

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

Educational Resource:

‘Private Practice Scenario – Part A’

Subtle signs of domestic violence with long-term patients

‘Private Practice Scenario – Part B’

Prioritising victim-survivors and their safety

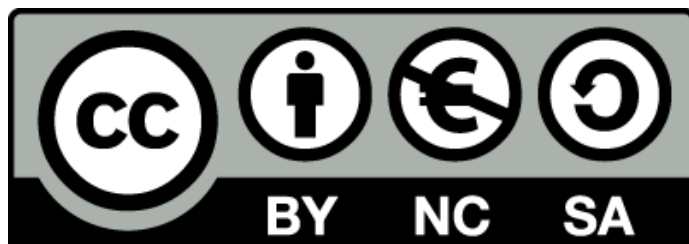
IMPORTANT INFORMATION TO CONSIDER

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: 14/04/25. 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 'Private Practice Scenario – Part A' *Subtle Signs Of Domestic Violence With Long-Term Patients*
- Summary And Objectives Of 'Private Practice Scenario – Part B' *Prioritizing Victim-Survivors And Their Safety*
- Discussing Content From The Video
- Concepts Relevant To The Role Of The Dentist
- Other Themes Explores In Part A And Part B Scenarios
- 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

Education Resource The Basics

Key Skills and Content Included in Each Educational Resource (Video and Print Resource)

The Full Skill Set

- Foundational content on domestic and sexual violence (DSV recognise)
- 'Screening' and 'opening the conversation' regarding DSV (respond)
- Referring to a specialist DSV service (refer)
- 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

- 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

- Builds on legal, ethical, and 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

- 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

- Builds on unintended consequences content delivered in 'Ethical and legal considerations'
- Content and 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

Private Practice Scenario –Part A

- Content focuses on subtle signs of DSV, and how to recognise and respond to subtle signs of DSV with long term patients; including when the dentist works with both the victim-survivor and person using violence
- Content includes a whole-of-practice approach to DSV utilising a trauma-informed care model

Private Practice Scenario –Part B

- Expands on the subtle signs of DSV content delivered in Private Practice Scenario: Part A
- Content includes a sensitive handover of a victim-survivor to a dental colleague as a strategy to potentially mitigate collusion with a person using violence and prioritise the victim-survivor and their safety
- Builds on whole-of-practice approach to DSV and trauma-informed care content delivered in Private Practice Scenario: Part A

Scaffold Material

Advanced Material

Summary And Objectives Of 'Private Practice Scenario – Part A' *Subtle signs of domestic violence with long-term patients*

Summary of the Scenario

Part A: This scenario demonstrates how the acquisition of specific training on DSV can assist dental professionals to recognise and respond to subtle signs of DSV with long term patients.

Objectives of the Scenario

- Exemplify knowledge of subtle signs of DSV; including coercive control; collusion; the person using violence defining the narrative of the victim-survivor's behaviour; behaviour of children potentially mirroring the power and control dynamics in the parental relationship; patterns of behaviour, and changing family dynamics over time
- Demonstrate skills in how to recognise and respond to subtle signs of DSV with long term patients; including when the dentist works with both the victim-survivor, and the person using violence
- Exhibit a whole-of-practice approach to DSV and trauma-informed care

Summary And Objectives Of 'Private Practice Scenario – Part B' *Prioritizing victim-survivors and their safety*

Summary of the Scenario

Part B: This scenario demonstrates one potential response to working with a family once DSV has been identified; including managing family dynamics, and prioritising victim-survivors and their safety.

Objectives of the Scenario

- Apply critical thinking skills and prioritise victim-survivors and their safety
- Display understanding of the complexity of responding to DSV as a dentist working with several members of the family
- Demonstrate skills in sensitive handover of a victim-survivor of DSV to a colleague, as one way to mitigate potential collusion with a patient who is using violence in their relationship
- Exhibit a whole-of-practice approach to DSV and trauma-informed care

Discussing Content From The Video

Coercive Control

"Coercive control is often defined as a pattern of controlling behaviour, used by a perpetrator to establish and maintain control over another person... [Coercive control] occurs repeatedly, subtly and sometimes over a long period of time"¹³.

States and territories in Australia have legislation criminalising coercive control¹⁴. It is important to know the legal response to coercive control within the state or territory you live and work (see AIHW, 'Coercive control' webpage, section '[Criminalising coercive control](#)'¹⁵ as a starting point for more information).

