



The Family Law DOORS

Research and practice updates

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The Family Law DOORS (FL-DOORS) is a whole-of-family, first level risk screening framework designed for use across the family law sector. It was released in Australia in March 2013. During the summer of 2013–14, the Australian Institute for Family Studies (AIFS) surveyed the sector about its use and views of FL-DOORS, as part of a broader evaluation of the 2012 family violence amendments. AIFS published the findings in October 2015 in the *Responding to Family Violence Report (RFV)* and concluded, “At this stage, there is evidence of limited take-up of the FL-DOORS risk assessment tool in the family law system and some participants held concerns about the implications of its use in legal settings” (Kaspiew, Carson, Coulson, Dunstan, & Moore, 2015, p. xx). The data published in the RFV were sourced more than 30 months ago, and when read alongside other comments in the RFV, may give the impression that FL-DOORS failed to reach its potential. Here we provide a series of updates on current use of and research with the FL-DOORS, referring to data from over 7,200 cases. We restate the rationale

of FL-DOORS and address specific critique about the framework reported in the RFV. We consider the possibilities of universal screening in the family law sector, including the place of the Family Law DOORS as the only validated whole-of-family risk screening tool, applicable across the whole family law system.

Background

The Australian Institute for Family Studies (AIFS) conducted a wide-ranging review of the 2012 Family Law Act amendments, analysing the impact of the increased legislative emphasis on family safety (Kaspiew, Carson, Dunstan, Qu et al., 2015). Components of the review include the Responding to Family Violence Report (RFV, Kaspiew, Carson, Coulson et al., 2015), incorporating an online Survey of Practices (SOP) with family law professionals; and the Experiences of Separated Parents Study (ESPS, Kaspiew, Carson, Dunstan, De Maio et al., 2015). Drawing on the SOP, the RFV reported that despite widespread practitioner confidence in their own risk screening practice, “close to 30%

of parents ... reported having never been asked about [family violence and safety concerns]" (Kaspiew, Carson, Dunstan, De Maio et al., 2015, p. xviii). One repeated conclusion in the report was that, "implementation of consistent screening approaches has some way to go" (Kaspiew, Carson, Dunstan, De Maio et al., 2015, pp. xix, 133, 189). In this context, AIFS asked the SOP respondents about their use of and views on the newest risk-screening framework in Australia, Family Law DOORS (Family Law Detection Of Overall Risk Screen [FL-DOORS]).

The Family Law DOORS: Description and update

FL-DOORS (McIntosh & Ralfs, 2012a) is a three-part screening framework. It was designed to support all professionals in the family law system to identify, evaluate and respond to safety and wellbeing risks in separated families. Uniquely, FL-DOORS screens for both violence victimisation and perpetration risks. It also appraises infant and child developmental and safety risks.

Given the data reported in RFV predate significant growth in FL-DOORS' use, detailed below, we provide an up-to-date synopsis of its application and efficacy. FL-DOORS is the first externally validated instrument of its kind, tested on a pilot sample of over 600 cases (McIntosh, Wells, & Lee, 2016), demonstrating excellent scale properties and, importantly for practitioners, predictive reliability against external, objective indices of risk. Validation and reliability of the screening tool have now been replicated and extended, on a sample of more than 6,500 cases (Wells, Lee, McIntosh, in preparation).

The FL-DOORS whole-of-family screening system is now used universally in all family law services operating within Relationships Australia, South Australia services. It is used widely in several other Australian relationship services and law firms, and is under pilot in at least three other countries (Norway, Sweden and Singapore) and in several states in the USA. Current use and utility of FL-DOORS has certainly changed from the picture painted in the Survey of Practices reported in the RFV.

Comments on AIFS survey methodology

The accuracy and utility of any set of survey findings rests on a study's methodology, and findings need to be understood in that light. Aside from now being dated, views presented in the RFV about FL-DOORS reflect aspects of

the methodology used to derive respondent reports. We briefly explore the context of the Survey of Practices data collection below, and the resultant impact on the RFV findings.

