



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

Educational Resource:
'Working with First Nations
Australians'

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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 print resource 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 'Working With First Nations Australians'
- Before Discussing Content From The Video
- Discussing Content From The Video
- Concepts Relevant To The Role Of The Dentist
- Critical Reflection
- Summary Of Key Messages - Working With First Nations People Who Have / Are Experiencing Domestic, Family And Sexual Violence
- 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 practitioners ¹⁰
- 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 Tchia ¹²

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 'Working With First Nations Australians'

Summary of the Scenario

This scenario demonstrates how a student dentist applies knowledge and skills in working with a First Nations Australian patient who is a victim-survivor of domestic and sexual violence. This scenario also highlights important historical information to guide understanding, and includes current contextual factors to consider when working with First Nations Australians.

Objectives of the Scenario

- Demonstrate skills that promote culturally safe practice when working with First Nations Australians
- Demonstrate knowledge of the ongoing impacts of colonisation, inter-generational trauma, and systemic racism and how these contribute to the current rates of domestic and sexual violence within First Nations communities.

Before Discussing Content From The Video

This print resource includes general information on working with First Nations Australians. It is important to remember that First Nations people are not a static, homogenous group; culture is dynamic and there are differences in their lived experiences and experiences of domestic and family violence (DFV) influenced by the socio-cultural-political context. As such, this information is a starting point for your continued professional development about working with First Nations Australians.^{13,14}

Discussing Content From The Video

Research shows that there are differences in the ways First Nations Australians experience DFV, as compared with the non-Indigenous population.^{1,2} This can include experiences of systemic /institutional racism, which is defined as when 'White' ways of being in the world are unquestioningly incorporated into societal systems such as government, law, education.^{15,16} In addition, First Nations Australians may experience lateral / horizontal violence which occurs when people of an oppressed group enact harmful behaviours onto each other including physical, emotional, verbal, and spiritual violence.¹⁷ See the links below for more information on these important concepts.

Research shows that First Nations Australians continue to be detrimentally impacted by the ongoing effects of colonisation, inter-generational trauma, and systemic racism (to name only three relevant concepts).¹⁸

Consider, how does colonisation, inter-generational trauma, and systemic racism contribute to indicators of reduced life span and reduced health outcomes for First Nations Australian in general, and specifically in relation to dental health? ¹⁹

In this video, the clinical supervisor demonstrates an unhelpful and inaccurate response to the student dentist, based on an attitude that 'normalises' DFV in First Nations communities. Consider, what response from the supervisor towards the student dentist would have demonstrated a more informed, concerned, and caring approach to working with people who have / are experiencing DFV within First Nations communities?

This video shows a dialogue between the student dentist and a First Nations woman, who is a victim-survivor of DFV, about information to be kept on her file. Consider, how do you think the impact of government policy of withholding official information from First Nations people may impact this discussion, and the patient's response to the dentist's suggestion to include details of DFV on her file?

Concepts Relevant To The Role Of The Dentist

Informed consent, in the context of working with people who have / are experiencing DSV, relates to you as the practitioner / dentist receiving consent from the patient to pass on their information to a third party. 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 educational resource: Ethical and legal considerations.

Working with Interpreters

Note: as a dentist, you will most likely work with people whose first language is not English; this includes First Nations Australians and people from culturally and linguistically diverse (CALD)²⁰⁻²² backgrounds. The information provided below on working with interpreters draws predominately on resources for working with people from CALD backgrounds.

English may not be the first language for First Nations Australians. "In Australia there are more than 250 Indigenous languages including around 800 dialects. Languages are living things that connect people to Country, culture, and ancestors."²³

See links below for information on government policy and practice in relation to First Nations Australians that impacted language, and the revival of First Nations Australians speaking language.

Working with professional interpreters is a necessary skill, considering the multi-cultural population of Australia.

See links below for information on how to work with interpreters for people from CALD backgrounds.

While government and community-based services may have fees for professional interpreters covered by the Federal Government, private dental practices may need to enquire about having fees for professional interpreters covered or need to allocate funds for these fees in their budget.

