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I. SCOPE AND PURPOSE OF PROTOCOL

This protocol has been developed to provide a framework for all supervised visitation in the State of New Hampshire in situations where there has been domestic violence. The purpose of supervised visitation is to provide safety for victims of domestic violence and their children while allowing non-residential parents parenting time with their children.

Domestic violence generally is a hidden crime that happens behind closed doors. Unlike other perpetrators of violent crimes, the abuser has an intimate relationship with the victim, which leads to a unique kind of impact. Ignoring the consequences of domestic violence only ensures that the cycle of violence will continue. It is not only the victim of abuse who suffers the effects of domestic violence. Research shows a 30% to thirty to sixty percent rate of co-occurrence of child abuse and neglect and domestic violence (Edleson, 1999).

This protocol provides best practice information about professional Supervised Visitation and Access Centers, Parent Aide Supervised Visitation Programs, and supervised visitation in the home of a family member or friend. In all circumstances, contact between the adult victim and perpetrator of violence should be eliminated or severely limited.

All supervised visitation should offer the opportunity for children to spend time with their non-residential parents that promotes their relationship while remaining safe and free from abuse, neglect, and domestic violence.
II. PROFESSIONAL VISITATION AND ACCESS SERVICES

INTRODUCTION

Professional visitation and access services are primarily provided by Visitation Centers, and best practice strongly recommends that these services occur in a structured environment for domestic violence cases. Therefore, this document will refer to Visitation Centers throughout, but will encompass all professional visitation and access services in New Hampshire.

Visitation Centers have a two-pronged goal. The first is to assure that victims of domestic violence are safe, and the second is to ensure that children are safe from domestic violence, abuse and neglect, while having contact with the parent with whom they do not reside.

Supervised Visitation and Access services can offer an alternative for parents who have experienced domestic violence and would be best served by not having contact with each other. When parents separate due to domestic violence, perpetrators of violence can use visitation with children to maintain control over their victims. Visitation Centers require that parents have no contact with each other while using the services to minimize the control and potential for violence that one parent has over the other.

While Visitation Centers’ primary focus is on the safety of domestic violence victims and their children, Centers must also consider other issues that can impact visitation including substance abuse, mental health issues, and impaired judgment.

Visitation Centers provide an environment that promotes healthy interaction between parents and children, and prevents the victimization of any person. Centers are required to have a highly structured program that demands appropriate behavior by all individuals.

SCOPE OF SERVICES

For families who have experienced domestic violence, Visitation Centers should provide the following services:

Fully Supervised Visitation Center Visits

Fully supervised visits are most appropriate when there are concerns about the adult victim’s safety and/or concerns about the child’s safety. Fully supervised visits at a professional Visitation Center are overseen at all times by a trained staff member, who objectively documents the parent-child interaction. The parent and child are never left alone for any portion of the service. Participants are not allowed to write notes, whisper, or speak a foreign language without an interpreter present. The Visitation Supervisor must be able to say that they heard all verbal communication that took place, and observed the visit at all times to ensure the safety of all participants. Fully supervised visits occur within a Center setting and no part of the visit is
unmonitored. The referring agent, or clients in the event of a self-referral, must determine if a visit is to be fully supervised. A Visitation Center staff member will intervene whenever there is a concern of safety with regard to the child or to the adult victim. When necessary, the Visitation Center staff member assumes the responsibility to end a visit when a parent cannot be redirected and the visit cannot successfully be resumed.

**Semi-Supervised Visitation Center Visits**

Semi-supervised visits are most appropriate when there are concerns of abduction, abuse and neglect, or substance abuse. Semi-supervised visits at a professional Visitation Center occur within a Center setting, but are only partially overseen by a trained staff member, who objectively documents the parent-child interaction that they observe. The Visitation Supervisor observes the initial and final interactions between the parent and child, but then only observes the visit every 10 to 15 minutes for a time period long enough to be able to document what is occurring during that parent-child interaction. The Visitation Supervisor does not hear all verbal communication during the contact. The referring agent, or clients in the event of a self-referral, must determine if a visit is to be semi-supervised. Visitation Center staff will intervene when there is a concern of safety with regard to the child or to the adult victim, however, there is much more limited observation of the parent-child interaction than with a fully supervised visit. When necessary, the Visitation Center staff member assumes the responsibility to end a visit when a parent cannot be redirected and the visit cannot successfully be resumed.

**Supervised Exchange**

Supervised exchanges are most appropriate when there are concerns for the safety of the adult victim. Supervised exchanges at a professional Visitation Center occur within a Center setting, and are facilitated by a trained staff member, who objectively documents the brief parent-child interaction during the transfer of the child only. Parents’ arrival and departure times are staggered by at least 15 minutes, and they have no contact with each other while participating in services. Visitation Center staff will intervene when there is a concern of safety with regard to the adult victim or child, to include suspected substance use by either parent.

**Off-Site Visits**

Best practice dictates that off-site visits are strongly discouraged in domestic violence cases. Therefore, off-site visits shall not be provided at Visitation Centers.

**Refusal of Child to Visit**

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

**Hours of Operation**

Visitation Center services should be available on days, evenings and on weekends so as to fit with clients’ work schedules.
**Observation Notes**

Observation notes are prepared for all visits and exchanges that are scheduled at a professional Visitation Center. Observation notes are written objectively, without assumptions and interpretations.

