with a comparison of custodial to visiting parent's perceptions of their oldest and second oldest children at the start of the program to identify possible differences (see Appendix 3). The only significant differences were that custodial parents saw their oldest child as demonstrating significantly more problems overall (Total Child 1) and as showing more conduct and emotional problems than the visiting parents, however none of these issues were at levels of clinical concern.

The data in Table 4 reflect how the parents (both custodial and visiting) describe their oldest and next oldest children, both when they began the Supervised Visitation program and after six months (or on leaving). At the beginning of the program, parents did not perceive their children’s behaviour as falling within the clinical levels of the Strengths and Difficulties Questionnaire.

With respect to the pre-post comparisons, note that the t-test only considers scores for those whose information is available at both times. As such, the sample sizes for the pre-post comparisons are much smaller. All subscales improved in the desired direction by 6 months or on program completion but not to statistically significant levels, as perceived by their parents.

Table 4: Parent’s Perceptions of Their Children in the Supervised Visitation Program

Variable	Pretest Score (total sample at program start)	Pretest Score	Post-test Score	T-test (p-value)
Strengths and Difficulties Questionnaire				
S&D Total Child 1	13.0; s.d.=6.3 (N=56)	13.1 (n=12)	11.5 (n=12)	1.01; p=.33
S&D Total Child 2	19.2; s.d.=17.9 (N=27)	16.4 (n=7)	14.4 (n=7)	1.5; p=.17
S&D Prosocial Child 1	7.8; s.d.=1.9 (N=57)	7.4 (n=12)	7.2 (n=12)	0.45; p=.66
S&D Prosocial Child 2	13.2; s.d.=18.5 (N=27)	7.6 (n=7)	8.6 (n=7)	-1.4; p=.20
S&D Emotional Child 1	2.5; s.d.=2.4 (N=57)	2.8 (n=12)	2.2 (n=12)	0.68; p=.51
S&D Emotional Child 2	7.9; s.d.=20.0 (N=27)	3.3 (n=7)	2.1 (n=7)	1.29; p=.24
S&D Conduct Child 1	1.7; s.d.=1.6 (N=55)	2.3 (n=12)	2.2 (n=12)	0.23; p=.82
S&D Conduct Child 2	7.5; s.d.=20.1 (N=27)	2.7 (n=7)	2.6 (n=7)	0.19; p=.85
S&D Hyperactivity Child 1	3.9; s.d.=2.2 (N=57)	4.8 (n=12)	4.3 (n=12)	1.2; p=.25
S&D Hyperactivity Child 2	9.7; s.d.=19.5 (N=27)	5.0 (n=7)	5.0 (n=7)	0.00; p=1.00
S&D Peer Child 1	1.6; s.d.=1.6 (N=57)	1.9 (n=12)	1.6 (n=12)	0.85; p=.53
S&D Peer Child 2	7.7; s.d.=20.0 (N=27)	3.6 (n=7)	3.6 (n=7)	0.00; p=1.0

The scores on the Parenting Stress Inventory are also relevant to this section (see Table 5). At the beginning of the Supervised Visitation service, on average, the parents (both custodial and visiting) did not perceive their relationships with their children as problematic. Notably though, after participating in Supervised Visitation, parents perceived statistically significant improvements in three areas: Parental Distress, Parental-Child Dysfunctional Relationship and PSI Total Stress, all critical factors in their daily lives. This implies that the parents perceived their relationships with children as much improved at program conclusion. Likewise, they experienced considerably less stress being a parent. Further, their responses were less defensive after the program as compared to their pretest responses as rated by the PSI Parenting Defensive Responding Index.

Table 5: Parent-Child Dysfunctional Relationship

Parenting Stress Index Scores				
PSI Subscale	Mean (Standard deviation) total sample at pretest	Mean score at pretest	Mean score at post-test	t-test score & significance
PSI Parental Distress	21.5; s.d.= 29.8 (N=81)	28.3 (n=23)	21.6 (n=23)	2.35; p=.03*
PSI Parent-Child Dysfunctional Interaction	48.1; s.d.= 31.4 (N=81)	53.6 (n=23)	41.7 (n=23)	2.23; p=.04*
PSI Difficult Child	37.4; s.d.=32.2 (N=81)	44.9 (n=23)	40.6 (n=23)	0.76; p=.45
PSI Total Stress	32.2; s.d.=30.6 (N=81)	41.8 (n=23)	28.9 (n=23)	1.98; p=.06*
PSI Defensive Responding	54.7; s.d.=35.7 (N=81)	70.9 (n=23)	58.2 (n=23)	2.54; p=.02*
Total Life Stress	4.37; s.d.=2.2 (N=81)	4.1 (n=22)	3.7 (n=23)	0.78; p=.43

The parent interview comments concur with the quantitative results of the standardized measures of the children’s behaviours and parent-child interactions. Most parents noticed an impact

upon their children. Three parents, two custodial mothers and one visiting father, stated that the program had impacted their children's well-being:

I don't know if it's gotten any easier, but I've noticed a little bit of a change in (child). Now (child) is more playful. (Visiting father, Supervised Visitation)

It helped her with safety boundaries. She knew that if she felt uncomfortable, she could ask to leave. She seems much more easy-going, more on an even keel. I have nothing but praise for that program. I saw a huge difference with my daughter. (Custodial mother, Supervised Visitation)

We saw a difference in the play therapy; my parents saw it. It was good for him to see his dad. He was more settled. It was good to have that time where it was supervised and there are some ground-rules. Now that he is seeing his dad again, we are very respectful of each other. It is much better. Given that time there to transition was really good. He was not afraid. He was being a little more outgoing, just the confidence. (Custodial mother, Supervised Visitation)

Seven parents mentioned program aspects that they perceived had positively affected their child's well-being, such as that the structure and comfort of the toy room allowed the children a time to adjust before seeing the visiting parent in an unsupervised setting. They described the program structure as offering consistency and allowing the child to maintain their bond with the visiting parent, especially since they acknowledged that the child missed the other parent. Two custodial parents were relieved that under program supervision, the fathers could not negatively influence the children.

Both custodial mothers and visiting fathers commented positively about the program helping to maintain the bond between the child and the visiting parent, some of whom would otherwise be unable to see their children. One visiting father stated:

It kept that bond that we had when I was living with (child). If I didn't have this program, I wouldn't be seeing (child) at all. (Child) would have forgotten about me. (Visiting father, Supervised Visitation)

Other custodial mothers commented about the importance of their child getting to know the visiting parents, which is especially important for young children. Further, children are disappointed when visiting parents miss their visits.

(Child) knows who is dad is. (Child) would not run to a stranger anymore and call them dad. When dad missed his visit, (child) does not want to sit on the high chair, does not want to eat, (child) wants to go see dad. Unfortunately (child) can only see dad for short a time. (Custodial mother, Supervised Visitation)

The regular visits help my (child) gets used to seeing dad again. (Child) really misses dad. Everybody is nice in the centre and (child) can nicely visit and then leave. If (child) has issues after the visits, we deal with it at that time. Everything has been working out great. (Custodial mother, Supervised Visitation)

Before they started the visits, they were feeling some anxiety or missing their father. Being able to see their father has alleviated that. It has been good for them. (Custodial mother, Supervised Visitation)

Seven parents commented on the general impact of the Supervised Visitation service, primarily noting that the decreased exposure to domestic violence had a positive effect on their children. However, one visiting parent observed the children as cautious during the visits.

They're still pretty guarded about what they say. And a part of the program is that I can't ask too many questions, so, it's not like a visit, it's not really the right environment. (Visiting father, Supervised Visitation)

Other positive effects mentioned by the parents were that the children come to understand that their fathers are not angry with them. Children can openly tell their fathers about their feelings without repercussions and learn what parent behaviours are appropriate. The custodial parents hoped that this would impact them later in life.

Overall, most parents did not identify specific improvements in their child's behaviour but they validated the importance of the children seeing their visiting parent in a safe, consistent and structured manner. This allowed the child and parent to continue their relationships without fear of continued exposure to domestic violence.

5.4 Children's Self-Reported Responses

A small sample of children from the Supervised Visitation service completed self-report measures at both the start and at 6 months or completion of the program. The results from these standardized measures are listed in Table 6. The scores for the entire sample at the start of the program (pretest) indicate no depression (T-scores are in the average range) on the Children's Depression Inventory (CDI), no clinically significant scores on the Revised Children's Manifest Anxiety Scale (RCMAS) or on the Trauma Symptom Checklist for Children.

The children self-reported no statistically significant improvements from the start to finish of the program. By inspection, however, the average changes are in the improved direction at the end of the program. This sample is so small, though, that the results should only be considered as suggestive. Further data collection is recommended.

Table 6: Children's Self-Report Measures from the Safe Visitation Program

Measure	Pretest Score (total sample at program start)	Pretest Score	Post-test Score	T-test
CDI Total	47.6; s.d.=8.3 (N=25)	48.6 (n=10)	46.5 (n=10)	1.25; p=.24
RCMAS Total Anxiety	46.3; s.d.=10.3 (N=28)	48.1 (n=11)	44.7 (n=11)	1.20; p=.26
RCMAS Physiological Anxiety	8.9; s.d.=2.9 (N=28)	9.1 (n=11)	8.3 (n=11)	0.74; p=.48
RCMAS Worry/Oversensitivity	8.5; s.d.=3.3 (N=28)	9.5 (n=11)	8.2 (n=11)	1.42; p=.19
RCMAS Social Concerns/Concentration	8.4; s.d.=2.6 (N=28)	8.45 (n=11)	8.36 (n=11)	0.89; p=.93
RCMAS Lie	13.8; s.d.=17.1 (N=28)	10.4 (n=11)	10.8 (n=11)	-0.83; p=.42
TSCC Anxiety	53.3; s.d.=14.8 (N=19)	48.6 (n=5)	50 (n=5)	-0.38; p=.72
TSCC Anger	48.2; s.d.=7.5 (N=19)	52.2 (n=5)	49.0 (n=5)	0.80; p=.47
TSCC Depression	47.7; s.d.=7.9 (N=19)	48.0 (n=5)	45.4 (n=5)	0.55; p=.61
TSCC PTSD Symptoms	53.2; s.d.=12.5 (N=19)	51.0 (n=5)	49.6 (n=5)	0.35; p=.74
TSCC Dissociating	50.8; s.d.=10.6 (N=19)	54.0 (n=5)	49.2 (n=5)	1.4; p=.23

5.6 Feedback Specific to Supervised Visitation

Although there are commonalities, such as the rules regarding parents coming and leaving separately, Supervised Visitation has several aspects that differentiate it from Monitored Exchange, including that the visits take place at the YWCA Sheriff King Home for a limited time period and are supervised by program staff. The common program features will be commented upon in a later section. This section relates to program components specific to Supervised Visitation.

