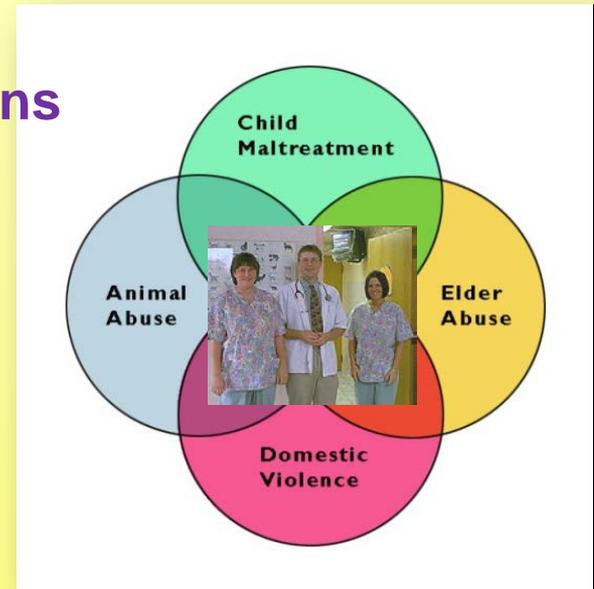


# Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect

**Phil Arkow,**  
Coordinator, National Link Coalition  
Chair, Animal Abuse & Family Violence  
Prevention Project, The Latham Foundation  
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[www.NationalLinkCoalition.org](http://www.NationalLinkCoalition.org)



*“When animals are abused, people are at risk;  
When people are abused, animals are at risk.”*

Veterinary Social Work Summit  
University of Tennessee  
Nov. 3, 2015 -- Knoxville

# CASE STUDY:

**A woman brings a pit bull-mix into a practice. Examination reveals the dog has 9 stab wounds, including a punctured lung. She tells staff that her ex-boyfriend had stabbed the dog because it had defecated on the floor. She does not reveal the ex-boyfriend's name because she fears retaliation.**

***WHAT DO YOU DO?***



## WHAT HAPPENED:

**Staff at Advanced Animal Emergency, in Clinton, Mich., called police on Feb. 1, 2016. Police focused their investigation on Patrick O'Connor, 24, but were unable to locate him. Nine days later they responded to a domestic violence call and arrested O'Connor on charges of assaulting a woman (a misdemeanor) and animal torture (a felony). The dog survives surgery and is adopted by a staff member.**



# PETS: PROTECTIVE FACTORS FOR PHYSIOLOGIC & MENTAL HEALTH



- “Social lubricant”
- Catalysts for communication
- Emotional and social support
- Positive power of play
- Lower risk factors for CV disease



# Ongoing challenge: The “DARK SIDE” OF THE HCAB

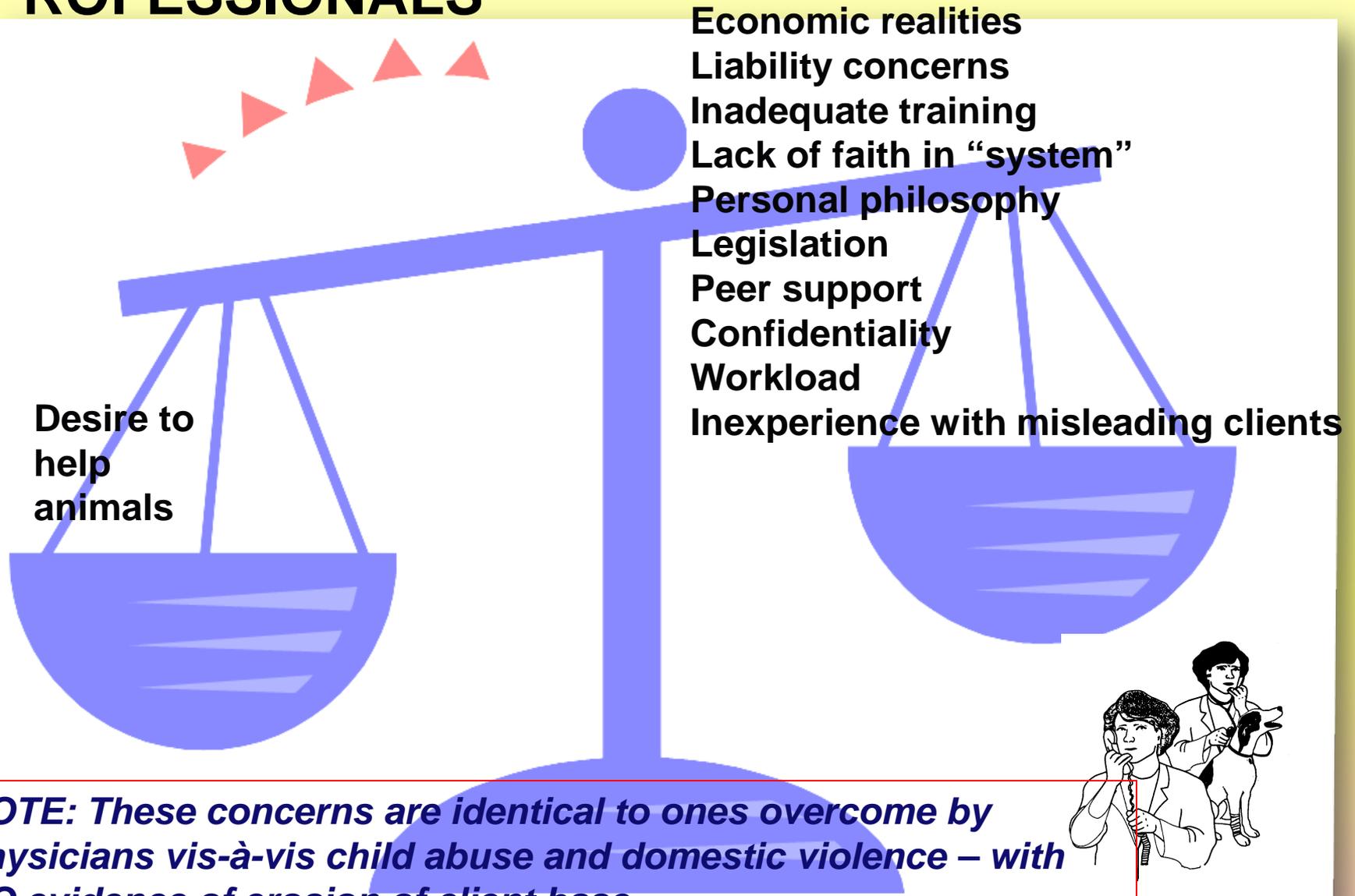
What's your responsibility in responding to suspected animal cruelty, abuse and neglect?  
*(Is your primary responsibility to the patient or client?)*



