

## Purpose

Family reunification is one of the legislatively mandated goals of the California Dependency Court. After allegations of sexual abuse or a sustained petition, an appropriate plan can assist the Court in reunifying the family in a timely and successful manner. Premature or poorly planned visitation can impede a family's reunification process. The rights of families are best served by a coordinated visitation and reunification plan.

A goal of Family Court is to assist families with children to transition in the best possible manner to a different family structure. When there are allegations of sexual abuse in Family Court proceedings, the safety of the child is essential to maintain while providing for the rights of the parents.

**This document is offered to assist decision makers, in cases when sexual abuse allegations appear reasonably credible in Family Court or there is a prima facie case in Dependency Court, to determine when monitored visits should be ordered.**

This document was written by a multidisciplinary task force of the California Professional Society On The Abuse of Children (CAPSAC). It is an update of a document produced in 1993 by a task force of the CAPSAC-L.A. Board.

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*The following are guidelines and are not intended to serve as a rigid blueprint for practice nor are they intended to establish a legal standard to which professionals must adhere. Rather, the guidelines provide a model of desirable professional practice.*

## **A. Important Points Related to Monitored Visits**

1. What happens in the initial contacts between an (alleged) child victim and an (alleged) perpetrator after allegations of sexual abuse have come to light is central to their ongoing relationship and future healthy reunification. A step-wise process is in the best interest of the child. (See Section B and Charts I and II, pages 7-8.)
2. Bonding occurs within the first days and hours of a child's relationship to his or her parents. The attachment relationship between a parent and child develops over the lifetime of a child. A period of investigation resulting from allegations of abuse will not disrupt a healthy attachment between a parent and a child.
3. It is well established that child abuse has at its core the issue of the power and influence of the perpetrator over the victim. While monitored visits prevent the continuation of the physical activity of the sexually abusive relationship of the perpetrator to the victim, monitoring may not forestall the emotionally abusive relationship. Emotional abuse and sexual intrusion are the hallmarks of sexual abuse. The emotional damage of sexual abuse far outlasts any physical damage.
4. A child who has alleged abuse may require a period of time to feel protected, to understand each person's responsibility related to abuse, and to develop self-protection skills prior to visiting the (alleged) abuser. Some reasons abused children may want immediate visits with the person they alleged abused them include the following: a) see if the person is angry; b) ask for forgiveness for making the allegations; c) get gifts; d) assuage other family member's anger at the (alleged) victim; e) express their love and caring for the person; f) see if the person is all right.
5. The influence of a perpetrator on a child victim during visitations is substantial. The perpetrator's influence on the child may not be recognized by a monitor. A child can be influenced by the physical movements, glances, smell or clothing of an offender which may trigger traumatic memories. Certain foods, toys, books or other things brought by the perpetrator may have strong negative connotations for the child or be subtle reminders of the emotionally controlling aspects of the relationship from which the child struggled to get away. The offender's influence may eventuate in the child recanting the allegations. A child may not feel supported, believed or that allegations of sexual abuse are serious if, without preparation, he or she simply starts visits and telephone calls with the person by whom he or she was (allegedly) abused. A process needs to occur before visits begin. (See Section B and Charts I and II, pages 7-8.)
6. Because premature visits of offenders with their victims impedes the perpetrator's progress in treatment, Senate Bill 3560 was sponsored by the California Coalition on Sexual Offending, a multidisciplinary group of service providers to sexual offenders. Sections 1202.05 and 5154.2 of the California Penal Code now state that incarcerated offenders may not have visits with their victims who are under 18 years of age. The Director of Corrections will only allow visits when the Juvenile Court, pursuant to sections 362.6 of the Welfare and Institutions Code, finds that such visits are in the best interest of the child.
7. The parental alienation syndrome applies in custody disputes when no abuse has occurred and one parent overtly or covertly vilifies the other parent to a child, who thereafter deprecates that parent.

Parental alienation is not a valid issue when a parent has been sexually, physically or emotionally abusive (per Richard Gardner, M.D.). The concept is often misinterpreted and misapplied to the anger and distrust a child, as well as the nonmolestering parent, evidences toward an abusive parent. In cases where the nonmolestering parent is protective of the abused child/ren, anger at the (alleged) perpetrator is natural. In cases where the nonmolestering parent's allegiance is to the (alleged) perpetrator and not the (alleged) victim, the child victim's mental health is in jeopardy.