Fourteen parents from Supervised Visitation reported that the structure, rules, time limits and security measures ensured that the program felt safe. In general, the parents from the Supervised Visitation service appreciated the rules, including that the child can leave if they feel uncomfortable, staff are in close proximity to the children at all times, there is a 15 minute window of attending and leaving the service and security measures ensure the safety of custodial parents and their children:

They were still very cautious with him. They knew that if they felt uncomfortable, they could ask to leave. Several times I asked (children) about that. They (staff) reassured me that if (child) felt unsafe, or scared; if (child) felt uncomfortable at any point, (child) could stop it. (Custodial mother, Supervised Visitation)

They're always in hearing distance of the (children) and their dad. They were always close by, so I think that's what makes them feel safe. (Custodial mother, Supervised Visitation)

I get them back, which I can't say would happen if the visits weren't supervised. I feel very safe. The chances of my running into their father are very slim. He would actually have to wait for me. He has to be there at a certain time that gives me fifteen minutes to drop them off. When I pick them up, he has to wait, which gives me a chance to leave. (Custodial mother, Supervised Visitation)

There's always someone else there, plus other families. So I think that makes them feel safe. (Custodial mother, Supervised Visitation)

The parents identified several other issues with the program rules and structure. One was that the visitation takes place in a room with other fathers and their children, not allowing one-on-one contact with children:

Sometimes his attention can be taken by the other children. I understand that he wants to play with other children, so, I like that. But sometimes, that little bit of time; I want it be just us. (Visiting father, Supervised Visitation)

(Child) is the youngest in the program. It is complicated having older children there. I like to do quiet activities. (Child's) bedtime is when (she) gets home, so I do not want (child) all revved up. The other children have a tendency of getting loud. That is to be expected, but it is very hard with the distractions of the other children. I am trying to establish early development, trying to teach (child) how to talk, crawl, play pat-a-cake. (Visiting father, Supervised Visitation)

Having the visits monitored by staff is a key program component, yet can be understandably challenging for parents:

They record everything that I bring for my kids to eat and I have to ask to go to the bathroom. I can't bring anything into the place without being searched. They have their rules, and they follow them pretty close. It's a little out of line. (Visiting parent, Supervised Visitation)

One thing that was troubling was I thought that the workers would not be physically present in the same room. I understand why they have to. I expected it to be just (child) and I in a room and (child) and I could interact and they would monitor from outside of the room. (Visiting father, Supervised Visitation)

Sometimes you cannot even talk. I said, "How do you feel when you come and don't see mommy". "Sad, sad." I told him, "Mommy sorry. Nobody tell mommy about it" and right away the worker says, "You should not say that to the kids." They watch what I say. I'd prefer them to handle it not in front of my kids. It makes me like I am not a mother at all; just a stranger to these kids. (Visiting mother, Supervised Visitation)

Other parents described the staff as helpful and friendly, and assisting the parents to feel comfortable during visits:

The staff is quite helpful, friendly. They don't just like sit there involved in their job. They talk to me. So that makes me feel comfortable. (Supervised Visitation)

Other parents considered the staff to be unbiased and non-intrusive:

They were not picking a side. They stayed in the distance and observed, and weren't in my face the whole time: a little bit of privacy, even though there wasn't. (Visiting father, Supervised Visitation)

Thirteen parents commented positively about the service, describing it as a great building in a good location, with appropriate security. Parents appreciated the activities for the children and that both the setting and the staff facilitated the children feeling comfortable and safe. They saw the service as positive for both parents and children, considering the programming as flexible and providing continuity, structure, routine and consistency for the children and their families:

Basically (children) know (staff) and enjoy seeing them. They (children) like it because of the consistency, and they know, "Oh, we're going to go see daddy today." And they know EXACTLY where we're going and everything else. It's good for them: it's a set day, set hours. (Custodial mother, Supervised Visitation)

I know when I'm going to see them and generally what we're going to do. I like the consistency. (Ex-partner) likes it too. (Visiting father, Supervised Visitation)

The regular, consistent visits help my son and get him used to seeing his dad again. He really missed his dad and it works out. If he has any issues after the visits, we talk about at that time. Everything has been working out great. (Custodial mother, Supervised Visitation)

Of the problems identified, one significant concern for visiting parents was custodial parents bringing the children late, thus interfering in the length and quality of their visits.

My spouse has been late every time. I only get two hours. I lose half an hour off the top because we have 15 minutes for the exchange both ways. So I get barely over an hour. I've seen my kids

barely a week over the last two years. (Sigh) we've barely got anything in common. (Visiting father, Supervised Visitation)

I show up at 6 and I have to wait for (ex) to show up with (child). So I start seeing (child) around 6:15. If she is late, that cuts into my time with (child). [It has happened] almost every time so it gets frustrating because I look forward to my 1.5 hour visit. If she shows up even 10 minutes late, that is 10 minutes out of my visit. I understand the safety issue, but they should assess each case because (ex) and I we see each other almost every day. We are civil to each other. It is, I guess, a safety issue. (Visiting father, Supervised Visitation)

If the father is late more than three times we are out of the program. I do not think that is necessarily fair being that if she is late three times, I have to deal with it. I should be able to have that extra time with her (daughter). I am being penalized for her tardiness and I lose out on the time and there are no consequences for her. (Visiting father, Supervised Visitation)

Two custodial mothers commented that the visiting parents unfairly broke rules.

He's promised the kids gifts, when it wasn't supervised anymore. I know they're (staff) there, and they write down everything, but he did get away with things that weren't totally appropriate. (Custodial mother, Supervised Visitation)

The only thing that was not the way it should was gift giving. It's only small things. But I don't want (child) thinking that every time he sees his father he's going to buy him something. I was surprised that they allowed it again today. It was only jacks and balls, but it makes it an expectation for (child). (Custodial mother, Supervised Visitation)

Several visiting parents perceived some rules as denying them some parental rights, for example by preventing them from taking pictures of their children.

I have seen (child) grow up before my eyes. Every visit (child) is much bigger and I am not able to take pictures. I felt that I was being denied. (Visiting parent, Supervised Visitation)

I had to get 'permission' to take pictures of my son. I didn't think I should have to get permission to take pictures of my own son. (Visiting parent, Supervised Visitation)

Six parents raised issues around the length of the supervised visits and the days when they are scheduled (two visiting parents: one father and one mother and four custodial mothers). Visiting parents were concerned that the visiting time was insufficient. They wanted to spend more time with their child/ren. The one visiting mother stated, "It is such a short period of time. I can only see my kid 1.5 hours every week." A visiting father similarly commented:

They have 1.5 hours. I don't think that is adequate. I figure two hours minimum. By the time I get (child) undressed and ready to play, that takes 15 minutes. Then 15 minutes to get ready at the end, so that is half an hour right there. So, one hour bonding time. I just figure there should be more time to spend with the children. (Visiting father, Supervised Visitation)

Two custodial mothers commented that the punctuality requirements were strict and sometimes difficult to meet.

Mainly it is the timing, because I had to walk there. It is very hard to because of [my] youngster. They want, for safety reasons [to] be punctual. It is hard for me and I have a problem with some staff nagging me about, "You know you are late." Every time I am stressed out. Every time you fight to get out of the house; you can't be too early or late. (Custodial mother, Supervised Visitation)

One thing I find difficult is the extreme punctuality: to be there exactly at a certain time and if I arrive five minutes early, not go in. I understand the reasons; it is to make sure that I do not run into my ex. But it has been tricky figuring out exactly what time I have to leave home so that I arrive at 6:15 and not 6:10. They explained what to do if I arrived early, just drive by and park until it is the right time. I have had to do that two times. (Custodial mother, Supervised Visitation)

Three parents commented that the toys and activities in the room were not age-appropriate for their child/ren. Depending on their age the play area was either more geared towards older or younger children. As one visiting father noted, "I think they have a milk crate of toys for toddlers, but other than that, they are geared towards older children." A custodial mother encountered the opposite, stating, "The older ones say the toys are too babyish; that a lot of the toys are geared for younger children, whereas my two girls that chose to go to the visits are ten and twelve."

It's really good. I don't know about bigger ones though; the age group is more geared towards small...ten and under. I remember seeing the room once, when I did an orientation. The computer is a good idea, but there are a lot of toys, but on days like today, kids tend to pull more towards the outdoors. It might be hard to contain them in a room. (Custodial mother, Supervised Visitation)

Sometimes they do not have enough for the kids to do. (Visiting mother, Supervised Visitation)

Several of the afore-mentioned concerns are with respect to program regulations that are standard in all supervised visitation programs: that the visits are monitored by staff and that strict rules about dropping off and picking children apply. Visits occur in a common play room, in the presence of other families. Other issues, such as the length and frequency of visits, might be more amenable to change. In particular, visiting parents reported that the allotted visit-length was too short and opportunities to visit with children were not frequent enough.

Despite the concerns that parents voiced in this section, a little more than two-thirds, eleven of sixteen parents interviewed (seven women and four men) reported that their experiences with the program met their expectations and two indicated that the program exceeded their expectations (one man and a woman). Only two parents felt that their expectations had not been met. In summary then, over 80% of the respondents (13 of 16) were pleased with the Supervised Visitation Service:

There were no surprises. The only difference was where the visits were. I thought it would be in a room where the kids could be with their dad supervised. It's actually in a huge play area, full of toys, in a kid friendly environment. I thought it would be more sterile. (Custodial mother, Supervised Visitation)

If there had not been Safe Visitation, he would not have been able to have contact with the kids because the judge ruled that it had to be supervised. I did not want unsupervised access; I would never feel sure they were safe. So, the fact that this program exists is very good. It

allowed the ones who wanted to see him to have contact but in a setting that was secure.
(Custodial mother, Supervised Visitation)

5.7 Parents' Recommended Changes to Supervised Visitation

Fifteen of the sixteen parents suggested improving the Supervised Visitation service by offering it full-time with additional days and longer hours. Six visiting parents, five fathers and one mother, asserted that the service needed to provide longer visits:

To give at least 2-3 hours per week. If it is short, I'd rather have two times per week, if it is longer (per visit), once per week is enough. At least give three hours, because 1.5 hours is so quick. (Visiting parent, Supervised Visitation)

A longer visit would be good. A couple more visits a week maybe. (Visiting parent, Supervised Visitation)

It is 1.5 hours and I don't think that is long enough for an adequate visit. I would figure two hours at the minimum. (Visiting parent, Supervised Visitation)

Six additional parents (three visiting fathers, one visiting mother and two custodial mothers) suggested offering the service on additional days to add flexibility. One custodial mother commented, "More days. Because of going to the program, we haven't been going to church."

They only had a certain amount of time, Friday nights or Sundays. Other choices would have been nice. But I was just appreciative that it was there, so you make do. (Custodial mother, Supervised Visitation)

One custodial mother suggested that the service expand to accommodate longer visits as children became older:

The program runs a year and a half, and then we'll see. It would be great if it went until the kids are adults, and could decide for themselves if they want to be with him or not. Preferably until they're adults where they couldn't be abducted or persuaded. That would be great.
(Custodial mother, Supervised Visitation)

Three parents, two custodial mothers and one visiting father, recommended that the service be expanded:

If it was bigger, it could benefit a lot of people and save a lot of misery. It'd be a good idea to market the program. Women who stay in the shelters probably know, but the people where no shelter is involved and they're dealing with somebody who just won't leave them alone.
(Custodial mother, Supervised Visitation)

If the program was in (rural town) that would be much better, definitely. That would work better." (Custodial mother, Supervised Visitation)

Two visiting fathers suggested that the service allow some access to the outdoors, which might include supervised outings. Nevertheless, they realized the difficulties inherent in this suggestion, as one father stated:

I don't think you are mobile, which would probably be the ideal. But I guess there'd be security problems.

Another commented:

I'd like to see events at an outside venue, maybe an enclosed compound. The kids go stir crazy because they have lots of energy, they're excited to see their parents, and they have nowhere to release it safely. (Visiting father, Supervised Visitation)

Five parents considered the selection of toys limited. As mentioned previously, the parents of both older and younger children thought that the toys were geared towards a different age group:

They could have an infant play area or more activities for her. With the attention span of an infant, you are constantly having to change activities. They have a milk crate of toys for toddlers, but other than that, they are geared towards older children. (Visiting father, Supervised Visitation)

According to the kids, adding some games that were more suitable for older children. They did not name anything in particular. They just indicated that the ones there were too immature for them. (Custodial mother, Supervised Visitation)

Several parents suggested that the staff needs to better understand the impact of the legal issues:

They had a general overview of the surface of who I am, getting to know a bit about my background, not too in-depth. I felt they should be informed completely with regards to court proceeding. (Visiting father, Supervised Visitation)

Similarly, one custodial mother looked to staff for direction about the appropriateness of her actions and therefore, recommended that they clearly understand the rules about passing information to the partners:

I rely on them to say, "Yes that's appropriate, or no, you can't ask that." When I drop them off, I was hoping that everyone had the same knowledge. They would know if certain things were appropriate to be passed on or not, because of the restraining order. Because for me to pass information to (ex-partner) and him to me would not be appropriate. (Custodial mother, Supervised Visitation)

Other suggestions included providing parents with more control within the service, particularly around the parents' rights to discipline children. Some parents recommended that visitation could be based on the ages of children in the room to facilitate a better visit; and to provide a room in which the custodial parents could stay while the visiting parent visits with the children. Another recommendation was that access to Safe Visitation should be contingent on attending other programs especially counselling for the visiting parent. Parents also suggested adding a follow-up component and providing mediation as part of the service.

