

New frontiers in Australian dentistry: Dentistry collaborates with Social Work and Community to teach students to recognise, respond and refer in cases of domestic violence.

OVERVIEW: SUMMARY OF CONTRIBUTION AND CONTEXT

Domestic violence (DV) is a serious international, national, and local social problem that impacts significantly on public health, with the financial cost of DV in Australia estimated at \$22-24 billion.^{1,2} Dentists are uniquely positioned to identify patients who experience DV because they routinely assess the head and neck, where signs of physical trauma are often visible, and because they frequently encounter common, more subtle manifestations of DV such as anxiety, depression and triggered trauma.¹⁻⁶ Due to the individual nature of dental appointments, dentists are also positioned to initiate dialogue in a confidential space, away from a violent partner.³⁻⁵ However, published evidence⁷ and feedback from professional peers indicates that little emphasis is placed on DV education for Australian undergraduate dental students. To address this gap, we developed the **Dentists and Domestic Violence – Recognise, Respond and Refer (DDV-RRR) program**.

This innovative program, developed at James Cook University (JCU) through the close collaboration of Dentistry, Social Work, Community, and students is the first of its kind in Australia. To address the challenging issue of DV education, we employed a **participatory action research approach**⁸ utilising student researchers to embed a **research-informed**, scaffolded program within the Bachelor of Dental Surgery (BDS) curriculum. The DDV-RRR program enables BDS dental students and graduates to practice holistically within an ethical framework that aligns with the *Not Now Not Ever*⁹ report that states DV is everyone's responsibility. Through the DDV-RRR program, BDS graduates learn how to apply a **trauma-informed approach** to clinical practice as they appropriately recognise, respond, and refer in cases of DV. This places JCU BDS students as pioneers on the new frontier of Australian dentistry.

CRITERION 4: INNOVATION, LEADERSHIP OR SCHOLARSHIP THAT HAS INFLUENCED AND ENHANCED LEARNING AND TEACHING AND/OR THE STUDENT EXPERIENCE

In 2015 some final-year BDS students reported that DV was a challenge they encountered in clinical practice. Dr Felicity Croker, then Senior Lecturer in Dentistry, recognised that educational expertise outside of Dentistry was required to address the issue, and collaborated with Dr Ann Carrington, JCU Social Work, and Ms Amanda Lee-Ross, CEO of Cairns Regional Domestic Violence Service (CRDVS). Dr Carrington, drawing on both her academic skills and her experience in the fields of DV and sexual assault, worked with the CRDVS to produce a one-off session for 2015 final-year BDS students. Subsequent to positive student evaluations, and using a **participatory action research approach**⁸ (Figure 1), collaborations continued and the DDV-RRR program evolved as outlined briefly below.

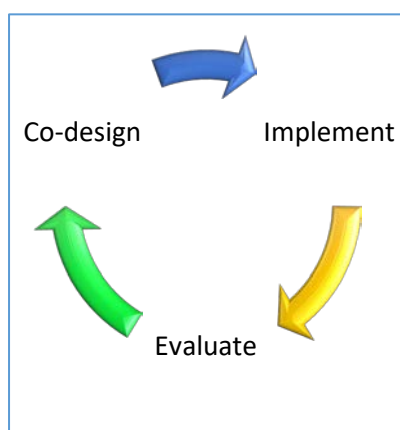


Figure 1: Participatory Action Research cycle

2015: Students identified DV as an issue, a one-off session was **co-designed** and **implemented**, and a basic **evaluation** found it valuable.

2016: Another session was co-designed with additional dentistry content and delivered to assess where sessions worked best in the curriculum. Quantitative and qualitative evaluations showed that 3rd year and continuing to 5th year was best.

2017: A scaffolded program across 3rd-5th year was co-designed and implemented, with evaluations showing validation for the scaffolded approach and a need for further skills development, work across different cultures, and delivery in smaller groups.

2018: The program was developed further based on the 2017 evaluation and delivered to 3rd-5th year students. Evaluations showed a need for more information on documentation and legislative requirements.

2019: Again, the program was developed further based on the 2018 evaluation and delivered to 3rd-5th year students. Preliminary evaluations have shown that smaller group delivery is working very well, and that

students want even more skills-based activities.

