



# Clearinghouse on Supervised Visitation Phone Conference Agenda



September 16, 2020

12PM/11CT

## Discussion

1. Welcome and Announcements – Everyone is invited!
2. **Check the listings** on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu.
3. **PROGRAM NARRATIVES ARE DUE NOW!!**
4. Live polling on in-person supervised visitation hybrid models & lessons from the field
5. **Questions from Directors:** Keeping “Social” in social support webinar:  
Uber gift cards for parents to use the program; Effective non-blaming, supportive reframing is using “We” instead of “You.” For example: “Things will go smoother if we start the visits on time.” “We should choose an activity for the visit now.”
6. Provide feedback on the developing bench card for family court cases: What else do you think judges should know?
7. New Domestic Violence Research
8. The Impact of COVID-19 on Children
9. Systemic Racism is a Public Health Crisis Graphic from the National Institute for Health Care Management (NIHCM) Foundation <https://www.nihcm.org/categories/systemic-racism-is-a-public-health-crisis>

# JUDICIAL BENCHCARD

## SUPERVISED VISITATION IN FAMILY COURT (Non-dependency) CASES

### WHAT IS SUPERVISED VISITATION?

- Supervised visitation allows continued contact between a parent and child in a neutral environment in the presence of a trained third party, when there are safety concerns that would prevent unsupervised contact between the child and the parent.
- A Supervised Visitation Program provides supervised visitation services as its primary function in accordance with court orders. Visit monitors can help facilitate parent-child relationships and the development of parenting skills by providing age specific activities, modeling appropriate child interaction, and deterring inappropriate parental behavior.

### What Types of Services Are Offered by Supervised Visitation Programs?

According to the Supervised Visitation Standards Committee (2008), Supervised Visitation Programs may offer a range of services. These include:

- One-on-one supervision: one supervisor is assigned to each family
- Monitored Exchanges: supervision of a child's transfer between parents
- Group Supervision: simultaneous supervision of multiple families
- Telephone monitoring: monitoring phone calls between parent and child
- Ancillary services: additional services like parenting education
- Therapeutic supervision: counseling services provided to family by a mental health professional during visitation

### ARE THERE ALTERNATIVES TO SUPERVISED VISITATION PROGRAMS?

- In some cases, parent-child contact may be monitored by an entity other than a Certified Supervised Visitation Program.
- However, all visit monitors should review the [Training Manual for Florida's Supervised Visitation Programs](#) on the Supervised Visitation Clearinghouse website.
- Although judges are not *prohibited* from allowing relatives or friends to supervise parent-child contact, they should be aware that *substantial* safety issues may arise from supervision by individuals who have not been adequately trained.

### SUPERVISED TIMESHARING CASELAW IN FAMILY LAW (DISSOLUTION, PATERNITY, DOMESTIC VIOLENCE)

- Trial courts have broad discretion to restrict time-sharing when necessary to protect the children's welfare, but courts should provide findings of fact relating to any restrictions imposed and explain how those restrictions are in the children's best interests. Verrier v. Oaks, 235 So. 3d 1050 (Fla. 2d DCA 2018).
- Safety concerns are pertinent in cases involving physical, emotional or sexual abuse, domestic violence, substance abuse, mental illness, concerns about parental abduction, and when multiple issues are present at once.
- Whenever the court orders supervision, the court order should include specific visitation guidelines, such as a visitation schedule, and any other conditions necessary to ensure safe contact with the child. Ryan v. Ryan, 257 So.3d 1168 (Fla 3d. DCA 2018).

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- These conditions may include batterers' intervention programs, parenting classes, substance abuse evaluation and treatment, and professional psychological and parenting evaluations. *Ryan v. Ryan*, 257 So.3d 1168 (Fla 3d. DCA 2018),
- When ordering restrictions on timesharing, it is necessary that courts set forth **specific benchmarks or identify the steps that parties must to take** satisfy the terms in order, in order for courts to terminate supervised timesharing and reestablish unsupervised timesharing in the future. *Lightsey v. Davis*, 267 So.3d 12 (Fla 4<sup>th</sup> DCA 2019); *Pierre v. Bueven*, 276 So.3d 917 (Fla. 3d DCA 2019).
- A case management hearing may be necessary to determine compliance with any ordered timesharing restrictions, including supervised timesharing, batterers' intervention programs, parenting classes, etc. *Ryan v. Ryan*, 257 So.3d 1168 (Fla 3d. DCA 2018). *It is the court's role* to determine whether the timesharing restrictions have been satisfied, and decide if less restrictive access between the parent and children is now appropriate.

