



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

Educational Resource:
'Considering Unintended
Consequences'

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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^{1,2}. 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.³

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.^{4,5}

The information included in this print resource is correct at the time of publication: 26/07/24. 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 print resource is to be read in conjunction with the corresponding video scenario. The following information is included in this print resource:

- Overarching Aim
- Linkage With The Australian Dental Council
- Self-Care Information
- Key Skills And Content Delivered In Each Educational Resource
- Summary And Objectives Of 'Considering Unintended Consequences'
- Discussing Content From The Video
- Concepts Relevant To The Role Of The Dentist
- Critical Reflection
- Other Themes Explored In The Video
- Women's Use Of Force, And Heterosexual And Cis-Gendered Men's Experience Of DSV
- Relevant Resources
- Recommendation To Map Your Relevant Local Services
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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 (2023), Competency 2.4: "recognise, assess, and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required".⁶

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](#)⁷
 - [Work-induced stress and vicarious trauma](#)⁸
 - [Vicarious trauma: Looking after yourself at work](#)⁹
- [Dental Practitioner Support](#): An anonymous national health and wellbeing support service for dental practitioners¹⁰
- 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.¹¹
 - [Supporting yourself after a traumatic event](#)¹¹
- [Burnout and self-care in dentistry](#): an article by Dr Kaejenn Tchia¹²

Key Skills And Content Delivered In Each Educational Resource

Educational Resource	Key Skills And Content Included In Each Educational Resource (Video And Print Resource)
The Basics	<ul style="list-style-type: none"> ▪ Foundational content on domestic and sexual violence (DSV) (recognise) ▪ 'Screening' and 'opening the conversation' regarding DSV (respond) ▪ Referring to a specialist DSV service (refer)
The Full Skill Set	<ul style="list-style-type: none"> ▪ Builds on the recognise, respond, and refer content delivered in 'The basics' ▪ Content on working from a trauma-informed approach ▪ Content on legal, ethical, professional, and organisational requirements in relation to documentation of patients' experiences of DSV
Trauma-informed	<ul style="list-style-type: none"> ▪ Builds on the trauma-informed content delivered in 'The full skill set' ▪ 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
Ethical and Legal Considerations	<ul style="list-style-type: none"> ▪ Builds on legal, ethical, professional, and organisational requirements in relation to documentation of patients' experiences of DSV delivered in 'The full skill set' ▪ Content on informed consent, mandatory reporting, and unintended consequences
Working with First Nations Australians	<ul style="list-style-type: none"> ▪ Content delivered by a First Nations Australian specialist domestic and family violence service ▪ 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 ▪ Content to promote cultural sensitivity and humility
Considering Unintended Consequences	<ul style="list-style-type: none"> ▪ Builds on unintended consequences content delivered in 'Ethical and legal considerations' ▪ Content on coercive control as a form of DSV ▪ 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

Scaffolded material

Summary And Objectives Of 'Considering Unintended Consequences'

Summary of the Scenario

This scenario demonstrates a dentist responding to a patient when the person believed to be perpetrating harm attends the dental appointment and uses coercive control. It also shows how to be cognisant of 'unintended consequences' when working with a patient who is a victim-survivor of DSV.

Objectives of the Scenario

- Demonstrate knowledge of coercive control as a form of domestic and sexual violence
- Demonstrate developing skills in responding to a patient when the person believed to be perpetrating harm attends the appointment; specifically considering whether to keep the patient and their partner in the same clinic room, whether to separate the patient and their partner, and whether to screen for domestic and sexual violence in either situation
- Demonstrate knowledge of 'unintended consequences' in relation to screening, opening the conversation, and documentation with patients who are victim-survivors of domestic and sexual violence

Discussing Content From The Video

As shown in the video, people who perpetrate DSV may attend a dental appointment with their partner. **Due to the complexity of DSV, do not 'screen' or 'open the conversation' about DSV if the person perpetrating harm is present.**

