

Using Universal Screening to Uncover the Hidden Harm from Family Violence in Gambling Services

Friday 15th January 2016

Abstract

From the Melbourne Cup office sweepstakes to state-run lotteries, gambling normalized, socially acceptable and everywhere in Australia. Yet many gamblers routinely conceal their activities and losses; the harms from gambling may also be hidden. One important hidden harm is Family Violence (FV). Research has consistently shown the FV may be both a cause and effect of problem gambling for both perpetrating and experiencing FV (Dowling *et al.*, 2014). That means that any gambling help service must think beyond simply ‘problem gambling’ and community services addressing FV must now think ‘problem gambling’.

Aim

Relationships Australia, South Australia (RASA) has provided Gambling Help Services (GHS) for the past 20 years. Yet FV detection seemed low compared to research findings. We aimed for better detection. So GHS were included in RASA-wide initiatives to improve detection and response to risks in the family including FV. Two key initiatives were implementation of universal screening for family-wide risks in 2013 in GHS and increased staff training and support in using screening and responding to it in 2014.

Objective

To evaluate the pre-post implementation effect of universal screening and staff training on FV detection rates in GHS services.

Method

File audit of all cases presenting for GHS since 2010, searching for presence of FV indicators (eg client self-report of FV on universal screening; presence of Intervention Order; worker case notes describing FV or therapeutic response to abuse).

Outcomes

FV detection rates in GHS case files increased from 24% in 2010-11 (pre-implementation); to 33% in 2013 (post-universal screening); to 39% in 2014 (post-training); and is now 42% in the 6 months to Dec 2015. Additionally, client sessions addressing abuse-related issues increased over the 5 year period.

Conclusions

After implementation of universal screening, coupled with staff training and ongoing support, RASA detection rates for FV are now comparable with Australian independent evaluations of FV rates in GHS (Suomi *et al.*, 2013). Service response to FV was improved by universal screening. We conclude that initiatives such as universal screening for FV should be adopted by all services to reduce harms in families and relationships, in particular those adversely affected by gambling.

References

Dowling, N., Suomi, A., Jackson, A., Lavis, T., Patford, J., Cockman, S., Thomas, S., Bellringer, M., Koziol-McLain, J., Battersby, M., Harvey, P. and Abbott, M. (2014). Problem gambling and intimate partner violence: A systematic review and meta-analysis, *Trauma, Violence & Abuse*, 1-19. doi:10.1177/1524838014561269

Suomi, A., Jackson, A.C., Dowling, N.A., Lavis, T., Patford, J., Thomas, S.A., Harvey, P., Abbott, M., Bellringer, M.E., Koziol-McLain, J. and Cockman, S. (2013). "Problem gambling and family violence: family member reports of prevalence, family impacts and family coping," *Asian Journal of Gambling Issues and Public Health*, 3, 1-15. Doi: 10.1186/2195-3007-3-13

Learning objectives

Readers and attendees will learn of: 1) the high co-occurrence of FV and problem gambling; and 2) why implementation of screening is essential to improve FV detection rates in routine practice.

Research Theme

3. Service responses and interventions

Key Words

- Service delivery
- Implementation
- Service systems, programs