



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

Educational Resource:
‘The Full Skill Set’

Educational Resource: 'The Full Skill Set'



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: 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 Full Skill Set'
- Discussing Content From The Video
- Concepts Relevant To The Role Of The Dentist
- What We Know From Victim-Survivors Of DSV
- Example Scripts
- 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 (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 'The Full Skill Set'

Summary of the Scenario

This scenario demonstrates a more detailed and expanded example of a dentist recognising, responding, and referring from a trauma informed approach to a patient who is a victim-survivor of domestic and sexual violence. This includes consideration of documentation and 'opening the conversation' with the patient.

Objectives of the Scenario

- Demonstrate understanding of a trauma-informed approach to working with people who are victim-survivors of domestic and sexual violence.
- Demonstrate knowledge of indicators of domestic and sexual violence (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)
- Demonstrate knowledge of legal, ethical, professional, and organisational requirements in relation to documentation of domestic and sexual violence, and consideration of how these requirements may align with, or be in tension with, the requests regarding documentation from a patient who has experienced domestic and sexual violence.

Discussing Content From The Video

In this video, the dentist demonstrates both 'screening' and 'opening the conversation' about DSV. These are key skills in your response as a dentist to victim-survivors of DSV. Refer to 'Treating Patients Impacted by Domestic Violence: A Guide for Dental Teams' (2020).¹³

Scripts for 'Screening' and 'Opening the Conversation'

It is essential that you are familiar with legislative, professional, and your employing organisation's requirements regarding DSV. See below for example scripts for 'screening' and 'opening the conversation'.



Recognising and Responding to Indicators of DSV

At times, victim-survivors of DSV make 'partial disclosures'. In these instances, you may have to be aware of their partial disclosures to decide whether to 'open the conversation' about DSV.^{14,15,16} In the video, what partial disclosure, indicators, and/or 'red flags' of DSV did the dentist notice in order to decide to 'open the conversation' about DSV?

Referring to a Specialist DSV Service

Providing a referral to local, state, and national DSV services is a central component of your DSV recognise, respond, refer (RRR) skills. However, as demonstrated in the video, the dentist did not offer an in-depth referral to a DSV service in this initial visit. What indicators did the dentist observe in order to decide to wait until the follow-up appointment to offer a referral to a DSV service?

- Do you know the criteria and referral process for your local DSV service, which can assist in making a 'warm referral' for patients?

Other Themes Explored in this Video Scenario

- This video scenario introduces you to a trauma-informed approach to working with patients who are victim-survivors of DSV; this theme will be explored further in the educational resource 'Trauma informed practice'.
- This video also incorporates considerations dental practitioners need to be cognizant of in regard to patient records and documenting; this theme will be explored further in the educational resource 'Ethical and legal considerations'.

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 worker 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'.

Seek support from a supervisor or more experienced colleague to provide support in completing required dentistry procedures, while being attentive to recognising the impacts of DSV on your patient and responding and referring as needed.

What We Know From Victim-Survivors Of DSV

Generally, victim-survivors of DSV want to be asked if DSV is part of their lived experience.¹⁷ As a dentist, this shows your awareness of DSV, and that you can respond and refer appropriately. In addition, victim-survivors of DSV find answering this question via a screening tool useful, followed-up with a conversation prior to the dentistry procedures. Victim-survivors make disclosures through words and behaviour. Therefore, it is important to be aware of partial disclosures people make with their words, in conjunction with their behaviour in the dental waiting area, and in the dental appointment.

There are several points where domestic violence and sexual violence intersect. These points include perpetrator dynamics, the socio-cultural-political factors that contribute to these forms of violence, and social responses. Likewise, there are specific differences between domestic violence and sexual violence related to the above points. Some people may have a co-occurrence of domestic violence and sexual violence, while other people may experience either domestic violence or sexual violence. Understanding the intersections, overlaps, and differences between domestic and sexual violence can increase your ability to recognise, respond, and refer. See the resources for further information on the similarities and differences of domestic and sexual violence.^{3,5,18,19}

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?

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.²⁰ Critical reflection takes time and honesty, and is an ongoing process.²⁰ 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.^{21,22} 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.^{21,22,23}

Based on statistics and your current knowledge of indicators and red flags of DSV, who would you screen for domestic and sexual violence and why?

Once you have made a referral to a DSV service, it is unlikely you will be advised on the outcome for your patient. Consider how you will take care of yourself in these situations; especially if you felt concerned for the patient or you heard specific details of their experience of DSV.