Survey findings reflect their informants' expertise

SOP survey findings pertaining to use of FL-DOORS are from 259 legal and 236 non-legal professionals. Seventy-eight practitioners who used FL-DOORS provided comments on how they implemented the tool. These samples are a small proportion of the nearly 2,000 registered family dispute resolution practitioners in Australia,¹ 2,500 lawyers registered with the Family Law Council's Family Law Section,² and an even smaller proportion of the wider array of Australia's 60,000 lawyers, 31,000 psychologists,³ and para-legal and allied practitioners whose practices concern family separation (and are therefore concerned with family safety and the family violence amendments).

While the overall RFV sample was targeted to informants who could reliably address the broader impacts of the amendments, it is not equally apparent that these participants were reliable informants about screening, or about FL-DOORS. Over half (53–54%) of those surveyed "could not say" whether the reforms had led to an improvement in screening (Kaspiew, Carson, Coulson et al., 2015). Eighty-eight per cent (88%) of those who commented on FL-DOORS reported either never or rarely having used it (59.4%), or "could not say" if they had used it (28.3%).

There are limitations in relying on reports from a sample with little experience of the pertinent issues. Though the *RFV report* does not present this as a *representative sample*, it is nonetheless presented as *representing the sector*. Later in this article we contrast the findings of this report with similar results from an organisation (Relationships Australia, South Australia) that has commenced use of FL-DOORS for universal risk screening.

Survey findings reflect what is asked

Among many questions, SOP participants were invited to provide "self-assessments of their current practice approaches" (Kaspiew, Carson, Coulson et al., 2015, p. 7) including being asked, "Are you using the Family Law Detection of Overall Risk Screen (DOORS) tool?" The question response options did not distinguish those who hadn't yet tried it from those who didn't know what it was, or from those who had tried the tool and opted not to use it. As

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a result, when 59% said they were “not using FL-DOORS”, we cannot know what this means. Curiously, 29% “could not say” if they were using FL-DOORS, and this is not explained in the report. This left 61 respondents, who confirmed some familiarity with and/or use of FL-DOORS. Nonetheless, participants were invited to provide a comment on FL-DOORS, regardless of their prior experience with the tool. Consequently, the published comments include those from individuals who had never or rarely used FL-DOORS (e.g., Kaspiw, R., Carson, R., Coulson et al., 2015, p. 62).

Given the FL-DOORS release closely followed the 2012 amendments, the SOP focused exclusively on practitioner attitudes to this framework. Participants were asked to list other screening methods they were using, but not to compare, contrast or otherwise comment on utility relative to FL-DOORS or other methods. A question first asking participants to nominate the risk framework they used, then asking them to comment on its drawbacks and merits, would have resulted in different information.

Survey findings are of their time

Findings from the SOP reflect the earliest uptake of FL-DOORS in late 2013–early 2014, during the first months following initial dissemination of the handbook (McIntosh & Ralfs, 2012b) by the Australian Government Attorney-General’s Department. At that time, the field necessarily had limited familiarity with the framework. Other than a half-day seminar program provided by the Family Law Section of the Law Council of Australia in late 2013, neither marketing nor in-person training had commenced. The online training program created by Relationships Australia, South Australia (RASA)⁴ was launched later in 2014, and subsequent training workshops and presentations have been conducted throughout Australia and overseas.

Given all FL-DOORS users in SOP were “early adopters” with limited experience in applying FL-DOORS, a future survey might also address

growth in practice over time. Such insights seem directly relevant to the AIFS Research Questions about changes in practice since the 2012 amendments, yet are largely unaddressed by the 2015 report.

Contrasting example of a universal roll out of FL-DOORS

In contrast to the SOP sample and context, RASA has employed FL-DOORS in universal screening practices since 2013 in all its family-law related services. FL-DOORS was developed over many years in collaboration with RASA, the largest provider of relationship services in South Australia. The developers were later commissioned by the Attorney-General’s Department to refine and roll out the tool nationally.

RASA represents a large service community with the most organisational experience in the use of the FL-DOORS in Australia. In this light, its lessons learned about the development of a practice culture supportive of universal risk screening are instructive. To support roll out, RASA combined practitioner training in universal screening with new infrastructure support, internal and external supervision, and post-implementation feedback to staff. During roll out, RASA researchers explored the effects of FL-DOORS implementation with 29 experienced post-separation practitioners (mostly mediators), in an anonymous survey, using the same question about FL-DOORS usage reported in the RFV (Kaspiw, Carson, Coulson et al., 2015) with the addition of an “Always” response category in anticipation of standard practice, to explore full variation in response. Table 1 shows the results.