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

**TO ALL READERS OF THE OBSERVATION FORMS:**

*The enclosed Observation Forms are completed by Professional Visitation Center staff.*

*Visitation Center staff are instructed to record what occurs during parent-child contacts and are required to not include opinions and judgments.*

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

*The parent-child contacts have occurred in a structured, artificial setting. No prediction is intended about how contacts between the same parent(s) and child(ren) might occur in a less structured setting and without supervision. All readers of these Observation Forms should exercise care in making decisions about future parent-child contact.*

**REFERRALS**

Families are referred for visitation and access services by:

- Court
- Guardians ad Litem
- Attorneys
- DCYF
- Batterer’s Intervention Programs
- Self-referral
- Other social service programs as appropriate
The following information should be provided by the referring agent at the time of referral:

- Type of service to be provided;
- Duration and frequency of service;
- Person(s) who will be financially responsible for service; and,
- Additional restrictions with regard to service.

**ORIENTATION**

Prior to receiving any visitation or access services, clients must complete a provider’s orientation. The orientation process is designed to initiate a working relationship with each client and to address their concerns and issues regarding supervised visitation services. It is the duty of the Visitation Center to specifically take the adult victim and children’s safety concerns into consideration, and to create individualized service plans for families to use the Center. The Visitation Center also provides the client with a comprehensive understanding of the Center, its mission, policies, procedures, and expectations.

A provider must decline to accept any case when the safety of participants cannot reasonably be assured, even those mandated by a court. In this circumstance, the provider shall notify the court or other referring agent the reasons for denying services to that family.

Each Center must have an established orientation process compliant with Supervised Visitation Network and Family Visitation and Access Cooperative standards.

The orientation must include, but is not limited to, obtaining and/or completing the following components:

- Establishing a working relationship with each client;
- Any and all relevant court paperwork;
- Criminal history(s);
- Photographs of all clients;
- Releases of information;
- Fee schedule;
- Service agreement;
- Visit/exchange schedule;
- Policy/procedure agreement;
- Center/parking area tour and description;
- Child orientation;
- Any pertinent medical information; and,
- Any additional restrictions.
FEES FOR SERVICE

Provider shall have:

- A written policy outlining all fees associated with services;
- A written policy regarding how financial responsibility is determined;
- A sliding fee scale; and,
- A written policy regarding issues of non-payment.

STAFFING

- The Visitation Center Program Coordinator position should be held by a person with an extensive background and training in working with families who have experienced domestic violence, sexual assault, stalking, and child abuse and neglect. The Coordinator shall recruit and train staff and volunteers. She/He shall also establish core partnerships and a community collaborative with agencies that will assist the Center in evaluating and working with families referred for services.

- Centers shall support the ethnic, linguistic and cultural background of the families they serve.

- Centers shall complete a criminal record check for all staff and volunteers prior to hiring any individual.

- All staff and volunteers cannot have an open or pending child abuse or neglect investigation, must not have any conviction or finding of child molestation, child abuse, or other crimes related to children. They also must not have any conviction of a violent crime and must not have been on probation or parole during the last five years.

- All staff and volunteers must not have a current or past Order of Protection against them, or have a history of being a perpetrator of domestic abuse.

- All staff and volunteers must be adequately trained to provide the supervised visitation services offered by the provider.

- All staff and volunteers shall participate in regular supervision, provided by the Visitation Center Coordinator.

- All staff and volunteers must not have been a nonresidential parent who has been referred or has used supervised visitation services.
TRAINING

All paid staff and volunteers must receive 24 hours of training within the first 12 months of employment that covers at least the following issues:

1. SVN Standards and Code of Ethics, Safe Havens Guiding Principles, and the FVAC Standards for Best Practice;
2. Provider policies and procedures;
3. Safety for all participants;
4. The history of violence against women;
5. Myths that perpetuate victim-blaming;
6. Why battered women remain with abusive partners;
7. The forms of domestic violence;
8. The effects of domestic violence on women and children;
9. Causes of battering;
10. Services available to the public concerning domestic violence;
11. The overlap between domestic violence and child abuse;
12. Risk assessment with batterers;
13. Mandatory child abuse reporting;
14. Child abuse and neglect, including child sexual abuse;
15. Basic stages of child development;
16. Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality;
17. Effects of separation and divorce on children and families;
18. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
19. Cultural sensitivity and diversity;
20. Substance abuse;
21. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
22. Parent introduction/re-introduction;
23. Parenting skills;
24. Assertiveness training and conflict resolution;
25. How and when to intervene during visits or exchanges to maintain the safety of all participants;
26. Observation of parent-child interactions;
27. Preparation of factual observation notes and reports;
28. Relevant laws regarding child custody and visitation and child protection;
29. Batterer’s Intervention; and,
30. HIV and communicable disease awareness.

Training should be provided in collaboration with domestic violence programs, DCYF, BIPs, child specialists, legal services programs, and experts in child trauma related to violence.
COMMUNITY COLLABORATIONS

Visitation Centers shall be active members on the local domestic violence coordinating councils. To ensure that services are safe and appropriate for victims and their children, Visitation Centers shall work collaboratively with local domestic violence programs. If there is no local domestic violence council, a formal collaboration should be formed and maintained with the following agencies and providers of: children’s mental health services, substance abuse treatment, batterer intervention, child development, battered women’s services, DCYF, law enforcement, the local courts, as well as other community members, as appropriate.

SECURITY

- All Visitation Centers must provide security.
- Visitation Centers should use armed or unarmed trained security personnel, including off-duty police officers.
- All security personnel should participate in training offered by a local domestic violence program.
- Security personnel or Visitation Center staff will be trained to assess participants’ sobriety.
- Visitation Centers must have separate entrances, waiting areas, and parking areas.
- Visitation Centers should have self-locking doors at both entrances.
- Visitation Centers shall have 15-minute time intervals between the residential and nonresidential parents’ arrival and departure to and from the Center, with the nonresidential parent being the waiting parent.
- Visitation Centers must collaborate with appropriate law enforcement agencies, and must work with local police to establish a priority response system for emergency calls from the Center.
- Visitation Centers must have security devices to alert law enforcement in an emergency.
- Security personnel may require nonresidential parents to leave keys and cellular phones with Center staff.