### Checklist for Judges:

1. Be familiar with the supervised visitation programs in your area. For a list, see: <https://familyvio.csw.fsu.edu/supervised-visitatio/list-florida-supervised-visitatio-programs>
2. Verify that the program you select has a Program Agreement with the Court. This is required by the Supreme Court Standards. [https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supreme\\_Court\\_Standards\\_for\\_SV\\_from\\_1998.pdf](https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supreme_Court_Standards_for_SV_from_1998.pdf)
3. Verify that the court order for supervised visitation is consistent with the services of the program. For example, only order visits during the times that the program is open. Ensure that the program has adequate security measures for the case.
4. Ensure that referrals are appropriate for the level of service available in a program.
5. Be aware that program directors have the discretion to decline court ordered cases under specific circumstances.
6. Be aware that each circuit is responsible for developing an agreement with local providers which sets forth procedures for providing reports to the court.
7. Identify benchmarks or specific steps the parties must take to terminate supervision.
8. Be specific in the court order as to who is entitled to be present during the supervised visit.

Clearinghouse on Supervised Visitation

Florida State University Institute for Family Violence Studies

FSU Seal, DCF Seal 2021

Familyvio.csw.fsu.edu/Clearinghouse

## New Domestic Violence Research



**Andreano, J. (2020). The disproportionate effect of mutual restraining orders on same-sex domestic violence victims. *California Law Review*, 108 (3). <https://doi-org.proxy.lib.fsu.edu/10.15779/Z386T0GW9P>**

This article published in June 2020 in the California Law Review discusses the disproportionate overuse of both dual arrest and mutual restraining orders with same-sex couples when compared with heterosexual couples facing domestic violence. The author argues that common frameworks used to understand domestic violence erase LGBT victims of domestic violence and fail to recognize the dynamics of domestic violence unique to this community. Homophobia and misinformation, such as bias held by judges and law enforcement, contribute to this erasure as well.

**Cho, H., Seon, J., Choi, G., An, S., Kwon, I., Choi, Y. J., Hong, S., Lee, J. O., Son, E., & Yun, S. H. (2020). Gender differend in intimate partner violence victimization, help-seeking, and outcomes among college students. *Advances in Social Work*, 20. <http://134.68.190.31/index.php/advancesinsocialwork/article/view/23675/23119>**

Researchers at the Michigan State University School of Social Work found that 62% of the students surveyed said they had been physically, psychologically, or sexually abused by a partner. The study also found gender differences in and barriers to help-seeking after intimate partner violence.

**Gilbar, O., Taft, C., & Dekel, R. (2020). Male intimate partner violence: Examining the roles of childhood trauma, PTSD symptoms, and dominance. *Journal of Family Psychology*. <https://doi.org/10.1037/fam0000669>**

This paper focuses on the approach to understanding perpetration of intimate partner violence that attributes abusers' behavior to their childhood exposure to traumatic experiences (typically involving abuse or neglect). Given that these experiences may lead to PTSD symptoms; these symptoms can serve as risk factors for intimate partner violence (IPV) perpetration. Another approach examined in this study is the societal aspects of inequality between men and women as promoting male dominance over women in the outside world and this leading to IPV domestically, within the home. The researchers gathered 234 men drawn randomly from those receiving treatment at 66 domestic violence centers throughout Israel and had them complete versions of the Revised Conflict Tactics

Scale for IPV. The results indicated an indirect association between physical neglect in childhood and psychological, physical IPV severity, via PTSD and dominance.

**Jordan, S. P., Mehrotra, G. R., & Fujikawa, K. A. (2020). Mandating inclusion: Critical trans perspectives on domestic and sexual violence advocacy. *Violence Against Women, 26* (6-7), 531-554. <https://doi.org/10.1177/1077801219836728>**

The authors conducted 10 qualitative interviews with transgender service providers in community-based domestic violence and sexual assault advocacy settings. Interviewees were from diverse regions and organizations. The study examines factors contributing to inequities for transgender people in community-based domestic violence and sexual assault advocacy services. Recommendations include increased representation of transgender service providers in leadership roles within agencies, survivor-centered advocacy, and support for strategies to improve social status of transgender people.