While the RASA sample is smaller in absolute numbers than the SOP sample, it represents 83% of eligible post-separation practitioners at RASA, in 2016. The culture at RASA is important to understand. The numbers simply illustrate the difference that time makes, together with

Table 1: FL-DOORS usage in RASA May 2016 compared to RFV respondent usage December 2013–February 2014			
Are you using FL-DOORS? How often?	RFV lawyers (% , n = 259)	RFV non-legals (% , n = 236)	RASA practitioners (% , n = 29)
Always	Not asked	Not asked	69.0
Almost always	1.9	5.1	24.1
Often	5.4	2.1	6.9
Sometimes	6.6	3.4	0.0
Rarely/never	51.0	68.6	0.0
Cannot say	35.1	20.8	0.0

a facilitating organisational environment, and a carefully managed process around the introduction of universal screening. Screening is not an administrative impost at RASA, but a universal process of supportive engagement with clients around noticing family safety and wellbeing. It is a service culture in which the benefit of early screening is offered to all clients, rather than a hierarchical imposition for practitioners to screen. As a consequence of this approach, there is high participation in screening. Between June 2012 and August 2016, RASA post-separation clients have completed over 7,200 FL-DOORS.

Responding to RFV reported concerns about FL-DOORS

RFV reported qualitative comments from SOP participants including concerns about FL-DOORS structure or methodology, which may have held them back from trialling it (Kaspiew, Carson, Coulson et al., 2015). We address the main concerns below.

Complexity and length of FL-DOORS

RFV cited a number of individual concerns about the complexity and length of FL-DOORS (Kaspiew, Carson, Coulson et al., 2015). Some background here is relevant. A full DOOR 1 contains 10 domains, with a total of 109 “yes/no” questions, and takes about 15 minutes to complete using paper and pencil or computer methods. The 10 domains in the DOOR 1 tool synthesise a large amount of complex information about the prior and current safety of infants, children, parents, victims and perpetrators, and allows that some domains may not be relevant for all clients. (For example, clients without infants would not complete the infant domain. As elaborated by McIntosh, Wells, and Lee (2016), the FL-DOORS was designed to reliably indicate these complex whole-of-family domains, using a minimum number of well structured questions, to avoid under-reporting violence risks (see Ballard et al., 2011; Pokman et al., 2014).

There is no padding in FL-DOORS. Of all items, 64 questions form 11 reliable scales (McIntosh, Wells, & Lee, 2016). The other 45 questions offer useful background information (“Who initiated the separation?”) or potentially crucial, isolated information (“Do you have access to a gun or weapon?”). FL-DOORS also offers many shortcuts. For example, McIntosh, Wells, and Lee (2016) found that its screening scales of infant, child and adult mental health risks, while very brief, have concurrent validity

with the much longer gold standard measures in each domain respectively (BITSEA: Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004; SDQ: Goodman, 1997; and K-10: Kessler et al., 2002).

It's hard to imagine a quicker process or shorter tool, given the breadth and complexity of the territory covered.

Screening or assessment?

Some comments from SOP participants, like many in the field, suggested confusion between the concepts of screening and assessment, specifically attributing the function of assessment to the FL-DOORS (e.g., p. 62–63, p. 63–64). Beyond semantics, these distinctions are important, as articulated in public health domains. For example, faecal blood screening is now universal, but a colonoscopy is an assessment that only follows when risks are indicated. Many potentially life-saving assessments are triggered by identification of minor symptoms. Equally of comfort, those without symptoms are not required to undertake invasive procedures.

DOOR 1 is a structured *screening* tool, designed to identify antecedent and immediate factors associated with spiralling mental health and family violence risks. Risk *assessment* practices are different. The FL-DOORS framework (McIntosh & Ralfs, 2012a) explicitly separates screening from risk assessment, foreshadowing subsequent best practice recommendations from the Association of Family and Conciliation Courts (AFCC, 2016), which also reinforce the differences between screening and assessment, and the need for both. In FL-DOORS, DOOR 1 is the universal, structured risk screen that provides a DOOR 2 report, which then supports the practitioner to elaborate on red flag areas with the client, and to decide if detailed risk assessment is required. Crucially, only when a client screens positive at DOOR 2 for a risk do practitioners then assess that risk in detail.