RECORD KEEPING/CONFIDENTIALITY

- Client files must be kept in a locked, secure location.
• Visitation Centers are responsible for maintaining, storing, and destroying records in a manner consistent with applicable New Hampshire statutes and regulations in accordance with any overseeing agency.

• A file must be created for each parent/guardian.

• A provider must maintain a record of each parent-child contact.

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

• A provider must have written policies and procedures regarding confidentiality and the limits of confidentiality, including but not limited to the release of observation notes or reports, and responses to subpoenas.

• In the following situations, a provider may release client information without specific client permission:
  1. In response to a subpoena request;
  2. In reports of suspected child abuse and neglect to the appropriate authority, as required by law; and,
  3. In reporting threats of harm to self or others, as required by law.

• A provider must have written policies and procedures regarding parents’ rights to review case files.

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

**SITE REQUIREMENTS**

• All supervised visitation services provided at a Visitation Center shall occur on-site.

• Visitation Centers should be located in neighborhoods that are accessible to families of diverse racial and ethnic groups.

• Visitation Centers should be conveniently located close to public transportation where it exists.

• Visitation Centers should have a physical layout that is designed to protect the safety and security of participants.
• Visitation Centers should have policies and procedures that assure clients shall have no physical or visual contact with each other.

• Visitation Centers shall provide separate entrances, waiting areas, and meeting rooms so that contact between parents can be avoided during the drop-off or pick-up of children for visitation services.

• Visitation Centers shall have separate parking areas when possible, or a written policy as to a safety plan for the parking lots.

• Visitation Centers should be designed and furnished to offer families a friendly and child-safe environment.

**EVALUATION**

Visitation Centers shall develop evaluation forms that can be easily completed by both clients of the Center’s services, as well as referring agents. An evaluation process should be conducted in an effort to ensure that services are adequately meeting the needs of children and families, and also the many sources of referrals to Centers. Centers should be assessed in the following areas:

• Participant safety while utilizing Center services;
• The physical condition of the facility;
• Telephone calls returned in a timely manner;
• Participants informed of program rules and policies;
• Service hours accommodating to most families’ schedules;
• Fees affordable for most clients;
• Overall satisfaction with Center services;
• Information about Center services easily accessible to referring agents; and,
• Center services meet needs of clients and community.
III. SUPERVISED VISITATION: PARENT AIDE PROGRAMS

INTRODUCTION

Parent Aides (PAs), also known as Child Health Support Workers, provide a variety of services focused on the safe interaction between parents and children, where child abuse and neglect has been identified. Domestic violence is not the primary focus of PAs, but it is a consideration in the overall delivery of services. Other issues that can impact visitation include substance abuse, mental health issues, and impaired judgment.

SCOPE OF SERVICES

For families who have experienced domestic violence, Parent Aide programs should provide the following services:

Fully Supervised Parent Aide Visitation

Fully supervised Parent Aide visits can occur on agency premises, in the community or home of the client. The PA is responsible to transport the children involved and closely observe the entire visit. Parents are expected to arrive sober, and to engage and interact with children age-appropriately (avoiding discussion of Court and negativity around foster homes, family history, etc.). The PA will intervene to provide redirection, role modeling, basic parenting education, and support. When necessary, the PA assumes the responsibility to end a visit when a parent cannot be redirected and the visit cannot successfully be resumed.

Partially Supervised Parent Aide Visitation

Partially supervised Parent Aide visits usually occur in the home. After demonstrating consistent, appropriate parenting skills and interaction with supervision (and with the approval of the referral agent), parents may transition to visit with their child(ren) with minimal supervision. Typically, the PA still provides transportation, but stays at the visit/residence only for the first half hour, ensuring the parent and home are safe, and inquires as to the plans for the visit time. The PA leaves for the duration of the visit but is available to the parent if needed. The PA returns for the last 15 minutes/half hour to discuss the visit.

Refusal of Child to Visit

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

Hours of Operation
Parent Aide services should be available on days, evenings and on weekends so as to fit with clients’ work schedules.

*Observation Notes/ Summary Notes*

All visit information will be documented and submitted to the referral agent. When there is a serious concern, the referral agent shall be notified immediately.

Documentation will show progress towards the treatment plan goals and interaction between the parent and child(ren), to include verbal, nonverbal, and physical interaction. Observation notes are written objectively, without assumptions and interpretations. Any interaction, positive or negative, should be noted. Interventions with the parent regarding safety or not following the guidelines shall be documented.

**REFERRALS**

Parent Aide programs primarily receive referrals for visitation from the Division for Children, Youth and Families (DCYF).

Other referral sources may include:

- Courts;
- Attorneys and Guardians ad Litem;
- Family Advocacy Centers;
- Self-Referrals; and/or,
- Child and Family Service Organizations.

**INTAKE**

Parent Aides will schedule a first meeting with clients to cover Ground Rules, to outline what is acceptable during visits and the responsibilities of the client/parent. Part of the intake process is the Assessment Form and Treatment Plan, which should be completed within the first 30 days of opening the case.

**FEES FOR SERVICE**

All fees for service paid to Parent Aide programs are either regulated through the State of New Hampshire for DCYF cases, or set by the agency for private cases.
STAFFING

- The Parent Aide Program Coordinator position should be held by a person with extensive background and training in working with families who have experienced domestic violence, sexual assault, stalking, and child abuse and neglect. The Coordinator shall recruit and train Parent Aides. She/He shall also establish affiliations with other agencies that will assist the agency in evaluating and working with families referred for services.