# The Impact of COVID-19 on Children



## Poverty

According to the latest analysis by UNICEF and Save the Children, the ongoing pandemic could increase the number of children living in poverty by up to 117 million by the end of 2020. Due to immediate loss of income, families may struggle to afford basics, including, food, water, amenities, and are less likely to have access to health care, child care or education. Global crisis such as COVID-19 can also lead to children and families being at higher risk of violence, exploitation and abuse.

## Learning Crisis

Worldwide, 188 countries have imposed school closures, affecting over 1.6 billion children and youth. It is difficult to measure the impact these school closures and delays may have on children's learning quality and effectiveness. More than two-thirds of countries have implemented social distancing platforms to their education practices; however, in low-income countries the share is only 30%, due to internet access or access to personal computers being limited or rare. Before this crisis, one-third of young people worldwide were digitally excluded from education due to lack of internet access.

## Child Survival and Health

Worldwide evidence indicates that the direct impact of COVID-19 on children and adolescence mortality is limited; however, the indirect impacts, such as strained health systems, household income loss, disruptions to care-seeking and preventative interventions like vaccination, are substantial and widespread. A study by the Johns Hopkins Bloomberg School of Public Health indicates that, "an additional 1.2 million under-five deaths occur in just six months due to reductions in routine health service coverage levels and an increase in child wasting (UNICEF, 2020)." It is expected that an additional 1.2 million children and 56,700 mothers could die in six months due to disruptions in basic health interventions.

## **Malnutrition**

Vulnerable children today are becoming more malnourished as a result of a worsening in the quality of their diets and the multiple disruptions created by the pandemic and its containment measures. As a consequence of mitigating COVID-19 transmission, food systems have been disrupted, health and nutrition services have been upended and food security for many children has been threatened. As many as 132 million people may go hungry in 2020, and 36 million of them are children. In addition, 370 million children may miss out on nutritious school meals.

## **Access to vaccines**

As a result of COVID-19, access to live-saving vaccines has been reduced. New data shows nearly 14 million children did not receive any vaccines in 2019 and 6 million received some but not all necessary vaccines for full protection against life-threatening diseases. Due to COVID-19 prevention measures, approximately 80 million children under the age of one, in at least 68 countries, are at risk of missing out on receiving life-saving vaccines. COVID-19 has put tremendous strain on already weak or overstretched health care systems throughout the world, and as a consequence, the number of unvaccinated or undervaccinated children is expected to increase, putting millions of lives at risk.

The fight against HIV infections in children has been a long and difficult process, but in the last 10 years the number of infected children has decreased by half. As a result of COVID-19 disruptions, new HIV projections show an expected doubling in cases if 100% of the population loses access to treatment services over a six-month period. These projections show an additional 124,000 children being infected with HIV if prevention services are suspended or disrupted for 6 months. Similarly, the number of pediatric deaths is also expected to rise significantly.

## **Child safety**

As a result of the COVID-19 crisis, child labor could increase, something not seen for 20 years. Among the many impacts of COVID-19, is loss of household income and overall rise in poverty, which can cause an increase in child labor as families become desperate for means to survive. Studies show that an increase in poverty by 0.1% can lead to an increase in child labor by 0.7% in a number of countries.

COVID-19 prevention measures such as lockdowns and shelter in place orders, lead to children being at higher risks for witnessing or suffering from violence or abuse as well as new protection risks. Heightened tensions in the home, added stressors on caregivers, economic uncertainty, job loss, social isolation and disrupted live styles, can all be factors that result in increased risk for children.

These factors also lead to intimate partners violence, which children can witness and be affected by deeply.