- Cases not frequent, but always problematic.
- Once diagnosis made, vets face confounding ethical, moral, financial, legal, liability, safety, and practice management issues.
- Need to establish procedures in advance.
- Veterinary Social Work can negotiate these dilemmas with staff and provide clients with resources to resolve issues.



# THE DILEMMA FOR VETERINARY PROFESSIONALS



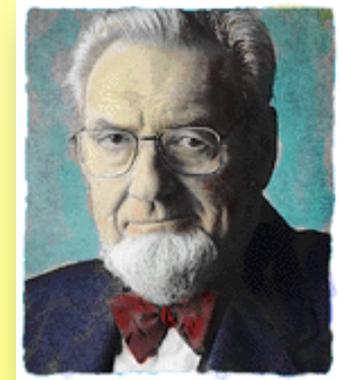
***NOTE: These concerns are identical to ones overcome by physicians vis-à-vis child abuse and domestic violence – with NO evidence of erosion of client base.***

*(Arkow & Munro, 2008)*

# FAMILY VIOLENCE: A PUBLIC HEALTH SOLUTION

**“Regarding violence in our society as purely a sociologic matter, or one of law enforcement, has led to unmitigated failure.**

**It is time to test whether violence can be amenable to medical/public health interventions.”**



*C. Everett Koop, MD*

*George D. Lundberg, MD (Editor, JAMA), 1992*



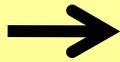
**“Physicians *and other health professionals* are firsthand witnesses to the consequences of violence. We see - diagnose - treat - mend – patch – console - and care for the victims of violence and their families thousands of times each day. Violence in the United States is a public health emergency.”**

*Antonia C. Novello, MD, MPH, 1992*

# SHIFTING PARADIGMS: ANIMALS AS A HUMAN HEALTH CONCERN



Fear



Worship



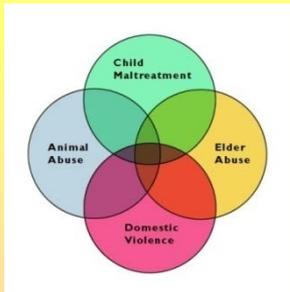
Domestication



Pets



Healthful partners



The Link



Neuro-chemistry



“Walk a hound, lose a pound”



Social capital



Animal-Assisted Therapy

# SHIFTING PARADIGMS: ANIMALS AS A HUMAN HEALTH CONCERN

History of animal abuse/neglect reported in **21.1%** of 256 fatal dog bites 2000-2009

Frequently co-occurred with:

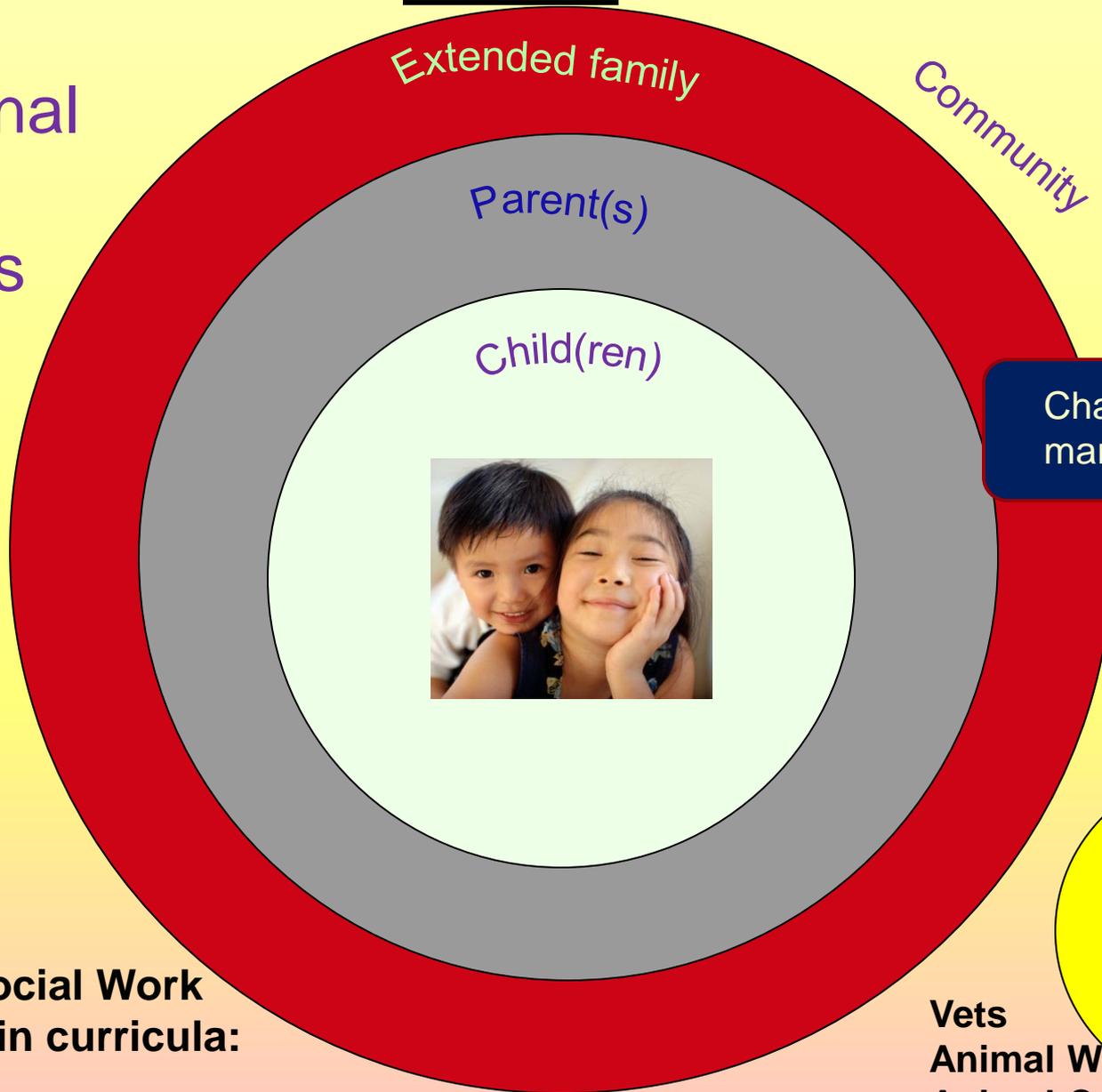
- Dog not spayed/neutered
- Compromised ability of victim to interact with dog
- Dog a “resident” rather than “family” pet

