



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

Educational Resource:
'Trauma Informed Approach'

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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: 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 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 'Trauma Informed Approach'
- Discussing Content From The Video
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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 'Trauma Informed Approach'

Summary of the Scenario

This scenario demonstrates a dentist applying a trauma-informed approach and adapting general dental practices to create a safe environment for a patient who is a victim-survivor of domestic and sexual violence. This covers building rapport and trust with the patient, confidentiality, history taking and screening for domestic violence, identifying triggers and engaging with patients to safely navigate those triggers and to best support them in the clinic.

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 skills in building rapport and trust with the patient, discussing confidentiality, completing history taking and screening for domestic and sexual violence.
- Demonstrate skills in engaging with patients who have experienced domestic and sexual violence in identifying triggers and adapting general dental practices to create a safe environment for the patient.

Discussing Content From The Video

Note: A trauma informed approach underpins the suite of six dentistry-specific educational resources. There are accepted principles related to a trauma informed approach, such as promoting safety, understanding the ongoing impact of trauma, and a whole of practice approach to minimise re-traumatisation of a patient.¹³ However, it is acknowledged there are variations in the understanding, and practice, of a trauma informed approach; further study and professional development in this area is highly encouraged.

See the 'example scripts' below of how to communicate with a patient who has disclosed DSV.

For people who have / are experiencing DSV, what are some of the common 'triggers' that may be activated during a dental appointment?

The video used several adaptations to a dental practice to apply a trauma-informed approach to the appointment. These adaptive dental practices can be considered 'best practice' in terms of a trauma-informed approach.^{13,14,15,16} However, it may not be possible or necessary to accommodate all these adaptive dental practices and/or meet the needs of the patient. Which



of the following adaptive dental practices are you familiar with, and which do you need to learn more about?

- Asking the patient about their triggers.
- Checking if the patient would like to work with someone of their preferred gender.
- Using the 'tell-show-do' method or describing what will be done, what is being done and what to expect so the patient is informed in the moment.
- Using a more upright position in the dental chair; within limits of occupational health and safety requirements, and considerations of other strategies to provide a trauma-informed approach to the patient.
- Offering the use of a blanket to cover the patient.
- Reducing the number of dental staff members in the room.
- Discussing with the patient if they prefer to have the clinic door open or closed.
- Discussing having shorter appointments with the same dentist and dental assistant; or having longer appointment for more time for breaks and explanation by the dentist.
- Agreeing to a signal the patient can make when they need to take a break during a procedure.
- Checking in with the patient periodically throughout the appointment to gauge their level of comfort. Only proceeding if the patient is at ease.
- The dentist being aware of their body posture and positioning during dental procedures in relation to the patient's body and positioning; while maintaining a posture that supports the dentist's occupational health and safety requirements, and their own well-being.
- The dentist considering the power imbalance between themselves and the patient, and how this can replicate power dynamics between the person perpetrating DSV and the person who has / is experiencing DSV.
- Potentially discussing the use of anti-anxiety medication before treatment.
- Enquire if the patient would like use headphones to listen to music of their choice.
- Having images that are calming and grounding in the dental clinic.

Concepts Relevant To The Role Of The Dentist

Trauma informed care is applied to two levels:

- Whole-of-practice approach: all administrative and clinical staff have a role to play in creating a trauma-informed dental practice. This relates to the use of physical space in your waiting area, to the forms used in your dental practice, to consideration of information sharing and privacy.

- A trauma-informed approach should be used with each patient. Australian statistics show that 1:3 people have experienced some form of trauma^{3,16} While not everyone will disclose their experiences of trauma, using a trauma-informed approach with each patient enables dentists to implement the same process and levels of care with each patient, regardless of whether they have or have not disclosed trauma.¹³

Many victim-survivors engage in a range of coping strategies to manage the impacts of trauma resulting from DSV. This includes behaviours that are known to be detrimental to oral health such as eating foods high in sugar, smoking cigarettes, and using alcohol, and other drugs.^{14,17,18,19} During the screening process, use a conversational tone that demonstrates care and curiosity, rather than judgement. If you notice yourself becoming judgemental about these and other coping strategies, speak with a supervisor for support and review the resource below for an overview of common coping strategies people who have experienced trauma use.