Coercive control can include, but is not limited to, financial abuse, monitoring of victim-survivors' movements, social isolation, emotional abuse, and threatening behaviour¹⁶. Research shows that there is often more than one type of violence being perpetrated. For example, coercive control could be perpetrated along with other forms of domestic and sexual violence. It is therefore important to look for subtle signs of other forms of domestic and sexual violence, and patterns of behaviour from the victim-survivor and person using violence¹⁷. See the 'Relevant Resources' section for links to explore this concept further.

Collusion

"Collusion is when individuals, organisations or the service system act in ways that reinforce, support, excuse or minimise a person's use of family violence and its impacts... Collusion can be verbal, such as agreeing with violence supporting narratives, or non-verbal, such as smiling or nodding in a way that seems encouraging to the behaviours"¹⁸.

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^{19,20}. As a dental professional, it is critical to reflect on your attitudes and behaviours to ensure you do not consciously or unconsciously collude with the person using violence. See the 'Relevant Resources' section for links to explore this concept further.

Subtle Signs Of DSV, And Family Dynamics Over Time

A range of subtle signs of DSV are shown in videos Part A and Part B. The less obvious signs of DSV demonstrated in the scenarios included the following:

1. Coercive control in terms of the person using violence maintaining control over his wife to the point where he even controls if she can attend the dental appointment. This was evident when she stated, "He barely let me come back".
2. Coercive control in terms of the person using violence controlling the narrative of his wife's behaviour by describing her behaviour to the dentist as "not coping" to diminish her credibility if she were to disclose DSV;^{19 20}
3. The change in family dynamics over time;¹³
4. Financial abuse;
5. The victim-survivor's level of distress during the appointment;
6. The victim-survivor's responses when the dentist spoke about the person using violence; and
7. Changes in the victim-survivor's behaviour over time.

In terms of the first and second subtle signs of DSV, these were demonstrated in Part A when the victim-survivor stated the challenges she was having with her son; specifically of her son talking back to her, and her son constantly criticizing his sister. While challenging interactions can be common between siblings, the behaviour described also reflects the gendered power and control dynamics within the parental relationship²¹. In the video, the dentist responds in a way that reflects, and unconsciously colludes with, the narrative the person using violence has constructed about his wife; "Tony was telling me that you were having problems with the kids." Another subtle sign of DSV is the normalisation of gendered violence²². This is shown in Part B, when in relation to her son's behaviour, the victim-survivor states "As Tony [husband] says, 'boys will be boys'."

As a dental professional working with several members of the family over time, you are placed in a unique position to recognise and respond to these more subtle signs of DSV, and to observe patterns of behaviour over time. See the 'Relevant Resources' section for links to explore more on 'Coercive control' and 'Collusion' and how these relate to the person using violence controlling narratives about the family and changing family dynamics over time.



Handover

Part B scenario shows one approach to undertaking a handover process. Using a trauma-informed approach and knowledge gained through training on responding to DSV, the video shows:

- The current dentist ensuring their colleague is willing to commence work with the victim-survivor and her children, prior to proposing the handover to the victim-survivor
- The dental assistant leaving the staff room and closing the door to ensure privacy and confidentiality of the victim-survivor's information as the dentists discuss a potential handover
- The current dentist discussing the handover with the victim-survivor and seeking their informed consent to change practitioners
- With consent, the current dentist personally introduces the victim-survivor to their dental colleague
- Using their inter-personal and empathic skills, the new dentist builds rapport by speaking directly to the patient's experience of DSV and talking about potential triggers in the dental procedure, rather than building rapport through engaging in general 'small talk'. This direct approach can help to validate and normalise the victim-survivor's experience.

Alternative Considerations and Actions To What Was Shown In The Video

- Consider if it is more appropriate to not disclose the identity of the victim-survivor when initially exploring the option of a handover with a dental colleague
- Consider if it is more appropriate to seek consent from the victim-survivor, prior to speaking with a dental colleague about the option of a handover
- Consider if undertaking a handover to a dental colleague could potentially increase the victim-survivor's risk? In this situation, further critical thinking is required to determine if it is advisable that the original dental practitioner continue to work with the victim-survivor, or to identify steps that can mitigate risk during the handover process
- Consider how the person using violence may respond to their partner being handed over to another dental practitioner within the dental practice? In this situation, further critical thinking is required to determine actions that can address potential behaviour by the person using violence, and to prioritise the victim-survivor and their safety.



