



Building dental workforce capability to recognise and respond to domestic and sexual violence; a collaborative initiative between Social Work & Dentistry.

Educational Resource:  
'The Basics'

# Educational Resource: 'The Basics'



## IMPORTANT INFORMATION TO CONSIDER

This print resource reflects the inter-disciplinary perspectives from Dentistry and Social Work at James Cook University. It is to be used in conjunction with the suite of video scenarios designed to train people in the dental profession on how to recognise, respond, and refer patients who are victim-survivors of domestic and sexual violence (DSV).

The term 'domestic and sexual violence' (DSV) is used predominately in this resource. In relation to working with First Nations people in Australia, the term 'domestic and family violence' (DFV) is used to reflect the nature of this experience within First Nations communities.<sup>1,2</sup> It is acknowledged that domestic violence can be perpetrated without involving the use of sexual violence, and sexual violence does occur outside of an intimate partner setting and without involving domestic violence.<sup>3</sup>

The term 'victim-survivor' of DSV is predominately used in this resource. The term 'victim' denotes DSV is a crime. The term 'survivor' denotes people's strength and resilience. At times, this document uses the term 'people who have / are experiencing DSV' or 'people who have / are experiencing trauma' dependent on the context. These terms assist the victim-survivor, and other people, to recognise that the violent behaviour is not attributable to themselves or the relationship, but is attributable to the person perpetrating the violent behaviour. However, mirroring the language people use to describe themselves in relation to their experience of DSV is encouraged.<sup>4,5</sup>

The information included in this print resource is correct at the time of publication: 25/07/24. As best practice in the area of DSV continues to develop, educators and students have a responsibility to keep current with related changes to national and state / territory legislation, policies and guidelines, which need to be implemented within their organisations and dental practice.

## CONTENT INCLUDED IN THIS DOCUMENT

This document is to be read in conjunction with the corresponding video scenario. The following information is included in this document:

- Overarching Aim
- Linkage With The Australian Dental Council
- Self-Care Information
- Key Skills And Content Delivered In Each Educational Resource
- Summary And Objectives Of 'The Basics'
- Foundational Content On DSV
- Discussing Content From The Video
- Example Scripts
- Concepts Relevant To The Role Of The Dentist
- What We Know From Victim-Survivors Of DSV
- Critical Reflection
- Relevant Resources
- Recommendation To Map Your Relevant Local Services
- Final Message
- References
- Acknowledgements

### Overarching Aim

To collaboratively train dental students on how to recognise, respond, and refer patients who are victim-survivors of domestic and sexual violence (DSV).

### Linkage with the Australian Dental Council

Professional Competencies of the Newly Qualified Dental Practitioner, Competency 2.4: "recognise, assess, and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required".<sup>6</sup>

## Self-Care Information

### Points to Consider

- Self-care refers to activities to take care of our mental, emotional, and physiological well-being.
- When working with people who have / are experiencing DSV, be attentive to signs of vicarious trauma.
- Concepts related to vicarious trauma include stress, secondary traumatic stress, compassion fatigue, empathetic distress, and burnout.
- See the resources below for detailed information on the indicators of vicarious trauma and associated concepts.
- Ensure your workplace is enacting strategies to mitigate negative impacts of your work in general, and specifically in relation to vicarious trauma.

### Relevant Resources

There are many excellent resources on self-care and worker well-being available online or through specific worker training. Here are a few places you can start building your knowledge and skill set in relation to self-care, and mitigating vicarious trauma:

- 1800RESPECT (1800 737 732):
  - [Wellbeing and self-care](#)<sup>7</sup>
  - [Work-induced stress and vicarious trauma](#)<sup>8</sup>
  - [Vicarious trauma: Looking after yourself at work](#)<sup>9</sup>
- [Dental Practitioner Support](#): An anonymous national health and wellbeing support service for dental practitioners<sup>10</sup>
- For dental students: contact with your university's student well-being service
- For dentists employed in an organisation: contact the 'employee assistance program' connected with your organisation.
- For dentists in private practice: contact the 'Dental Practitioner Support' service listed previously.
- [CRANA plus](#): has a 24 hour 'Bush' hotline in addition to online resources:
  - [Mental health and well-being resources](#), with a focus on working in rural and remote locations.<sup>11</sup>
  - [Supporting yourself after a traumatic event](#)<sup>11</sup>
- [Burnout and self-care in dentistry](#): an article by Dr Kaejenn Tchia<sup>12</sup>

## Key Skills And Content Delivered In Each Educational Resource

Educational Resource	Key Skills And Content Included In Each Educational Resource (Video And Print Resource)
<b>The Basics</b>	<ul style="list-style-type: none"> <li>▪ Foundational content on domestic and sexual violence (DSV) (recognise)</li> <li>▪ 'Screening' and 'opening the conversation' regarding DSV (respond)</li> <li>▪ Referring to a specialist DSV service (refer)</li> </ul>
<b>The Full Skill Set</b>	<ul style="list-style-type: none"> <li>▪ Builds on the recognise, respond, and refer content delivered in 'The basics'</li> <li>▪ Content on working from a trauma-informed approach</li> <li>▪ Content on legal, ethical, professional, and organisational requirements in relation to documentation of patients' experiences of DSV</li> </ul>
<b>Trauma-informed</b>	<ul style="list-style-type: none"> <li>▪ Builds on the trauma-informed content delivered in 'The full skill set'</li> <li>▪ Content on building rapport and trust with the patient, confidentiality, history taking and screening for domestic violence, identifying triggers and engaging with patients to safely navigate triggers and to best support them in the clinic</li> </ul>
<b>Ethical and Legal Considerations</b>	<ul style="list-style-type: none"> <li>▪ Builds on legal, ethical, professional, and organisational requirements in relation to documentation of patients' experiences of DSV delivered in 'The full skill set'</li> <li>▪ Content on informed consent, mandatory reporting, and unintended consequences</li> </ul>
<b>Working with First Nations Australians</b>	<ul style="list-style-type: none"> <li>▪ Content delivered by a First Nations Australian specialist domestic and family violence service</li> <li>▪ Content on the ongoing impacts of colonisation, inter-generational trauma, and systemic racism and how these contribute to the current rates of domestic and family violence within First Nations communities</li> <li>▪ Content to promote cultural sensitivity and humility</li> </ul>
<b>Considering Unintended Consequences</b>	<ul style="list-style-type: none"> <li>▪ Builds on unintended consequences content delivered in 'Ethical and legal considerations'</li> <li>▪ Content on coercive control as a form of DSV</li> <li>▪ Content on considerations when working with a patient who is a victim-survivor of DSV when the person believed to be perpetrating harm is present at the appointment</li> </ul>

Scaffolded material

## Summary And Objectives Of 'The Basics'

### Summary of the Scenario

This scenario demonstrates a dentist applying the basic skills in recognising, responding, and referring to a patient who is a victim-survivors of domestic and sexual violence.

### Objectives of the Scenario

- Demonstrate knowledge of foundational content on DSV
- Demonstrate knowledge of indicators of DSV (recognise)
- Demonstrate knowledge of how to 'screen' and 'open the conversation' about DSV (respond)
- Demonstrate knowledge of how to refer a patient to a specialist DSV service (refer)

## Foundational Content On DSV

This educational resource provides foundational information on DSV. Educators and students are highly encouraged to supplement the information provided in this educational resource. Please see the resources below for more comprehensive information.

### What is Domestic Violence? (DV)

"Domestic and family violence usually occurs as a pattern of behaviours aimed at exerting power and control over another person. This can occur in the context of intimate personal (partner or ex-partner), family, or informal care relationships." ([DVConnect, 2024](#))<sup>13</sup>

### Types of DV

"There are many different types of abuse and all abuse is unacceptable. Abuse can include the following:

- **Coercive control** – Coercive control is a pattern of behaviours which aims to instil fear and control a person. Coercive control can encompass many of the forms of abuse listed below.