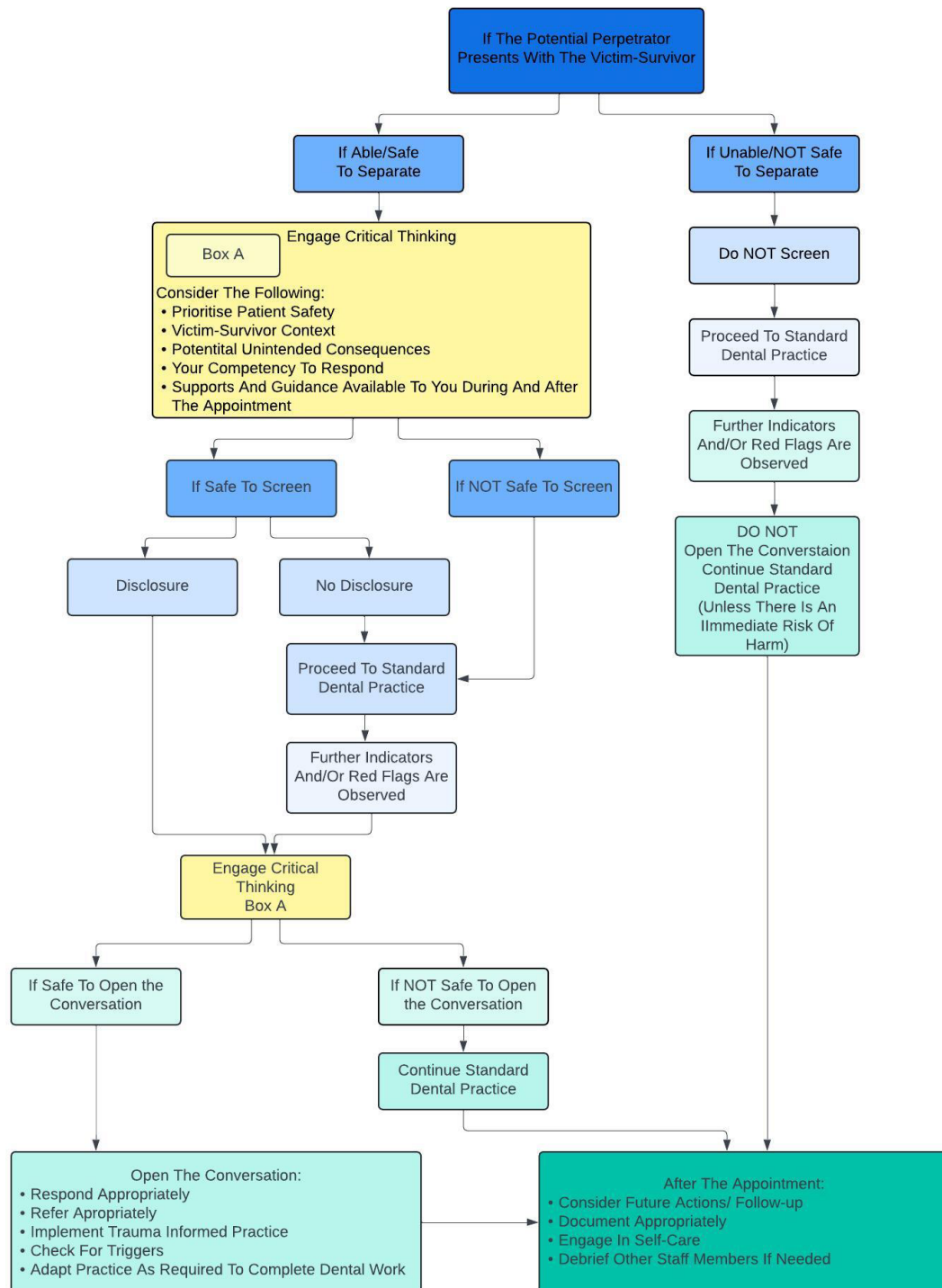
As shown in the video, the dentist does not 'screen' or 'open the conversation' when the victim-survivor and person perpetrating harm are together. The video shows the dentist critically thinking about what actions to take when the victim-survivor and person perpetrating harm are in separate locations. What 'indicators' and/or 'red flags' of DSV did the dentist notice in order to decide to not 'screen' or 'open the conversation' about DSV with this patient?

See print resource 'The Basics' for full definitions of the following terms:

'Indicators' are physical injuries, patient behaviour, or dynamics between the patient and person who is perpetrating DFV that prompt you to 'open the conversation' about DFV.

'Red flags' assist in assessing risk for patient in relation to DFV.