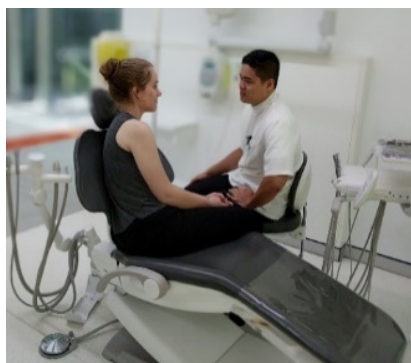
The DDV-RRR program is structured as follows. In their **third year**, students are introduced to theoretical frameworks and gendered analysis of DV (in line with national and state recommendations),¹⁰⁻¹² which challenges myths, and provides foundational knowledge about DV and how to RRR.¹⁰⁻¹² In their **fourth year**, students develop basic skills through role-playing conversations with patients being screened for, or asked about potential DV, while the **fifth and final year** is designed to develop critical thinking and advanced

practice skills utilising authentic (de-identified) scenarios collected from student placements (see Insert 1: Clinical Case Exemplar). An evaluation of the program in light of the *Family Violence Curriculum Best Practice Guide* by the Australian Association of Social Workers (2018)¹¹ demonstrates that the DDV-RRR meets core requirements in relation to the inclusion of critical and feminist theory, gendered and intersectional analysis, and collaboration across disciplines and agencies.^{11,12} This collaborative approach embeds a social work perspective to student learning, which has been deemed beneficial by other dentistry courses.¹³

DDV-RRR: THE STUDENT EXPERIENCE, LEARNING AND ENGAGEMENT

The JCU BDS program delivers high quality, innovative teaching to a young, ethnically-diverse cohort of around 220 students annually. Learning is intentionally designed to be student-focused, research-rich, connected to community,¹⁵ and to strengthen dentistry students' professional capacity to meet a prevalent challenge facing the people of the Tropics.^{15,16}

Insert 1: Clinical Case Exemplar



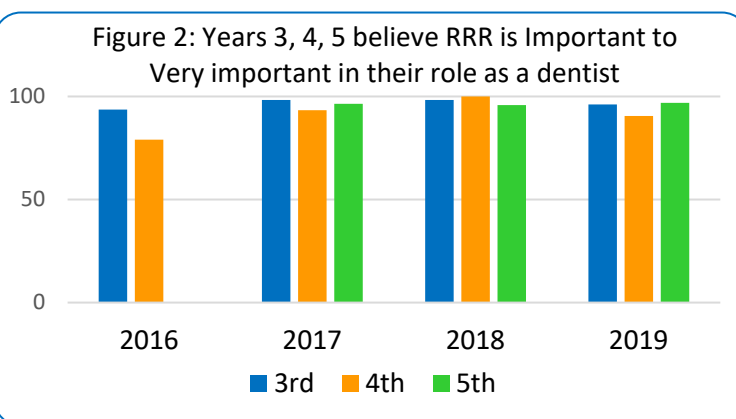
*A young female patient, presents at a rural clinic with significant trauma to her front teeth and lips. There is evidence of other older injuries to her head, neck and arms. The woman is anxious and fearful. Having completed the DDV-RRR program, the student dentist recognises potential DV when taking her history and during clinical examination. Taking a **trauma informed approach**, the student dentist is empathetic and establishes rapport with the woman, who discloses that her ex-partner inflicted the injuries. The student **responds** by asking about her immediate safety and support. Careful documentation includes clinical photos. Following initial treatment, and with agreement from the patient, a **referral** is made to a local domestic violence service. A further appointment is made to re-assess and monitor her wellbeing.*

The case in Insert 1 exemplifies the outcome of the ground-breaking **DDV-RRR program** that effectively applies a **collaborative, cross-disciplinary and scholarly learning design**.¹⁶ As a JCU BDS student who has participated in the DDV-RRR program, this student dentist was able to appropriately **recognise, respond, and refer** with the patient, and articulate their practice to fellow students in a classroom activity. The case study activity within the DDV-RRR program assists students to continuously critically analyse their practice to improve the quality of care to meet the Australian Dental Council's *Professional competencies for the newly qualified dentist* with the additional and specific focus on DV.¹⁷

Since the program's inception, the students' ability to recognise DV has increased with **51% of 2019 5th year cohort identifying they had worked with patients impacted by DV with 3% having worked with more than 10 patients**. Furthermore, students have consistently identified that being able to RRR is an important part of their roles as a dentist (Figure 2). This is sustained after graduation with 91% of the graduated cohorts of 2016 and 2017 identifying that it is Important to Very Important.