Handover to a different dentist is one strategy to reduce potential conflicts of interest, increase patient safety, address potential concerns around gender of the dentist, and help reduce the risk of collusion between the person perpetrating harm and the dentist and other staff. Handover needs to be approached sensitively and in a way that does not imply the patient is at fault or are being blamed for the behaviours of the person using violence, or that the person using violence is receiving special treatment or being favoured. As working with several members of a family in which DSV is being used is a complex situation, critical thinking and prioritising the safety of the victim-survivor are necessary skills for dental practitioners.

In addition, consider speaking with the victim-survivor for their perspective on how the person using violence may respond. It is essential to reiterate that the victim-survivor is not responsible for the behaviour of the person using violence, however, the victim-survivor will be familiar with the triggers and responses of the person using violence, which could help to guide the handover process.

Concepts Relevant To The Role Of The Dentist

Whole-Of-Practice Approach Responding To DSV And Trauma-Informed Care

Part A and Part B scenarios demonstrate the necessity of a whole-of-practice approach to responding to DSV, and a trauma-informed approach. These themes are also explored respectively in the Educational Resources 'Considering Unintended Consequences' and 'Trauma Informed Approach'.

Note: A 'Trauma Informed Approach' underpins the suite of dentistry-specific educational resources. In 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 patient²³. However, it is acknowledged there are variations in the understanding, and practice, and of a trauma informed approach; further study and professional development in this area is highly encouraged.

A whole-of-practice approach when responding to DSV, and providing trauma-informed care is encouraged at two levels:

1. All staff members and physical location: all administrative and clinical staff have a role to play in creating a trauma-informed dental clinic. Implementation of a whole-of practice approach at this level can include:
 - Engaging in trauma-informed care training
 - Familiarising yourself with dentistry-specific trauma-informed care resources
 - ['Trauma Informed Approach'](#)²⁴
 - ['Treating Patients Impacted by Domestic Violence: A Guide for Dental Teams'](#)²⁵
 - Developing relevant policies and procedures
 - Being knowledgeable of your local DSV specialist services, and developing referral pathways
 - Undertaking a trauma-informed audit at all levels of your dental clinic
 - Considering the use of physical space in your waiting area to be more trauma-informed in relation to privacy, and accessibility
 - Consider how administrative staff can adapt processes such as taking bookings and relating to the victim-survivor in the waiting room
 - Considering how the forms in your dental practice could be triggering or daunting to victim-survivors of DSV
 - Considering information sharing and privacy within your dental practice.^{26,27}
2. With each patient: Australian statistics show that 1:3 people have experienced some form of trauma³. 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.^{23,27}

Recognition of the necessity of a whole-of-practice approach to responding to DSV, and trauma-informed care is becoming embedded within the dentistry profession. See the 'Relevant Resources' section for links to explore this concept further.

OTHER THEMES EXPLORED IN PART A AND PART B SCENARIOS

Informed Consent, Privacy And Confidentiality, And Right To Refuse Referrals

There are several inter-related legal and ethical concepts to consider in relation to responding to victim-survivors of DSV. See Educational Resource '[Legal and Ethical Considerations](#)'²⁸ for more information on these concepts.

'Screening' And 'Opening The Conversation'

See Educational Resource '[The Full Skill Set](#)'²⁹ for more information, including sample scripts in relation to 'screening' and 'opening the conversation' with patients in relation to DSV.

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.³⁰ Critical reflection takes time and honesty, and is an ongoing process.³⁰ 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.^{30,31} 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 professionals 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.^{31, 32, 33}

Are there any signs of coercive control that you need to learn more about?

What strategies can you engage to reduce the possibility to colluding with the person using violence? For example:

- Critical reflection on your interactions with the person using violence
- Discussion with a trusted peer, supervisor, mentor
- Advice and support from a domestic and sexual violence service

As you learn more about DSV, you may find there are myths about DSV that you hold. This is common as myths about DSV are generally normalised. Your honesty, and engagement with these resources, will help you to deconstruct the myths about DSV.

For example, do you currently, or previously, believe that:

- It takes two to tango
- She must have done something to provoke him
- She has mental health issues and you cannot take what she says that seriously
- If it was that bad, she would leave the relationship
- He is also a patient of mine, and 'he seems like a nice guy';
 - If yes, what have you learnt from this Educational Resources that debunks these myths?

