



Recognising and Responding to Domestic Violence:

Exploring the Role of Student Dentists



Our team





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Background



- Reflections of JCU final year Bachelor of Dental Surgery (BDS) students identified this challenge in clinical practice
- Increased public awareness of domestic violence^{1,2}
- Recognised the potential role of dentists 4-16
- Dentistry approached the JCU Social Work department
- Social work approached local Domestic Violence Service
- Co-designed and delivered a recognise and respond workshop tailored for dentistry students
- Evaluated by dental student researchers
- Applied a gendered analysis



- Dental students undertake clinical practice nationally and internationally
- Clinical placements across Queensland, Tasmania and Northern Territory
- BDS students practice clinically in regional, rural and remote centres, with outreach to very remote Indigenous communities
- Diverse patient demographic
- Limited access to appropriate services for women in R & R communities ¹⁻³





Intimate partner violence is common.





$oldsymbol{1}$ in $oldsymbol{4}$ Australian women

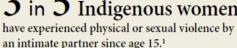
have experienced physical or sexual violence by an intimate partner since age 15.1

Intimate partner violence is common.



An estimated

3 in 5 Indigenous women







This includes violence by a partner they currently or have previously lived with, as well as violence perpetrated by a non-cohabiting partner.

¹ Includes physical and sexual violence only. Data on emotional abuse is not available for Indigenous women.

There is a gap in the burden between Indigenous and non-Indigenous women.





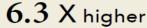




For all diseases are

2.5 X higher

Due to intimate partner violence are













Location	Number of Orders Made including TPO and Vary
Aurukun	78
Badu	10
Bamaga	76
Doomadgee	95
Kowanyama	221
Lockhart River	23
Normanton	65
Pormpuraaw	61
Saibai	15
Thursday Island	136





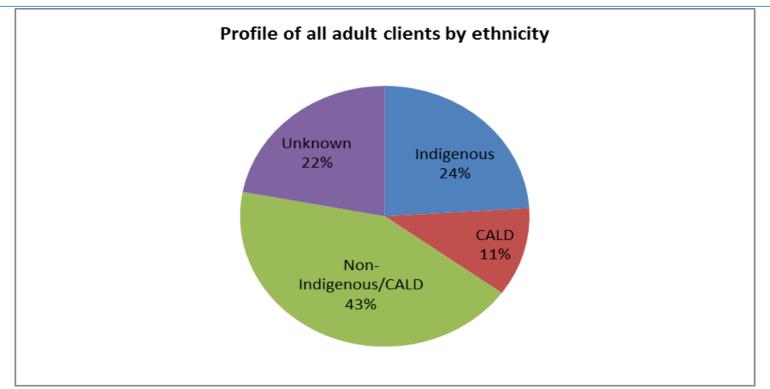
Location	Number of Orders Made including TPO and Vary
Brisbane	1,974
Cairns	1,493
Southport	3,768

Qld Magistrates Court Annual report 2014-2015

Local context



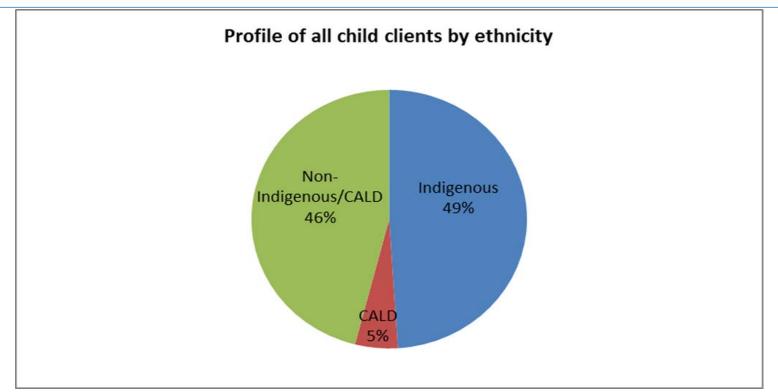




Local context







Rural context



- Rates of domestic violence against women are higher in regional, rural and remote areas ^{2,3}
- Isolation relational and structural barriers
- Cultural factors close community, minimizing violence and traditional roles
- Lack of services
- Less likely to seek informal or formal intervention ³





- No Australian studies exploring preparation of undergraduate dental students for responding to domestic violence in clinical practice
- No previous Australian studies of collaboration between Dentistry, Social Work and community / regional domestic violence service
- National data and findings from international studies support a role for dental students / dentists ⁴⁻¹⁶