- Parent Aide programs shall support the ethnic, linguistic and cultural background of the families they serve.

- Parent Aides must be at least 22 years of age, and preferably possess a Bachelor’s degree in the field of Social Work, Sociology, or a Human Services field. A high school diploma is acceptable with at least four years of direct work experience with families.

- Parent Aides cannot have an open or pending child abuse or neglect investigation, must not have any conviction or finding of child molestation, child abuse, or other crimes related to children. They also must not have any conviction of a violent crime and must not have been on probation or parole during the last five years.

- Parent Aides must not have a current or past Order of Protection against them, or have a history of being a perpetrator of domestic abuse.

- Parent Aides must be adequately trained to provide the supervised visitation services offered by the provider.

- Parent Aides shall participate in regular supervision, provided by the Parent Aide Program Coordinator.

- All staff and volunteers must not have been a nonresidential parent who has been referred or has used supervised visitation services.

DOMESTIC VIOLENCE TRAINING

All paid staff and volunteers must receive annual training that covers the following domestic violence related issues:

1. State Protocols for Supervised Visitation and Ethical Guidelines;
2. Agency policies and procedures on domestic violence;
3. Safety and security procedures;
4. The effects of domestic violence on women and children;
5. Myths that perpetuate victim-blaming;
6. Why battered women remain with abusive partners;
7. The forms of domestic violence;
8. Causes of battering;
9. Services available to the public concerning domestic violence;
10. The overlap between domestic violence and child abuse;
11. Child abuse and neglect;
12. Risk assessment;
13. Parenting skills;
14. Child development;
15. Effects of separation and divorce on children and families;
16. Cultural sensitivity and diversity;
17. Provisions of service to parents and children with mental health and developmental issues, or other physical or emotional impairment;
18. Assertiveness training and conflict resolution;
19. Documentation of observations with families; and,
20. Batterer’s Intervention.

Training should be provided in collaboration with domestic violence programs, DCYF, BIPs, child specialists, legal services programs, and experts in child trauma related to violence.

COMMUNITY PARTNERSHIPS

Parent Aide supervised visitation providers shall be active members on the local domestic violence coordinating councils. If there is no local domestic violence council, a formal collaboration should be formed and maintained between community partners, such as domestic violence programs, batterer intervention providers, the court, law enforcement, mental health providers, substance abuse providers, and DCYF, as well as other community members.

SECURITY

All Parent Aide programs must have security protocols, which may include the following:

- Badge access;
- Formal sign-in process;
- Separate entrances, waiting areas, and parking areas;
- Formal support staff;
- Access to additional Parent Aides; and,
- Access to cellular phones and/or panic buttons.

RECORD KEEPING/CONFIDENTIALITY

- Client files must be kept in a locked, secure location.
• Parent Aide providers are responsible for maintaining, storing, and destroying records in a manner consistent with applicable New Hampshire statutes and regulations in accordance with any overseeing agency.

• When a visiting parent is a perpetrator of domestic violence, separate records will be kept for each parent, to ensure the confidentiality and safety of the victimized parent.

• Address and contact information for the adult victim shall be kept confidential and redacted from any information that is released to the perpetrator of domestic violence.

• A provider must maintain a record of each parent-child contact.

• Observation/summary notes shall not include any evaluative or subjective comments by Parent Aides.

• A provider must have written policies and procedures regarding confidentiality and the limits of confidentiality, including but not limited to the release of observation/summary notes, and responses to subpoenas.

• In the following situations, a provider may release client information without specific client permission:
  1. In response to a subpoena request;
  2. In reports of suspected child abuse and neglect to the appropriate authority, as required by law; and
  3. In reporting threats of harm to self or others, as required by law.

• A provider must have written policies and procedures regarding parents’ rights to review case files.

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

**SITE REQUIREMENTS**

Best practice dictates that off-site visits are strongly discouraged in domestic violence cases, and shall be supervised at a location that will meet safety, security, accessibility, and confidentiality requirements on a case-by-case basis. In cases where domestic violence has been identified, the site location shall be determined in consultation with the referral source, and designed to protect the safety and security of participants. In high-risk cases, an additional Parent Aide may be present during the visit.
EVALUATION

The State of New Hampshire recertifies Parent Aide programs every two years. A written description of services as well as population served, treatment methods used and scope of service is required and submitted to the state. Based on submitted material, recertification is granted.

A written evaluation of each parent aide is conducted on a yearly basis. Areas covered include, but are not limited to:

- Knowledge that is necessary to do the job effectively;
- Courtesy is given to each individual as well as other agencies involved; and,
- Organization skills, ensuring that the job is conducted in the most efficient way and paperwork is in on time. Goals are developed and worked on throughout the year that emphasize progress and change for the individual and program.
IV. NON-PROFESSIONAL SUPERVISED VISITATION
(Lay Person Section)

INTRODUCTION

Every year 3.3 million children are at risk of exposure to domestic violence. When domestic violence has affected a family it is sometimes helpful to have a third party present during visits between the children and the perpetrator of the abuse. There are many questions to consider in deciding whether you can or should volunteer to supervise visits.

These guidelines were developed in recognition that layperson supervised visitation is sometimes ordered in domestic violence cases and should not be considered an endorsement of this practice.