- **Social abuse** – Social abuse isolates a person from their support networks and the parts of their lives that are separate from their partner. This can include controlling who you see, who you speak to, and sabotaging relationships so that you lose friends and family.
- **Emotional abuse** – Emotional abuse can include constant put-downs, ridiculing, name calling, and humiliation in public or in private. It can also include insults around sexuality, appearance, intelligence, or parenting ability.
- **Psychological abuse** – Psychological abuse is behaviour aimed at undermining a person's sense of self. It can make a person question their memory, sanity, feelings and judgement.
- **Tech abuse** – Tech abuse which is also known as 'cyber abuse' or 'tech-facilitated abuse' can include using technology to bully, harass or intimidate a person. This can include threats to share, or sharing private photos without consent, accessing personal messages or social media accounts, controlling who you can or cannot be friends with on social media, as well as sending insulting messages online or over the phone.
- **Sexual abuse**– Sexual abuse is any forced or unwanted sexual activity.
- **Reproductive abuse** – Reproductive abuse is when a person makes decisions about another person's body or coerces a person into making certain reproductive decisions. This could include making a person stop taking their birth control, forcing a person to have an unwanted pregnancy or terminating a pregnancy, and more.
- **Systemic abuse** – Systemic abuse is where a person uses systems such as the courts to continue to control, manipulate and abuse their partner or ex. This could look like taking out a vexatious DVO or making a person go into debt and emotional distress by taking them to court.
- **Financial abuse** – Financial abuse can include restricting access to money, accumulating debt in another person's name, or preventing a person from seeking or maintaining employment.
- **Spiritual or Cultural abuse**– Spiritual abuse or cultural abuse can include not allowing you to practice your religion or cultural practices, attempts to justify violence or abuse with religion or spiritual practices, among others.
- **Stalking** – Stalking can include monitoring, watching, and following which can instil fear and make a person feel unsafe. They may show up at your workplace, outside of your home, or use technology (tech abuse) to stalk.
- **Physical abuse including property damage**– Physical abuse is the use of violence or threat of violence to intimidate, instil fear and control a person. This can also include damage to property such as smashing valuables.
- **Pet abuse** – Pet abuse can include 'abuse' or the 'threat of abuse' of pets. This is often used to manipulate and control a person and their children."

(DVConnect, 2024)<sup>13</sup>

## What is Sexual Violence

“Sexual violence includes anything sexual that makes you feel scared or uncomfortable. Some other words used to describe forms of sexual violence are sexual assault, sexual abuse and rape.”<sup>14</sup>

## Types of Sexual Violence

“Sexual violence can include people:

- looking at or touching your private parts or genitals (the parts of your body covered by your underwear, including your breasts, bottom, vagina and penis)
- putting their genitals, fingers or anything else inside you when you don't want them to
- touching any part of your body in a sexual way when you don't want them to
- showing you their genitals or 'flashing'
- watching you when you are naked or doing sexual things
- taking off a condom before or during sex without your permission
- posting sexual pictures of you on the internet when you don't want them to
- making you watch or be in pornography (videos or photos of sex or sexual things)
- stopping you from making your own choices about whether or not to have a baby
- 'grooming' of a child, when a person who wants to sexually hurt a child gets the child to trust them
- any sexual act with a child, is against the law and must be reported
- doing sexual things to you when you are affected by drugs or alcohol, and are confused about what is happening or what you are consenting to
- staring at you in ways that make you uncomfortable
- saying sexual things or telling rude jokes
- showing you pictures of naked people, or people doing sexual things
- emailing, texting or sending you sexual messages or pictures
- bothering you on social media with sexual messages, posts or pictures
- following you and saying or doing sexual things
- touching you in ways you don't want to be touched.”