6.0 Safe Visitation - Monitored Exchange Service

This section examines the experiences of parents who used the Monitored Exchange services of Safe Visitation at the YWCA Sheriff King Home. The parents commented on referral to the service, the impact on children and on court and custody, program concerns and recommendations for improvements to the service.

As noted previously, the program files provided data on five families that used Monitored Exchange (four custodial mothers and one custodial father for a total of 10 adults) with a total of seven children (6 boys and 2 girls). Not all of these parents were interviewed however, and this small number mitigates against the type of quantitative data conducted with respect to families using the Supervised Visitation service. We, thus, focus on the interviews to reflect the parent's perceptions about Monitored Exchange.

We interviewed six parents who were referred to the Monitored Exchange service of Safe Visitation, most of the total that utilized the service. Three ex-couples were using the program, one in which the mother and father had joint custody and another ex-couple where the children were in their mother's custody. The other three participants were custodial mothers.

Of the six parents interviewed from the Monitored Exchange service, three were referred by court orders and three by their lawyers. Of the couples, one was referred by their lawyer and the other was via a court order. One custodial mother's ex-partner was court-ordered to access their children through Safe Visitation, but refused to participate. Therefore that particular interview dealt only with custody, court and access issues.

6.1 The Impact of Monitored Exchange on Children

Both custodial and visiting parents considered the service to have reduced the domestic violence to which the children were exposed, which positively impacted the children.

The eldest had psychological problems. The psychologists have noticed (he's better) because of the program, because he has a safe place to go and he doesn't see his father abuse me anymore. (Custodial mother, Monitored Exchange)

When I dropped them off before, my ex would start fighting with me and you could see things building. They'd be all concerned because mom and dad are fighting. Now they don't see that. I give them a hug and a kiss good-bye and say, "See you next time", and that's it. (Custodial father, Monitored Exchange)

It takes a lot of stress off them. They know that anytime their father sees me, there is going to be an incident. So they don't have to witness that anymore. I am sure that gives them relief, because we cannot control his behaviour. My (child) is doing very well and has been even better since we have come here. (Custodial mother, Monitored Exchange)

I show up here, the kids show up, we wait fifteen minutes and then we've got the weekend to ourselves. Now I know there's not going to be a fight when I drop them off. I think they're doing an excellent job...it's an excellent program. (Visiting father, Monitored Exchange)

(Child) is not put in a situation where mom and dad scream and yell at each other, call each other names, maybe fists fly. The program really stops that. (Child) is not put in a situation to

choose between one parent or the other or feel like they are in the middle. I have noticed a slight change in (child's) behaviour. (Child) is a little happier on Sundays. I can't say if it's the Sheriff King or (seeing) daddy but I don't care because (child) is happy. I am a lot more relaxed today than I was a year ago. (Custodial mother, Monitored Exchange)

In addition, as the woman noted in the above quotation, any positive impacts on mothers also affects the children:

I used to cry every night, I don't cry anymore. (Custodial mother, Monitored Exchange)

By the time I get home, he would have just left. So, I know I am safe because there is no way he could follow me or accost me on the street. When you have been psychologically abused, if you do not have to see the person or deal with them, it is so much easier. As soon as I get anxious or upset, (child) notices it and that really upsets me. It got to the point I shook for days after seeing my ex. I would shake and shake. There is no shaking, mom does not cry uncontrollably. It is a very good thing. (Custodial mother, Monitored Exchange)

One custodial father commented that his relationship with his children is better since coming to the program, "I think it's better, I've seen them more often, and they're always excited to see me".

In summary, the parents participating in Monitored Exchange perceived direct positive effects on their child/ren and indirect impacts in terms of the improved well-being of the custodial parent that subsequently impacts the child.

Safe Visitation is awesome. I am glad there is a program that ensures a safe drop off and pick up for parents in our situation, otherwise things would get really messy. Even though the people that do the exchanges change, it is the same premise, so it is good to have something stable and regular. (Custodial mother, Monitored Exchange)

Also, the program facilitates the visiting parent seeing the child relatively easily, which is expensive through private visitation services offered by for-profit companies.

I am glad that there is a program like yours. Otherwise what would we all do? I think we would be broke, because we would have to pay a third party to do exchanges and that can get costly. (Custodial mother, Monitored Exchange)

In summary, parents using the Monitored Exchange service reported that the staff are professional and approachable, the service is in a good location, is child centred and has reduced the amount of domestic violence to which custodial parents and children are exposed.

6.2 Recommended Improvements to Monitored Exchange

One significant recommendation from the parents who used Monitored Exchange is that the service be expanded to a full time facility with more days and staff on hand. This would allow more access for visiting parents to be with their children.

It would be nice if it was a full time facility. I tried to give him a few extra days, but I couldn't do it because they weren't open. If it was open more often, my ex-husband would have more opportunities to see the children, rather than just weekends. (Custodial mother, Monitored Exchange)

Parents also suggested that more advertising is necessary to publicize the service:

I've seen pamphlets for it. They try to make it discreet, but I don't think it should be discreet to the point that it is. There's advertising on television for the men's abuse line, they don't make that discreet. (Parent, Monitored Exchange)

One parent stated that a monitored exchange service is needed in rural Alberta.

I am glad to have it and I wish that other smaller centres like (rural town) could have something like this. I think it is a much-needed program and I am very grateful that it is here. (Monitored Exchange)

In summary, the parents made a number of suggestions to improve the Monitored Exchange service including expanding the service to a full time facility with more days and staff, having the flexibility to use the service long-term.

7.0 Program Features Common to Supervised Visitation and Monitored Exchange

A number of program features are common across both the Supervised Visitation and Monitored Exchange services of Safe Visitation. As such, in this section we present the parents' feedback on the intake process, whether or not parents perceive the program as biased or stigmatizing, the safety features, the impact on court and custody and the program staff.

7.1 The Intake Process

Nine parents, eight custodial mothers and one visiting father, mentioned that they were pleased with intake. One custodial mother stated, "*The orientation put me more at ease.*"

During intake, parents noted that the program was clearly outlined and that the staff impressed as professional and non-biased:

When we started, (Team Leader) went through all the rules and regulations. She really put an emphasis on do not veer from them. It was very straightforward; all of the information was clear and easy to understand. I do not think it is complicated at all. The more she talked about the program, the more comfortable (I felt). (Custodial mother, Monitored Exchange)

Two visiting fathers suggested the need for more in-depth discussion and a review of the rules in the beginning.

They could go over the rules more specifically. There were a couple of things I remembered, but the rest was "pew". When you sign the agreement to go into Safe Visitation, it's only a couple of pages. It'd be nice to go over it point by point. When I started, I asked a few questions of the kids, but then I found out it was inappropriate. I hadn't read those (rules) in two months. It would be nice if they talked more and made it clear. (Visiting father, Supervised Visitation)

They told me I wasn't allowed wrapped gifts, so I brought them unwrapped and they had to take them to (ex-partner) and ask if it was okay. It just shocked me that I had to get permission to give something to my son. They gave a little booklet on some of the rules but there were never any rules about taking pictures. They never said anything about that. (Visiting father, Supervised Visitation)

Other parents suggested changing the intake process to include a longer interview and more in-depth discussion about the program:

I guess the system is designed to protect children and that's good. But they could spend a bit of time to find out about me too. It was a very quick interview, twenty minutes and then, mostly I had to read it myself. But, you just want to get things going and you sign the bottom. (Visiting father, Supervised Visitation)

The period of time between referral and starting the program was not of concern for most. One visiting father in Monitored Exchange considered the intake process too long, "*It took a little longer. From the time (staff) interviewed me, to the time I actually got to see the kids was about two weeks. I thought that was a little long. Once that was taken care of, everything's been great.*"

Nevertheless, as one parent described:

It took a few weeks to get into the program. For me that was fine, but (my ex-partner) was impatient. He hadn't seen the kids for a while and was anxious to see them. It was okay; it gave us time to adjust. (Custodial mother, Supervised Visitation)

Another custodial mother similarly commented that the wait-time was reasonable:

We went on a waiting list, but it was sooner than I thought. It was full and I really don't think I would get in. She phoned in three weeks and said, "Come in for the intake". So, it was good. They are professional. The program is explained very clearly and I was comfortable with it. (Custodial mother, Supervised Visitation)

7.2 Involvement with Other Community Services and Programs

Nine parents, eight custodial mothers and one custodial father, had utilized other YWCA Sheriff King Home programs while accessing Safe Visitation, primarily group and individual counselling for either child or parent:

I wasn't able to get into [group] because they don't start until the fall. I did a one on one, through Sheriff King. (Staff) knew how I was with my son, believed that I deserved to have access. (Visiting father, Supervised Visitation)

Two custodial mothers and their children attended the children and parenting groups at the YWCA Sheriff King Home:

I'm hoping that the counselling has been good for them. I was in the parenting class. I had a lot of respect for the counsellors and I'm hoping that what was available for the children would have been equally as good. I do think that my (child) was getting more comfortable going there and that had to be progress. He will be starting another 10-week cycle. (Custodial mother, Monitored Exchange)

We did the group programs for kids, and parenting at the same time. Both (children) went through it. I needed more feedback about what they were doing in the class to find out why they act a certain way. When they come home from visits with their dad, they act up a lot more. (Custodial mother, Supervised Visitation)

Seven other parents, three visiting parents and four custodial mothers, accessed programs through other agencies including the Alberta Children's Hospital, private child therapists (three), therapy addressing parenting issues (two), parenting after separation and a "Before you Divorce" program.

Three parents from Supervised Visitation, two custodial mothers and one visiting father, suggested that referrals to other resources would be advantageous and that perhaps one staff member could take the lead in making such referrals.

I found trying to find options really difficult. There's a ton of resources, but they only go so far. You know what's missing? We need to have someone who can stick with us, not just a phone-in service. (Custodial mother, Supervised Visitation)

More referrals. Part of why I like to go to this place (is) I see the potential of having the other programs. (Custodial mother, Supervised Visitation)

Another father suggested mapping out the available services more clearly:

The YWCA offers lots of services. It would be nice to know how those fit into Safe Visitation during that pre-interview. Like, these are other programs if you're having difficulty. (Custodial father, Supervised Visitation)

7.3 Perceived Stigma of Being in Safe Visitation

An issue that was raised by several parents across the Safe Visitation services concerned a perceived bias favouring the women, and the stigma of attending the programs. Several visiting parents perceived the program staff as geared towards the custodial parent's opinions, and interests.

I have nothing to back it, (but) this program seems just for the woman. Maybe in some cases it has to be like that, but in my case, it's a joke. It feels like a con job; it is all for the women and I am getting monitored. (Visiting father, Supervised Visitation)

They take one side because he has the kids. I feel they are biased. If you want to see your kids, just keep going. If he changed you around without your consent, just go for it. You have no choice. (Visiting mother, Supervised Visitation)

Several visiting fathers felt stigmatized simply because of being court-ordered to attend Safe Visitation. The sense of stigma did not necessarily have anything to do with the services directly.

I feel like a criminal, is the bottom line. Everybody is watching and my kids are petrified pretty much every time we are there. They change totally as soon as you walk in the building after we were out for the day. They are getting a bit more comfortable, but they are not the same as when they are with me. I don't need to be monitored. That just kills me. I feel like a convicted child killer or something in there. (Visiting father, Monitored Exchange)

From my view, I'm already accused and convicted. I have to fight to have some semblance of people seeing that it's not entirely true. It's like Napoleonic law: guilty until you prove yourself innocent. (Visiting father, Supervised Visitation)

Five visiting parents, all from Supervised Visitation, perceived the program as more concerned about the custodial parent's opinions and perspectives, complaining that their ex-partners broke rules with no consequences. Note however, that because of the staff policy of neutrality, visiting parents are unlikely to be aware of any staff actions to address their ex-partner's infractions:

The pamphlet said that you have to give 24 hours notice for a cancelled visit. (Ex-partner) would cancel an hour before. She cancelled four or five visits. I found out when I got there that she wasn't coming. I live an hour out of town. I wish they would have told her, "You have to give 24 hours notice for cancelled visits." (Visiting father, Supervised Visitation)

I don't believe that the program represents the interests of the father and the mother equally. I feel that I'm under a prison guard, while my ex-wife gets free run. I understand that it's tough for the administration, but there's a certain amount of being painted with the same brush. Not necessarily that I feel judged, just predetermined. You're in a violence prevention program, ergo, you must be violent. (Visiting father, Supervised Visitation)

In contrast, other parents commented on the neutrality of staff members.