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If needed, DOOR 3 provides resources for assessment. This stepped approach through each metaphorical door with its metaphorical screen means that “doing FL-DOORS” is only as detailed or as lengthy as it needs to be for each client. Moreover, FL-DOORS makes it possible for screening to be available at each point of entry into the family law system, and indeed to be a shared responsibility across legal and social sectors.

Structure and flexibility in screening

While DOOR 1 is highly structured, DOOR 2 is highly flexible and DOOR 3 gives considerable scope for divergence in assessment practice. There is nothing to prevent a practitioner from using the FL-DOORS framework within a “process of semi-structured interviews” or within a conversational approach to screening, as mentioned in RFV (Kaspiew, Carson, Coulson et al., 2015, p. 65).

Research leaves no doubt that structured screening questions matter to the detection of risk. While some RFV respondents clearly felt client disclosure was best enabled by a warm, relatively unstructured, face-to-face conversation, this practitioner-led style is associated with lower disclosure of safety concerns (Holtzworth-Munroe, Beck & Applegate, 2010).

Differing views on what needs to be screened

Practitioners need to be clear on what they are screening for, and why. Some may use MASIC (Holtzworth-Munroe, Beck, & Applegate, 2010) or the Conflict Tactics Scale 2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) designed to screen for imminent, serious and lethal risks. One assumption in such measures is that future risk is best predicted by past violence. FL-DOORS begins with a softer, broader screening process, which may lead to evaluation of lethality risks, but only for those where this level of assessment is indicated. The FL-DOORS framework screens dormant risk factors and antecedent triggers that may combine to escalate risk as dispute resolution processes take place, and helps practitioners to identify those who need to progress rapidly to this level of screening and assessment.

Screening for Indigenous or CALD clients and people with poor literacy

RFV reported concerns that FL-DOORS, and presumably similar psychological tools such as MASIC, is only suited to literate English-

speaking clients (e.g., Kaspiew, Carson, Coulson et al., 2015, p. 65). The claim is hard to support. We are confident that FL-DOORS extends the benefit of screening to often-marginalised groups, including those facing problems with literacy, without being prescriptive as to use. The first domain of the FL-DOORS is devoted to culture and religion, in response to the fact that increased safety risk after separation may occur for migrants, refugees and CALD or Indigenous clients (see McIntosh & Ralfs, 2012b). An audit of over 6,600 RASA family clients found 5.8% of clients reported their culture and/or religion as significant within the dispute. In terms of comprehension and complexity, the expected reading age for a full DOOR 1, based on public domain algorithms for reading ease, is between 12–14 years.⁵ A practitioner or interpreter may assist by reading the questions, if needed.

Anecdotally, many RASA interpreters report it is easier for them to work from a written document such as DOOR 1 rather than interpret a standard verbal interview. Furthermore, clients who struggle with comprehending spoken English are often more likely to understand written English. The FL-DOORS handbook provides detailed suggestions for dealing with literacy or language barriers and asserts that, “[u]ltimately the responsibility for how the FL-DOORS is implemented rests with each service and with individual practitioners” (McIntosh & Ralfs, 2012b, p. 13).

Engaging clients in monitoring their own wellbeing and safety

RFV reported a concern that clients would be “turned off” by forms (Kaspiew, Carson, Coulson et al., 2015, p. 62). In our training programs, we have noted that less experienced practitioners tend to mistrust structured, academic-looking forms, and presume their clients will too. Indeed, one RFV respondent called the FL-DOORS a “test”. We have found the opposite to be true; in many cases, clients prefer to reply to a structured tool on a piece of paper than to disclose in person. In an anonymous sample of 141 “just screened” RASA FL-DOORS clients, 68.3% said, “It’s easier to disclose sensitive information on a form than face-to-face” and 95.8% said they were “completely honest when filling out the forms”.

Some practitioners believe structured processes will harm their working alliance with individuals by asking intrusive, private questions. Beneath such concerns appear to be assumptions that structured questioning excludes engagement. FL-DOORS was designed to be an avenue for meaningful engagement, and RASA’s internal research strongly suggests it is. RASA monitors

client engagement through regular anonymous client satisfaction surveys (in accordance with Commonwealth funding requirements). Figure 1 shows the results of these surveys before and after the FL-DOORS launch.