(UN, 2020; UNICEF, 2020)

## **Health Effects of COVID-19 on Children**

Many children who develop COVID-19 exhibit no symptoms and those that do showcase symptoms, experience very mild symptoms such as low-grade fever, fatigue, and cough. It is possible for children to have severe complications but it is much less common. Underlying health conditions can increase children's risk for severe illness. When children do show symptoms for COVID-19 they are very similar to those exhibited by adults, including:

- fever
- nasal congestion or runny nose
- cough
- sore throat
- shortness of breath
- fatigue
- headache
- muscle aches
- nausea or vomiting
- diarrhea
- poor feeding or poor appetite

According American Academy of Pediatrics and the Children's Hospital Association, in the United States children only represent about 9% of COVID-19 cases. While children being hospitalized for the virus is rare due to symptoms presentation being very mild, a number of underlying health conditions can exacerbate the symptoms - these conditions include: obesity, congenital heart disease, genetic conditions or conditions affecting the nervous system or metabolism

(Mayo Clinic, 2020)

## **Multisystem inflammatory syndrome in children (MIS-C)**

Recently, the severe complication Multisystem Inflammatory Syndrome in children (MIS-C), has been observed. MIS-C can be dangerous and even life-threatening, affecting the heart and other organs in the body. Symptoms of MIS-C include:

- Fever that lasts 24 hours or longer
- Vomiting
- Diarrhea



- Pain in the stomach
- Skin rash
- Red eyes
- Redness or swelling of the lips and tongue
- Feeling unusually tired
- Redness or swelling of the hands or feet

Emergency warning signs of MIS-C include:

- Inability to wake up or stay awake
- Difficulty breathing
- Chest pain or pressure that doesn't go away
- New confusion
- Bluish lips or face
- Severe stomach pain

While these symptoms are indicative of MIS-C, doctors will also test for organ function and possible inflammation.

(Harvard Health Publishing, 2020; Mayo Clinic, 2020)

### **Children's Likelihood of Spreading the Virus**

Recent studies have found that children are equally as likely as adults to spread COVID-19. The studies have also determined that viral load – the amount of virus found in children - is not correlated with the severity of their symptoms. In other words, even children without symptoms could very easily spread the virus to those around them.

(Harvard Health Publishing, 2020)

### **Effect of COVID-19 on Babies**

While rare, children under the age of 2 appear to be at higher risk for severe symptoms of COVID-19 than older kids. Experts believe this is due to infants' immune systems not being fully developed as well as having smaller airways, which leads to them being more likely to develop breathing issues when facing a respiratory virus infections. Research suggests that only about 2% to 5% of infants born to women with COVID-19 near or at the time of delivery test positive for the virus after birth.

Infants who contract COVID-19 or cannot be tested for a lack of availability and exhibit no symptoms may be discharged from the hospital. Thus is it recommended that caregivers wear face masks or face

coverings and wash their hands often in order to protect themselves. Following the discharge, frequent follow-ups with the child's health care provider is necessary for the next 14 days.

(Mayo Clinic, 2020)

## **Health Measures for Children**

The Center for Disease Control and Prevention states that children do not appear to be at higher risk for COVID-19 than adults. Adults make up the majority of cases to date, even though children can and have been infected.

### **Steps to Protect Children and Others**

1. Clean hands often using soap and water for 20 seconds or alcohol-based hand sanitizers.
2. Avoid people who are or appear sick.
3. Maintain a 6 foot distance from others outside of the home.
4. Children two and over should wear a mask or face covering over their nose and mouth when in public. This measure should be especially observed when social distancing rules cannot be maintained.
5. Ensure children are up to date on immunizations and well-child visits.

### **Play Time and Social Distancing**

The CDC has dictated that the best way to slow down the spread of COVID-19 is to limit close contact. It is important to remember that the more people children come in contact with, the higher their risks are of contracting COVID-19 or spreading it to others. While it is inevitable that children will come into contact with people as they return to school and daycare, it is imperative that outside of those necessary interactions, contact with other children or adults be limited in order to decrease risk of infection.

**The CDC has created a ranking for how much risk is present in children's interactions and how to navigate them safely:**

**Lowest risk:** No in-person playdates. Children connect virtually (via phone calls and video chats).

**Medium risk:** Infrequent playdates with the same family or friend who are also practicing everyday preventive measures. Children maintain a distance of 6 feet from each other during the playdate. Playdates should be held outdoors, if possible. Indoor spaces are more risky than outdoor space where it might be harder to keep children apart and there is less ventilation.