*Preventable factors more significant than dog's breed.*



# ANIMAL WELFARE: A SOCIAL CONCERN

Traditional  
Family  
Systems  
View

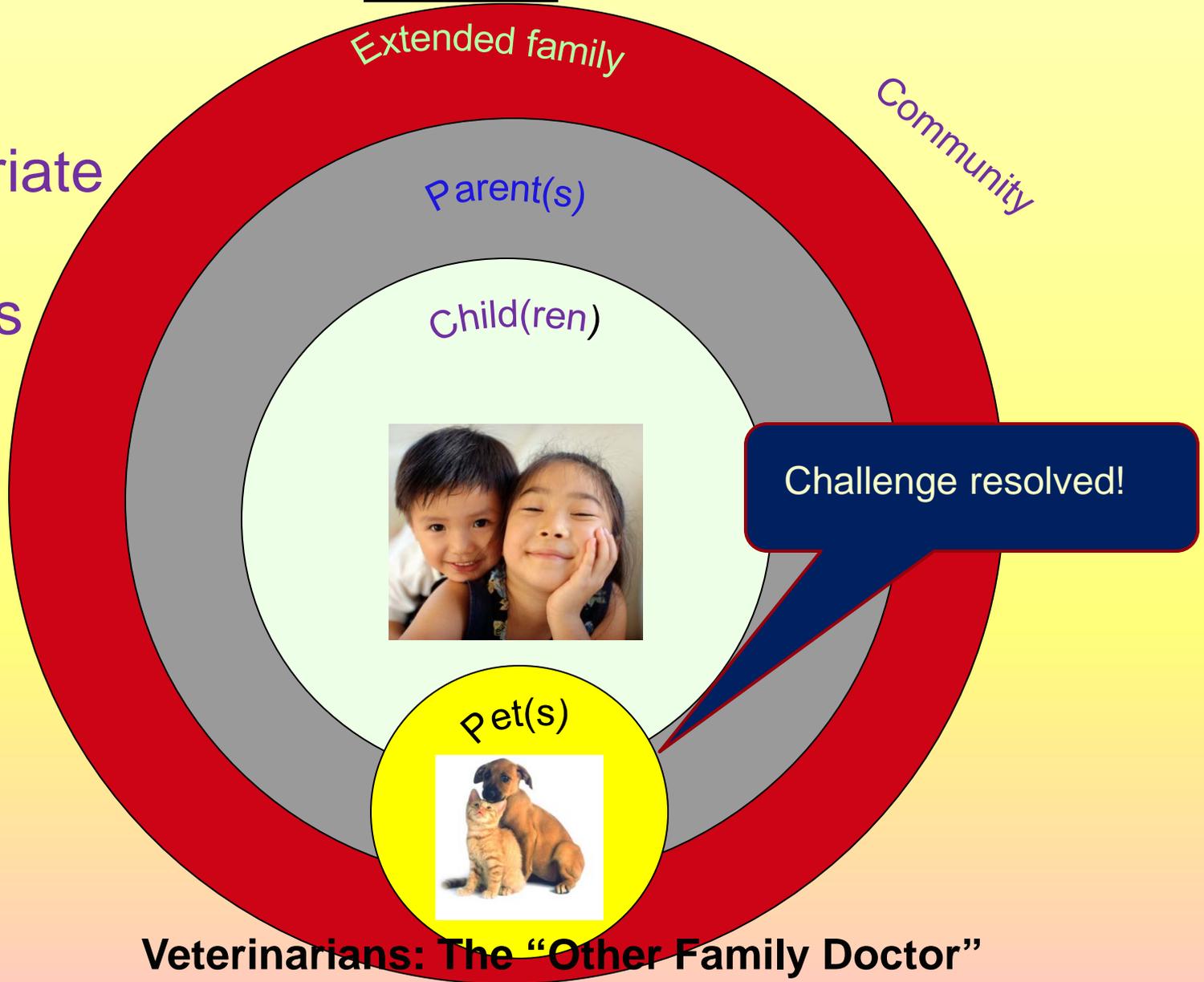


**A Challenge:  
Schools of Social Work  
with animals in curricula:  
12/550**

**Vets  
Animal Welfare  
Animal Control**

# ANIMAL WELFARE: A SOCIAL CONCERN

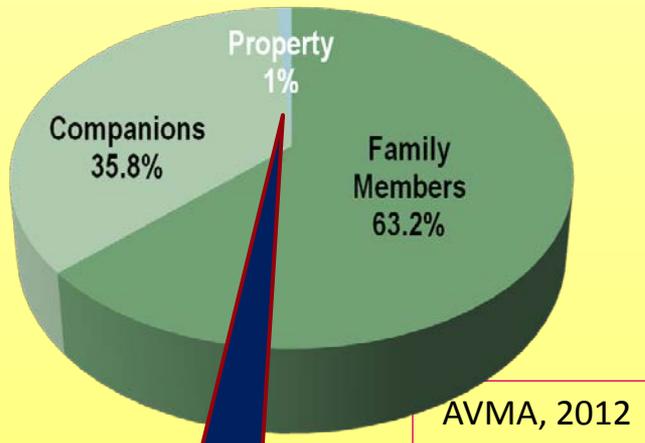
More  
Appropriate  
Family  
Systems  
View



**Veterinarians: The “Other Family Doctor”**

# ANIMAL ABUSE = FAMILY VIOLENCE

Roles of Pets in U.S. Households



Disconnect...



**Who are your clients?**

**FAMILIES WITH CHILDREN**

**67.7% of households with children < 6**

**74.6% of households with children > 6**

**Female primary pet caregiver:  
80.7% of pet-owning households**



*--Veterinarians  
will see the three  
primary  
populations at  
risk for family  
violence...*

# One Solution – Based on Human Health Model

## Mandatory Reporting

★ Veterinarians mandated to report CHILD abuse

★ Veterinarians mandated to report ELDER abuse

★ Veterinarians mandated to report animal abuse

★ Veterinarians permitted to report animal abuse

★ Veterinarians prohibited to report animal abuse



18 states where EVERYONE is mandated to report child abuse: how many vets know this???

# CHALLENGES ADDRESSED: HUMAN MEDICINE HAS BEEN HERE ALREADY

- Mandated reporting laws reduce or remove criticism, litigation threat, potential loss of clientele

**“The widespread dissemination of the fact that the physician is legally mandated to report a case of suspected child abuse should also remove, or at least reduce, the parents’ resentment.”**



*-- American Academy of Pediatrics, 1966*

Arkow, P. & Munro, H. (2008). The veterinary profession's roles in recognizing and preventing family violence: The experiences of the human medicine field and the development of diagnostic indicators of Non-Accidental Injury.

# CHALLENGES ADDRESSED: THE INDEX OF SUSPICION

*(no single diagnostic pointer is indicative: combination raises level)*

## 1 – Client's profile

- New to practice
- Vet shopping
- Discrepancies in names, addresses, ownership
- Turbulent history of pet ownership, behavior issues
- Exacerbating pressures:
  - family
  - lifestyle
  - economic
- Bringing in all animals for euthanasia:  
*potential suicide!*



(Munro & Thrusfield, 2001)

# CHALLENGES ADDRESSED: THE INDEX OF SUSPICION

*(no single diagnostic pointer is indicative: combination raises level)*

## 2 – Client's behavior

- Reluctant to give full history
- Inconsistent history (story doesn't fit injuries)
- Discrepant history (story changes, family members tell different stories)
- Expresses not feeling safe at home
- Concerns about isolation or excess # of animals
- One partner nervous or deferential around other