Sometimes it is a little unnerving to go and admit you have a problem but I never felt that I was being branded or that my child was branded as a problem kid, which is so important. (Custodial mother, Monitored Exchange)

When I was doing the (private company), the woman made me feel like I was being judged. I felt like they were taking my (ex's) side. So that was what I was expecting from Safe Visitation. They treated me really nice there (Sheriff King). When they talked to me, it wasn't in a bad tone of voice. They treated me like they were not picking a side at all. (Visiting father, Supervised Visitation)

I was really happy with what she [staff] did. She was non-biased; she was confidential in what she and (ex-partner) discussed and what I and she discussed. She did not have a, "Oh, you are the better parent and so this should happen," kind of attitude. I really respected that. (Custodial mother, Supervised Visitation)

It is not that your program sides with one parent or the other, which I really appreciate. It is not who is the bad guy. Anybody that I have dealt with has had one person in mind and that is (child): to make his exchange the best it can be. When it comes to issues between mom and dad, whatever they may be, that is between mom and dad. (Custodial mother, Monitored Exchange)

In summary, although some visiting parents felt stigmatized by being ordered to participate in Safe Visitation, other custodial and visiting parents were impressed with the extent to which the staff maintained a neutral and unbiased stance.

7.4 Measures and Regulations to Ensure Safety

Unquestionably the key goal of safe visitation programs is to provide safety to children and to custodial parents who have been abused by the visiting parent in the past. Safety for both Supervised Visitation and Monitored Exchange services is enforced by strict regulations about when and where parents come to the centre and what happens during the visiting parent's visits (previously addressed in the section on Supervised Visitation). Most custodial mothers appreciated the security measures taken in the program.

They (staff) are very good. If they see any suspicious cars parked outside they'd phone and the police would be there right away. There are always people there and he enters through a separate door. (Custodial mother, Supervised Visitation)

They explained the different security procedures that would make sure that my ex and I would not meet each other. There would be someone else in the room while the visits were happening. A couple of times they had to speak to my ex because he said things that were not appropriate. That shows me that they are watching closely and aware of what is going on. (Custodial mother, Supervised Visitation)

Having definite rules, like we are all to be on time and that as soon as I drop off (child), I am to leave immediately, that even when I come to pick up (child), I am to leave immediately. Having a waiting time really ensures that there is no way that he is going to leave 15 minutes earlier. I do like the fact that when I do come to drop off (child), there is a lot of security cameras, so everybody is watching and that is really good. I have never felt unsafe dropping (child) off there. (Custodial mother, Monitored Exchange)

The building is great. They're really careful, let you in one set of doors, let him in another, they're very careful about that. (Custodial mother, Monitored Exchange)

Sometimes the rules about when to pick up and drop off children are problematic. For example, one custodial mother from Monitored Exchange mentioned that the staff pressure about being late was stressful.

I am still confused, even after talking to people, on when I am to arrive. One day, I was right on schedule to drop the children off. I went in and was asked to take a seat and wait for a facilitator, so it is about 4 minutes past the time that I should be there and I got a scolding. I was in shock; I was crying because I want to be on time. I realize I can't be late but I do not know how early I can be either. (Custodial mother, Monitored Exchange)

Nevertheless, even though upset, this mother clearly understood the need to be vigilant and strict about timing.

Four custodial parents, one a father, commented that the Monitored Exchange program reduces the amount of domestic violence experienced by women and children by providing a safe alternative. One custodial mother commented, "I feel safer and I am grateful that the children don't have to see him in a rage in front of me. I am very thankful for that."

Now I know there's not going to be a fight when I drop them off. The kids don't need to see mom and dad fighting. They've seen enough of that when we were together. It's a good program that can reduce unnecessary stress. I think they're happier. They're still happy when they go home. I hope this program stays around for a long time. (Visiting father, Monitored Exchange)

I think a lot of women may not even go back to men if they knew, "I've got this barrier (monitored exchange) and I don't have to see him." (Custodial mother, Monitored Exchange)

In addition, however, eight parents mentioned some Supervised Visitation service-related safety concerns. Three custodial mothers remained concerned about coming to and from the program:

I feel quite nervous when we're going home and coming in. That's good that they have that staggered entry. When I pick them up, I pile them in the car and take off. I don't trust him at all. I don't think there's anything they (program) could do, to make me feel safer. (Custodial mother, Supervised Visitation)

Four visiting fathers worried about their children's safety during program visits:

Sometimes, some of the play jeopardizes the safety of other people in the room. Kids running around, balls being thrown too hard. (Visiting father, Supervised Visitation)

It gets hectic. The younger boys run around and (there's) limited space. When I am trying to teach her to crawl, I am concerned of a child coming and knocking her over or accidentally falling on her. (Visiting father, Supervised Visitation)

If someone gets out of line, how would they handle it? All I've ever seen is, no offence but, young girls being observers. So if there was someone going 'nutso' and two or three people

joined in, it might be kind of intense. Some people are not happy about the situation. (Visiting father, Supervised Visitation)

One father was discharged from the program due to his inappropriate behaviour, which in turn created safety issues for the custodial mother who commented:

They phoned to give me a heads up, which I appreciated...scared the daylights out of me. (Staff) advised that we leave for the weekend. I said "When should we leave?" She said, "Now." That was difficult. (Custodial mother, Supervised Visitation)

Two visiting fathers suggested that the Supervised Visitation and the Monitored Exchange services be separated:

All the ladies are nice and they are nice to the kids. Some of the other guys that are hanging around, I don't know. You can tell that they might have problems and that to me, is not scary, but just to me. If I could go to a separate room to get my kids, that would be fine without anybody else being there. I don't care if somebody wants to moderate me but the other parents and stuff is very uncomfortable to me (Visiting father, Monitored Exchange).

I felt that they should have separate programs for separate issues for the families. I guess just a different schedule, different days for different families, basically according to that. (Visiting father, Supervised Visitation)

Overall, the parents believe that the Safe Visitation program's structure ensures safety and that the rules enforcing time limits, separate entrances and supervision of the visitations facilitate the program feeling safe for children and custodial parents alike. Despite these safety measures, though, several custodial parents still feel anxious coming to or leaving the building. Specific safety issues with respect to the visits were voiced by visiting fathers with small children who were concerned about their child's vulnerability to being hurt due to their size and the activity levels in the playroom.

7.5 The Impact of Safe Visitation on Court and Custody

Parents were asked, "What impact if any, has the program had on your custody/ access and/or family court proceedings?" In general, both custodial and visiting parents hope that the program will favourably impact their particular court and custody issues. Four custodial mothers hope that the program's documentation will support their position that the visiting fathers should have only supervised access to their children.

(Staff noted) him talking in a threatening manner. "Threatening and aggressive" were the words. It was constantly put that I had blown it out of proportion. I have all the notes, the different steps the supervisors (took), and they can take it from there. The judge has got to see that I'm not trying to keep (child) from their dad, I'm trying to keep (child) safe. (Custodial mother, Supervised Visitation)

It's been a real battle, "he said, she said", and I've been trying to protect my kids. I keep getting accused of telling them what to do and what to say, and that's not it at all. So I'm hoping that they (staff) will have enough observations that they can help settle this once and for all. They're a third party, and if anybody knows about abuse, it's them. (Custodial mother, Supervised Visitation)

Four visiting fathers similarly hope that the supervised visits will allow them greater access to their children:

If I don't get unsupervised access, I will go to trial and ask for a summary of the visits. I'm sure it will be in my favour. There's nothing that I've done that may be harmful for the kids. I've had to discipline (child) once by giving him a time out and the staff were impressed with how I did it. They'll do a report so I'm going to use that as evidence as well. (Visiting father, Supervised Visitation)

I've started making motions towards court. I suppose it (program) has helped. Without it, I wouldn't have been able to ask my son what he wanted from visitation. If a judge looks at what I've done in my life since, including the program, it can't be anything but positive. (Visiting father, Supervised Visitation)

Now that the program is almost over, my lawyer has to ask her lawyer to get the notes from these visits. I've been in the program for four months; I've got four months of good behaving myself. (Visiting father, Supervised Visitation)

One visiting father commented that the program has already had a positive impact on custody and court issues.

The reports from the Sheriff King were subpoenaed...and they were all very good things about me. They helped a lot in court. The judge ordered me to do some parenting courses and I did. I was just waiting to go back to court and she ended up phoning me and ending all this. (Visiting father, Supervised Visitation)

The impact of the Monitored Exchange service on custody and access issues were of less concern for the current parents in the program. One custodial mother reported that the program has impacted court and custody issues. Her ex-partner was criticizing the program and attempting to use that against her.

He stated in his affidavit that (child) is uncomfortable there, (child) does not like going there and he is very upset that a different person is doing the exchanges almost all of the time. So, it has actually given him another avenue to complain. (Custodial mother, Monitored Exchange)

A custodial father reported that the program would not have any effect, as he has joint custody and does not feel the need to return to court for full custody.

In general then, the parents believed that Safe Visitation would increase their chances of either obtaining access (visiting parents) or continuing access as supervised (custodial parents). Individuals from both sets of parents felt vindicated by the staff observations and feedback. Several custodial parents were grateful that concerns about their ex-partner's parenting difficulties were validated; some noncustodial fathers believed that their efforts and good parenting strategies were noted by program staff.

7.6 Safe Visitation Program Staff

Fifteen of the sixteen interviewees from Supervised Visitation and all six from Monitored Exchange described the program staff as impressive. Parents repeatedly commented that it was wonderful to have such supportive, approachable, professional, and caring staff. These phrases signify

that the staff is one of the most important aspects of the program. Other parents commented that the staff was great with the children, but also able to handle ex-partners. As one custodial mother stated, "Everybody was just awesome. Very professional. I have nothing but praise."

When we show up and are waiting for (child), there are parenting magazines, resources should we need them. (Staff) has expressed from day one, if there is anything we need, or are not sure about, they are more than willing to be asked. Everybody has been so hospitable; not condescending in any way. (Custodial mother, Monitored Exchange)

I am really enjoying it. The girls here are excellent. They're so friendly; they chat with you while you're waiting, make you feel comfortable. (Visiting father, Monitored Exchange)

One important issue that the staff was described as addressing particularly well was attending to the children's needs in such a way that the custodial mothers felt reassured that their child's need would be met during visits.

The (child) was so small, "Do I really want to leave (child)?" That was my concern. Is (child) going to get changed? They (staff) would make sure that things got done and that would put me at ease. (Custodial mother, Supervised Visitation)

(Staff) was always understanding and supportive for myself as well as (child). I think that the program was a godsend. (Child) was so unsure for the first couple of visits that (staff) had to take her by the hand and stay for the whole entire visit and I am eternally grateful for that. (Child's) needs were put first and that's the way it should be. She was awesome. (Custodial mother, Supervised Visitation)

The well-being of the kids comes first. And when that's taken care of, what the parents want comes after. I think (staff) knows how people behave and what environment to make them comfortable. (Supervised Visitation)

The staff members really like children. They made wise choices about who they hired. (Custodial mother, Monitored Exchange)

Other parents, both custodial and visiting felt supported by the staff's helpfulness, supportive nature, openness, professionalism, and compassion:

They're really good with the (children). If I'm looking away and say, (older son) is doing something that he shouldn't, they'll say something and I'll turn around and reinforce it. They'll also reinforce what I say. If I say something's not right, they'll say, "You listen to your dad," which is good. (Visiting father, Supervised Visitation)

I didn't know how to deal with what (child) was going through. The positive feedback and suggestions from the counsellors were awesome. I have nothing but praise and admiration for the Safe Visitation program. Everybody was extremely professional with the way that they dealt with (child), myself, (ex-partner). Professional and extremely kind. (Custodial mother, Supervised Visitation)

They're really supportive. I feel like I've got someone backing me. I know my kids will be safe when they go in there. That is a huge relief. It kind of feels like going home. (Custodial mother, Supervised Visitation)

I could talk to the staff about my concerns. If they see me really stressed out, they ask. That is my only help right now, so, otherwise I would feel very isolated. (Staff member) listens. She is very firm, she has rules, but she is compassionate. She is not a mushy person that my husband is going to walk all over. It makes me comfortable that (staff) is strong. (Custodial mother, Supervised Visitation)

One custodial mother suggested that staff be more facilitative of the process of negotiating changes to the visitation schedule to ensure that parents are treated equally.