It is important to read and consider the following guide carefully before deciding to supervise visits. If you do agree to supervise visits, this information will help you do the job more effectively.
NEW HAMPSHIRE GOVERNOR’S COMMISSION ON DOMESTIC AND SEXUAL VIOLENCE

STATE OF NEW HAMPSHIRE
GUIDELINES FOR SUPERVISED VISITATION
A Lay Person’s Guide to Providing Safe Visitation Between Children and Parents in Domestic Violence Cases

When the court has determined that non-professional supervision is appropriate, this guide may be used for individuals supervising visits in the two following cases:

- 173-B Protective Orders, or
- When domestic violence is a factor in a parenting case.

Every year 3.3 million children are at risk of exposure to parental violence. When domestic violence has affected a family it is sometimes helpful to have a third party present during visits between the children and the perpetrator of the abuse. There are many questions to consider in deciding whether you can or should volunteer to supervise visits.

It is important to read and consider the following guide carefully before deciding to supervise visits. If you do agree to supervise visits, this information will help you do the job effectively.

WHAT IS A SUPERVISED VISIT?

This is a visit between the children and parent that requires the presence of a third person to help keep both the children and adult victim safe. The adult victim should not be present during the visit.

WHAT WILL BE MY RESPONSIBILITIES IN SUPERVISING VISITATIONS?

Your primary responsibility is to help look out for the safety and well-being of the children and adult victim during the visits between the children and the visiting parent.

WHAT SHOULD YOU CONSIDER BEFORE YOU AGREE TO SUPERVISE VISITS?

- **Safety:** Do you feel comfortable interacting with the visiting parent, the adult victim, and the child? Are you concerned about your own safety?
- **Time:** Do you have several hours per week/month to spend with the family, possibly for several months or longer?
- **Space:** Do you have enough space in your home for visits to take place? If not, is there another available location that works for you and the family involved?
- **Support:** Are your family and household members aware of the lack of privacy or other inconveniences that may be a part of providing supervision? Does everyone who will be home during visits support your decision to supervise?
• **Feelings:** If you are considering acting as a supervisor, then it is clear that you care about the family involved. Sometimes it is difficult to set rules for a friend or family member, especially when those involved may be hurt or upset by the divorce or separation. If your personal feelings toward either parent interfere with your ability to provide a safe and positive setting for the children, you should not agree to supervise visits.

**HOW DO YOU PREPARE TO BE A SUPERVISOR?**

Please keep in mind that the court order must be followed exactly. Some court orders are very specific about when visits can occur and how long visits are to last and some are not so specific. No changes can be made to orders without the court’s written approval.

**Get to know the situation before any visits take place.** You can get a copy of the court order from either parent. Please read it carefully.

**Find out the adult victim’s worries.** Frequently victims of domestic violence are nervous about the visits, for themselves and for their children. Try to be supportive and address their concerns.

Even though the court would not knowingly order visitation if there were serious risks to safety, the adult victim or the children may still be anxious about some things. They may worry about being attacked, stalking, harassment when dropping off or picking up the children, the visiting parent harming the children during the visit, kidnapping, or the visiting parent asking a lot of questions about the adult victim or putting down the adult victim to the children.

**Possible solutions:**

- Have the visiting parent arrive at least 15 minutes before the visit time and have the adult victim pick up the children before the visiting parent has left; or
- Suggest that the adult victim may bring along a friend to provide emotional support; or
- You may pick up and take the children to the visitation site; or
- Any workable idea that the adult victim may suggest.

You must report any concerns of abuse and neglect of the children to DCYF.

**Tell the adult victim that the rules of the visit will be shared with the visiting parent.** Remember that the court has authorized supervised visits and as the person who is supervising you do have the power to set house rules to ensure the safety and comfort of all involved, including yourself and members of your household. If you need to change the visitation orders, one of the parents will have to file a motion with the court.

**Be prepared for resistance from the visiting parent to the visitation arrangement.** Domestic violence perpetrators often do not understand that abuse of their children’s other parent affects the children too. Visiting parents may feel angry about restrictions placed upon their time with
their children. You should think seriously about your ability to provide a safe place for everyone involved if the visiting parent’s behavior has made you uncomfortable.

**Get to know the children’s situation.** Children who witness domestic violence may react in a variety of ways. Having some idea of what level of violence and abuse they have been exposed to may help you to make them more comfortable. Knowing their feelings toward visitation will be helpful for everyone involved.

**Consider safety.** Consider the possibility that the visiting parent may pose safety risks. In the unlikely event of an emergency, you should have a plan of action in place. This may include knowing which neighbors you could call during an emergency—who will be home and willing to help. In addition, you should have access to transportation and a phone, and perhaps a code word or phrase that can be used with the children and/or neighbors in the event of an emergency. Decide in advance what circumstances will warrant a call to 911, and what circumstances will lead you to end a visit.

**Should you keep records?** You should keep a record of dates and times when visits have occurred. You may be required to bring these to court. If there is a disagreement about how the visitation is going, you may be required to testify in court.

**RULES OF THE VISIT….**

This is an important service you are providing and there are several things that you should keep in mind. The visits are about the visiting parent and the children. You should establish guidelines for both parents, and make sure that they are aware of them.

- **Allow the visiting parent to build a positive relationship with the children and create a pleasant experience for the children.** The visits should be free from anger and unkind remarks.

- **Do not allow yourself or the children to be used to gather information about the other parent.** The visiting parent should not talk about the other parent during the visitation.

- **Do not allow discussion of the court case or possible outcomes.** It can be very stressful for the children to hear about the court case or future visitation and custody.