- Weak attachment to animals; indifference; lacks knowledge, concern
- Aggressive, argumentative
- Delay in seeking medical attention

(Munro & Thrusfield, 2001)



# CHALLENGES ADDRESSED: THE INDEX OF SUSPICION

## 3 – Patient's medical history

- History of repetitive injuries
- History of unexplained injuries or deaths to other animals in household
- Multiple fractures
- Fractures of varying ages
- Age of animal
- Breed of animal
- Munchausen Syndrome by Proxy

(Munro & Thrusfield, 2001)



# CHALLENGES ADDRESSED: THE INDEX OF SUSPICION

## 4 – Interpersonal violence & family risk

- Client discloses abuse by self or others
- Suspected domestic violence
- Suspected child abuse/neglect
- Suspected hoarding

(Munro & Thrusfield, 2001)



# CHALLENGES ADDRESSED: PROFESSIONAL CODES OF CONDUCT



## Veterinary Oath (Amended 2012)

Being admitted to the profession of veterinary medicine,  
I solemnly swear to use my scientific knowledge and skills for the  
benefit of society through the protection of animal health *and*  
*welfare*, the *prevention and* relief of animal suffering, the  
conservation of animal resources, the promotion of public health,  
and the advancement of medical knowledge.

# CHALLENGES ADDRESSED: PROFESSIONAL CODES OF CONDUCT



## **Policy on Animal Abuse and Animal Neglect** *(1995, amended 2000, 2009, 2012)*

“The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws, or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law. Prompt disclosure of abuse is necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate, timely record keeping and documentation of these cases are essential. The AVMA considers it the responsibility of the veterinarian to educate clients regarding humane care and treatment of animals.”

# CHALLENGES ADDRESSED: PROFESSIONAL CODES OF CONDUCT



“Studies have shown a link between animal abuse and other forms of violence, including child, spousal and elder abuse... AAHA supports reporting of suspicions of animal abuse to the appropriate authorities when education is inappropriate or has failed. In order to encourage veterinarians and practice team members to be responsible leaders in their communities and to assist in the detection and reporting of animal abuse, the profession should promote legislation concerning reporting by veterinarians, and collaborate with other animal and human welfare groups within communities to eliminate the incidence of animal abuse.”

# REALITY CHECKS

- Neglect cases far outnumber cruelty.  
Most cases result from ignorance, not psychopathology.
- Enforcement dependent upon interest, training & resources of
  - animal welfare/control agency,
  - prosecutors, judges, public opinion.
- Legal definitions may conflict with public cultural and professional perceptions.