It is not always convenient for us, but we deal with that. He should have to deal with that too. We do not switch weekends for our convenience so I don't feel that he should be able to either. I have always switched weekends in the past, whenever it was convenient for him. He would only ever see them when it was convenient for him and I felt like the (staff) should facilitate that it isn't about convenience. Do you or do you not want to see your children?" and these are the times available. (Custodial mother, Monitored Exchange)

In summary, sixteen parents from Safe Visitation made general comments about what was working well, using such phrases as "excellent", "a God-send", "a haven". Eleven parents mentioned that the program was meeting the goal of facilitating visiting parent contact with their children in order to continue those relationships. As one visiting father stated, "It's serving its purpose well. It's reintegrating me and my family and other people and their families." Another visiting father similarly stated, "I get to see my son. I just want to be with my son and make sure that he gets the proper care. There are so many things that I want to be able to teach him".

Both custodial and visiting parents agreed that it was important that their children have access to each of them. One custodial mother commented, for example, that, "I guess it's good that (child) gets to see (child's) father". A visiting father noted that spending time with his child allows him to develop and/or maintain a bond with his daughter, "I am enjoying having two visits per week. I get to spend more time with her; build a relationship with her. I get to play with her a lot. That works well."

One custodial mother suggested that Safe Visitation decreases the amount of domestic violence to which children are exposed and increases the safety of women and children.

I hear these stories about custody battles, and somebody's abusive and they [children] end up getting killed because their parents are "dumb asses". I think the program should be taken more seriously by the province. I think it will save lives. It keeps the one who's being abused out of harm's way and it keeps the child out of harm's way. (Custodial mother, Supervised Visitation)

Generally speaking, the parents enjoyed Safe Visitation, primarily due to the quality of the staff, the program location and structure. They commented about other positive aspects such as facilitating support from the other parents in the program. The visits provide a short break for custodial parents. Visits can serve as a stepping stone from supervised to unsupervised access. Others appreciated that the program has no cost attached and could help the visiting parent gain more access to their children.

8.0 The Safe Visitation Program Updated

While Safe Visitation was developed based on consultations and reviews of other similar programs, what happens once a service opens its doors is often distinctive to the agency and the community in which it is situated. To capture this process and the anticipated and unanticipated occurrences, we interviewed three key managers and staff who developed and maintained the Supervised Visitation and Monitored Exchange services, one of whom was the Safe Visitation Team Leader. The interviews inquired about what was working well, what had been problematic, what had changed since the program began and what was unanticipated. This discussion provides context to the previously documented comments from parents.

Every program is responsible to unique community needs and resources, so despite the fact that the Community Safe Visitation program was modeled after the best practices of other established centres, it developed in its own way, providing staff with some surprises. According to one program representative, the dynamic nature of the program was one unexpected factor.

This program has got to be the most dynamic that I have ever been involved in. It has so much activity: it has a life of its own. You think you have got everything under control, all contained and you find out, you are not even in the same ballpark--the whole program has taken a complete shift and you have to run to catch up. It is an amazing program!

It was originally anticipated that the program would not be able to meet the demand, necessitating asking some parents to finish at the end of the one-year time period. As two of the program representatives commented:

I thought people would come into the program and stay and we would have to basically usher them out at the end of that one year or whatever the case may be and we have had a tremendous amount of movement in and out of the program, which we were not expecting.

I expected that we would have waiting lists that we would never be able to accommodate the number of families that would need it.

A third unanticipated occurrence were inappropriate requests and misinformation about the program. For example, some court orders for supervision were requested for families in which no domestic violence had occurred and for more hours than the program could accommodate. Further, misinformation circulated that the program had a cost to register and would be closed at the end of the pilot project period.

A fourth unanticipated issue involved legal processes affecting program participants. Some visiting parents had outstanding criminal charges and warrants, which interfered with attending the program. Staff members have had to request criminal record checks on visiting parents, a difficult and time-consuming process. A criminal record check takes anywhere from one to four weeks to process, slowing down intake and sometimes leading to an extended wait for the visiting parent to see their children. Also, the visiting parent needs to attend to the legal issues with regards to warrants before accessing the program.

Similarly, a lack of understanding of the concept of safe exchange on the part of legal system personnel also affected program utilization. As a program representative commented:

It has not been easy. There have been many struggles that we could never have anticipated. We struggled with the justice system around judges understanding the concept of safe visitation, even getting supervised access as a court order is difficult in this city.

A fifth unanticipated issue was the anger of many visiting parents, especially when they started the program. The staff had originally anticipated that visiting parents would be grateful that the program provided an avenue for them to see their children.

Dads are resentful, but that dissipates with time, however, not necessarily with time. Some come to terms and let go of the resentment. A satisfactory number do.

On a positive note, after several weeks the fathers' anger often lessened and some sought the support of the other visiting parents in the program. This was an unexpected and pleasant surprise. As one program representative described:

Often continued participation helps them gain insight and learn from other dads in the room. They pick up some of the positive behaviours, what gets the support of staff, what doesn't. They learn vicariously from one another. That is absolutely amazing! Or one will say to the others, "I am having a real hard time figuring out what to do with Suzie when I visit" and the other guy will say, "Well, I took this parenting course. They have one here you know." So, George signs up for parenting. It is really good, when you can see some changes. Really rewarding.

A sixth unexpected issue was that some referrals did not result in parents utilizing the service. Considerable work is entailed before parents access the program. Sometimes one or the other parent does not cooperate or other issues interfere such as the previously mentioned outstanding warrants of the visiting parent. At other times, the couple had not yet been to court or were waiting for the court's disposition before starting. By the time such issues are identified, intake interviews had been completed, paperwork and assessments had been conducted resulting in a significant investment of time and resources. Nevertheless, one staff noted that this is unavoidable:

I am not sure that it is addressable. It just may be part of the 'business'. I am not sure that going into it we recognized what a huge task that would be.

A final issue and a significant one, was with respect to staff maintaining neutrality with both visiting and custodial parents. In their attempts to remain neutral, staff members have taken the position that the needs of the children come first. Further, any issues between the custodial and visiting parents remain between them. When the focus is on the child, it is easier to avoid taking sides. As another way to maintain an objective position, visiting parents are interviewed before the custodial parent. One program representative described:

I think I have good relationships with them because I am not looking to find out if he really did it or not. It is irrelevant. It IS relevant how the visit goes. I don't care about what you did before; I care what you do when you walk in that door. So be on time, don't talk to me like that and stop asking the child all of these questions because that is not appropriate. That is exactly what I will say. And it works.

To further meet the goal of neutrality, staff members are only provided with information that might affect child safety during the visits. While attempting to retain a neutral stance, the staff did not initially make referrals to other agencies and programs for parents in the program. However, this changed somewhat over time.

Initially, to attain this role of neutrality, we would not respond to anything that the dad would say around his own personal suffering or history. If he disclosed when I asked him if he had been sexually abused, I would just go on to the next question. We can't do anything because of this role of neutrality. We are dealing with some very wounded people, mom, dad, child, whoever. So, after a lot of talking, we have decided that in that particular area, we are not going to be neutral; we are going to respond to the needs as they present. I met with a dad not long ago, who I found out had been abused at every turn for years. I said, "Have you done any work around those issues because they have to impact on your life today", and he said, "No, I know they do because I have a lot of anger and it really interferes with my life and I pay the consequences. Is there somebody that I can work with?" So I linked him with that somebody. To me, you can't provide the service in isolation when somebody is suffering. So, that has been a big change.

Further issues around neutrality involved treating parents in a non-biased way, which was not always in the best interests of the children. As one program representative explained:

It is hard with neutrality because you need to give the same information to both parents and the dad may go to court and have the order overturned. Then he has unsupervised access to the children. As a result of you informing him of his rights, he exercises them and you don't see him again.

8.1 The Program Representative's Views of What is Working Well

Safe Visitation staff members perceive the program as meeting its goals of providing a safe environment for parents and children to visit, which ultimately increases the safety of custodial parents and children. One representative commented that the program is bringing together visiting parents and their children in a safe environment.

Kids are seeing their parents; sometimes it has been a five-year absence. Kids are not caught between the parents. They are safe; they get to slowly develop a rapport. Dads relate well to kids and there is a difference between dads who want to get back at partner and those who are abusive to mom but still want to see the kids. Some do not have bad parenting skills.

Representatives also reported that the program has provided for the safety of custodial parents and children.

The children especially and the custodial parents are safe. We are lucky to have (Team Leader) because she went above and beyond her role in terms of her commitment. She has that wonderful administrative background as well as a shelter background. We have been very lucky.

One program representative stated that the program goals are, for the most part, being met:

I think it has done what it was supposed to do. Children enjoy being here and they feel safe. I did expect that the moms would be safe, the visiting parent would be safe, too and that has happened for the most part.

The only issue that the program representatives raised as problematic were initial difficulties with staffing the programs both with paid workers and/or volunteers:

One of the challenges has been volunteers, from the beginning. I think that that is more stable at this point. There were challenges around staffing. We had some excellent staff in place but it was part time and they went on to do other things.

8.2 Summary of the Program Representative's Perceptions

In conclusion, from the perspectives of Safe Visitation staff, the program is working well and is meeting the goal of safety in both the Supervised Visitation and Monitored Exchange services.

The staff members have addressed many unexpected problems. Visiting parents are now being interviewed first to maintain neutrality as much as possible. Criminal record checks are now part of the intake process; limited community education has been offered to assure that accurate information about the program is available. Pamphlets have circulated, especially to courts and to lawyers where there seems to have been some confusion about the nature and purpose of the program. The staff has been responsive and flexible in responding to unexpected issues and learning from the growing program. Many facets of the program are working well, including the safety of the participants, and program leadership. The representatives recommended that the program be expanded on site to include more days, longer visits, an outside access venue, and expansion to allow more monitored exchanges and supervised visits to occur.

9.0 Evaluation Summary and Recommendations

This section concludes the research report by recapping the major findings and providing recommendations from the key stakeholders including the Research Advisory Team, the parents and the program representatives.

This evaluation has provided considerable information about both the Supervised Visitation and the Monitored Exchange services of the Safe Visitation Program housed at the YWCA Sheriff King Home. The outcome evaluation, which gathered data using a battery of standardized measures for both parents and children, was only interpretable for clients of the Supervised Visitation service because numbers were so small for Monitored Exchange. Qualitative interviews were conducted with parents accessing both Supervised Visitation and Monitored Exchange services.

To date, there has been a paucity of research evaluating the effectiveness of supervised visitation programs. The current evaluation noted the following significant findings:

Three statistically significant t-tests differentiated custodial from visiting parents with respect to their perceptions of their own stresses and symptomatology and parenting stresses at the Supervised Visitation service start. Visiting parents scored higher on the Depression subscale of the Brief Symptom Inventory than custodial parents. On the Parenting Stress Index, custodial parents were significantly more likely to perceive their children as behaving in difficult ways and were more stressed in their parenting, overall. This finding is consistent with Dunn (2002) who reported a similar pattern.

Also at the start of the program, custodial parents perceived their oldest children as demonstrating significantly more problems overall, more conduct problems and more emotional problems than did the visiting parents, however neither parent perceived the behavioural issues at a level that was of clinical concern, again consistent with Dunn (2002). As such, at program start, the children, on average, were not perceived by the parents as behaving in particularly problematic ways

Both at program start and at six months, from 45% to 55% of the twenty parents fell in the clinical range on the Brief Symptom Inventory. None of the research reviewed examined pretest post-test differences on parental functioning, so this result is unique. While some parents moved out of the clinical range on the Brief Symptom Inventory after six months, this improvement did not reach statistical significance, partially because of the small sample size and because one parent evidenced more clinical distress at post-test. Since many custodial and visiting parents appear to be in need of counselling, the program might consider being more pro-active about offering referrals or supplementary support.