**Highest Risk:** Frequent indoor playdates with multiple friends or families who are **not** practicing everyday preventive measures. Children do not maintain a distance of 6 feet from each other.

(CDC, 2020)

### **Work Cited**

United Nations Children's Fund. (2020, August). *COVID-19 and Children*.

<https://data.unicef.org/topic/covid-19-and-children/>

United Nations. (2020, April 15). *Policy Brief: The Impact of COVID-19 on children* [PDF file].

[https://www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_children\\_16\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

Center for Disease Control and Prevention. (2020, July 21). *Stop the Spread in Children*.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/protect-children.html>

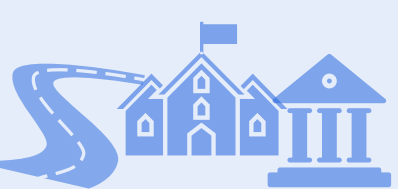
Harvard Medical School. (2020, March). *Coronavirus outbreak and kids*. Harvard Health Publishing.

<https://www.health.harvard.edu/diseases-and-conditions/coronavirus-outbreak-and-kids>

Mayo Clinic. (2020, August 14). *COVID-19 (coronavirus) in babies and children*.

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-in-babies-and-children/art-20484405>

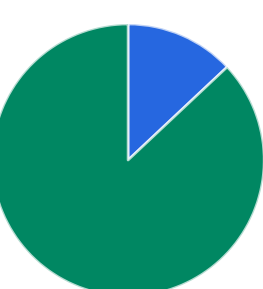
## What is systemic racism?



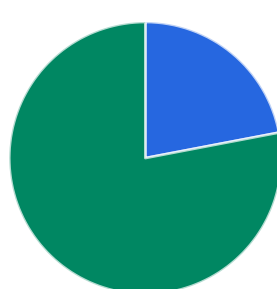
**Systemic racism:**  
the way policies & practices of organizations or systems advantage some populations, while disadvantaging others, creating different outcomes for different racial groups

Among Black Americans, systemic racism has led to long-standing inequities and striking disparities linked to COVID-19.