***“Animal abuse is like pornography: impossible to define, but you know it when you see it.”***

***-- Phil Arkow***

# WHAT IS THE LINK?

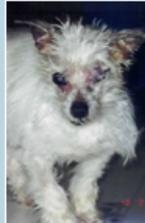
*“When animals are abused, people are at risk;*

*When people are abused, animals are at risk.”*

## Child Abuse & Neglect



## Animal Abuse



- Family violence
- Animal fighting

## Elder Abuse



neglect pet  
neglect self  
hoarding

## Domestic Violence



# The “Link”

“One of the most dangerous things that can happen to a child is to kill or torture an animal and get away with it.”



— Margaret Mead



# WHAT WE'RE NOT TALKING ABOUT...



# TYPES OF LINK ANIMAL MALTREATMENT...

**Animal Neglect** – crime of omission; no satisfaction

**Animal Abuse/Cruelty** – willful, malicious, aggravated;  
satisfaction from dominance

**Sadistic cruelty** – torture; satisfaction from suffering

**Hoarding** – excess attachment; satisfaction from caregiving

**Animal sex abuse** – satisfaction from sexual thrill  
(bestiality, zoophilia, crush videos)

**Sub-cultural abuse** – dog/cock fighting; religious rituals

***NOTE: Each type has varying underlying motives and psychopathologies***

# WHAT ABUSE MIGHT YOU SEE?

## ANIMAL WELFARE CONCERNS

- pet in poor physical condition
- inadequate food, water, shelter
- lack of veterinary care
- dehydration
- malnutrition
- excessive matting of fur
- infestation of parasites
- animal is abandoned

## ENVIRONMENTAL CONCERNS

- filth and poor sanitation
- overcrowding; hoarding animals
- dead animals on property
- inadequate lighting, ventilation or temp.
- feces and/or urine
- animals housed in motor vehicles

## PHYSICAL INJURIES TO ANIMALS

- bruising
- fractures
- lesions
- burns, scalds
- recreational drugs given to pets
- gunshot, dart, bow & arrow wounds
- collar has grown into neck

## OTHER CONCERNS

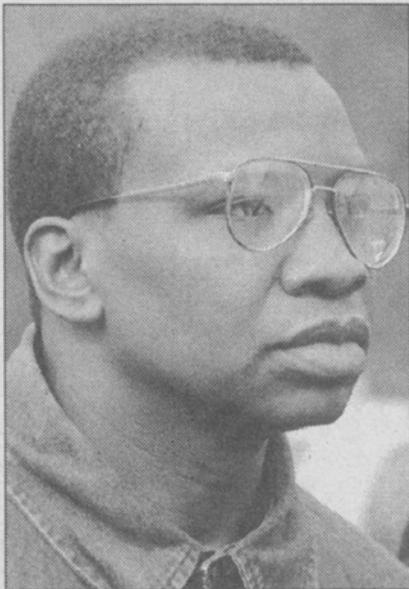
- sexual abuse of animals
- dog fighting
- religious or satanic sacrifice

# CASE STUDY

*Animal welfare investigators  
are often the first responders...*

**“A 4-year-old is beaten to death;  
a pastor and family vanish”**

*-- Philadelphia Inquirer, Jan. 11, 1999*



**The Rev. Javan McBurrows** of  
Third Christian Church in the city



AKIRA SUWA / Inquirer Staff Photographer

**Authorities yesterday condemned** the Rev. Javan McBurrows' home in North Hills, Upper Dublin Twp.

on the church's answering machine. In Montgomery County, where in... and forth in front of his narrow

# CASE STUDY

*Animals are harmed to control battered women*

## Family violence often begins with pet abuse

By Sandy Bauers  
INQUIRER STAFF WRITER

As Sandra Ruotolo explained to the judge, she was thinking of her dogs when she pulled the trigger.

For 13 years, she said, her husband had battered her. But on a March night in 1991 in their Juniata Park home, he not only whipped her with a vacuum-cleaner cord, he also punched one of her four German shepherds. If Ruotolo left him, he warned, he would find her and slit their throats in front of her.

Later, as her husband slept, she loaded a .38-caliber pistol and pointed it at herself. A moment away from suicide, however, she saw her eldest female dog and was seized by the thought that "if I die, Duchess, what's going to happen to you?"

So, she told the judge, she "walked into the bedroom and shot him."

Ruotolo is serving 10 to 20 years for third-degree murder.

Diane Hall, counseling director at Women Against Abuse in Philadel-

phia, remembers the case with regret. Ruotolo had contacted the agency about going into a shelter. But Ruotolo would not leave her dogs, and the shelter could not take them.

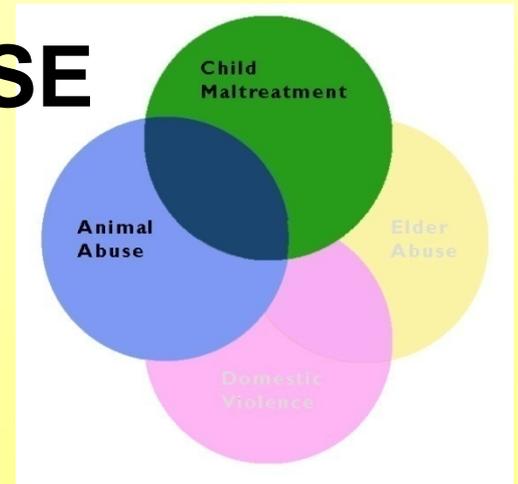
That tragic scenario might play out differently today, as social-welfare experts home in on a link between family violence and animal abuse. A batterer's first target, researchers have found, often is a pet, which then may be systematically threatened, tortured or killed in order to control human victims — to keep a wife from fleeing or to enforce a child's silence.