- **Do not pass or allow the children to pass information, personal possessions, papers, or child support payment to the other parent.**

- **Do not allow visits to happen when the visiting parent appears to be under the influence of alcohol or illegal drugs.** If the visiting parent has a history of drug or alcohol abuse, let them know in advance that you will not let them in for a visit if this happens.
Do not allow aggressive behavior such as spanking, yelling, pinching, tickling too hard, or playing too rough. Other unacceptable behavior may include yelling and screaming; calling the children names such as “sissy,” “stupid,” or “brat” or making fun of the children; and blaming and accusing the children. It can also include threatening the children with physical harm to his or her loved ones and pets. It is also inappropriate to threaten the children with abandonment or loss of home, friends, or pets. In NH, state law requires that everyone must report suspected child abuse or neglect, per NHRSA 169-C: 29 and C: 30.

If the children seem to be afraid or upset, and you do not know the cause, you may be able to help by suggesting a change in the conversation or activity.

As a supervisor, you may decide on some rules of your own, for your own comfort and convenience. For example, if the visits occur in your home, you may require the parent and children to stay within a certain area of the house or yard. If riding in the car or playing in the park you may want to set some rules so that the children and visiting parent will know what you expect.

NOTE: Inform the adult victim if you have concerns, even if they seem minor.

CAN YOU INTERRUPT OR END THE VISIT IF NECESSARY?

Yes. You should take action if the children have become upset, or if your safety or the safety of the children is at risk. Depending on the situation, you may interrupt the visit temporarily, talk to the parent about the problem, and let the visit continue if the parent is cooperative. You may choose to end the visit for that day. If you decide to interrupt or end the visit you should do two things:

1. Tell both parents why you decided to interrupt or end the visit.

2. Write down everything about the visit, including time, date, location, and the reasons for interrupting or ending the visit. You may be asked to take these notes to the court, so make sure you accurately record what happened.

If a serious incident occurs, send a written description of what happened to both parents and advise them that they should ask for a hearing from the court. Only a party in the case can submit things to the court or request a hearing.

WHAT CAN I DO IF THE CHILDREN DO NOT WANT TO VISIT?

Children should not be forced to visit. There may be other issues present that are known only to the children. Children should be encouraged to visit and if this is not possible, the visit should not occur. Either parent should ask for a hearing on visitation.
WHAT SHOULD I DO IF I AM NO LONGER ABLE TO PROVIDE SUPERVISION?

Inform the parents (separately) that you can no longer provide supervision. It would be best to inform the adult victim first.

You should notify both parents in writing of your decision. The parents should notify the court and request a hearing to change or modify the order.

REPORTING SUSPECTED CHILD ABUSE OR NEGLECT

In New Hampshire, everyone must report suspected child abuse or neglect. You do not have to witness child abuse to report it. If you are not sure whether you should make a report, call the abuse hotline number below and a social worker will help you.

TO REPORT CHILD ABUSE AND NEGLECT
CALL 1-800-894-5533 OR
(603) 271-6556

To find the number of your local crisis center, which offers 24-hour free, confidential services and support, call:
NEW HAMPSHIRE DOMESTIC VIOLENCE HOTLINE AT 1-866-644-3574
NEW HAMPSHIRE LEGAL ASSISTANCE 1-800-639-5290
V. TERMINOLOGY

For the purposes of these guidelines, the following terms will have the meaning given:

**Accountable** refers to the obligation to acknowledge one’s actions, take responsibility for them, and recognize that they have consequences. The standards require that holding participants accountable for their actions shall be a priority of supervised visitation and supervised exchanges.

**Adult victim** refers to an adult who suffers direct or threatened physical, emotional or psychological harm as a result of the actions of a current or former intimate partner.

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

**Authorized person** refers to a person approved by the court, or by agreement of the parents and/or the provider, to be present during the supervised contact.

**Batterer** refers to a person who uses an ongoing pattern of intimidation, coercion, threats, and/or other violence to establish and maintain control over his/her current or former partner.

**Batterer’s Intervention Program (BIP)** refers to an educational program that works with batterers to help them identify and take responsibility for their abusive behaviors and the effects of their abuse on their intimate partners and children. BIPs work with others in their communities as part of the coordinated community response to domestic violence.

**Child** refers to an individual between the ages of birth and eighteen.

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

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

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

**Conflict of interest** refers to a personal or professional relationship with a potential client that may interfere with neutrality of services.
Domestic abuse/violence refers to a pattern of coercive behavior used by one partner against another, in the context of an intimate relationship, to gain control over that person and maintain the power in the relationship.

Domestic Violence Program refers to an agency/organization that provides free and confidential services to victims of domestic and sexual violence, and stalking.

The Family Visitation and Access Cooperative (FVAC) refers to a statewide organization of member Visitation Centers that work collaboratively to provide visitation and access services to families who have experienced family violence, stalking, and child abduction in New Hampshire, and adhere to national and state guidelines.

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

Fully supervised Parent Aide visit refers to a closely observed, monitored, and documented interaction between parents and child(ren).

Fully supervised Visitation Center visit refers to a parent-child contact at a professional Visitation Center, supervised by at least one Visitation Supervisor who must be present and focused on overseeing and documenting that contact.

Guardian ad Litem refers to a person appointed by the court to represent a child’s best interests in any court proceeding, including, but not limited to divorce, legal separation, paternity, parental rights, child protection and protection from abuse.

Incident refers to an occurrence involving a client that threatens safety, results in the injury of a participant, or that requires the intervention of a visitation supervisor or other third party.

Incident report refers to the document that is prepared as a result of an incident, as defined above. This report is sent to all parties involved in the case.

Intake refers to the initial meeting held with each Visitation Center client intended to obtain the information and paperwork needed to provide services. Intake is also intended to provide the client with an understanding of the agency, including its mission and services, as well as to provide a comprehensive guide to its policies, procedures, and expectations.

Monitored telephone contact refers to a telephone call that occurs between a child and a nonresidential parent, which is supervised by a third party.