If a patient who is a victim-survivor of DSV, and the person perpetrating harm attend a dental appointment, you are strongly encouraged to critically reflect and seek assistance from a supervisor or colleague(s) during the dental appointment to manage the situation. The first priority is to pay attention to the dynamics between the partners, consider the potential unintended consequences, and always aim to prioritise patient safety.¹⁴ See the flow chart below to encourage critical reflection, and a response that maximises safety for the patient and reduces unintended consequences depending on the context:





How do you think you would have responded as the dentist to the scenario shown in the video in terms of

- A) Separating or not separating the victim-survivor from the person perpetrating harm, and
- B) 'Screening' and 'opening the conversation'?

What would you do / record on the patients' file if you had concerns of DSV but it was not deemed safe to screen for DSV with the patient?

The video shows **two potential endings** for the patient:

Ending 1	The patient experiencing unintended consequences following the dental appointment
Ending 2	The patient contacting a DV service on the details provided by the dentist

What other possible endings can you imagine for the scenario shown in the video?

What actions would you take if the person perpetrating harm became aggressive towards the patient, yourself or other staff?

Before a critical incident occurs: what could you set up in your dental clinic to ensure staff are aware of personal safety and know how to respond to a critical incident?

After a critical incident occurs, what support could you access A) within your dental clinic, B) from an employee assistance program, C) from a DV service?

At times, people who perpetrate harm, use tactics to diminish the credibility of the victim-survivor if they were to disclose their experiences of DSV. Tactics used by the person perpetrating harm include portraying themselves as a supportive partner, portraying the victim-survivor in a negative light, and presenting themselves as the victim of DSV.^{4,13} How could you ensure you did not 'collude' with these tactics used by the person perpetrating harm against your patient?

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.¹⁴ Critical reflection takes time and honesty, and is an ongoing process.¹⁵ 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.^{16,17} 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.^{16,17,18}

Consider what is motivating the action(s) you take to respond to a disclosure of DSV:

- it is legislative requirements?
- organisational policy?
- your own knowledge-base and concern for a patient?
- a feeling that you need to 'rescue' the client, or 'fix' their situation?

If you chose to not take any action, what information / beliefs / myths are underpinning that decision ie: There is no legislative requirement therefore you are not required to take any action? A belief that relationships are 'private' and not to be interfered with by other people? A belief that people need to be responsible for their decisions and it therefore people's 'fault' if they stay in a DSV relationship?

How can you ensure that your actions align with the needs of the patient and has a focus on enhancing their safety (and conversely, not increasing their level of risk)?

Please note: survivors of DSV are generally best placed to know their current level of risk

Consider your own gender identity, and sexual orientation. How could that influence the dynamics between yourself, and your patient and the person perpetrating harm?

Other Themes Explored In The Video

In addition to unintended consequences, this scenario incorporates the following themes:

- People who perpetrate harm attending a dental clinic and coming into an appointment with a patient;
- Working with people from the LGBTIQIA+ community
- Men's experience of DSV (including hetero-sexual men, men from the LGBTIQIA+ community, cis-gendered men, and gender-diverse men)

See the 'resources' section for links to more information related to these themes

(LGBTIQIA+ full term is: lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual plus; however, it is acknowledged people may use other terms to understand and describe their gender and sexual identity)

Women's Use Of Force, And Hetero-Sexual, 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.^{19,20,21} The approach used in these resources does not intend to minimise the experience of heterosexual, cis-gendered male victim-survivors. Drawing on statistics, in Australia,¹⁹ recent research shows that 1 in 4 women, and 1 in 14 men have experienced DSV since the age of 15. See Kertesz et al. for an analysis and discussion on women's use of force.²⁰ See Kolbe for an analysis and discussion on heterosexual, cis-gendered men's experience of violence.²¹

Relevant Resources

Unintended Consequences

Red Rose Foundation: [website](#)

Working with People from the LGBTQIA+ Community

Pride in health and wellbeing: [Language and terminology](#)

LGBTQ Domestic Violence Awareness Foundation: [website](#)

1800RESPECT: [Inclusive practice](#)

Services for Men Experiencing DSV

Men's Line: [Experiencing a violent or abusive relationship](#)

Living Well: [website](#)

Domestic Violence Prevention Centre: [Support services for men](#)

Services for Men who use Violence or Abuse in their Relationships

Domestic Violence Prevention Centre: [Support services for men](#)

Men's Line Australia: [Men's Behaviour Change Programs](#)

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

Extending foundational knowledge of DSV to understand coercive control is required to appropriately recognise, respond and refer patients who are victim-survivors of DSV. In addition, there is no specific way to respond to the situation of the person believed to be perpetrating harm attending the dental appointment; however, an understanding of unintended consequences and dynamics of DSV will assist in promoting safety and self-determination for the victim-survivor of DSV.