Three Brief Symptom Inventory scales rated by parents improved to a statistically significant degree after six months: the BSI Interpersonal Sensitivity subscale, the BSI Positive Symptom Distress Index and the BSI Global Severity Index. Interpersonal Sensitivity refers to feelings of personal inadequacy, particularly in comparison with others. Self-deprecation, self-doubt and significant discomfort dealing with others are characteristic.

With respect to parent's perceptions of their children, at the beginning of the program, parents did not perceive their children's behaviour as falling within the Strengths and Difficulties Questionnaire's clinical levels, consistent with Dunn (2002). All S&D subscales improved in the

desired direction by six months or when the program was completed, although not to statistically significant levels.

At the beginning of the Supervised Visitation service, parents (both custodial and visiting) did not perceive their relationships with their children as problematic. After participating, parents reported statistically significant improvements in three parenting areas: Parental Distress, Parental-Child Dysfunctional Relationship and PSI Total Stress, both critical factors in their daily lives. None of the reviewed research focused on stress related to parenting. Further, the parents were significantly less defensive about their parenting at program conclusion. This finding is congruent with the major goals of Safe Visitation: to decrease stress for parents and to improve parent's relationships with their children. This conclusion is also supported by Dunn's research (2002).

A small sample of children completed self-report measures at both the start and 6 months or completion of the program. The scores for the entire sample at pretest indicate no depression (T-scores in the average range) on the CDI, no clinically significant scores on the RCMAS or on the Trauma Symptom Checklist. This finding supports the parent's perceptions of their children as not showing any problematic behaviour, on average, and is congruent with the research of Lee et al. (1995) and Dunn (2002).

The children self-reported no statistically significant changes from the start to finish of the Supervised Visitation service. The number of children old enough to respond to the standardized measures was small, however, so until a larger sample size is gathered, the results remain equivocal. Children's positive changes after involvement in a safe visitation program was reported by Lee et al. (1995).

To summarize the quantitative findings, the results make sense when considering the potential impact of a once-or-twice-a-week program focused on parent-child relationships. Although visiting parents received frequent coaching from Safe Visitation staff, individual counselling with parents is not part of the program's service plan. The fact that the parents changed on two subscales related to personal sensitivity and overall distress is impressive. Perhaps even more importantly, their perceptions of the functionality of the relationships with their children improved and they reported less stress related to being a parent. While they did not report significant problems with their children, either at the start of the program or later, parents did report improvements in the prosocial behaviours of their second oldest children. The self-reported symptoms from a small number of children concurred with the parents, that their depression, worry, anxiety and trauma symptoms were not at clinical levels.

In conclusion and in light of the above results, the research advisory team suggests the following:

- The program staff continue to collect data from clients in order to increase the number of parents and children who provide information via the standardized measures.
- The program revise the demographic form to collect more precise information from parents such as referral source and reasons for coming to the program.
- Due to the highly stressed condition of some parents, the program could consider more proactively asking parents about their needs for support and counselling. As one possibility, some support might be offered concurrently to the custodial parents during their children's visits with the visiting parent.

9.1 Summary and Recommendations from Safe Visitation Clients

Parents using the Supervised Visitation service were referred by a number of sources including judges, lawyers, and YWCA Sheriff King Home-related programs. All had a history of and current concerns with respect to intimate partner violence and the mothers generally had custody of the children. A number of parents were subject to court orders prohibiting contact between the mother and father, thus warranting the use of the program.

The parents' expectations of Safe Visitation were typically met. Feedback from parents suggests that the program decreased their fears of or their experiences of violence towards either women or children. The parents generally regarded the program as safe due to the safety measures employed; however several parents of younger children expressed some concerns about their child's safety in the busy playroom. That parents were mostly satisfied with the program and felt safe concurs with the 1997 evaluation conducted by Jenkins et al. in Ontario.

Generally speaking, the parents considered both Supervised Visitation and Monitored Exchange to have had a positive impact on their children. Both visiting and custodial parents believed that participating in Safe Visitation benefited them in terms of court, custody and access. Their most commonly noted concerns were timing and scheduling.

While some parents, mostly visiting fathers, perceived the program as biased in favour of custodial parents and felt a stigma in attending, an equal number of parents noted the staff's neutrality and efforts to not be perceived as judgemental or as siding with either parent. Although some visiting parents were stressed by the visits being monitored, similar to the parents interviewed by Jenkins et al. (1997), this is a central premise of supervised visitation programs.

Parents were impressed with Safe Visitation staff. In general, they considered the intake process appropriate and approved of the location and building. Overall, they considered the program to have met their needs in providing safe access for visiting parents to visit with their children. They believe that the program has prevented further incidents of domestic violence and recommended expanding the program with respect to hours of operation and other sites for the program. All parents, both custodial and visiting, stated that they would recommend the program to a friend who was experiencing domestic violence with a spouse or ex-partner:

I would recommend Sheriff King to just about everyone that has been in any kind of abusive situation because they are excellent.

In a heartbeat, cause I believe so strongly in it. I have nothing but praise for it, nothing.

Definitely if they were having problems, fighting with the ex-wife when they're dropping off the kids. It works out well for me, and since I can see them, I'm sure it works well for them too.

If I did know of someone, I would. Because nobody should have to go through what I had to for so long.

In summary, the parents participating in both the Supervised Visitation and Monitored Exchange services of Safe Visitation made the following recommendations:

- Consider expanding Safe Visitation to offer longer and more frequent visits and for longer time-periods.

- Review the intake processes to ensure that the rules and regulations clearly outline the nature and form of contact between parents during the program.
- Outline the rules and consequences for both parents of breaking them both at intake and throughout program.
- Clarify rules and procedures with respect to scheduling, communication between partners and to ensure that these reflect the input of both custodial and visiting parents.
- Provide information regarding additional YWCA Sheriff King Home programs (or those of other community agencies) to parents during the intake process.
- Separate the monitored exchange and supervised visitation services
- Train staff on the legalities of custody and access issues in which parents attending the program are involved, including different types of court orders
- Continue to educate the community to create awareness and promote more use of program by parents experiencing domestic violence.
- Expand Safe Visitation to other centres in Alberta.

9.2 Changes to the Safe Visitation Program and Staff Recommendations

The parent interviews were completed by November, 2004. In January 2004, Safe Visitation received a three-year funding commitment of \$300,000 from RBC and Trans Canada Pipelines matched by FCSS Match Solutions. This funding has allowed the program to expand in many of the ways recommended by the parents. A full time Team Leader position was created, augmented by the addition of two part-time monitored exchange and supervision facilitators. The service was expanded by one day thereby increasing service capacity to ten families per month.

Each of the program representatives recommended that Safe Visitation be expanded. As one staff member commented, “One of the biggest complaints I hear from the visiting adults is the fact that they are confined to that room. It would really be nice to have an outside area that could be accessed, at minimum. That would help a lot.” Additionally, program representatives noted that the demand for service is exceeding the program capacity:

Monitored exchanges are labour intensive and disruptive to some degree to the (supervised) visits because we use the same space. Once we get enough trained staff and volunteers and enough monitored exchanges to warrant it, we are going to have to take over one of the group rooms in close physical proximity and use that area for monitored exchanges and stay out of the visitation area.

All of the program representatives commented on the need to expand the services to accommodate more families:

We could offer more services during the evenings because the area is not used; increase the number of evenings. That would allow for considerable growth: increasing the number of evenings and opening that group room to do monitored exchanges there. That could manage quite a bit of growth.

However, one program representative noted that core funding is still needed for Safe Visitation centres, hypothesizing that the provincial government would be the most appropriate funder.

I would get provincial funding and have another centre and expand our services in terms of availability.

Another program representative stated,

We need more than one in Calgary. The government needs to say that safe visitation programs are needed across the province.

One of our sister shelters (in Calgary) might want to take on a visitation centre. We could expand if we had the funding but I am not sure that that is best. As a community, we can expand more days but can we meet the total need for Calgary? I don't think so.

Community coordination and providing education about custody and access issues when domestic violence has affected parents remain challenging.

There is a lot of work to do in terms of educating judges, lawyers and making the community connections, keeping them up.

What we know about domestic violence is that to make a difference we need to have a coordinated response and that means that we have to talk to one another and do some community planning. This started out as a community project. It needs to have (community) input in terms of how it might be expanded.

Finally, a program representative identified the need to develop standards for safe visitation centres:

I think we are setting the standard. There (needs to) be an accreditation body for safe visitation projects and standards set. So, not just any person or agency can start up. You have got to have grounding in domestic violence. Hopefully you are connected to a shelter, and you're accountable to that larger coordinated response in your community. We heard lots of horror stories before we started and since about other kinds of organizations offering visitations and not being appropriate. So we need standards.

Safe Visitation representatives were certainly aware of many of the parent's concerns and dislikes. Some of the issues are inherent in any supervised visitation program, such as remaining neutral and not sharing information between parents, even though this might be perceived as bias. As an example of this possibility, some parents were concerned that their partners were not reprimanded for being late or cancelling meetings. The staff have actually been consistent about reminding both parties of the rules and consequences of breaking them, but cannot share this information with the other partner.

Considering the research overall: the interviews with parents, self-reported functioning levels from both parents and children on the quantitative standardized measures and the interviews with program representatives, Safe Visitation is fulfilling its mandate to safeguard children and custodial parents when domestic violence has significantly affected parent's ability to negotiate and compromise. The findings are congruent with the literature describing the challenges and successes of offering supervised visitation. Parents who have been court-mandated to such services may have significant stresses, which, at the very least, are reflected as parenting stress. Safe Visitation provides the

opportunity for visiting parents to have regular access to children without compromising the safety of the custodial partners. It offers a “win-win” solution for families that have been unable to routinely and safely accommodate parent-child visits.

This previously noted quote from one of the parents perhaps sums up the findings most appropriately:

Now I know there's not going to be a fight when I drop them off. The kids don't need to see mom and dad fighting. They've seen enough of that when we were together. I think they're happier. They're still happy when they go home. I hope this program stays around for a long time.

10.0 References

- Abidin, R. (1990). *Parenting Stress Index (PSI) manual*. (2nd ed.). Charlottesville, VA: Pediatric Psychology Press.
- Allen, N.E., Wolf, A.M., Bybee, D.I., Sullivan, C.M. (2003). Diversity of children's immediate coping responses to witnessing domestic violence. *Journal of Emotional Abuse*, 39(1), 123-147.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision.). Washington, DC: Author.
- Ayoub, C.C., Deutsch, R.M., & Maraganore, A. (1999). Emotional distress in children of high-conflict divorce: The impact of marital conflict and violence. *Family and Conciliation Courts Review*, 37(3), 297-314.
- Bala, N. (2000). A differentiated legal approach to the effects of spousal abuse on children: A Canadian context. In R.A. Geffner, P.J. Jaffe, & M. Sudermann (Eds.), *Children exposed to domestic violence: Current issues in research, intervention, prevention and policy development* (pp. 301-328). Binghamton, NY: Haworth Maltreatment & Trauma Press.
- Bancroft, L., & Silverman, J.G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Thousand Oaks, CA: Sage.
- Barnum, R. (1987). Clinical experience: Understanding controversies in visitation. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26(5), 788-792.
- Bergen, R.K. (2004). Studying wife rape: Reflections on the past, present, and future. *Violence Against Women*, 10(12), 1407-1416.
- Briere, J. (1996) *Trauma Symptom Checklist for Children: Professional Manual*. Florida: Psychological Assessment Resources Inc.
- Busch, R., & Robertson, N. (2000). Innovative approaches to child custody and domestic violence in New Zealand: The effects of law reform and the discourses of battering. *Journal of Aggression, Maltreatment & Trauma*, 3(1), 269-299.
- Campbell, J.C. (2001). Safety planning based on lethality assessment for partners of batterers in intervention programs. *Journal of Aggression, Maltreatment & Trauma*, 5(2), 129-143.
- Carlson, A.R. (2000). *Program development and feasibility study: Supervised visitation centre for Indiana County*. Indiana University of Pennsylvania, Pennsylvania. Pub. No. AAT9959152.
- Carter, L., Kay, S.J., George, J.L., & King, P. (2003). Treating children exposed to domestic violence. *Journal of Emotional Abuse*, 3, 183-202.
- Chemtob, C.M. & Carlson, J.G. (2004). Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management*. 11 (3), 209-226.
- Clement, D.A. (1998). A compelling need for mandated use of supervised visitation programs. *Family and Conciliation Courts Review*, 36(2), 294-316.