Non-Center semi-supervised visitation refers to a mutually agreed upon, neutral party that periodically observes a child and family member in a mutually agreed upon location.

Nonresidential parent refers to a parent or other adult who has supervised contact with a child. This parent may also be referred to as a “visiting” and/or “noncustodial” parent.
Observation notes refers to objective documentation prepared by a professional Visitation Supervisor during visitation and access services.

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

Off-site supervision refers to supervision of parent-child contact that occurs away from a professional Visitation Center.

On-site supervision refers to supervision of parent-child contact at a professional Visitation Center.

Parent Aide, also known as Child Health Support Worker, refers to an employee of a Parent Aide program who oversees parent-child contact and assists parents in the implementation of the case plan.

Parent Aide program refers to an organization/agency that provides a variety of services focused on the safe interaction between parents and children, where child abuse and neglect has been identified.

Parent-child contact refers to an interaction between a parent or other authorized person and one or more children. Contact can be face-to-face, as well as by mail, e-mail, telephone, video-conference, or other means of communication.

Partially supervised Parent Aide visit refers to a visit that may occur on site, in the community, or in the home, and is intermittently monitored.

Participant refers to a client, authorized person, provider, agency staff, or other on-site person involved in a supervised visit.

Perpetrator/Offender (see Offender/Perpetrator above)

Provider refers to any professional person or agency, either paid or unpaid, experienced in and trained to deliver supervised visitation services.

Public exchange refers to the transfer of a child from one party to another that occurs in a mutually agreed upon public setting.

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

Risk assessment refers to the review and analysis of historical information, along with observation of behavior, for the purpose of deciding whether there is a match between the probability that a client will exhibit dangerous behavior and the capacity of a provider to manage that behavior. Risk assessment as used in these standards is not a mental health assessment.

Safety refers to protection from danger and risk of physical, psychological, or emotional injury.
Security refers to measures put in place to effect safety.

Semi-supervised Visitation Center visit refers to a visit that occurs on site at a professional Visitation Center and is closely monitored by Center staff, but is not observed 100% of the time. Staff refers to a trained employee, volunteer, or intern of a professional Visitation Center.

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

Supervised visitation refers to a wide range of parent-child contact services overseen by a third party. This can also include parent-child contact services overseen by a supervisor who is actively involved in promoting behavioral change in parent-child relationships, which can be referred to as “facilitated visitation.”

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

Therapeutic supervision refers to supervised visitation conducted by a licensed or certified mental health professional who is trained to provide supervised visitation in accordance with the Supervised Visitation Network and Visitation Center standards and policies, while interacting with the parent and child to address therapy related issues.

Visitation agreement refers to a written contract between the Visitation Center and an individual who participates in services at the Center.

Visitation Center refers to a professional organization/agency that operates under the New Hampshire Supervised Visitation Standards for Best Practice to provide visitation and access services.

Visitation Supervisor refers to a professional employee of a Visitation Center who observes and oversees parent-child contact during visits and exchanges.
APPENDIX A
DOMESTIC VIOLENCE, SEXUAL ASSAULT & STALKING SUPPORT SERVICES IN NEW HAMPSHIRE

NH Statewide Sexual Assault Hotline: 1-800-277-5570
NH Statewide Domestic Violence Hotline: 1-866-644-3574

The NH Coalition is comprised of 14 member programs throughout the state that provide services to survivors of sexual assault, domestic violence, stalking and sexual harassment. You do not need to be in crisis to call. Services are free, confidential, and available to everyone regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status or religious or political affiliation. The services include:

- Support and information, available in person and through a 24-hour hotline
- Accompaniment, support, and advocacy at local hospitals, courts, and police departments
- Access to emergency shelter
- Peer Support Groups
- Assistance with protective/restraining orders and referrals to legal services
- Information and referrals to community programs
- Community and professional outreach and education

**RESPONSE to Sexual & Domestic Violence**
54 Willow Street
Berlin, NH 03570
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-752-5679 (Berlin office)
603-237-8746 (Colebrook office)
603-788-2562 (Lancaster office)
http://www.coosfamilyhealth.org/response.html

**Turning Points Network**
11 School Street
Claremont, NH 03743
1-800-639-3130 (toll free crisis line)
603-543-0155 (Claremont office)
603-863-4053 (Newport office)
www.free-to-soar.org

**Rape & Domestic Violence Crisis Center (RDVCC)**
PO Box 1344
Concord, NH 03302-1344
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-225-7376 (main office)
603-225-5444 (walk-in office)
www.rdvcc.org

**Starting Point: Services for Victims of Domestic & Sexual Violence**
PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-539-5506 (Ossipee office)
www.startingpointnh.org

**Sexual Harassment & Rape Prevention Program (SHARPP)**
UNH/Verrette House
6 Garrison Avenue
Durham, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

**Monadnock Center for Violence Prevention**
12 Court Street
Keene, NH 03431-3402
888-511-6287 (toll free crisis line)
603-352-3782 (crisis line)
603-209-4015 (Peterborough)
603-209-4015 and 603-532-6288 (Jaffrey Office)
www.mcvprevention.org

**New Beginnings – Without Violence and Abuse**
PO Box 622
Laconia, NH 03247
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

**WISE**
38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wiseoftheuppervalley.org

**The Support Center at Burch House**
PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

**YWCA Crisis Service**
72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

**Bridges: Domestic & Sexual Violence Support**
PO Box 53
Plymouth, NH 03264
877-221-6176 (toll free crisis line)
603-536-1659 (local crisis line)
603-536-3423 (shelter office)
www.ywcanh.org

**A Safe Place**
6 Greenleaf Woods, Suite 101
Portsmouth, NH 03801
1-800-854-3552 (crisis line)
603-436-4107 (Portsmouth office)
603-330-0214 (Rochester crisis line)
603-890-6392 (Salem crisis line)
www.asafeplacenh.org

**Sexual Assault Support Services**
7 Junkins Avenue
Portsmouth, NH 03801
1-888-747-7070 (crisis line)
603-436-4107 (Portsmouth office)
603-332-0775 (Rochester office)
www.sassnh.org
STATEMENT OF PURPOSE: This document provides parameters for establishing safe contact in domestic violence cases between children and the parent with whom they do not reside. The following information and criteria is offered as best practice for determining type of contact which provides victims of domestic violence and their children with the most protection while allowing visitation for the non-custodial parent.