Recognition of an animal's precarious place in what is called the "cycle of violence" already has led to changes in the way police and protective agencies — for people and animals — deal with domestic rows. This month, for instance, the Pennsylvania SPCA in Juniata Park inaugurated a program, PetNet, that provides foster care for the pets of

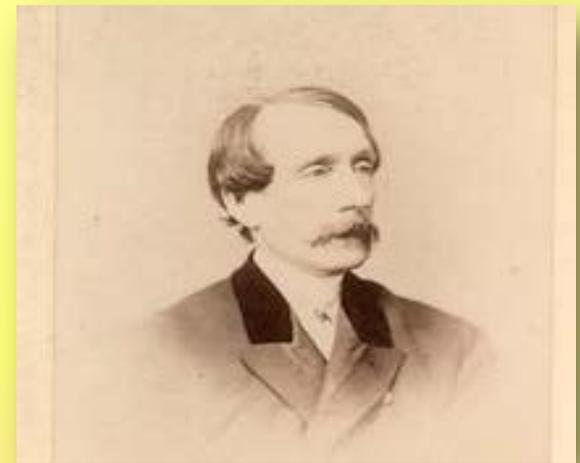
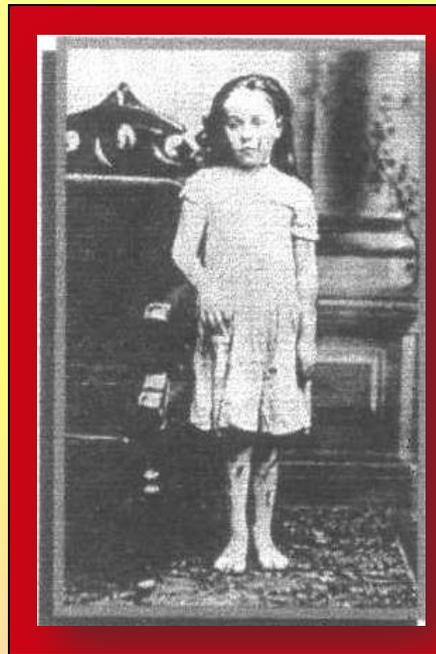
See **ABUSE** on A24

**Area agencies are homing in on the link between the two types of abuse.**

# ANIMAL ABUSE & CHILD ABUSE

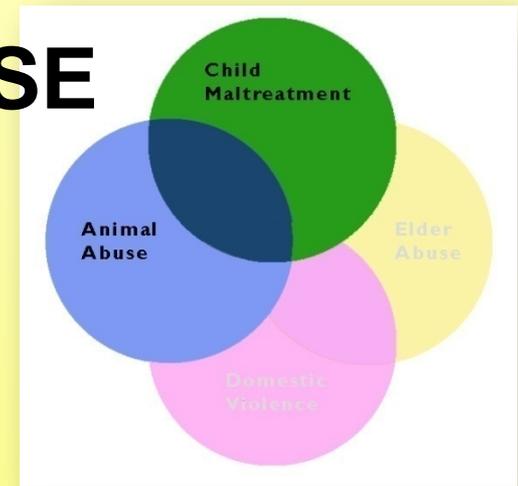


The  
"Little  
Mary  
Ellen"  
Case  
(1874)



Henry Bergh, Founder  
American SPCA

# ANIMAL ABUSE & CHILD ABUSE



The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur.

## The Battered-Child Syndrome

C. Henry Kempe, M.D., Denver, Frederic N. Silverman, M.D., Cincinnati, Brandt F. Steele, M.D.,  
William Droegemueller, M.D., and Henry K. Silver, M.D., Denver

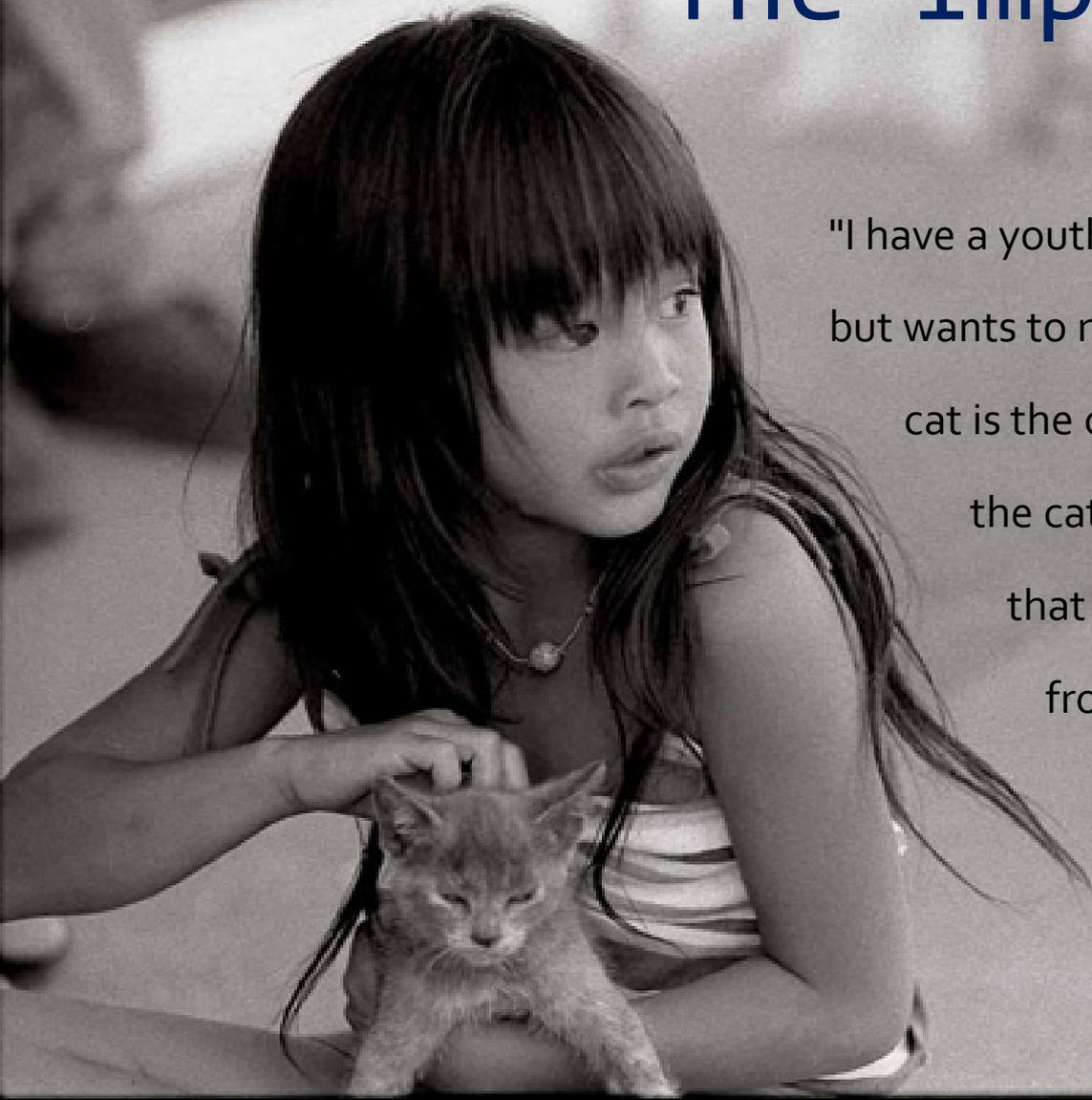
Reprinted From The Journal of The American Medical Association  
July 7, 1962, Vol. 184, pp. 17-24  
Copyright 1962, by American Medical Association