Consider if there are any aspects of 'screening' and 'opening the conversation' that you specifically feel uncomfortable with. If yes, see the example scripts, and resources listed in this print resource to increase your knowledge and skills. If your uncomfortability relates to your own experience of DSV, you may find it useful to seek support from a service such as 1800RESPECT (1800 737 732).

Relevant Resources

1800RESPECT (1800 737 732): What is domestic and violence and abuse²⁴

For dental students and dentists in Queensland: Common Risk and Safety Framework (CRASF): 'Level 1 tools—Adult and child DFV routine screening'²⁵

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

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

Sound skills in how to recognise, respond, and refer patients who are victim-survivors of DSV incorporates a trauma-informed approach to patient care. In addition, it is essential to have a working understanding of the legal, ethical, professional, and organisational requirements in relation to documentation of patients' experiences 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. ADA-Dental Health Foundation. Treating Patients Impacted by Domestic Violence A Guide for Dental Teams. 2020. Accessed July 26, 2024. <https://adadhf.org.au/media/tvnliim2/treating-patients-impacted-by-domestic-violence-1.pdf>
14. Kenney, JP. Domestic violence: a complex health care issue for dentistry today. *Forensic Sci. Int.* 2006;159(Supplement):121-125. Accessed July 26, 2024. <https://doi.org/10.1016/j.forsciint.2006.02.025>
15. Nelms AP, Gutmann ME, Solomon ES, DeWald JP, Campbell PR. What victims of domestic violence need from the dental profession. *JDE*, 2009;73(4), 490-498. <https://doi.org/10.1002/j.0022-0337.2009.73.4.tb04720.x>
16. Raja, S; Hoersch, M; Rajagopalan, CF; Chang, P. Treating patients with traumatic life experiences. *J. Am Dent Assoc.* 2014;145(3):238-45. doi: 10.14219/jada.2013.30.
17. Abadilla N, Digitale E, Toth A. A domestic violence survivor's story. University School of Medicine blog; 2024. Accessed July 25, 2024. <https://scopeblog.stanford.edu/2018/10/03/i-am-a-domestic-violence-survivor-one-medical-students-story/>
18. DV Connect. What is domestic violence? 2024. Accessed July 25, 2024. <https://www.dvconnect.org/womensline/what-is-domestic-violence/>
19. 1800Respect. Domestic and family violence: Sexual violence. 2024. Accessed July 25, 2024. <https://www.1800respect.org.au/violence-and-abuse/sexual-assault-and-violence>
20. Fook J. Social Work: A Critical Approach to Practice. 2nd ed. Sage Publications; 2012.
21. 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



22. 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
23. 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>
24. 1800RESPECT National Domestic Family and Sexual Violence Counselling Service. 2023. Accessed July 26, 2024. <https://www.1800respect.org.au/>
25. Queensland Department of Justice and Attorney-General Domestic and family violence common risk and safety framework (the CRASF): Common risk assessment and safety planning tools: Level 1 CRASF tool. 2022. Accessed July 26, 2024. <https://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/service-providers/integrated-service-responses/dfv-common-risk-safety-framework/risk-assessment-safety-planning-tools/level-1-tools>

Acknowledgements

This collaborative project to develop the educational resources (video scenarios and print resources) involved many people from dentistry, social work, the domestic and sexual violence sector, and victim-survivors of domestic and sexual violence. We extend our sincere appreciation to:

- The following organisations: James Cook University Social Work; James Cook University Dentistry; JCU Dental Clinic; Cairns Regional Domestic Violence Service; Be Conscious; Warringu Aboriginal and Torres Strait Islander Corporation; Hudson Films; ADA-Dental Health Foundation.
- The dentists who provided expert advice: Adjunct Associate Professor Andrew Lee, JCU; Dr Julee Birch, Australian Dental Health Foundation.
- The people and organisations who participated in research that informed, and evaluated, the video scenarios and print resources.
- The research team: Dr Ann Carrington, Senior Lecturer, Social Work, James Cook University (JCU); Dr Felicity Croker, Adjunct Associate Professor, Dentistry, JCU; Dr Alex Dancyger, Lecturer, Dentistry, JCU; Simone Dewar, Research Assistant, Social Work, JCU; Dr Vinnitta Mosby, Lecturer, Social Work JCU – First Nations advisor.

We also acknowledge the kindly contributions of the dentist, dental staff, and actor in this video:

- Dentist: Dr. Alex Dancyger
- Actor: Heidi Linda Davies
- Dental Staff: Victoria Cushway

With special thanks to the victim-survivors of domestic and sexual violence who participated in this research, and generously and courageously shared their stories.

This project was funded by Queensland Government Department of Justice and Attorney General.