(1800Respect: Sexual violence; 2024)<sup>14</sup>

## Indicators of Domestic and Sexual Violence

The table below includes common indicators of DSV. However, not all indicators of DSV are included in this table.<sup>15</sup> It is important to stay attentive to alternative indicators of DSV that a victim-survivor may experience, in order to appropriately recognise, respond and refer.<sup>15-17</sup>



Form	Indicators of Family and Domestic Violence in Adult Victims	
Physical	<ul style="list-style-type: none"> <li>▪ Bruising</li> <li>▪ Fractures</li> <li>▪ Chronic pain (neck, back)</li> <li>▪ Fresh scars or minor cuts</li> <li>▪ Terminations of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complications during pregnancy</li> <li>▪ Gastrointestinal disorders</li> <li>▪ Sexually transmitted diseases</li> <li>▪ Strangulation</li> </ul>
Psychological	<ul style="list-style-type: none"> <li>▪ Depression</li> <li>▪ Anxiety</li> <li>▪ Self-harming behaviour</li> <li>▪ Eating disorders</li> <li>▪ Phobias</li> <li>▪ Somatic disorders</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sleep problems</li> <li>▪ Impaired concentration</li> <li>▪ Harmful alcohol use</li> <li>▪ Licit and illicit drug use</li> <li>▪ Physical exhaustion</li> <li>▪ Suicide attempts</li> </ul>
Emotional	<ul style="list-style-type: none"> <li>▪ Fear</li> <li>▪ Shame</li> <li>▪ Anger</li> <li>▪ No support networks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feelings of worthlessness and hopelessness</li> <li>▪ Feeling disassociated and emotionally numb</li> </ul>
Social/financial	<ul style="list-style-type: none"> <li>▪ Homelessness</li> <li>▪ Unemployment</li> <li>▪ Financial debt</li> </ul>	<ul style="list-style-type: none"> <li>▪ No friends or family support</li> <li>▪ Isolation</li> <li>▪ Parenting difficulties</li> </ul>
Demeanour	<ul style="list-style-type: none"> <li>▪ Unconvincing explanation of any injuries</li> <li>▪ Describe a partner as controlling or prone to anger</li> <li>▪ Be accompanied by their partner, who does most of the talking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Anxiety in the presence of a partner</li> <li>▪ Recent separation or divorce</li> <li>▪ Needing to be back home by a certain time and becoming stressed about this</li> <li>▪ Reluctance to follow advice</li> </ul>
In the clinic room	<ul style="list-style-type: none"> <li>▪ A presenting history that conflicts with the clinical appearance of the injury</li> <li>▪ A history that is inconsistent, contradictory or vague</li> <li>▪ A history of repeated "accidents"</li> <li>▪ The use [of] a vague/rare illness or disease process as their explanation for injury</li> </ul>	<ul style="list-style-type: none"> <li>▪ Neglected oral health with signs of emotional stress – depression, dental anxiety, substance use</li> <li>▪ Person is unusually aggressive or withdrawn or exhibits a sudden behavior change</li> <li>▪ May have signs of previous injuries or have multiple injuries in various stages of healing</li> <li>▪ Person may recoil back from a simple touch</li> </ul>

Fact sheet 2 Indicators of family and domestic violence (CRAMF, 2021)<sup>15</sup>

## Red Flags of Domestic and Sexual Violence

'Red flags' are risk factors that place victim-survivors at higher risk, especially of domestic violence homicide.