Notes

References

1. Cripps K. Indigenous domestic and family violence, mental health, and suicide. Cat. no: IMH 19, Australian Institute of Health and Welfare. 2023. doi: 10.25816/5wc8-m742
2. Cripps, K. Indigenous women and intimate partner homicide in Australia: Confronting the impunity of policing failures. *Current Issues in Criminal Justice*. 2023;35(3):293–311. doi:10.1080/10345329.2023.2205625
3. Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia, 2018. Cat. no: FDV 2 AIHW; 2018. doi:10.25816/5ebcc144fa7e6
4. Carrington, AM. The Vortex of Violence: Moving beyond the cycle and engaging clients in change. *Br. J. Soc. Work*. 2014;44(2):451-468. doi:10.1093/bjsw/bcs116
5. Cox, P. Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper. ANROWS; 2015.
6. Australian Dental Council. Professional competencies of the newly qualified dental practitioner. ADC; 2023. Accessed July 26, 2024. https://adc.org.au/files/accreditation/competencies/ADC_Professional_Competerencies_of_the_Newly_Qualified_Practitioner.pdf
7. 1800Respect. Wellbeing and self care. 2024. Accessed July 26, 2024. <https://www.1800respect.org.au/resources-and-tools/wellbeing-and-self-care>
8. 1800Respect. Preventing work-induced stress and trauma. 2024. Accessed July 26, 2024. <https://www.1800respect.org.au/resources-and-tools/work-induced-stress-and-trauma>
9. 1800Respect. Work-induced stress and vicarious trauma. 2024. Accessed July 26, 2024. <https://www.1800respect.org.au/resources-and-tools/work-induced-stress-and-trauma>
10. Dental Practitioner Support. Your health matters. 2022. Accessed July 26, 2024. <https://www.dpsupport.org.au/>
11. CranaPlus. Mental health resources. Accessed Feb 4, 2024. <https://crana.org.au/mental-health-wellbeing/overview>

12. Tchia K. Burnout and self care in Dentistry. 2023. Accessed July 26, 2024. <https://www.colgateprofessional.com.au/dentist-resources/advocates-for-oral-health/burnout-and-self-care-in-dentistry#>
13. Neale J. Abused women's perceptions of professionals' responses: valued support, or collusion with perpetrator? *Journal of Gender-based Violence* 2018; 2(3), 411-427. doi: [10.1332/239868018X15366982612051](https://doi.org/10.1332/239868018X15366982612051)
14. Nancarrow H. Unintended consequences of domestic violence law: Gendered aspirations and racialised realities. Springer Nature; 2019.
15. Fook J. Social Work: A Critical Approach to Practice. 2nd ed. Sage; 2012.
16. Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. *J Gen Intern Med*. 2013;28(11):1504-1510. doi:10.1007/s11606-013-2441-1
17. Ogunyemi D. Defeating unconscious bias: the role of a structured, reflective, and interactive workshop. *J Grad Med Educ*. 2021;13(2):189-194. doi:10.4300/JGME-D-20-00722.1
18. Carrington, A, Croker, F, Lee-Ross, A, Keogh, S, Dewar, S. Critical reflections on an interprofessional collaboration to develop domestic violence curriculum in an undergraduate dentistry program, *Reflective Practice*, 2023; 24(2), 183-196, <https://doi.org/10.1080/14623943.2022.2154753>
19. Australian Institute of Health and Welfare. Family, domestic and sexual violence. Web report. AIHW; 2024. Accessed July 25, 2024. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/family-domestic-violence>
20. Kertesz M, Humphreys C, Larence LY, Vicary D, Spiteri-Staines A, Ovenden G. Working with women who use force: a feasibility study protocol of the Positive (+) SHIFT group work programme in Australia. *BMJ open*. 2019;1;9(5):e027496

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