## **B. The Decision to Order Therapeutic Contacts, Eventuating in Monitored Visits**

1. Chart I (page 7) provides a schematic of the process involved in deciding when to order visits in the Dependency Court. Chart II (page 8) provides a schematic of the process involved in deciding when to order visits in Family Court.
2. There should be no visits ordered until child protective services, mental health workers, family court services, or expert panel member have submitted a report for the review of the judicial officer. The report (Section C) will indicate when it is in the best interest of the child to have visits with the (alleged) perpetrator.
3. When available, the child and (alleged) perpetrator should have *separate* contact with mental health professionals in the interim between the allegations and the beginning of visits. Included in the treatment goals is preparing the child and (alleged) perpetrator for therapeutic contact. (See Section D.)
4. The first visits ordered are for therapeutic contact. It is expected that a mental health professional, child protective services worker, or evaluator who knows both the (alleged) perpetrator and child will be present at the initial therapeutic contacts. The meetings should be held in the child therapist's office or a neutral location.

Therapeutic contact differs substantially from monitored visits. During therapeutic contacts the person guiding the contact actively engages in assisting the (alleged) perpetrator and the child to reengage in a relationship. In these therapeutic contacts, the professionals assist in: a) discussing the allegations; b) discussing issues of adult responsibility when abuse occurs; c) discussing any secrets, threats or other pressure felt by the child; d) defining the altered relationship between the child and parent regarding physical contact during visits (See attached CAPSAC Guidelines for Monitored Visits, p. 13.); f) discussing areas of concern for the child and the (alleged) perpetrator, past, present and future; g) talking about emotional, sexual and physical boundaries; h) setting the stage for future open communication; i) assisting in any helpful dialog between the parties.

During therapeutic contacts the child is supported in what he or she wishes to say to the (alleged) perpetrator regarding the allegations or other matters. The (alleged) perpetrator need not acknowledge any statements made by the child regarding the allegations (if the allegations have been denied) but is asked to listen to and not contradict or question the child. The child is told that the (alleged) perpetrator will listen even if he or she disputes the child's veracity. This session is not used to determine the truth of allegations and all parties should have this explained ahead of time. (See attached CAPSAC Guidelines for Monitored Visits, pp.9 -11.)

This therapeutic contact is supportive of the child and is used to provide understanding of the relationship between the child and the (alleged) perpetrator and to state the reasons for the court requirement of monitoring.

Without discussion regarding the allegations of abuse, a child victim may develop self-defeating behavior repeatedly seen in battered spouses. Battered spouses can engage in a continuous cycle of returning to the batterer with neither partner adequately acknowledging the abuse, only to leave and return again after subsequent abusive incidents.

5. Therapeutic contacts will give way to suitably monitored visits unless the outcome of these initial contacts contraindicates such visits. In that case, the professionals assisting in the therapeutic contacts will make recommendations to the court regarding further preparation of the child and the (alleged) perpetrator for healthy contact.

6. A suitable monitor is a professional monitor or someone known and trusted by the child, who believes the court was correct to order monitored visits and is willing and capable of protecting the minor, that is, has adequate assertion skills and influence over the (alleged) perpetrator that he or she will conform to the rules of the visit as imposed by the monitor. (See attached CAPSAC Guidelines for Monitored Visits, pages 9-14.)

### **C. Information Required from Mental Health Professionals/Child Protective Services/Family Court Services/Expert Panel Members to Assist in Determining When to Begin Therapeutic Contacts**