If RASA clients objected to answering the FL-DOORS screen, a drop in client satisfaction might have been expected. Figure 1 shows no overall decline since FL-DOORS implementation. As described by Lee and Ralfs (2015), clients ($n = 134$) viewed the risk screening process as a typical part of the overall administrative process, and 94% reported benefits in providing detailed information at intake. As a side note, 68% reported that it was easier to disclose personal and sensitive information on a form rather than face to face.

Concerns that screening may not help

Some SOP participants alluded to the idea that tools such as FL-DOORS could have an impact opposite to their purpose, namely by adding to rather than alleviating client risk, with one concluding it was “simplistic and fraught with danger” (p. 60). Some SOP respondents also expressed views that “divulging the most serious (risks/harm factors) requires several face-to-face meetings to build up trust that telling us will not make things worse” (p. 62).

We find legal practitioners may feel particularly under-prepared for screening, be worried about their responsibility for risk management when identified, and fearful of losing trust with a client. The latter issues call for ongoing practice reflection. Among them, it seems important to disaggregate role-based dilemmas from the idea that well-conducted screening could be more dangerous than not screening.

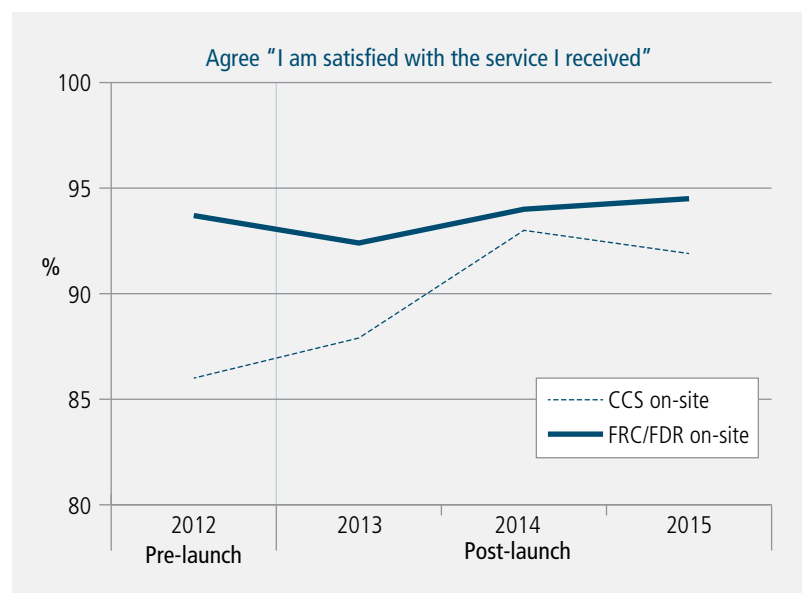
Research evidence negates this view. Several studies (e.g., Chang, 2014; Todahl & Walters, 2011; Zeitler et al., 2006) have shown that women, including those from ethnically diverse backgrounds, largely endorse universal domestic violence (DV) screening provided it is done respectfully and in private, with a clearly expressed rationale for screening and a plan for follow-up if a disclosure is made. Liebschutz, Battaglia, Finley, and Averbuch (2008) said that some DV victims were distressed when *not* asked about DV, when they hoped the likelihood would have been “obvious” to their practitioner. As Chang (2014) suggested, the act of appropriate enquiry about DV may in itself be an intervention for women victimised by DV; asking questions about risk is unlikely to be more dangerous than not asking questions about risk.

Screening as ongoing engagement

FL-DOORS is grounded in two realities:

1. *All* clients in the family law system face challenges of varying degrees to their wellbeing throughout the course of their adjustment to separation. For some clients, antecedent and contextual factors combine in the early phases of adjustment to create elevated wellbeing risks, which can be readily managed. For a few, key risks combine and accumulate to create personal or interpersonal safety risks. For a smaller but critical minority, these are potentially lethal risks (for a synopsis of this literature, see McIntosh & Ralfs, 2012b).
2. There are multiple entry points into the family law system, and pivot points within it, whereby appraisal of wellbeing risks and engagement in preventative support is possible. Within Australia, clients enter the family law system via one of several pathways: family relationships services, lawyers, private mediation and courts are key among these. Many clients then move about the system, through adjunct services. Screening cannot be effective if it occurs at only one point in time and is confined to only the non-legal components of the system.