<p>Adult or child victim-survivors experiencing the following may be at increased risk of being killed or almost killed.</p>	<p><b>Controlling behaviours</b></p> 	<p><b>Escalation</b> in frequency or severity of <b>violence</b></p>	<p>Planning to <b>leave</b> or recent <b>separation</b></p> 
<p><b>Stalking</b></p> 	<p><b>Obsessive, jealous behaviour</b></p>	 <p><b>Threats to kill</b> victim</p>	<p><b>Strangulation</b> or attempts to <b>strangle/choke</b></p>
 <p><b>Access to weapons</b>, or recent use of weapons</p>	<p><b>Perpetrator threatens</b> or attempts to self-harm or <b>suicide</b></p>	<p>Perpetrator <b>drug or alcohol misuse</b></p> 	<p><b>Sexual assault</b></p>
 <p><b>Harms or kills pets/animals</b>, or threatens to</p>	<p><b>Perpetrator unemployed</b> or disengaged from education</p>	 <p><b>Pregnancy/new birth</b></p>	<p>Source: Family Safety Victoria (2018). <i>Family Violence Multi-Agency Risk Assessment and Management Framework</i>. Melbourne, Vic: State of Victoria.</p>

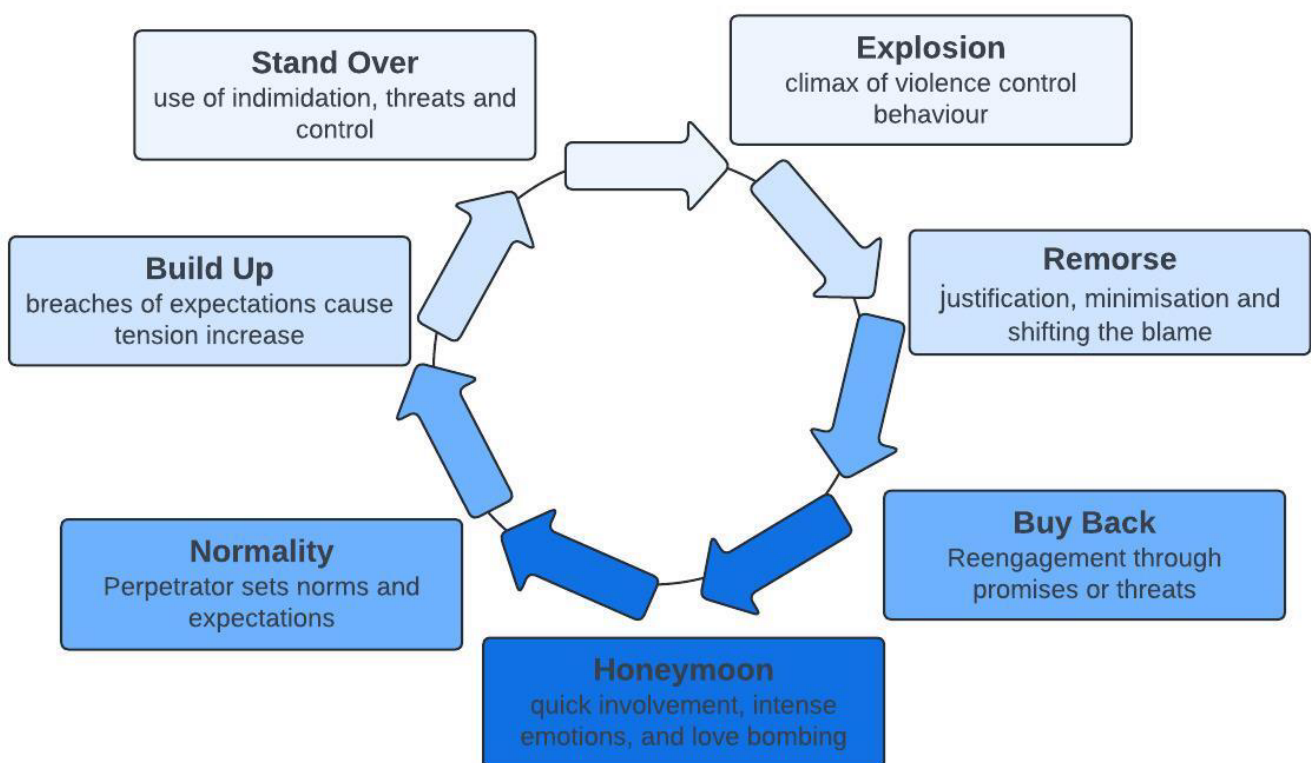
(Family Safety; Domestic Violence Resource Centre Victoria, 2021)<sup>18</sup>