#### 1. Report on Child

- a. Is the child clear about issues related to responsibility when an adult molests a child?
- b. Can the child talk about the (alleged) sexual abuse without significant anxiety, shame or guilt? Will the child be able to state his/her feelings to the (alleged) perpetrator? If not, can the child listen while a mental health professional talks about the (alleged) abuse to the (alleged) perpetrator in order to set the stage for the visits?
- c. If the child is highly sexualized, will meeting with the (alleged) perpetrator exacerbate the condition?
- d. What are the child's feelings about visiting the (alleged) perpetrator? What statements has the child made? Is the child allowed by the nonmolesting parent to experience his or her own emotions regarding the allegations and the (alleged) offender? Are the child's feelings about meeting with the (alleged) perpetrator unduly influenced by the needs of the nonmolesting parent or other family members?
- e. Is the child likely to be highly distressed by the visits? If so, will this be detrimental to the child's emotional health?
- f. If the child wants to visit with the (alleged) perpetrator, who will be present to assist the child in talking about the (alleged) abuse and any other relevant issues? This could be the child's therapist, counselor, or social worker. The person must be someone with whom the child is comfortable and who can speak about the (alleged) abuse in a therapeutic manner.
- g. Does the (alleged) perpetrator play an integral role in the developing mental health of the child? What has been the quality of the attachment between the child and the (alleged) perpetrator? Is the child going to suffer from not visiting with the (alleged) perpetrator? If the child wants to visit with the (alleged) perpetrator, are the child's motivations in the

best interests of his/her recovery from the (alleged) abusive relationship? In what way will the child profit from the visit?

h. Are there any concerns about the victim's relationship to siblings, the nonmolesting parent or extended family members? Are safety measures necessary for contact of the (alleged) victim with other family members?

i. Provide future treatment goals, a proposed timetable for resuming contact, and any other information which will help the judicial officer make the decision when to begin therapeutic contact between the child and (alleged) perpetrator.

## 2. Report on (Alleged) Perpetrator

a. With the understanding that there is no requirement to agree or appear to agree with the allegations, will the (alleged) perpetrator allow the child or the mental health professional working with the child to freely discuss the allegations or the contents of a sustained petition in the initial therapeutic contact?

b. If the child has said "no" to visits, is the (alleged) perpetrator able to understand the child's apprehension or concerns?

c. Is the (alleged) perpetrator acting in a retaliatory manner or demanding his/her rights to visits, regardless of the child's statements and/or emotional and behavioral condition?

d. How much progress has the (alleged) perpetrator made in being able to understand and act on behalf of the best interests of the child? Is the (alleged) perpetrator ready to behave in a way which will enrich, rather than potentially further harm, the child's relationship to him/her?

e. What is the level of insight of the (alleged) perpetrator? Does the (alleged) perpetrator take responsibility for any negative or problematic behaviors toward the child and/or other people significant to the child?

f. Does the (alleged) perpetrator understand ways in which people may violate the emotional, sexual and physical space of the child? Can the (alleged) perpetrator articulate what the child alleges happened? If the (alleged) perpetrator denies the (alleged) sexual abuse, can he or she discuss abuse issues hypothetically, that is, how might a sexually abused child feel?

g. Does the (alleged) perpetrator understand and agree to follow the rules regarding physical contact and verbal interactions with the child during the therapeutic contacts and monitored visits? (See attached CAPSAC Guidelines for Monitored Visits, page 10.) Does the (alleged) perpetrator see people's need for physical and emotional space and boundaries?

h. If the (alleged) offender blames the nonmolesting parent for the allegations, can he or she see the need to forego this battle with the other parent when interacting with the child?

i. Provide future treatment goals, a proposed timetable for resuming contact, and any other information which will help the judicial officer make the decision when to begin therapeutic contact between the child and (alleged) perpetrator.

## 3. Report on the Nonmolesting Parent

a. Is the nonmolesting parent sufficiently aware of how the (alleged) abusive relationship was able to occur without detection? Has the nonmolesting parent become aware of and assumed responsibility for whatever part he or she may have played in the (alleged) abuse?

b. Describe the nonmolesting parent's assignment of blame for the abuse. How does the nonmolesting parent see the role/function of each family member in the (alleged) abuse?

c. How have the nonmolesting parent and the family adjusted subsequent to the allegations or the sustained petition of sexual abuse? Are there adequate protections in place for nonmolested siblings?

d. Is the nonmolesting parent adequately prepared to support the child and transport the child to therapeutic contacts with the (alleged) perpetrator?

e. If the child's therapist believes the child is ready to begin therapeutic sessions with the (alleged) perpetrator, is the nonmolesting parent in agreement? If not, describe the issues and what movement is being made toward their resolution.