The FL-DOORS framework (McIntosh & Ralfs, 2012a) makes possible a funnelled screening process for all clients of the family law system, by all practitioners within the system, at any



Note: Data as reported to Department of Social Services (Sample sizes per year are Children's Contact Service (CCS) $n = 100$ – 134 ; and Family Relationship Centres/Family Dispute Resolution (FRC/FDR) $n = 274$ – 366)

Figure 1: Client satisfaction at RASA

stage of family involvement in that system. The FL-DOORS multimedia educational materials suggest ways in which legal services could safely and meaningfully engage in risk screening. Moreover, the resources in DOOR 2 guide all practitioners in evaluating risks through semi-structured supportive conversations, engaging clients in self-management where appropriate and expediting referral for issues exceeding the practitioner's expertise or role, whenever a specialist assessment of wellbeing and safety risks is indicated. DOOR 3 provides resources to assist practitioners and services to build a collaborative risk management and referral network. The online training program ties these together, and provides many case examples.

Risk screening as admissible evidence in court

Some family dispute resolution practitioners worry that client self-reports on screening tools will become evidence within court, undermining the benefit of non-adversarial dispute resolution. It will be essential to work through these practice-based dilemmas for each practitioner role, including issues of admissibility, before cultural change in risk screening can occur. In time, a seamless family law system might be one in which skilled engagement of clients in appraisal and evaluation of their own wellbeing and risk status is enabled, regardless of the entry point into dispute resolution. Instead of admissible information, gathered while screening for risk, potentially jeopardising a legal position, cross-agency communication about client risk status might be facilitated, and the onus of response and support more transparently shared between services and the courts.



With the RFV authors, we agree that discussion of screening in relation to legal evidence and privilege requires further consideration. In the meantime, we suggest two ways to reflect on this with respect to FL-DOORS. First, FL-DOORS screening is not an investigative or evidence-gathering process and, in community contexts, remains confidential. Second, FL-DOORS is not objective evidence but self-report data. It is a structured way of reporting what a client has said about their own wellbeing and that of their family members. On an evidentiary basis, the data could not be treated as anything more than this or different to other communications about risk from a client to a practitioner. In time, some may support its inclusion in a well-structured affidavit.

Next steps in the dialogue

Expansion of the family law system's capacity to effectively screen and respond to family safety and wellbeing during separation is nothing short of a public health matter. The Family Law Act amendments of 2012 are part of a commitment and growing momentum in Australia to interrupt harmful pathways of risk, and to assist family members to establish safer directions in their post-separation recovery. The *RFV report* into family law practitioners' risk screening practices during the summer of 2013–14 highlighted the difficulties involved in turning such a commitment to family safety into an embedded sector-wide practice.

The report is also now dated with respect to FL-DOORS properties and implementation. The Synthesis Report foreshadows the need for updating the evaluation, referring to the evolution of practice and the effects of the amendments increasing over time (Kaspiew, Carson, Dunstan, Qu et al., 2015). A future study would attempt to contrast screening methodologies, and further explore systemic factors preventing practitioners from supporting whole-of-family risk screening.

There are significant opportunities inherent in FL-DOORS for advancing a common language and methodology at the individual case level, and for a population-level indication of whole-of-family risk. The imperative for coordinated, effective sector-wide engagement with clients around safety monitoring has never been clearer. As evidence from recent Australian tragedies within the family law system graphically attests, no single practitioner or service can bear the responsibility for preventing harm to family members amidst the vulnerability and volatility of conflicted separation. No single risk-screening tool holds the answers to risk prevention. Equally, there is no doubt

that evidence-based, behaviourally specific screening frameworks are more effective than ad hoc individual approaches, and safer than doing nothing. The Family Law DOORS, grounded in Australian and international evidence, provides one validated means for harvesting layers of complex information and reliably indicating wellbeing and safety risks for children and parents, together with a compass for coordinated responses to risk.

Endnotes

- 1 Sue Harris, Attorney-General's Department, Canberra. Personal Communication. April 2016.
- 2 Maureen Schul, Family Law Section of the Family Law Council. Personal Communication. April 2016.
- 3 Retrieved from <www.psychologyboard.gov.au/About/Statistics.aspx>.
- 4 See <www.familylawdoors.com.au>.
- 5 See, for example, <www.readabilityformulas.com>.

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