## Women’s Use of Force, and Heterosexual, Cis-gendered Men’s Experience of DSV

A gendered analysis and use of statistics underpins these educational resources. It is acknowledged that some women engage in acts of force towards their male partners<sup>19, 20, 21</sup> and the approach used in these resources does not intend to minimise the experience of heterosexual, cis-gendered male victim-survivors. Drawing on Australian statistics, recent research reported by AIHW<sup>19</sup> shows that 1 in 4 women, and 1 in 14 men have experienced DSV since the age of 15. See the report from Kertesz et al. for an analysis and discussion on women’s use of force.<sup>20</sup> See Kolbe et al for an analysis and discussion on heterosexual, cis-gendered men’s experience of violence.<sup>21</sup>

### Cycle of Violence

The ‘Cycle of Violence’ shows a common pattern in relationships where one partner is using DSV against the other partner. The ‘Cycle of Violence’ can be useful for understanding the dynamics of DSV. However, not all experiences of DSV follow this sequence, and certain phases of this cycle may be omitted and other phases specific to a person’s use of DSV may be incorporated.



(Carrington, 2024; adapted from Carrington 2014)<sup>4</sup>

### Recent Statistics in Australia

See the Australian Institute of Health and Welfare's comprehensive web report: [Domestic Family and Sexual Violence 2024](#).<sup>19</sup>

To summarise key findings:

- "... 1 in 5 (20%) adults have experienced FDV since the age of 15.
- FDV was more common among women than men
- over 1 in 4 (27% or 2.7 million) women have experienced FDV since the age of 15
- over 1 in 8 (12% or 1.1 million) men have experienced FDV since the age of 15"<sup>19</sup>

### Legislative Responses to DSV

It is essential to have a working knowledge of relevant legislation regarding DSV in your state and territory in Australia. Due to the changing nature of legislation, links to specific resources are not included here. However, you are highly encouraged to seek out the relevant legislation that you can refer to as needed.

## Discussing Content From The Video

- In the video, the dentist demonstrates knowledge of how to recognise DFV. What forms of DSV were mentioned in this video? What are the other forms of DSV not mentioned in the video?
- What general 'indicators' and/or 'red flags' of DSV did the dentist note in order to decide to 'open the conversation' about DSV with the patient?
- How would you articulate the difference between 'screening for DSV' and 'opening the conversation' about DSV to a colleague?

## Example Scripts

The dentist in this video demonstrates key skills in:

- 'screening'
- 'opening the conversation'

Each of the following scripts are examples only, and you will need to adapt them so they sound more 'natural' to you. Each time you use these scripts with a patient, you need to consider:

- the patient's particular circumstances
- organisational policy and procedure
- State-/ Territory legislative requirements
- National legislative requirements
- requirements of your professional association.

### Example Script: Screening

"We know that many women experience violence in their relationships which can cause health, dental and other problems and....so we ask about it routinely (or we ask all our new patient about it) ..."

"... Are you or have you been in a relationship with someone that threaten to or has hurt you in any way?"

*Note: You could add an explanation of different types of DV. "For example, this may mean feeling unsafe, feeling controlled, put down or it may be that you have been physically hurt."*

### Example Script: Opening The Conversation

"Sometimes we see this kind of injury as the result of ... Would you mind telling me a little about what happened?"

"I have noticed [outline clearly and specifically what you have observed] and I am concerned that someone may be hurting you..."

- Are you ever afraid of someone in your family or household? If so, who?
- Has someone in your family or household ever put you down, humiliated you or tried to control what you can or cannot do?
- Has someone in your family or household ever threatened to hurt you?
- Has someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?
- Are you worried about your children or someone else in your family or your household?

## Concepts Relevant To The Role Of The Dentist

**Your role** is to recognise, respond, and refer (RRR) people who have/ are experiencing DSV, while providing high-quality dental care to patients. Please remember your role is not to be a DSV support worker, or counsellor.