f. If the child is outside the home and the (alleged) perpetrator and nonmolestering parent are living together or friendly, how does this affect the initial therapeutic interactions? Who should be present? Is the nonmolestering parent sufficiently protective of the (alleged) child victim and other siblings?

g. What are the nonmolestering parent's feelings about the (alleged) victim visiting the (alleged) perpetrator? What statements has the nonmolestering parent made? Is the child allowed by the nonmolestering parent to experience his or her own emotions regarding the allegations and the (alleged) offender? Are the child's feelings about meeting with the (alleged) perpetrator unduly influenced by the needs of the nonmolestering parent or other family members?

h. Provide future treatment goals, a proposed timetable for resuming contact, and any other information which will help the judicial officer make the decision when to begin therapeutic contact between the child and (alleged) perpetrator.

#### 4. Report on the Minor's Caretaker (if not the nonmolestering parent)

a. If the child's therapist believes the child is ready to begin therapeutic sessions with the (alleged) perpetrator, is the child's caretaker in agreement?

b. Is the child's caretaker adequately prepared to support the child and transport the child to therapeutic contacts with the (alleged) perpetrator? If not, provide a proposed plan for preparing for the visits.

#### 5. Report from Child Protective Services (If applicable)

a. Describe the role and goals of all therapists and other community supports working with family members.

b. Provide the results of CPS assessment of all family members. Are there other victims in the family? How are the siblings of the (alleged) victim reacting to the allegations and to their sibling?

c. Include as attachments letters from the all therapists involved with any family member. If there are no other mental health providers, the CPS worker should answer the questions outlined in Section C 1-4.

d. Make recommendations regarding when it is in the best interest of the child to start therapeutic contact leading to monitored visitation for the (alleged) child victim.

e. Make recommendations regarding visitation for the siblings of the (alleged) victim.

f. Suggest an appropriate treatment plan and case plan for the family.

g. In the event that there are no auxiliary therapeutic professionals, the CPS worker should propose an alternate means of proceeding with therapeutic contact, monitored visits and eventual family reunification.

### **D. Therapy For The Parties**

1. If the (alleged) perpetrator, due to denial of the allegations is not in sex offender specific therapy, he/she should be in therapy working on: a) an empathic response to his/her child's belief regarding the (sustained) allegations; b) preparation for monitored visits; c) impulse control, problem solving and conflict resolution; d) understanding healthy physical and emotional relationships between adults, and between adults and children; e) the dynamics of sexual abuse and its effects on the child/victim, siblings, nonmolestering parent and family unit ; f) developmentally appropriate parenting roles and responsibilities related to child/victims and siblings; g) healthy emotional, physical and sexual boundaries between adults and children and h) if the (alleged) perpetrator thinks all fault for the allegations lies with the nonmolestering parent, how he or she plans to control this when with the (alleged) victim.

2. The nonmolestering parent generally requires a separate therapist from the child to assure that any competing needs of the nonmolestering parent, and the child are accurately identified and worked through.

The role of the nonmolestering parent is important in the reunification of the family. If the nonmolestering parent is supportive of the child, regular contact with this parent, in preparation for successful reunification will be important. If not supportive of the child, all visits should be closely monitored.

3. Mental health professionals who work with the (alleged) perpetrator, nonmolestering parent, siblings and the (alleged) victim should be ordered to be in regular contact with one another throughout the therapy process. (The task force is aware that if there

are parallel proceedings in Criminal Court that the psychotherapist-patient privilege may be at issue.) Regular contact with child protective services is also essential, if they are involved.

E. Charts I and II See Appendix

1. These charts reflect the suggested decision making process for ordering visitation in cases where allegations of sexual abuse appear reasonably credible in Family Court or there is a prima facie case in Dependency Court. The pertinent sections of this document are referred to in the charts.

## LOCATION OF MONITORING

### **Open Monitored Visitation.**

The location can be chosen by the person being monitored with the consent of the monitor. Choices would include parks, malls, relatives home, playgrounds, restaurants, hotel rooms for out of town visitors, etc. (Amusement parks, movies, swimming pools and spas are difficult places to provide safety for child.)

There may be transportation between locations. The monitor should always be with the child.