What We Know From Victim-Survivors Of DSV

Victim-survivors of DSV can find it difficult to attend dental appointments when in an active DSV situation, as well as post-separation. This can relate to finances, parenting commitments, low self-esteem, limited transport, and challenges with logistics such as booking an appointment.^{3,14} As such, you may notice that people who have / are experiencing trauma have a higher rate of not attending appointments and may not call to cancel or reschedule. Non-attendance without notice can disrupt the day's work schedule and reduce income, however, this may require whole-of-practice discussions about how to balance these detrimental impacts with continuing to apply a trauma-informed approach with people who have / are experiencing trauma.

Common impacts of trauma include strong emotions such as anger, and dysregulated behaviour.¹³ Consider how you can support a patient impacted by trauma to 'act out' yet not place staff in a situation that they could find abusive.

Example Scripts

The dentist in this video demonstrates key skills in responding to a patient who has disclosed DSV.

Example Script: Trauma Informed Response to Patient (Following a Disclosure of DSV)

"I'm sorry to hear that. I am glad you were able to tell me about this... Do you feel ok to continue working with me or, if we can, do you want us to arrange for a dentist of the gender you feel more comfortable with?"

"We know there are many forms of abuse, and sometimes people find being at the dentist triggering. But first I want to check if you know of any services you can speak with for support?"
[provide referral for supports if needed]

"For the dental procedures today, I will ask you a few questions about what you know might trigger your trauma and we'll work out how we can adapt the dental procedures."

"There are a few adaptations we can make in our dental practices to assist in making it as comfortable as possible. I've got some suggestions to your concerns, but I would like to hear your suggestions first about what you think will help you?"

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}

Are there any myths or socialised messages regarding the behaviour of people who have experienced domestic and sexual violence that you might be holding onto? For example, that when people are dysregulated, they are acting 'rudely' or 'being difficult'?

A whole-of-practice approach to trauma-informed care involves all administrative and clinical staff. Consider how you will 'balance' involving all staff in this approach with the patient's privacy and appropriate information-sharing within your dental practice?

Longer appointments and complex treatment plans may be needed for people who have experienced trauma, consider how these appointments can be affordable for patients; especially in-light of statistics showing many people who have experienced trauma may have reduced/fixed income?³

Given current prevalence statistics, it is anticipated that people engaging with these video scenarios and educational resources may have/are experiencing domestic and sexual violence. Part of a trauma-informed approach requires each staff member to be aware of their own trauma, history, and to implement healthy coping/self-regulation strategies to reduce the likelihood of their trauma being triggered by patients' stories of domestic and sexual violence. If you have personally experienced domestic and sexual violence, consider how you will cope/self-regulate when hearing a disclosure of domestic and sexual violence in the dental clinic.

Relevant Resources

ADA Dental Health Foundation: Multiple resources on DSV including:

- Treating patients impacted by domestic violence (video)²⁴
- Treating patients impacted by domestic violence (document)¹⁴

Trauma-informed Care Implementation Resource Center: What is Trauma-Informed Care? (a whole-of-practice approach)²⁵

Australia Dental Health Foundation: Written information on trauma-informed care

Dr Sharonne Zaks; Dentist: Written information and videos on trauma-informed care

1800RESPECT (1800 737 732): What is domestic and violence and abuse²⁶



Australian Institute for Health and Welfare: Domestic, family and sexual violence: How do people respond to DFSV?²⁷

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

A trauma-informed approach to working with patients who are victim-survivors of DSV entails building rapport and trust with the patient, ensuring confidentiality, history taking and screening for domestic violence, identifying triggers and engaging with patients to safely navigate triggers so as to best support them in the clinic. A trauma-informed approach also involves engaging all staff in a 'whole of practice' response.

Notes

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