## COVID-19 highlights the link between racism and health



Black individuals account for **13%** of the US population



And **22%** of COVID-19 related deaths where race is known

Black people are dying from COVID-19 at a rate **2.4x higher** than White people

## What makes the Black community more at risk for COVID-19?

Higher rates of pre-existing health conditions

Over-represented in frontline & essential worker jobs

Unequal access to quality health care & insurance coverage

More likely to live in hypersegregated neighborhoods

## Long-standing inequities caused by systemic racism exacerbate health impacts

**Food Insecurity** Black Americans are more than **2x** more likely to face hunger than White peers

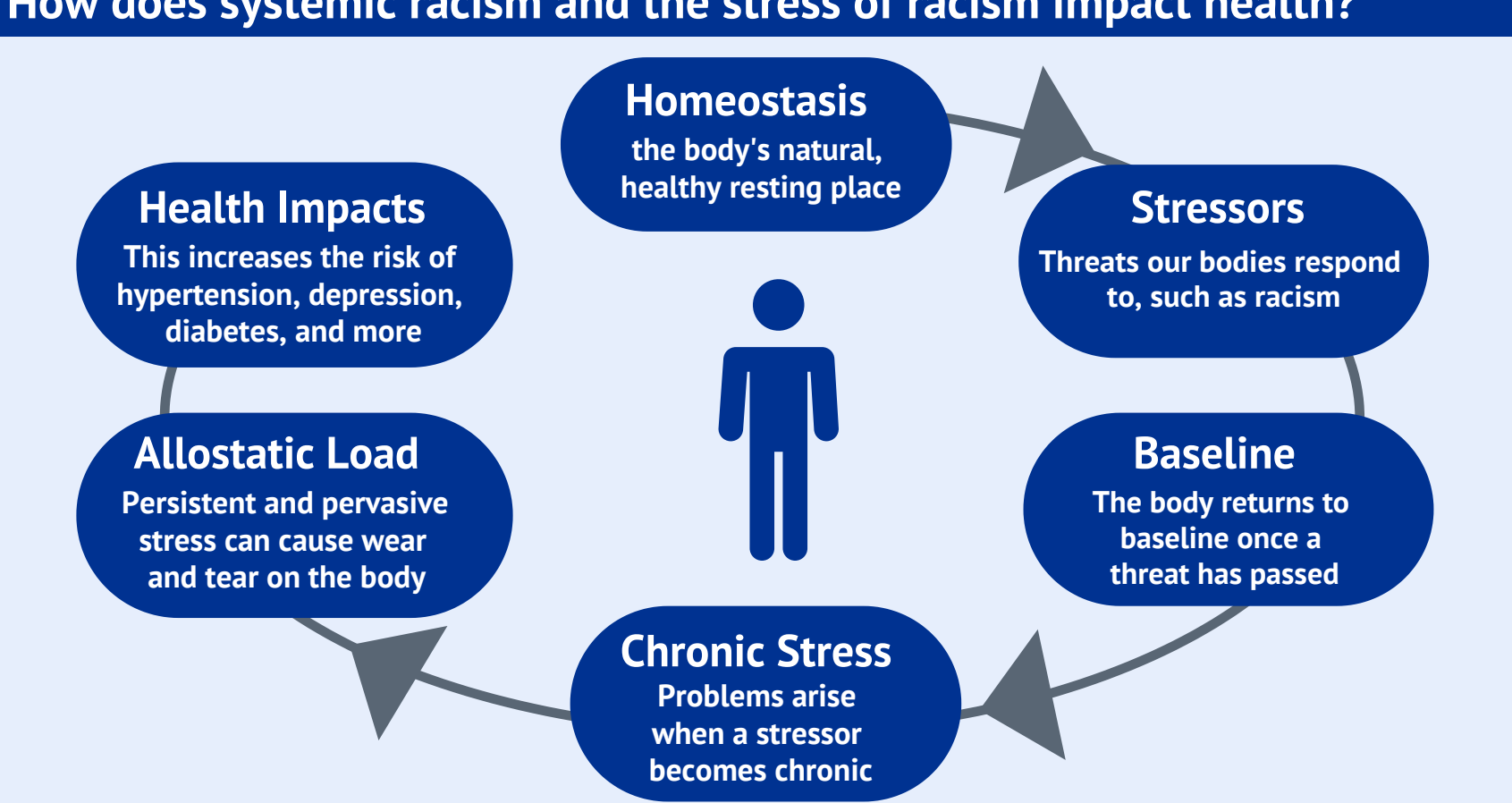
**Housing Insecurity** Black individuals make up **40%** of the homeless population

**Wealth** The net worth of a typical White family is **10x** greater than of a Black family

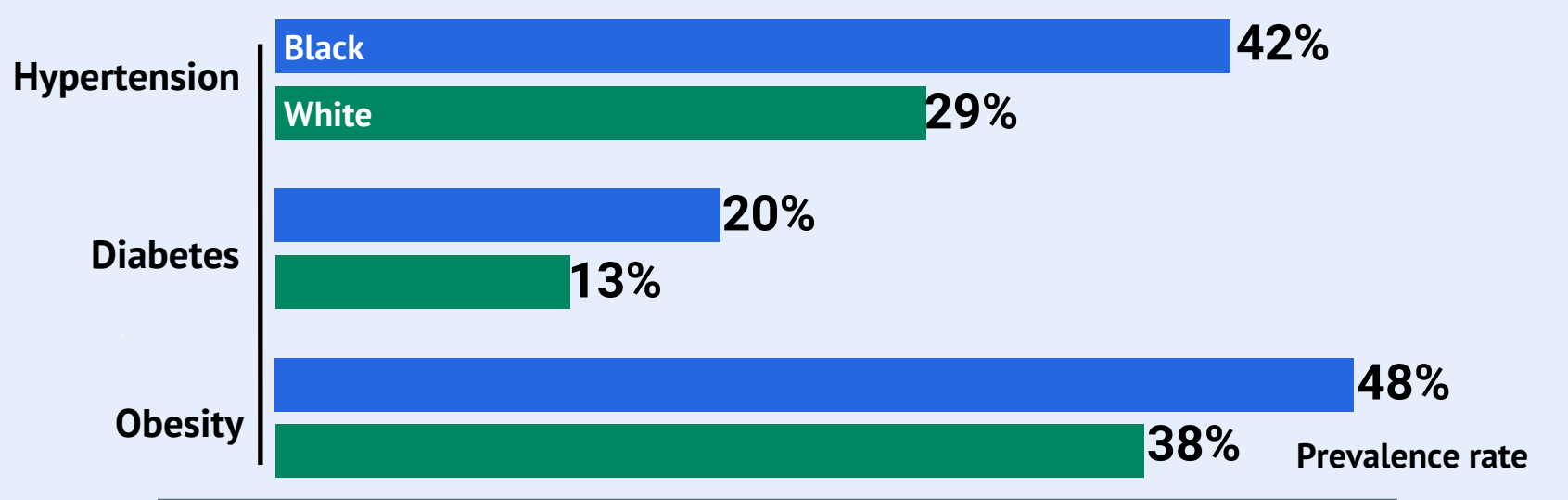
**Education** **40%** of Black students receive a 4-year degree vs **64%** of White students