While professional interpreters are bound by confidentiality, due to the reduced numbers of people in small communities, there is an increased likelihood that your patient from a First Nations community or CALD background who is a victim-survivor of DSV and the professional interpreter may know each other directly or via extended community networks; thereby increasing their risk of a breach of confidentiality²⁰⁻²⁴

See links below for more information on how to mitigate this situation.

Considering the nature of DSV, it is suggested that dentists ask the victim-survivor their preference regarding the gender of the interpreter.²⁴ “When the available interpreter is of a different gender than the person’s preference, the person should be informed and telephone interpreting should be offered.²⁰

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/²⁵ Critical reflection takes time and honesty, and is an ongoing process²⁵. 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.^{26,27} 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.^{26,27,28}

Reflecting on your own cultural background, how does this influence how you relate to First Nations Australians personally, and in your work role?

Where did you first learn about the historical and contemporary experiences of First Nations Australians ie: primary school, high school, in your family? What stereotypes, racist and paternalistic ideas could have been incorporated in that information?

In the video, we see the clinical supervisor demonstrating an unhelpful and inaccurate response to the student dentist, based on an attitude that ‘normalises’ DFV in First Nations communities. Likewise, are there any stereotypes that you are currently holding?

If you found yourself speaking with a First Nations patient in a way they deemed racist and/or paternalistic, how could you take on that feedback and adjust your behaviour?

Price (2024) discusses the reactions of non-Indigenous health care professionals in response to reflecting on racism, 'white privilege' and colonisation. What are your current responses to these three concepts? How do these three concepts relate to your personal life? How could they / do they influence your personal and professional interactions with First Nations Australians?

Where are your areas for further growth in relation to working with First Nations Australians, and understanding of the ongoing impacts of colonisation, inter-generational trauma, and systemic racism?

Summary Of Key Messages - Working With First Nations People Who Have / Are Experiencing Domestic, Family And Sexual Violence

Research shows that First Nations Australians continue to be detrimentally impacted by the ongoing effects of colonisation, inter-generational trauma, and systemic racism (to name only three relevant concepts).¹⁹

It is important to educate yourself about the historical and current context for First Nations Australians to debunk harmful myths about First Nations people and community in general, and specifically around domestic, family and sexual violence.

In your role as a dental practitioner, it is critical that you understand how the historical and current context for First Nations Australians reduces health outcomes for First Nations Australian in general, and dental health specifically.

As a dental practitioner, you have an opportunity to make a choice to listen, to be empathetic, and to respond to information provided by a First Nations patient about their experience(s) of domestic, family and sexual violence. Furthermore, your response to disclosure(s) of domestic, family and sexual violence from a First Nations patient needs to be undertaken as collaboratively as possible, and with sensitivity to any concerns the patient may have to engaging with formal services such as Police and Child Safety due to atrocities committed by the government towards First Nations Australians.

Relevant Resources

Australia Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS): [Languages Alive](#)

First Languages Australia: [Learn About the first languages of Australia](#)

National Indigenous Australians Agency: [Indigenous Interpreters](#)

Migrant and Refugee Women's Health Partnership: [Guide for Clinicians Working with Interpreters in Healthcare Settings](#)

Australian Dental Health Foundation: [Working with the Stolen Generations: understanding trauma](#)

Royal Australian College of General Practitioners, 2014, [Aboriginal and Torres Strait Islander Health Racism in the healthcare system: Position statement](#)

Australian Red Cross: [Learn about unconscious bias](#)

The Conversation: [Explainer: what is systemic racism and institutional racism?](#)

Australian Human Rights Commission, 2011, [Chapter 2:Lateral violence in Aboriginal and Torres Strait Islander communities – Social Justice Report 2011](#)

1800RESPECT: [Inclusive practice](#)

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

Understanding the ongoing impacts of colonisation, inter-generational trauma, and systemic racism is critical to working with First Nations Australian patients who have / are experiencing domestic and family violence. In addition, it is essential that non-Indigenous Australians



explore their own unconscious bias and socialisation about First Nations Australians, and adopt a way of working that demonstrates cultural sensitivity and humility.

Notes

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