# The Impact of Pets on Children

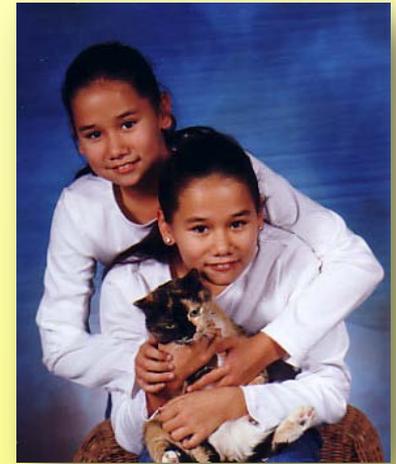
"I have a youth who has been abused at her home, but wants to return there due to believing that her cat is the only one who loves her. She rescued the cat from an abusive home and believes that the cat tries to keep her father away from her. She would move to a group home or anywhere else without running away if she had her cat...."

*-- Social worker, Arizona*



# ANIMAL ABUSE & CHILD ABUSE

Pet-keeping is a pivotal point of childhood identification and part of the construct of childhood memories.



“A growing body of evidence suggests that bonds formed or broken with companion animals reverberate and resonate across the lifespan.”

*(Jalongo, 2004)*

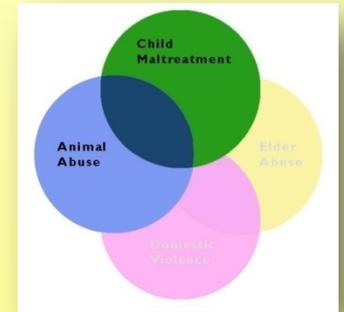
“Children’s bonds with companion animals are not pale imitations of the bonds with human beings: these relationships are important in their own right, and need to be understood and appreciated on their own terms.”