### **Single Site Monitored Visitation**

- Monitored in parent's home
- Location selected by person being monitored with agreement of the monitor
- Monitor's place of business
  - Open area or multiple rooms
  - One room with monitor viewing through one-way mirror
  - One room with monitor in room

Most suited to monitoring when there are allegations of abuse under investigation.

Most suited to monitoring when abuse has occurred and the perpetrator and the victim have not yet had therapeutic contact in which the abuse has been discussed.

Most suited when there are concerns about abduction.

**MONITORED VISITS SHOULD NOT BE IN PLACES  
CHILD ALLEGES ABUSE TO HAVE OCCURRED.**

## GUIDELINES FOR VISITING PARTY

### Section 1

- The time and length of the visits must be pre-arranged and only rarely changed.
- Directions given by the monitor must be followed. No discussion of the rules with the child present.
- There should be no attempt to get the monitor to side with anyone. The monitor must remain impartial.
- Child must be within the monitor's hearing and sight at all times.
- No use of foreign language or words unfamiliar to the monitor.
- No whispering, passing notes, or hand signals. No swearing or cuss words.
- No negative comments about the other parent, caretaker, child or child's siblings.
- No discussion of the court case, social worker or related matters, such as visitation restrictions.
- \*No tickling, hugging, kissing, or holding, unless freely initiated by the child.
- \*\*The visiting person (if an adult) is responsible for managing the child's behavior. No spanking, hitting or threatening. The monitor will help, if needed.
- Unless previously agreed upon, the visiting person will be the only person allowed into the visit.
- No visits while the visiting person appears to be under the influence of alcohol or illegal drugs.
- No loud talk, name-calling, or ridiculing. No questioning which makes the child uncomfortable.
- Visiting persons should try not to appear lonely or needy. This may cause child to worry or feel guilty.
- The monitor or child is not to be used to communicate with the other parent/caretaker.
- No promises like "you'll live with me soon (go to Disneyland)," unless already agreed on by the court.
- No prolonged or tearful good-byes.

### Section 2. Additional Guidelines If There Are Allegations of Sexual Abuse

Without prior approval of the court, child's therapist and/or the child's protective services worker:

- No exchange of gifts, money, food or cards.
- No exchange or taking of photographs, videotapes or audio tapes.
- \*No physical contact with the child such as lap sitting, combing hair or stroking any other part of the body, hand holding, arm around the shoulders, prolonged hugging, wrestling, horse-playing, tickling, changing diapers or accompanying the child to the bathroom, even if requested by the child.
- \*\*If there is a sustained petition of sexual abuse or a criminal conviction of sexual abuse against the visiting party, that person will not be responsible for managing the behavior of the child. The monitor or another visiting adult will do it.

**The monitor may terminate the visit at any time if the above guidelines are violated, or if any other behavior occurs which the monitor deems inappropriate, or the child appears unduly distressed. This document can serve as the basis of an incident report. When the person being monitored does not follow the guidelines, it will be reported to the court or the supervising authorities.**

I have read the rules and agree to follow those checked in Section 1 : \_\_\_\_\_

I have read the rules and agree to follow those checked in Section 1 and 2: \_\_\_\_\_

Visiting Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUGGESTIONS FOR VISITING PERSONS

1. If therapeutic contact is ordered by the court, a session or sessions will assist you and the child to gain an understanding regarding the court's decision to require supervision. The child will be encouraged to discuss his or her understanding of the reason for the therapeutic contact and anything else which is on the child's mind. The supervisor of the session will state to the child that you will listen whether you agree or not with some or all of what the child alleges. If the child has made allegations of abuse or maltreatment and you dispute them, you are asked only to listen to the child, if he or she brings them up. This is not a fact-finding session. It is not expected that you agree to any allegations you dispute, yet you are not to dispute them with the child or in front of the child.
2. These visits are for the benefit of the you and the child. The monitor is to assist to make the visit safe and pleasant. Please be on time. Call \_\_\_\_\_, the monitor, at \_\_\_\_\_ (tel. no.) if you will have to miss a visit. Please call 24 hours in advance. This will provide the monitor adequate notice and the child will not be disappointed at the last minute. The visits will occur on a regularly scheduled basis, unless otherwise ordered. Except in extraordinary circumstances, canceled visits will not be rescheduled.
3. Encourage the child with statements such as, "You did a good job." "Wow, you are learning new things." "Great." "I am proud of you." "You are taking turns nicely."
4. You may want to bring toys with which the child likes to play. Bring toys which will evoke positive memories, no toys which remind the child of any hurtful situations. Remember to take them home with you. No gifts, money, food or cards are allowed if there are allegations of abuse, without approval of the court, the child's therapist, or a protective services worker. Plan some games or activities which the child will enjoy doing with you.
5. Keep a positive attitude. The conversation should be as upbeat as possible. Children should not worry about their parents' problems.
6. Be open to any feelings your child may share with you. If the child says " You make me angry," you can reply, "I am sorry I do that." If the child says, "I hate you," you can say, "I am sorry you hate me." While you may want to contradict the child, try not to as this stops all communication.  
  