(Average response rates for both surveys, 2015-2019: 3rd year, 78.46% [59.5 students]; 4th year, 87.29% [65 students]; 5th year, 75.28% [53.75 students].)

Students have commented: *"These workshops profoundly impacted on my understanding...and appreciation of how I fit in my role as a dentists. [They] taught that addressing DV is within my scope of practice and gave me the permission that I needed to 'involve' myself and open that conversation . . . [also] What to say, how to say it, and then where to go from there"* (Unsolicited feedback, Y5, 2019); *"We can be the first step to get help . . . the key to the door so they can go and get help"* (Year 5, Focus Group, 2016). Comments by student researchers in 2016 and 2017 captured in Bite Magazine¹⁸ and the Townsville Bulletin¹⁹ reiterate the importance and value of the DDV-RRR program to the student experience: *"This initiative helps us to learn to*



be aware of people and [their] health as a whole – not just their teeth...and mouth” (Student researcher);¹⁸ “Wherever I practice, I’ll make sure I’m aware of local domestic violence services and things I can potentially refer people to. I do feel more confident” (Student researcher);¹⁸ “It’s not just about looking at their health; it’s about looking at the patient as a whole. I’m not a counsellor, but I may be the first person that notices this. This is something we can influence and help with” (2017 Graduate).¹⁹

Following a CPD ‘refresher’, a 2016 graduate working privately in an ethnically-diverse, low-SES community commented on how valuable she has found the DDV-RRR program. She encourages dental colleagues to engage in DV training, support the further proposed initiatives with the Australian Dental Association (ADA) and to include this in accreditation of their practices (Unsolicited graduate feedback, 2019).

Successfully preparing dental students to apply RRR to their clinical practice is evident in the 2019 survey data where there is substantial increase in perceived preparedness of students, post DDV-RRR training, to RRR when patients present with indicators of DV (Figure 3).

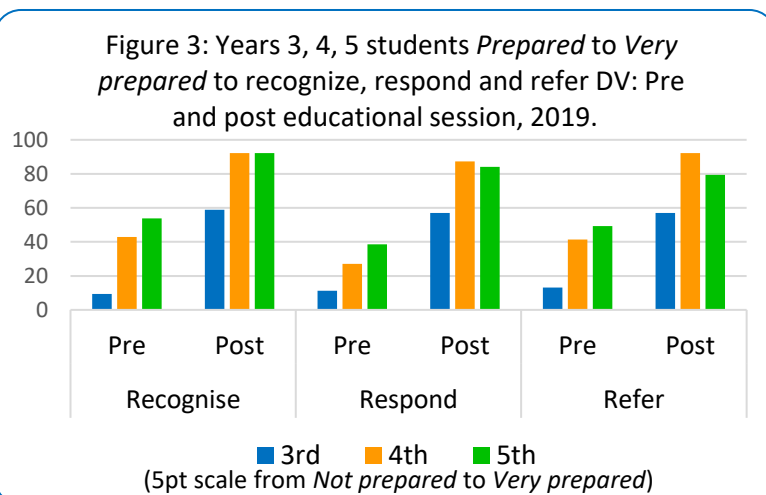
DDV-RRR RECOGNITION OF LEADERSHIP EXCELLENCE AND IMPACT

DDV-RRR is unique and leading the field in Australia when it comes to DV and dentistry, gaining recognition at institutional, professional, community, and government levels. Dr Croker and Dr Carrington’s interdisciplinary collaboration has been recognised with **three JCU awards**. In 2016, they received the **Cross-Unit Excellence Award** for contribution and commitment to JCU’s Strategic Intent.¹⁶ In particular, for the integration of domestic violence content into the JCU Dentistry curriculum. In 2018, they received a **JCU Citation for Outstanding Contributions to Student Learning** and were named joint **2018 JCU Overall Winners**. Furthermore, JCU Allied Health disciplines have sought assistance from the team to develop a similar program, and Dr Carrington is working with JCU Law to embed DV curriculum in the course. In addition, the DDV-RRR is embedded in the *Rural and Remote Health* subject. The coordinator comments: *[DDV-RRR] “is a very empowering part of the education of our emerging health professionals – it provides them with insight and (most critically) tools to assist them to lean into some very complex, challenging and intimidating conversations, that save lives.”* (A/Prof Kris McBain-Rigg, 2019).

