

Truthful, beneficial and respectful: A survey of client attitudes to universal screening for safety risks in families

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Introduction

- Men and women frequently use family relationships services after suffering the effects of family and domestic violence (FDV)¹
- Evidence shows that many clients disclose FDV or other safety risks **only if asked by practitioners**²
- Some peak bodies recommend **universal risk screening** (pro-actively asking all clients about possible risks) or indicated screening (asking only clients who show symptoms possibly caused by risks)^{3,4}
- Recommendations only cover risk of FDV victimisation, **not perpetration**
- FDV risks may **co-occur with other risks** to self and others (eg suicide or child abuse) but not always
- However, practitioners are often concerned that **clients may react badly** to screening questions, especially perpetration or wider safety risks

Objectives

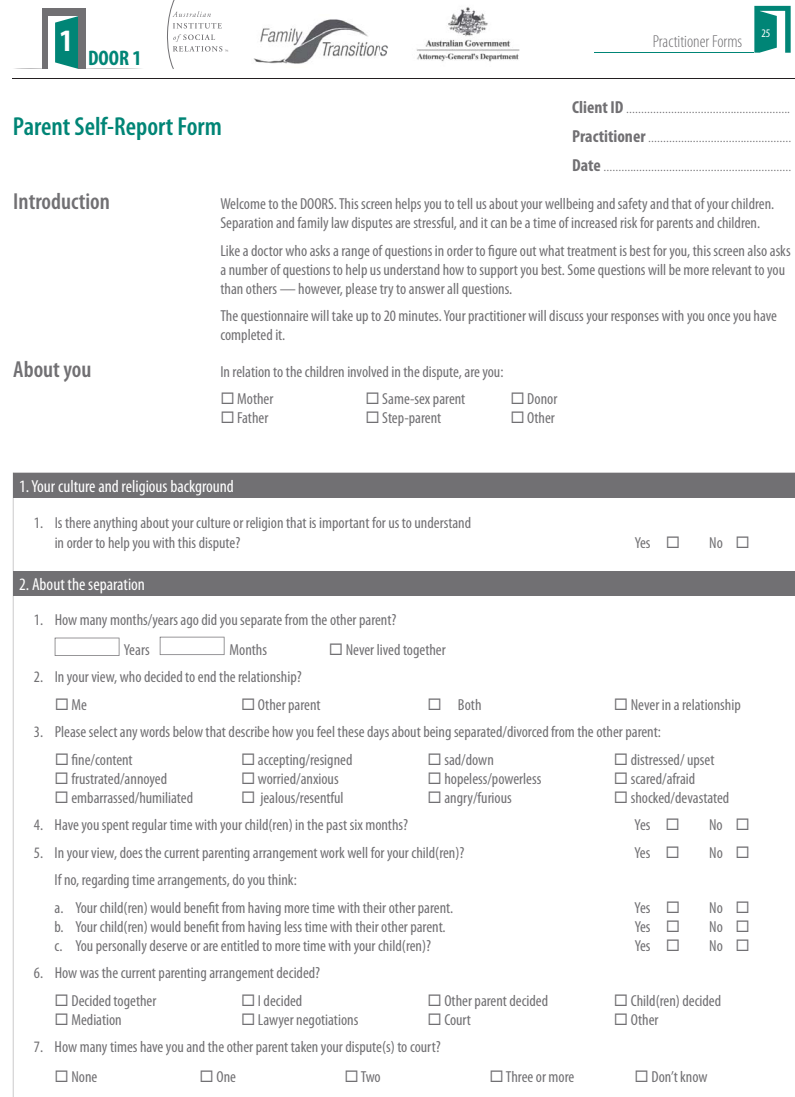
- To explore client attitude to ‘form filling’ (including universal screening for safety risks in families in routine practice)
- To find evidence for practitioner concerns over adverse client reactions



Adelaide Family Relationship Centre

Context

- Setting was **Relationships Australia South Australia (RASA)**, a health and family relationships service with universal screening in routine practice
- At RASA, post-separation services use **Family Law DOORS** universal screening⁵, usually client self-report (DOOR 1) version⁶



DOOR 1 screening tool (McIntosh, 2011)

Universal Screening

Our review of the research and our service experience reveal that the common risks include family violence, parenting stress, problem gambling, financial stress, substance abuse, and mental health concerns. These often occur together and each is linked with relationship problems.

Therefore, RASA has a holistic universal approach to wellbeing and safety screening. This means that all clients are screened, not just some. Universal screening helps clients understand that exploring risk is routine and contributes to establishing trust with the practitioner.

RASA regards screening for both victimisation and perpetration as a central process underpinning all stages of relationship service delivery. RASA staff – including non-clinical staff – are supported to notice client risks through ongoing professional development about screening and risk assessment.

Sample

- All clients were asked to complete an **anonymous survey** over four weeks in April-May 2015, with 1,153 (72.6%) agreeing
- To ensure robustness, this analysis includes only first session clients who should have received DOORS post-separation universal screening AND who said they recalled filling out forms immediately beforehand
- Sample was 134 to 141 clients (depending on the question) and mostly from mediation (85.9% of sample)

Discussion

- Clients overwhelmingly agreed with statements that either 1) endorsed the use of universal screening or 2) rejected statements against the use universal screening
- The client experience of doing ‘form filling’ and universal screening was:
 - Truthful** – clients were honest in their responses to screening questions and many thought it was actually easier to use a form for difficult disclosures form
 - Beneficial** – clients saw ‘form filling’ as helpful to their practitioner, themselves or both; also clients accepted it as ‘part of procedure’
 - Respectful** – clients said they didn’t mind ‘form filling’ because it was easy, unpressured and didn’t feel suspicious
- 92.7% of first session clients recalled filling out at least one form (median 2, range 1-10)

Findings



Other items not reported here: 5 attitude items; free comment recall of ‘form filling’; service quality indicator items; free comment on service

Conclusions

- We found no evidence for clients reacting adversely to universal screening from a large sample of clients in routine practice
- Families – not just adult victims of FDV – will benefit from pro-active inquiry about safety risks either in paper or interview formats (but ideally both)
- These findings extend support for peak body recommendations to practitioners to screen universally for victimisation and perpetration

References

¹ Kaspiw, R., Gray, M., Weston, R., Moloney, L., Hand, K., Qu, L., & the Family Law Evaluation Team. (2009). *Evaluation of the 2006 family law reforms*. Melbourne: Australian Institute of Family Studies.

² Morse, D. S., Laffeur, R., Fogarty, C. T., Mittal, M., & Cerulli, C. (2012). "They told me to leave": How health care providers address intimate partner violence. *Journal of the American Board of Family Medicine*, 25(3), 333–342.

³ APS (2015, June). Invited submission to the Australian Human Rights Commission National Children's Commissioner's Examination of children affected by family and domestic violence. Retrieved December 2nd, 2015 from <http://www.psychology.org.au>

⁴ The Royal Australian College of General Practitioners (2014). *Abuse and violence: Working with our patients in general practice, 4th edition*. Melbourne: The Royal Australian College of General Practitioners.

⁵ McIntosh, J.E. and Ralfs, C. (2012). *The DOORS Detection Of Overall Risk Screen Framework*. Canberra, Australia: Australian Government Attorney-General's Department.

⁶ McIntosh, J.E. (2011). *DOOR 1: Parent Self-Report Form*. In: *The Family Law DOORS Handbook*. McIntosh, J.E. and Ralfs, C. (2012). Canberra, Australia: Australian Government Attorney-General's Department.