**Mass Incarceration** Black Americans are incarcerated at more than **5x** the rate of White Americans

## How does systemic racism and the stress of racism impact health?



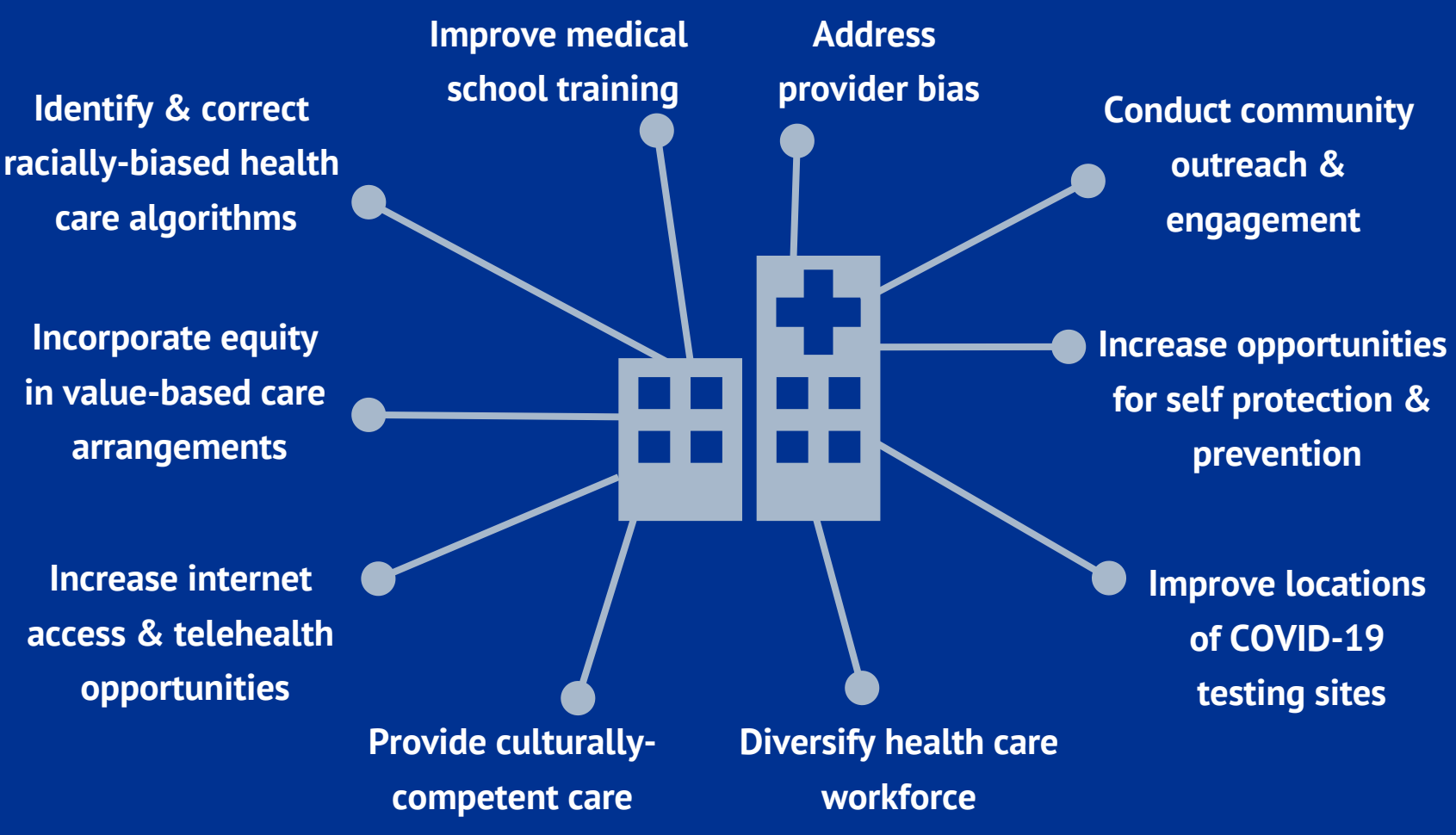
## Snapshot of resulting health disparities