If you do not know what to say when the child expresses a feeling, you can repeat the feeling back. If the child says "you make me angry," you can say "I make you angry." If the child says, "I hate you," you can say "you hate me." What is important is the tone of voice. You repeat the feeling in a thoughtful manner which does not deny the feelings the child is expressing.  
  
If you want to encourage the child to tell you more about the feeling you can say, "I make you angry?" or "How do I make you angry?" In reply to "I hate you," you can say "You hate me?" or "What do I do that makes you hate me?" These statements should be said in a calm and interested manner which encourages the child to talk about the feeling.
7. Be sensitive to the child's needs and feelings. Children like it when an adult picks up on their feelings. If the child looks scared, you can say "Are you feeling scared?" If the child is not interested in the current activity you can say, "Is there something else you would rather do?"
8. Be supportive of the person taking care of your child. At the end of the visit say, "Have a good time with \_\_\_\_\_. I will see you in \_\_\_ days.
9. Follow the **GUIDELINES FOR MONITORED VISITS** so that the visit will proceed without any interruptions and everyone will be comfortable.
10. If you feel uncomfortable with any behaviors or guidelines of the monitor, please talk to the monitor before or after the visit, not in front of the child or person transporting the child.

**GUIDELINES FOR PERSON TRANSPORTING CHILD TO AND FROM MONITORED VISITS**

What you say to the child prior to turning him or her over to the monitor can assist the child to feel safe and secure. It will help if you say something like "This is Sally (monitor), have a good time. She will keep you safe during your visit. I will see you \_\_\_\_\_ (give location) after the visit."

- The time and length of the visits must be pre-arranged and only rarely changed.
- Child should be brought on time and go directly to the monitor to start the visit.
- No prolonged or tearful good-byes.
- Person transporting the child should not appear lonely or needy. This may cause the child to worry or feel guilty.
- There should be no attempt to get the monitor to side with anyone. The monitor must remain impartial.
- Directions given by the monitor must be followed. No discussion of the rules with child present.
- No arguing in front of the child. No swearing or curse words.
- No discussion of the court case, social worker or related matters, such as visitation rules.
- You must not be under the influence of alcohol or illegal drugs.
- No questions or comments about child's parent/s or caretaker/s.
- No spanking, hitting or threatening. Person transporting is responsible for managing the child when the child is with him or her.
- No use of foreign language or words unknown by the monitor.
- The monitor or child is not to be used to communicate with the other parent/caretaker.
- Child must be picked up on time.
- Encourage the child to say good-bye to all parties involved in the visit.
- Allow the child to talk about the visit. No questioning which makes the child uncomfortable.

**This document can serve as the basis of an incident report. When the custodial parent or person transporting the child does not follow the rules, it will be reported to the court.**

**I have read the rules and agree to follow them.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Monitor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SUGGESTIONS FOR THE MONITOR

It is best to meet with the visiting party prior to the day of the first visit to discuss the **GUIDELINES FOR MONITORED VISITS**. Be explicit and detailed in your instructions about the guidelines. Ask the visiting party to sign the **GUIDELINES FOR MONITORED VISITS**. If the visitor refuses, ask to which of the guidelines he or she objects. Try to understand the objections. If the majority of the guidelines are acceptable and the monitor believes the visit can be safe for the child, check the guidelines agreed upon, and have them signed. If you doubt for the safety and well-being of the child, call the person or agency who requested monitoring and ask for guidance about how to proceed.