Professional recognition has come through dental professional networks, websites, and the Australian Dental Association, which has publicised the program nationally to its 15 600 members.²⁰ McMillan states to the 9500 national readers of *Bite Magazine* that this is *“A ground breaking initiative... that is empowering students to speak up about and help victims of domestic violence.”*¹⁸ The program has also received recognition from The Australian Dental Association (ADANT), *“excellent domestic violence program that JCU is currently running for dental practitioners”* (ADANT President, 2018), and The Australian Dental Association, QLD Branch (ADAQ), *“The program itself is already proving to be both valuable and much sought after... [It] will ultimately assist in building capacity in the dental profession”* (Lyn Hunt, Acting CEO, ADAQ).

In 2018 Dr Croker presented a keynote address at the **National Dental Hygienists Association Symposium** and was awarded an honorary membership. Croker, Carrington, and Lee-Ross were invited presenters at the **2018 ADAQ Clinical Day** and are collaborating with the Australian Dental Association in Queensland to develop guidelines and resources for practising dental professionals.

The DDV-RRR program has also been showcased for diverse audiences at conferences internationally and nationally such as the **4th International Conference on Faculty Development in the Health Professions in Helsinki, Finland (2017)**, the **Public Health Association Australia’s Conference, Cairns (2018)**, **Rural and Remote Health conferences in Mount Isa and Cairns (2018)**, the **Australian and New Zealand Association for Health Professional Educators Conference, Adelaide (2017)**, and **14th National Rural Health Alliance Conference, Cairns (2017)**. While community organisations involved in providing DV education and services



commend the introduction of this innovative program: *"This work is innovative and important: we see clients who have experienced facial injuries and lost teeth because of the violence experienced. It is vital that they receive appropriate clinical treatment but also are dealt with by health professionals that have a greater understanding of their experiences and what that means as part of their treatment plan. The JCU initiative empowers students to recognize the signs of DV, interact appropriately with traumatized clients and consider making referrals for emotional (and legal) support where appropriate."* (Ms Sandi Baker, Program Manager, Cairns Regional Domestic Violence Service, 2019).

The program has been recognised at a state level by the **Queensland Government's Domestic and family Violence Implementation Council** who requested consultation with the team. The program was an invited feature in the [DVI Council's Progress Report \(2019\)](#) for the Department of Premier and Cabinet²² which noted that *"The ground-breaking [DDV-RRR] program places them at the forefront, as well as more broadly influencing dental and allied health practice through professional development sessions."* In addition, the team was also recognised nationally by White Ribbon, a leading organisation working to end DV in Australia: *"the training [gives] dentists the opportunity to prevent victims of domestic violence from further harm. It's not just about the immediate help in the chair, fixing the cracked teeth or wiring the jaw, it's about how you encourage this person to receive ongoing support so this doesn't happen again."* (Libby Davies, CEO of White Ribbon Australia, ABC January 2018)

CONCLUSION

Domestic and family violence is everyone's responsibility! To fill a gap in preparation for dental practice identified by students in 2015, the innovative, interdisciplinary DDV-RRR educational initiative was developed through a cross-disciplinary collaboration between Dentistry and Social Work, and community partners. The successful embedded program has also involved students in co-designing and evaluating the training. Through excellent leadership, the ground-breaking DDV-RRR program positively influences the dental profession as a whole, as well as other disciplines (such as Allied Health and Law), and places JCU Dentistry students and graduates at the forefront of their profession. Together, Dentistry and Social Work are addressing the significant challenge of DV with this student focused, research-rich educational program that is enhancing professional capacity and enabling dental students make a difference.

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