What this research adds



- Identified gap in preparation for clinical practice
- This study aimed to investigate how prepared JCU Dental Surgery students were, in a clinical setting, in recognising and appropriately responding to women who had experienced domestic violence.
- Evaluation research by participating dental students

Why dentistry? Some indicators of domestic violence 4,8



Frequent missed appointments	
Partner always attend	ds unnecessarily
Injuries inconsistent with explanation of cause	
Multiple injuries at different stages of healing	
Woman tries to hide or minimise injuries	

Patient appears frightened, overly anxious or depressed

Frequent appointments for vague complaints or symptoms

Women is submissive or afraid or reluctant to speak in front of her partner

Partner is aggressive or dominant, talks for a women or refuses to leave the room

Non-compliance with treatment.

Principles of practice for enquiring about domestic violence and referral to appropriate agencies. 4



- ▶ Help create an environment that will facilitate disclosure of domestic violence
- Be aware of signs that could indicate a patient is experiencing domestic violence
- Know how to ask the right questions to let a patient know that she can talk about domestic violence.
 Explain the limits of confidentiality
- Validate and support patients who do not reveal domestic violence
- Be aware of support services and have written information available to pass to patients
- Provide the patient information whether or not she reveals domestic violence
- Keep accurate and detailed records of any injuries and information revealed
- Ensure confidentiality
- Treat physical dental injuries as appropriate.

Research Design



- Mixed methods study commenced 2016; ongoing 2017
- Year 3- 5 students participated in a recognise and respond workshop presented by Dr Ann Carrington (JCU Social Work), Amanda Lee-Ross and Sandi Baker (Cairns Regional Domestic Violence Service)
- Pre and post intervention survey of 3rd year and 4th year dental students
- Focus groups conducted with 5th year dental students exploring application in clinical practice
- Follow-up evaluation in progress, 2017.

Results: Surveys



- Response rate: 76% third year and 86.5% fourth year students completed the survey
- Post survey:
 - ✓ Significant increase in understanding, awareness and knowledge of JCU dental students regarding domestic violence following the innovative "Recognise and Respond" intervention workshop.
 - ✓ Revealed students felt more comfortable in identifying and responding to domestic violence and had a greater appreciation of its relevance to dentistry.

Results: Focus groups



- Final (5th) year students
- Focus on application in clinical practice
- Confirmed the value of knowledge gained in the workshops.
- However, while recognition of domestic violence was achieved, further educational strategies are required to strengthen dental students' confidence in responding appropriately both within clinical practice and the wider community

Focus group



"We can be the first step to get help ...the key to the door so they can go and get help"



Recommendations for 2017 included:



- Earlier exposure to the topic and further capacity building around applying the techniques and strategies in clinical practice.
- Embedding the domestic violence content into the undergraduate clinical curriculum from Years 3 5
- Not just 'one off'
- Further strengthening of dental students' capacity to respond to domestic violence should be developed across the clinical years through active learning experiences.



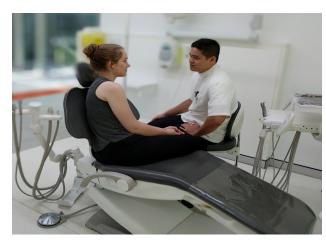


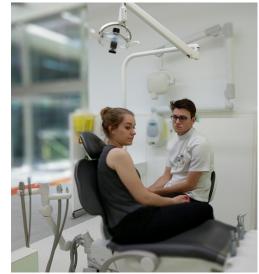
- JCU Dentistry, Social Work, and the Cairns Regional Domestic Violence Service to collaboratively co-design a scaffolded educational initiative
- Ongoing evaluation will guide the design and delivery of learning experiences when embedding these into the undergraduate clinical curriculum.
- Dissemination: Although the findings of this small study cannot be generalised, they suggest that this socially accountable, educational initiative would be valuable for other dental programs

Scaffolded authentic learning:



- Simulation
- Role play
- Case studies
- Reflections
- Critical thinking
- Further develop capacity to provide patient-centred responses and placebased strategies for placement locations





Way forward



- Iterative review
- Continued research for ongoing evaluation of program and associated impacts
- Sharing this innovative program
 - Conferences and publication
- Inclusion of community legal partnership
- Aligning with State and National programs
- Seeking ongoing funding





- Collaborative partnerships with Hospital and Health Services and the Australian Dental Association in consultation with domestic violence services to develop clear guidelines on documentation and referral pathways for dentists in each State or Territory.
- Endorsing professional development of dentists to be domestic violence champions in rural and remote communities.

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