- Cooper, M. (1994). *Wasted lives: The tragedy of homicide in the family*. Vancouver, CA: BC Institute on Family Violence.
- Davis, L., & Carlson, B. (1987). Observation of spouse abuse: What happens to the children? *Journal of Interpersonal Violence*, 2(3), 278-291.
- Derogatis, L.R. (1992). *The Brief Symptom Inventory (BSI): Administration, Scoring, and Procedures Manual II*. Towson, MD: Clinical Psychometrics Research.
- Derogatis, L.R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, 13, 596-605.
- Diamond, T. & Muller, R.T. (2004). The relationship between witnessing parental conflict during childhood and later psychological adjustment among university students: Disentangling confounding risk factors. *Canadian Journal of Behavioural Science*, 36 (4), 295-309.
- Dunn, J.H. (2002). *The children of Solomon's sword: Predicting the adjustment of children using supervised access services*. Unpublished doctoral dissertation, University of Missouri, St. Louis.
- Dunn, J., Flory, B.E., & Berg-Weger, M. (2004). An exploratory study of supervised access and custody exchange services: The children's experience. *Family Court Review*, 42 (1), 60-73.
- Favreau, L. (1999). *Safeguarding the child exchange*. Unpublished master's thesis, Royal Roads University, Victoria, British Columbia, Canada. Pub. No. AATMQ41799.
- Fitzgerald, R. (1999). *Family violence: A statistical profile 1999*. Ottawa, Canada: Statistics Canada.
- Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). Measuring poly-victimization using the Juvenile Victimization Questionnaire. *Child Abuse & Neglect*, 29, 1297-1312.
- Flory B.E., Dunn, J., Berg-Weger, M., & Milstead, M. (2001). An exploratory study of supervised access and custody exchange services: The parental experience. *Family Court Review*, 39(4), 469-482.
- Geffner, R., Igelman, R.S., & Zellner, J. (2003). Children exposed to interparental violence: A need for additional research and validated treatment programs. In R. Geffner, R.S. Igelman, & J. Zellner (Eds.), *The effects of intimate partner violence on children* (pp. 1-10). New York: Haworth Press.
- Geffner, R. & Pagelow, M.D. (1990). Mediation and child custody issues in abusive relationships. *Behavioural Sciences and the Law*, 8, 151-159.
- Gleason, W. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, 8(1), 53-68.
- Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791-799.
- Gondolf, E. (1998). *Assessing woman battering in mental health services*. Thousand Oaks, CA: Sage.

- Grethel, S.M. (2005). Correlates of psychological symptoms among children exposed to domestic violence: Severity of domestic violence exposure, child abuse, and psychosocial stressors. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 65(10-B), 2005, pp. 5401
- Guile, L. (2004). Men who batter and their children: An integrated review. *Aggression and Violent Behaviour*, 9 (2), 129-163.
- Hart, B.J. (1990). Gentle jeopardy: The further endangerment of battered women and children in custody mediation. *Mediation Quarterly*, 7(4), 317-330.
- Hegar, R.L., & Greif, G.L. (1991). Abduction of children by their parents: A survey of the problem. *Social Work*, 36(5), 421-426.
- Hess, P., & Mintun, G. (1992). The family connection centre: An innovative visiting program. *Child Welfare*, 71(1), 77-88.
- Houskamp, B., & Foy, D. (1991). The assessment of posttraumatic stress disorder in battered women. *Journal of Interpersonal Violence*, 6(3), 367-375.
- Huth-Bocks, A., Levendosky, A.A., & Semel, M.A. (2001). The direct and indirect effects of domestic violence in young children's intellectual functioning. *Journal of Family Violence*, 16(3), 269-290.
- Hughes, H. (1988). Psychological and behavioural correlates of family violence in child witnesses and victims. *American Journal of Orthopsychiatry*, 58(1), 77-90.
- Hughes, H.M. & Luke, D.A. (1998). Heterogeneity in adjustment among children of battered women. In G.W. Holden, R. Geffner, & E.N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp 185-221). Washington DC: American Psychological Association.
- Jacobus, L. (2005). The effects of exposure to domestic violence on child outcomes: A meta-analysis. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 65(12-B), 6707.
- Jaffe, P. & Crooks, C. (2004). Partner violence and child custody cases: a cross-national comparison of legal reforms and issues. *Violence against women*, 10 (8), 917-934.
- Jaffe, P., Crooks, C. & Wolfe, D. (2003). Legal and policy responses to children exposed to domestic violence: The need to evaluation intended and unintended consequences. *Clinical Child and Family Psychology Review*, 6(3) 205-213.
- Jaffe, P., Wilson, S., & Wolfe, D. (1986). Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence. *Canadian Journal of Behavioural Science*, 18(4), 357-366.
- Jaffe, P., Wolfe, D., & Wilson, S. (1990). *Children of battered women*. Newbury Park, CA: Sage.
- Jaffe, P.G. & Geffner, R. (1998). Child custody disputes and domestic violence: Critical issues for mental health, social service, and legal professionals. In G. W. Holden, R.A. Geffner & E.N.

- Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp. 371-408). Washington, DC: American Psychological Association.
- James, B. & Gibson, C. (1991). Supervising visits between parent and child. *Family and Conciliation Courts Review*, 29(1), 73-84.
- Jenkins J.M., Park, N.W., & Peterson-Badali, M. (1997). An evaluation of supervised access II: Perspectives of parents and children. *Family and Conciliation Courts Review*, 35(1), 51-65.
- Johnson, M.P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283-294.
- Johnson, N., Saccuzzo, D. & Koen, W. (2005). Child custody mediation in cases of domestic violence: empirical evidence of a failure to protect. *Violence Against Women*, 11 (8), 1022-1053.
- Johnston, J.R., & Campbell, L.E.G. (1993). Parent-child relationships in domestic violence families disputing custody. *Family and Conciliation Courts Review*, 31(3), 282-298.
- Johnston, J.R., Girdner, L.K., & Sagatun-Edwards, I. (1999). Developing profiles of risk for parental abduction of children from a comparison of families victimized by abduction with families litigating custody. *Behavioural Sciences and the Law*, 17, 305-322.
- Johnston, J.R. & Straus, R.B. (1999). Traumatized children in supervised visitation: What do they need? *Family and Conciliation Courts Review*, 37(2), 135-158.
- Kalil, A., Tolman, R., Rosen, D., & Gruber, G. (2003). Domestic violence and children's behaviour in low-income families. *Journal of Emotional Abuse*, 3, 75-101.
- Kernic, M, Monary-Ernsdorff, D., Koepsell, J. & Holt, J. (2005). Children in the Crossfire: Child custody determinations among couples with a history of intimate partner violence. *Violence Against Women*, 11 (8) 991-1021.
- Kilpatrick, K.L., & Williams, L.M. (1998). Potential mediators of post-traumatic stress disorder in child witnesses to domestic violence. *Child Abuse and Neglect*, 22(4), 319-330.
- Kitzmann, K.M., Gaylord, N.K., Holt, A.R., Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 239-352.
- Lang, M. & Tisher, M. (1983). *Children's Depression Scale: Second research edition*. Melbourne: The Australian Council for Educational Research.
- Lee, C. D., Shaughnessy, J.J., & Bankes, J.K. (1995). Impact of expedited visitation services, a court program that enforces access: Through the eyes of the children. *Family and Conciliation Courts Review*, 33(4), 495-505.
- Lehmann, P. (1997). The development of posttraumatic stress disorder (PTSD) in a sample of child witnesses to mother assault. *Journal of Family Violence*, 12(3), 241-257.
- Lieberman, A.F., & Van Horn, P. (1998). Attachment, trauma, and domestic violence: Implications for child custody. *Child and Adolescent Psychiatric Clinics of North America*, 7(2), 423-443.

- MacMillan, K.M., & Harper, L.L. (2003). An examination of children exposed to marital violence accessing a treatment intervention. *Journal of Emotional Abuse*, 3, 227-525.
- Magana, H.A. & Taylor, N. (1993). Child custody mediation and spouse abuse: A descriptive study of a protocol. *Family and Conciliation Courts Review*, 31(1), 50-64.
- Martin, S. (2002). Children exposed to domestic violence: Psychological considerations for health care practitioners. *Holistic Nursing Practice*, 16 (3) 7-15.
- Maxwell, J.P. (1999). Mandatory mediation of custody in the face of domestic violence: Suggestions for courts and mediators. *Family and Conciliation Courts Review*, 37(3), 335-355.
- McMahon, M., & Pence, E. (1995). Doing more harm than good? Some cautions on visitation centres. In E. Peled, P.G. Jaffe, & J.L. Edleson (Eds.) *Ending the cycle of violence: Community responses to children of battered women* (pp. 186-206). Thousand Oaks, CA: Sage.
- Moore, T., & Pepler, D. (1998). Correlates of adjustment in children at risk. In G.W. Holden, R.A. Geffner, & E.N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association.
- Moore, T., Pepler, D., Mae, R., & Kates, M. (1989). Effects of family violence on children: new directions for research and intervention. In B. Pressman, G. Cameron, & M. Rothery (Eds.), *Intervening with assaulted women: Current theory, research, and practice*. Hillsdale, NJ: Lawrence Erlbaum.
- Morrill, A.C., Dai, J. Dunn, S., Sung, I., & Smith, K. (2005). Child custody and visitation decisions when the father has perpetrated violence against the mother, *Violence Against Women*, 11, (8), 1076-1107.
- Murphy, C.M., & O'Leary, K.D. (1994). Research paradigms values, and spouse abuse. *Journal of Interpersonal Violence*, 9(2), 207-223.
- Neilson, L. (1997). Spousal abuse, children and the courts: The case for social rather than legal change. *Canadian Journal of Law and Society*, 12(1), 101-145.
- Newmark, L., Harrell, A., & Salem, P. (1995). Domestic violence and empowerment in custody and visitation cases. *Family and Conciliation Courts Review*, 33(1), 30-62.
- Newton, B. S. (1997). Visitation centres: A solution without critics. *Florida Bar Journal*, 71(1), 54-57.
- Nixon, K. (2002). Leave him or lose them? The child protection response to woman abuse. In L. Tutty & C. Goard (Eds.), *Reclaiming self: Issues and resources for women abused by intimate partners* (pp.64-80). Halifax, NS: Fernwood & RESOLVE.
- Onyskiw, J.E. (2003). Domestic violence and children's adjustment: A review of research. *Journal of Emotional Abuse*, 3, 11-45.
- Osofsky, J.D. (2004). Community outreach for children exposed to violence. *Infant Mental Health Journal*, 25 (5), 478-487.
- Osofsky, J.D. (1999). The impact of violence on children. *The Future of Children*, 9(3), 33-49.