**No Visitation** is warranted when the following factors are present. The degree to which visitation exposes a parent or the children to physical or psychological harm as indicated by the following factors should be considered:

- Homicide or attempted murder of any family member;
- Threats of suicide;
- Homicidal ideation;
- History of sexual abuse of any family member whether it be adult or children;
- Death threats or threats of extreme possessiveness;
- History of violation of protective orders and/or stalking;
- Level of demonstrated physical and/or psychological cruelty or terror within the family;
- Level of willingness to hurt the children as a deliberate or incidental aspect of hurting the adult victim;
- History of sexual assault, inappropriate sexual behavior or exposure of the children to explicit sexual materials;
- Attempt or actual abduction of the children or adult victim.

**Fully Supervised Visitation** is warranted in high risk situations; therefore, visitation must occur in a professional visitation setting. The court shall consider the degree to which fully supervised visitation exposes a parent or a child to physical or psychological harm as indicated by the following factors:

- Credible allegations of child sexual abuse;
- Findings of abuse or neglect;
- Credible allegations of emotional or verbal abuse;
- History of parental mental health problems that would affect the safety or well-being of the child;
- Commission of a violent crime against the adult victim;
- High risk threats of abduction of the child by the parent;
- Credible threats toward the victim that cannot be mitigated through less restrictive visitation options;
- Interrogation of the children regarding the abused parent’s activities;
- Has engaged in tirades aimed at the children about the abused parent’s behaviors.

Other concerns:

- The need to monitor interactions between the visiting parent and child to ensure that the visiting parent does not solicit confidential information or information concerning the victim;
- Less restrictive visitation has failed to ensure the safety and well-being of the child or adult victim;
- An ongoing pattern of harassment of the adult victim by the alleged perpetrator;
- There has been non-compliance with previous visitation arrangements.

Consider whether the risk of physical or psychological harm can be removed by ordering supervised visitation through the availability of a secure facility or environment that will ensure safe supervised visitation. Supervised visitation requires a neutral third party as supervisor and access to security and/or police enforcement.

**Semi-Supervised Visitation** may be appropriate in the absence of direct abuse towards the children if the following conditions exist. Strong concerns from the abused parent should influence the choice between fully supervised and semi-supervised visitation in domestic violence situations.

These concerns include:

- Exposure of the children to abuse (or the alleged perpetrator’s willingness to expose the children to the abuse);
- Threats of abduction;
- The children’s lack of familiarity with the visiting parent;
- Inappropriate parenting;
- Dramatic change in interest in the children post-separation;
- Concerns regarding substance abuse or alcohol abuse;
- The visiting parent has demonstrated any of the following behaviors: engaged in tirades aimed at the children about the abused parent’s behavior; demanded inappropriate visitation; or continues to harass the adult victim during monitored exchanges.

**Monitored Exchanges** may be appropriate in some domestic violence cases. Input from the abused parent should influence the decision regarding how visitation may occur. The frequency and severity of any of the following behaviors by the alleged perpetrator should also be considered:

- Current or past history of harassment of the adult victim;
- Use of exchange as an opportunity to harass the victim;
- Current or prior restraining order(s);
- Concerns regarding substance use and alcohol use;
- Unmonitored exchanges have failed to ensure victim safety;
- Concerns regarding mental health issues that would affect the current exchange.

**Unrestricted Visitation** is appropriate when there is no domestic violence or child abuse and the parents agree on the conditions of the shared parenting.
**Family Visitation & Access Cooperative** has a website that offers information about Visitation & Access services throughout New Hampshire at each of its Member Supervised Visitation Centers. You can also find a link on the site to obtain a copy of the New Hampshire Supervised Visitation Standards for Best Practice.  
http://www.visitationcoop.org

**Supervised Visitation Network** publishes a bimonthly newsletter, sponsors annual conferences, offers technical assistance and encourages networking among Visitation Centers nationwide. Its address is 1223 King Street, Jacksonville, FL 32204.  
http://www.svnetwork.net

**Family Violence Project of the National Council of Juvenile and Family Court Judges** has published an information packet titled: *Family Violence: Supervised Visitation Centers*. Its address is P.O. Box 8970, Reno, Nevada 89507.  
http://www.ncjfcj.org

**Florida Clearinghouse for Supervised Visitation** offers research and other information about family violence, in addition to technical support. Its address is FSU School of Social Work Institute for Family Violence Studies, C-2500 University Center, Tallahassee, FL 32306-2570.  
http://www.familyvio.ssw.fsu.edu

**Directory of New Hampshire Court Locations**  
http://www.courts.state.nh.us/courtlocations/index.htm

**New Hampshire Legal Assistance**  
http://www.nhla.org/contact_us.php

**Safe Havens Supervised Visitation and Safe Exchange Grant Program**  
Guiding Principles  
http://www.ovw.usdoj.gov/docs/guiding-principles032608.pdf