Assure that you are always within sight and hearing of the persons supervised. If you do not believe supervision of the visits is necessary, be cautious this does not lead you to neglect the responsibility given to you by the court. Monitored visits would not have been ordered if they were not necessary.

Encourage positive interactions between the child and visiting party. The visit is to enhance the relationship between the visiting party and child.

If the parent has problems controlling the child's behavior or setting limits, assist the parent. Every attempt should be made not to embarrass the parent in front of the child. Some instruction may need to be given to the visiting party after the visit.

Be aware of visiting person trying to bribe the child with gifts or special things promised in the future.

Be aware of subtle and not so subtle messages which may confuse the child. "Mommy loves good children." "Children who go to church don't lie." "The Bible says "Love thy mother and father." "Remember the time I took you to Disneyland, would you like me to do that again?"

Be aware of signals to child which may be reminiscent of things from past interactions which told the child how to act. A nod of the head, finger pointing, winking, staring, glaring, body posture, etc.

If the monitor sees undue discomfort in the child during the visit which is not decreasing, the monitor can take the child aside and try to determine any needs the child has. If the anxiety continues and the monitor determines it is in the best interest of the child to stop the visit, this can be done.

If the visiting party will not conform to the guidelines, the visit can be terminated. Before stopping the visit give a clear message about what the visitor needs to stop or change. If after being warned the visitor will not stop, terminate the visit. Tell the child that the monitor and "visiting party will work together to make future visits work better but for now this visit will end." Document the behaviors and your warnings which lead to the visit being terminated.

Write a behavioral summary of each visit. Be unbiased and objective. Do not draw conclusions unless they come directly from a balanced view of your behavioral observations. Look for positive as well as problematic behaviors.

Be aware of any negative feelings you have toward having the visit, the visitor, or the child which might impede your ability to be objective. Do not let your feelings get in the way of positive interactions between the visitor and the child. Your attitude can color the visit for all parties and color what you see and report.

Try to be aware of any cultural issues which may influence the visit.

## SUGGESTIONS FOR CHILDREN ON MONITORED VISITS

If the child is apprehensive about the monitored visit, a plan can be made with the child to help decrease the anxiety. (The plan can be made by the social worker and/or the therapist in conjunction with the monitor.) The child can be an active participant in order to make the visit as comfortable as possible. The plan can include any or all of the following:

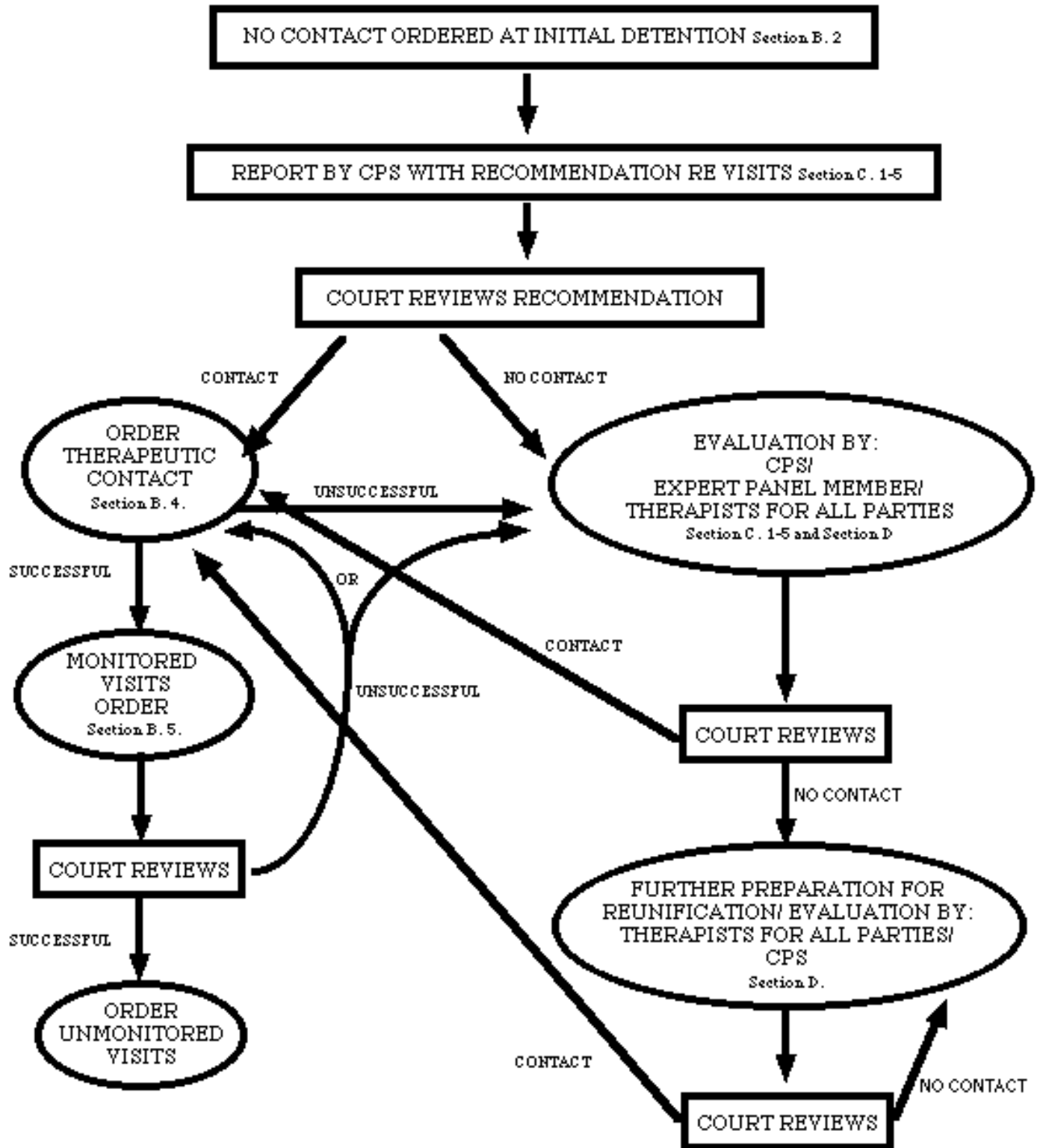
- The location of the visit.
- Where everyone will sit during the visit. For instance, the child may want to be near the door or have the visitor across the room.
- What type of physical contact the child wants or does not want during the visit.
- If there are certain people the child would like or not like at the visit. (This needs to be preapproved by the social worker, therapist and/or court depending on the court's order.)
- Hand signals which the child can use to indicate a need for help from the monitor.
- If there are things the child does not want the alleged perpetrator to bring up during the visit.
- Whether there are certain things the child wants to talk about with the alleged offender. If the child can't decide what he or she wants to say before the visit, the child can tell the monitor during the visit.
- Whether the child wants a therapist or DCFS worker to assist him or her to talk about the allegations with the alleged perpetrator prior to or during the monitored visit. (If the alleged perpetrator denies the child's allegations, he or she can be told the child wants to talk about allegations. The alleged perpetrator is not to deny the allegations nor does the alleged perpetrator need to acknowledge them.)

If the child has alleged abuse or neglect and will have visits with the alleged perpetrator, it is very helpful for the child to be able to talk openly during the visit about the allegations or for the person monitoring the visit to openly state that the reason for the monitored visits is because of the allegations. Often there is no discussion with the child about why there are to be visits after the child's allegations of abuse or after a period of separation from the alleged perpetrator. Likewise there is no mention of the allegations between the child and the alleged perpetrator. Never mentioning the allegations can lead to the child feeling unsupported or not believed, assuming that nothing really happens to someone who does bad things, and/or a belief that after a child is hurt, it is not to be discussed openly again. This can lead to behavior such as is sometimes seen in battered women who go back into abusive situations without any resolution of the abuse.

After the visits the child can tell the monitor how the visit went and if any changes need be made for future visits.

APPENDIX

# CHART I DECISION MAKING PROCESS FOR ORDERING VISITATION WHEN THERE IS A PRIMA FACIE CASE OF SEXUAL ABUSE IN DEPENDENCY CASES



## CHART II DECISION MAKING PROCESS FOR ORDERING VISITATION WHEN SEXUAL ABUSE ALLEGATIONS APPEAR REASONABLY CREDIBLE IN FAMILY LAW CASES