**Maternal Mortality**  
Black women are **3-4x** more likely to die giving birth than White women

## Strategies for Change

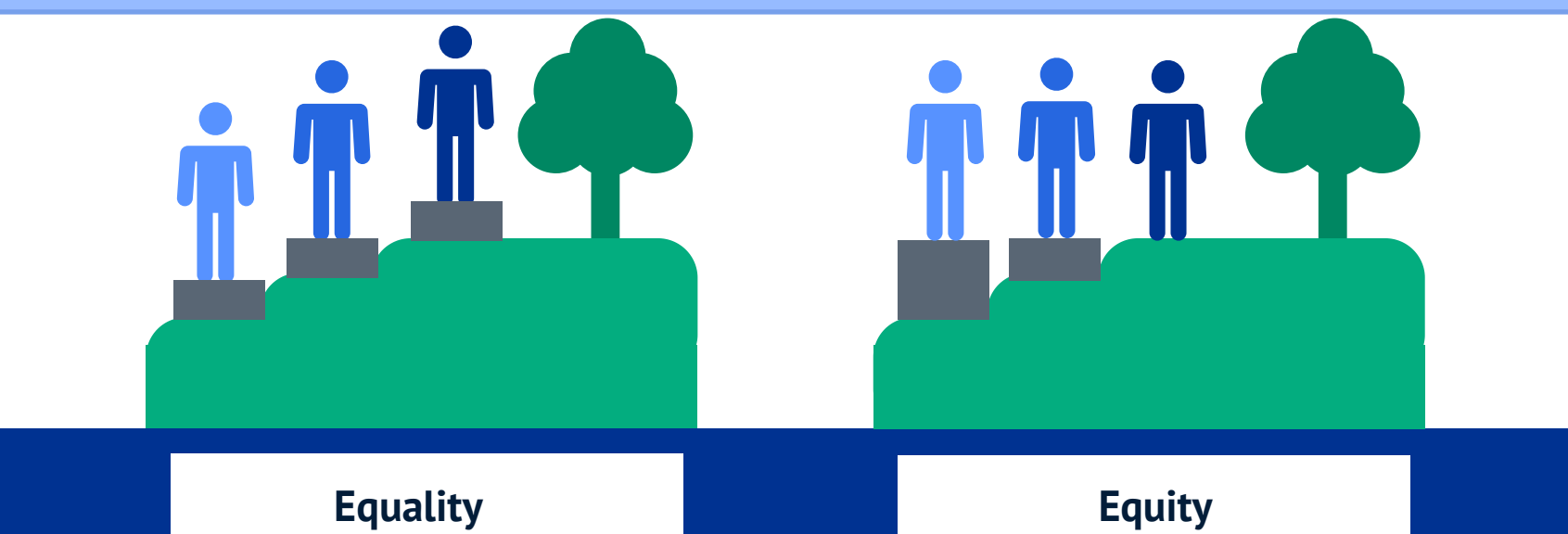
### Actionable ways to address health disparities - within the health care system:



## If we want to have lasting change, we have to address systemic problems

- Dismantle structures that support racism
- Deconstruct systems that contribute to wealth inequality
- Expand health care coverage & access
- Address social determinants of health - food, housing & education

## Addressing systemic racism means achieving not only equality but equity



**Contact the Clearinghouse**

**850-644-1715**