Are there any stages of the handover process that you need to become more familiar and comfortable with; prior to engaging in this process with a victim-survivor?

Relevant Resources

Coercive control

Australian Institute of Health and Welfare (AIHW). Coercive Control. 2024.

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/coercive-control+>

Australia's National Research Organisation for Women's Safety. Defining and responding to coercive control: Policy brief (ANROWS Insights, 01/2021). Australia: ANROWS. 2021

Boxall H, Morgan A. Experiences of coercive control among Australian women. Australian Institute of Criminology; 2021 Mar 11. <https://doi.org/10.52922/sb78108>

Queensland Women's Legal Service & North Queensland Women's Legal Service. Coercive Control. <https://wlsq.org.au/resources/?cats=coercive-control&type=&pg=1>

Collusion

Family Safety Victoria. Non-collusive practice - MARAM Animation Video Series. <https://www.vic.gov.au/media/307315>

Neale J. Abused women's perceptions of professionals' responses: valued support, or collusion with perpetrator? *J.Gend.-Based Violence* 2018; 2(3), 411-427. doi: [10.1332/239868018X15366982612051](https://doi.org/10.1332/239868018X15366982612051)

Whole-Of-Practice Approach To Responding To DSV, And Trauma-Informed Care

ADA-Dental Health Foundation. [Treating Patients Impacted by Domestic Violence A Guide for Dental Teams.](#)

Australia Dental Health Foundation: [Written information on trauma-informed care](#)

Dr Sharonne Zaks; Dentist: [Written information and videos on trauma-informed care](#)

James Cook University, Dentistry-specific resources '[Trauma informed approach](#)'

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](https://doi.org/10.14219/jada.2013.30)



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

For Trauma-informed care audits, do an internet search with these key words to find toolkits and related resources, and/or professionals to complete the audit.

Financial Abuse

1800Respect: 'Financial Abuse Toolkit'. <https://www.1800respect.org.au/violence-and-abuse/financial-abuse/toolkit>

Australian Financial Complaints Authority:

- 'Supporting people impacted by domestic violence'. <https://www.afca.org.au/news/information-for-consumer-advocates/supporting-people-impacted-by-domestic-violence>
- 'Joins accounts and family violence'. <https://www.afca.org.au/media/549/download>
- Respect Victoria: 'Red flags: What is financial abuse and what are the warning signs?' <https://www.respectvictoria.vic.gov.au/news/red-flags-what-financial-abuse-and-what-are-warning-signs>

Women's Legal Service Qld. 'Financial abuse'. <https://wlsq.org.au/resource/financial-abuse/>

Pro-Bono And Subsidised Dental Programs In Australia

Many Australians—particularly those from vulnerable or marginalised communities—continue to face significant barriers in accessing essential dental care. As dental professionals, we are uniquely positioned to make a meaningful and lasting impact by participating in pro-bono and subsidised dental programs. For patients who have experienced DSV, there are programs available that provide free or low-cost dental treatment, delivered by practitioners who generously donate their time and expertise to support victim-survivors (see below). By contributing your skills and services, you can help restore a person's dignity, alleviate chronic pain, and transform lives. In doing so, we not only provide critical care to those in need—we also strengthen the integrity of our profession, inspire those around us, and reaffirm the fundamental reason we chose this path: to care for others.

- ADA – Dental Health Foundation: Rebuilding Smiles® - specifically for victim-survivors of DSV
- ADA – Dental health Foundation: 'Adopt a Patient' and 'Dental Rescue Days'
- ADA-NSW 'Filling the Gap'

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 the subtle signs of DSV –including coercive control; collusion; the person using violence defining the narrative of the victim-survivor's behaviour; behaviour of children potentially mirroring the power and control dynamics in the parental relationship; patterns of behaviour; and changing family dynamics over time – are crucial for dental practitioners. In addition, skills in sensitive handover with victim-survivors are required, as handover is one strategy to prioritise the safety of the victim-survivor; reduce potential conflicts of interest; address potential concerns of the victim-survivor about the gender of the dentist in relation to the gender of the person using violence; and help reduce the risk of collusion between the person perpetrating harm and the dentist, and other staff. In addition, understanding of the complexity of DSV is required when working with long term patients, including when working as the dental professional with both the victim-survivor, and person using violence. Finally, a whole-of-practice approach when responding to DSV, and providing trauma-informed care are strongly encouraged within dental clinics.

Notes

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