**Informed consent**, in the context of working with people who have / are experiencing DSV, relates to you as the worker receiving consent from the patient to pass on their information to a third party such as the domestic violence service, or the local police service. Note the contrast from the dentistry definition of this term related to procedures and payment.

*Note: this concept, and related concepts of privacy, confidentiality, and documentation will be included in the print resource containing suggested scripts.*

## What We Know From Victim-Survivors Of DSV

Building rapport through clear communication and holistic treatment can assist the victim-survivor of DSV to feel safer during the dental appointment.<sup>22</sup>

Each DSV service has different criteria and referral processes. It is up to you and your dental practice to become familiar with these referral processes so you can provide the most effective recommendation possible. A 'failed referral' because of wrong information or miscommunication could become a barrier to the victim-survivor of DSV asking for or seeking help again.

*Note: this point relates to a referral with consent of the patient. Mandatory reporting, which is governed by state / territory and National legislation, is covered in the educational resource: 'Ethical and legal considerations'.*

Leaving a domestic and sexually violent relationship is a difficult, and potentially dangerous, time for women and children. See the resources below to inform yourself about the socio-cultural-political context that creates barriers to women leaving, in addition to the specific mechanisms of domestic and sexual violence that can reduce people's sense of worth and agency. The manner in which you respond to a partial or full disclosure of domestic and sexual violence can influence if a victim-survivor provides you with further information and/or engages in help-seeking behaviour in the future.

- Wiener et al, 2022, Why victims of domestic violence don't leave – four experts explain<sup>23</sup>
- Scott, 2022, Staying safe after escaping domestic violence can be a decades-long fight
- Australia's National Research Organisation for Women's Safety. 2019, Domestic and family violence lethality: The facts about intimate partner homicide

## Critical Reflection

Critical reflection is a key skill incorporated into these educational resources to build dental workforce capability to recognise and respond to DSV. Critical reflection involves reflecting on your own values, assumptions, personal and professional power, opinions, and experiences in relation to a chosen topic.<sup>24</sup> Critical reflection takes time and honesty, and is an ongoing process.<sup>24</sup> The aim of these critical reflection questions is to engender shifts in your thinking, attitudes and behaviour in relation to DSV, including uncovering and adjusting unconscious / implicit bias.<sup>25, 26</sup> As part of the development of these educational resources, the project team undertook regular critical reflection. As such, the project team has included critical reflection questions related to the video scripts where our own unconscious / implicit bias emerged. Through critical reflection, dentists and health care professions can enhance their ability to offer services that are more equitable, and informed by accurate statistics, sound research, the stories of victim-survivors of DSV, and the practice wisdom of specialised DSV workers.<sup>25, 26, 27</sup>

What skills do you need to develop further to build rapport with victim-survivors of DSV?

Are there some forms of DSV you would find specifically difficult to hear from a patient? If yes, what support can you access before you start working with patients to prepare for a potential disclosure.

Are there any myths or unconscious bias about DSV that you are currently holding? If yes, how can you educate yourself using accurate statistics, sound research, the stories of victim-survivors of DSV, and the practice wisdom of specialised DSV workers

What support could you access after a full or partial disclosure of DSV from a patient in order to maintain your well-being?

## Relevant Resources

For dental students and dentists in Queensland: Common Risk and Safety Framework (CRASF): 'Level 1 tools—Adult and child DFV routine screening'<sup>28</sup>

*Note: dental students and dentists in other states and territories, please check for a similar framework.*

1800RESPECT (1800 737 732): 'What does domestic and family violence involve?'<sup>29</sup>

## Recommendation To Map Your Relevant Local Services

You are encouraged to collate the contact details for your local DSV services for your future reference. A list of local services can supplement the national and state resources included in this document.

## Final Message

Knowledge of foundational content on DSV is required to appropriately recognise, respond, and refer to patients who are victim-survivors of DS



**Notes**

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