- Osofsky, J.D., & Scheeringa, M.S. (1997). Community and domestic violence exposure: effects on development and psychopathology. In D. Cicchetti & S.L. Toth (Eds.), *Developmental perspectives on trauma: Theory, research, and intervention* (pp. 155-180). New York: University of Rochester Press.
- Pagelow, M.D. (1990). Effects of domestic violence on children and their consequences for custody and visitation agreements. *Mediation Quarterly*, 7(4), 347-363.
- Park, N.W., Peterson-Badali, M., & Jenkins, J.M. (1997). An evaluation of supervised access I: Organizational Issues. *Family and Conciliation Courts Review*, 35(1), 37-50.
- Pearson, J. Davis, I., & Thoennes, N. (2005). A new look at an old issue: An evaluation of the state access and visitation grant program. *Family Court Review*, 43 (3), 372- 386,
- Pearson, J. & Thoennes, N. (2000). Supervised visitation: The families and their experiences. *Family and Conciliation Courts Review*, 38(1), 123-142.
- Pepler, D., Catallo, R. & Moore, T.E. (2000). Consider the children: Research informing interventions with children exposed to domestic violence. In R.A. Geffner, P.J. Jaffe, & M. Sudermann (Eds.), *Children exposed to domestic violence: Current issues in research, intervention, prevention and policy development* (pp. 37-57). Binghamton, NY: Haworth Maltreatment & Trauma Press.
- Perkins, D. F., & Ansay, S. J. (1998). The effectiveness of a visitation program in fostering visits with noncustodial parents. *Family Relations: Journal of Applied Family and Child Studies*, 47(3), 253-258.
- Peterson-Badali, M., Maresca, J., Park, N.W., & Jenkins, J.M. (1997). An evaluation of supervised access III: Perspectives from the legal system. *Family and Conciliation Courts Review*, 35(1), 66-78.
- Poirier, J.G. (1991). Disputed custody and concerns of parental violence. *Psychotherapy in Private Practice*, 9(3), 7-23.
- Praxis International (2004). Report to the Michigan demonstration site advisory committees. *Safe Haven's Supervised Visitation and Exchange Program, Michigan Demonstration Site Safety and Accountability Audit Planning Assessment*. Unpublished report. On-line at: http://www.praxisinternational.org/library_frame.html
- Reynolds, W. (1982). Development of a reliable and valid short form of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology*, 38, 118-125.
- Reynolds, C.R. & Richmond, B.O. (1978) "What I think and Feel: A Revised Measure of Children's Manifest Anxiety", *Journal of Abnormal Psychology*, 6(2), 271-280.
- Ristock, J.L. (1995). *The impact of violence in mental health: A guide to the literature*. Ottawa, ON: Health Canada.
- Rossmann, B.B.R., & Ho, J. (2002). Posttraumatic response and children exposed to parental violence. In R.A. Geffner, P.J. Jaffe, & M. Sudermann (Eds.), *Children exposed to domestic violence:*

Current issues in research, intervention, prevention and policy development (pp. 85-106).
Binghamton, NY: Haworth Maltreatment & Trauma Press.

- Rossmann, B.B.R., Hughes, H., & Rosenberg, M. (2000). *Children and interparental violence: The impact of exposure*. Philadelphia: Brunner/ Mazel.
- Saccuzzo, D.P., & Johnson, N.E. (2004). Child custody mediation and domestic violence. *National Institute of Justice Journal*, 251, 21-23.
- Schaffer, M. & Bala, N. (2003). Wife abuse, child custody and access in Canada. In R. Geffner, R.S. Igelman, & J. Zellner (Eds.), *The effects of intimate partner violence on children*, (pp. 253-273). New York: The Haworth Press.
- Shalansky, C., Ericksen, J., & Henderson, A. (1999). Abused women and child custody: The ongoing exposure to abusive ex-partners. *Journal of Advanced Nursing*, 29(2), 416-426.
- Sheeran, M., & Hampton, S. (1999). Supervised visitation in cases of domestic violence. *Juvenile and Family Court Journal*, 50(20), 13-25.
- Shepard, M. (1992). Child-visiting and domestic abuse. *Child Welfare*, 71(4), 357-368.
- Silverman, J. Mesh, C., Cuthbert, C. Slote, K., & Bancroft, L. (2004) Child custody determinations in cases involving intimate partner violence: A human rights analysis. *American Journal of Public Health*, 94 (6), 951-957.
- Sorensen, E. (1995). Judicial decision-making in contested custody cases: The influence of reported child abuse, spouse abuse, and parental substance abuse. *Child Abuse & Neglect*, 19(2), 251-260.
- Sox, R. (2004). Integrative review of recent child witness to violence research. *Clinical Excellence for Nurse Practitioners*. 8 (2), 68-78.
- Stahl, P.M. (1999). *Complex issues in child custody evaluations*. Thousand Oaks, CA: Sage.
- Stahly, G.B. (1999). Women with children in violent relationships: The choice of leaving may bring the consequence of custodial challenge. *Journal of Aggression, Maltreatment & Trauma*, 2(2), 239-251.
- Sternberg, K.J, Lamb, M.E., Guterman, E., Abbott, C.B., & Dawud-Noursi, S. (2005). Adolescents' perceptions of attachments to their mothers and fathers in families with histories of domestic violence: A longitudinal perspective. *Child Abuse & Neglect*. 29 (8), 853-869.
- Stocker, S. M. (1992). A model for a supervised visitation program. *Family and Conciliation Courts Review*, 30(3), 352-363.
- Straus, R.B. (1995). Supervised visitation and family violence. *Family Law Quarterly*, 29(2), 229-252.
- Straus, R.B., & Alda, E. (1994). Supervised child access: The evolution of a social service. *Family and Conciliation Courts Review*, 32(2), 230-246.

- Thoennes, N. & Pearson, J. (1999). Supervised visitation: A profile of providers. *Family and Conciliation Courts Review*, 37(4), 460-477.
- Tishler, C., Bartholomae, L.S., Katz, B.L. & Landry-Meyer, L. (2004). *Journal of Interpersonal Violence* 19 (9) 1042-1062.
- Tuckman, A. (2005). Supervised visitation: Preserving the rights of children and their parents. In L. Gunsberg & P. Hymowitz (Eds.), *A handbook of divorce and custody: Forensic, developmental, and clinical perspectives* (pp. 291-300). Hillsdale, N.J.: The Analytic Press.
- Tutty, L. (2006). *Effective practices in sheltering women leaving violence in intimate relationships: Phase II*. Final report to the YWCA Canada.
- Tutty, L. (1999a). *Husband abuse: An overview of research and perspectives*. Ottawa, ON: National Clearinghouse on Family Violence.
- Tutty, L. (1999b). *Domestic violence involving firearms in Alberta: Case studies of women and children*. Final report to The Canadian Firearms Centre, Department of Justice Canada
- Tutty, L. (1998). Mental health issues of abused women: The perceptions of shelter workers. *Canadian Journal of Community Mental Health*, 17(1), 79-102.
- Tutty, L., & Goard, C. (Eds.) (2002). *Reclaiming self: Issues and resources for women abused by intimate partners*. Halifax, NS: Fernwood Press and RESOLVE
- Tutty, L., Rothery, M., & Grinnell, R., Jr. (Eds.) (1996). *Qualitative research for social workers: Phases, steps, & tasks*. Boston: Allyn and Bacon.
- Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A., & Jaffe, P.G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6(3), 171-187.
- Yates, T.M., Dodds, M.F., Sroufe, L.A., & Egeland, B. (2003). Exposure to partner violence and child behaviour problems: A prospective study controlling for child physical abuse and neglect, child cognitive ability, socioeconomic status, and life stress. *Development and Psychopathology*, 15, 199-218.

Appendix 1: Structured Interview Guide

All program parents were asked to participate in a research interview within one month of starting the program and again at 6 to 8 months or on leaving the program.

Questions for First Interview:

1. How were you referred to the Safe Visitation Centre?
2. What has been your experience with custody issues and the court?
3. Have you tried other ways to manage visitation?
4. What did you expect when you came here? Did your expectations fit what actually happened?
5. How is the program going so far?
6. What is working well for you and your children?
7. Have you had any problems?
8. Do you feel safe?
9. Do your children feel safe?
10. Is there anything that could be added or handled differently to improve the process?

Questions for Six-Eight Month Interview (whether previously interviewed or not)

1. How were you referred to the Safe Visitation Centre?
2. What did you expect when you came here? Did your expectations fit what actually happened?
3. How is the program going?
4. What impact has the programs had on your child/children?
5. What is working well?
6. Have you had any problems? If so, what are they?
7. Have you had any concerns about your own or your children's safety?
8. Is there anything that could be added or handled differently to improve the process?
9. What impact, if any, has the program had on your custody/access, and/or family court proceedings or rulings?
10. If you had a friend in a similar situation would you recommend the program?

Appendix 2: Comparing Visiting to Custodial Parents at Supervised Visitation Start

Test	Role Status	N	Mean	Std. Deviation	T-test	p-value
Life Stress Total	Visiting Adult	39	4.48	2.0	0.45	.65
	Custodial Adult	42	4.26	2.4		
Social Desirability Score	Visiting Adult	39	7.3	3.1	-0.02	.98
	Custodial Adult	43	7.3	3.1		
BSI Somatization	Visiting Adult	36	54.9	9.7	0.11	.92
	Custodial Adult	39	54.7	10.8		
BSI Obsessive-Compulsive	Visiting Adult	36	57.9	11.4	-0.21	.83
	Custodial Adult	39	58.5	10.1		
BSI Interpersonal Sensitivity	Visiting Adult	36	58.4	9.6	0.99	.33
	Custodial Adult	39	56.1	10.2		
BSI Depression	Visiting Adult	36	60.9	10.7	2.07	.04*
	Custodial Adult	39	56.0	9.9		
BSI Anxiety	Visiting Adult	36	57.5	10.6	0.19	.85
	Custodial Adult	39	57.1	10.6		
BSI Hostility	Visiting Adult	36	51.2	9.7	-1.38	.17
	Custodial Adult	39	54.2	9.1		
BSI Phobia	Visiting Adult	36	51.8	8.7	-1.6	.11
	Custodial Adult	39	55.4	10.1		
BSI Paranoia	Visiting Adult	36	58.7	10.5	0.47	.64
	Custodial Adult	39	57.6	9.8		
BSI Psychoticism	Visiting Adult	36	61.4	11.5	1.37	.17
	Custodial Adult	39	57.8	10.6		
BSI Global Symptom Index	Visiting Adult	36	59.8	11.0	0.80	.43
	Custodial Adult	39	57.8	10.9		
BSI Positive Symptom Distress Index	Visiting Adult	36	53.7	12.35	-0.97	.34
	Custodial Adult	39	56.1	9.2		
BSI Positive Symptom Total	Visiting Adult	36	59.2	10.7	0.54	.59
	Custodial Adult	39	57.9	10.53		
PSI Defensive Responding	Visiting Adult	38	48.6	36.7	-1.45	.15
	Custodial Adult	43	60.2	34.3		
PSI Parental Distress	Visiting Adult	38	17.3	26.4	-1.19	.23
	Custodial Adult	43	25.3	32.4		
PSI Parent-child Dysfunctional Interaction	Visiting Adult	38	45.6	33.0	-.67	.51
	Custodial Adult	43	50.3	30.1		
PSI Difficult Child	Visiting Adult	38	25.1	26.1	-3.45	.001***
	Custodial Adult	43	48.3	33.4		
PSI Total Stress	Visiting Adult	38	24.7	27.2	-2.08	.04*
	Custodial Adult	43	38.7	32.2		

Appendix 3: Comparing Custodial and Visiting Perceptions of Children at Start

	Role Status	N	Mean	Std. Deviation	t-test	p-value
S&D Total Child 1	Visiting Adult	22	10.4	5.3	-2.62	.01**
	Custodial Adult	34	14.7	6.4		
S&D Emotional Child 1	Visiting Adult	23	1.78	1.9	-1.9	.057*
	Custodial Adult	34	3.02	2.6		
S&D Conduct Child 1	Visiting Adult	22	1.2	1.1	-2.26	.028*
	Custodial Adult	33	2.1	1.9		
S&D Hyperactivity Child 1	Visiting Adult	23	3.6	1.9	-.85	.40
	Custodial Adult	34	4.1	2.4		
S&D Peer Child 1	Visiting Adult	23	1.73	1.6	.46	.64
	Custodial Adult	34	1.5	1.6		
S&D Prosocial Child 1	Visiting Adult	23	7.4	2.2	-1.20	.24
	Custodial Adult	34	8.0	1.6		
S&D Total Child2	Visiting Adult	11	17.0	20.2	-.52	.60
	Custodial Adult	16	20.8	16.7		
S&D Emotional Child2	Visiting Adult	11	8.5	22.8	.10	.92
	Custodial Adult	16	7.6	18.7		
S&D Conduct Child2	Visiting Adult	11	8.3	22.8	0.16	.87
	Custodial Adult	16	7.0	18.7		
S&D Hyperactivity Child2	Visiting Adult	11	11.0	22.0	0.27	.79
	Custodial Adult	16	8.9	18.4		
S&D Peer Child2	Visiting Adult	11	8.8	22.6	.23	.82
	Custodial Adult	16	6.9	18.7		
S&D Prosocial Child2	Visiting Adult	11	14.4	20.8	0.62	.79
	Custodial Adult	16	12.4	17.3		