*(Raupp, 1999)*

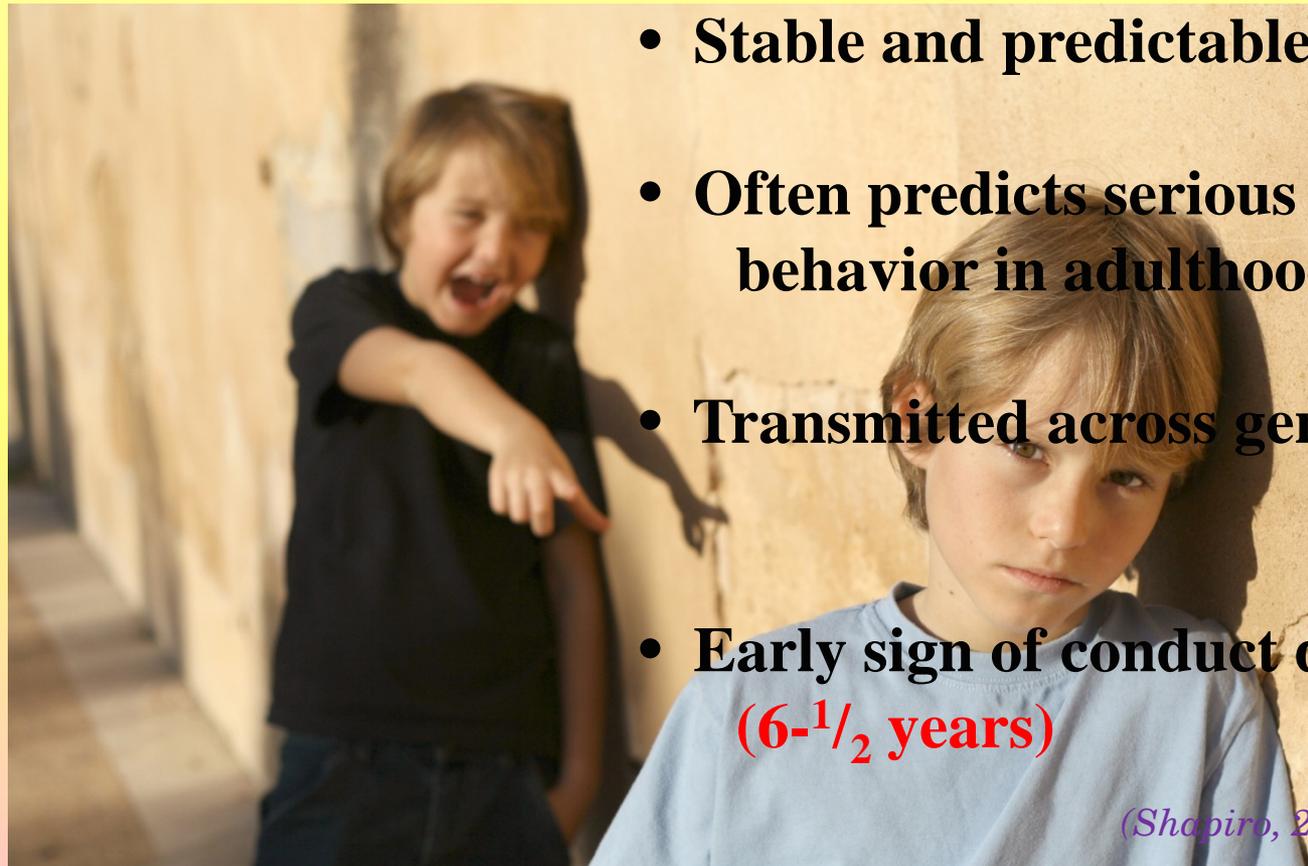
# Aggressive Behavior in Children



*“Does Animal Abuse Always Lead to Human Violence?”*



## WHAT WE KNOW: Child aggressive behavior: :



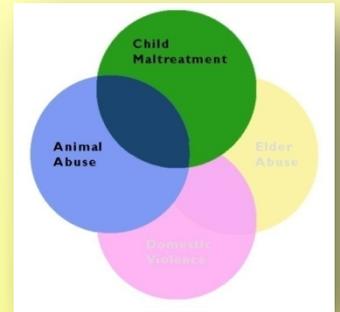
- Stable and predictable by age 8
- Often predicts serious anti-social behavior in adulthood
- Transmitted across generations
- Early sign of conduct disorder  
(6-<sup>1</sup>/<sub>2</sub> years)

*(Shapiro, 2011; McPhedran, 2009)*

# Aggressive Behavior in Children



*“Does Animal Abuse Always Lead to Human Violence?”*



## WHAT WE DON'T KNOW:

- Causal or co-relational?
- Graduation hypothesis?
- Pattern of general deviance?
- Home environment/abusive experiences?
- Something else?
- All of the above?

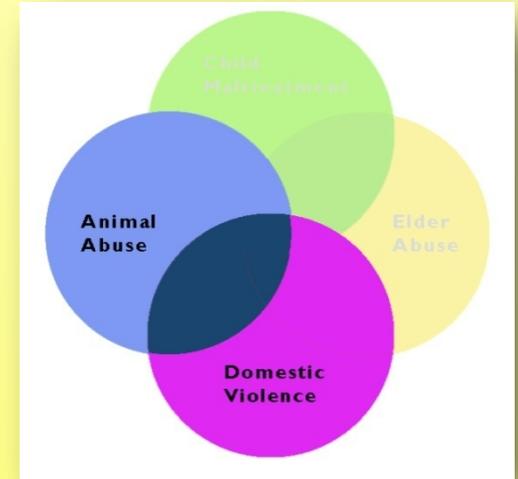
*(Shapiro, 2011; McPhedran, 2009)*

# ANIMAL ABUSE & DOMESTIC VIOLENCE



“I’ve loved this dog longer than any relationship I’ve ever had....”

-- “Nicole,” in La Crosse, WI shelter seeking Safe Haven



## Batterers attack pets to:

- Manipulate
- Intimidate
- Retaliate

## Batterers attack animals:

Because they can...

Because they're convenient...

Because they're jealous...

**BECAUSE IT WORKS!!**

**71%** of women reported partner killed, harmed or threatened an animal

**32%** reported their children had hurt or killed animals *(Ascione, 1998)*

## Incidents occurred:

In presence of women – **87%**

In presence of children – **75%**

*(Quinlisk, 1994)*

# ANIMAL ABUSE & DOMESTIC VIOLENCE

One of 4 most significant indicators of risk of becoming a batterer

Walton-Moss, Manganello, Frye & Campbell (2005)

Batterers who also abuse pets:

- use more forms of violence
- more controlling behaviors, and
- *are more dangerous*

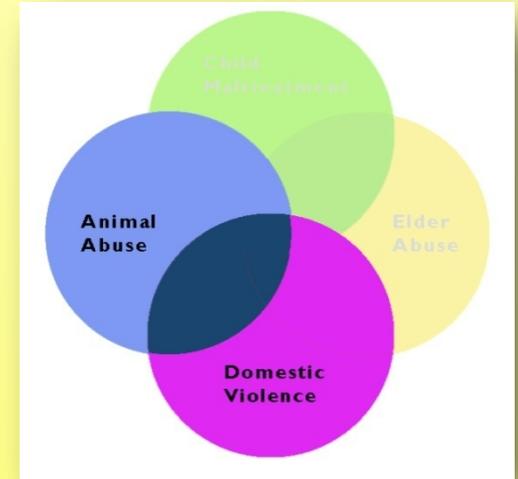
than batterers who do not abuse pets.

Simmons, C.A. & Lehman, P. (2007),

**41% of convicted DV offenders had committed animal cruelty since age of 18 (non-offenders average: 1.5%)**

Febres et al. (2014)

**RESULT: 18% - 48% of battered women trapped in fear for welfare of pets... and livestock**



# ANIMAL ABUSE & ELDER ABUSE

## Animal Welfare Issues

1. Neglect of pet
2. Neglect self to care for pet
3. Attachment and pet loss
4. Safety of caseworker, home health aide, or homemaker services
5. Hoarding/collecting animals...



# HOARDING: SPECIALIZED ANIMAL ABUSE

- An emotional disorder: chronic attachment
- Animals may be dead or alive
- Other objects collected, too
- 100% recidivism
- Usually needs social services/psychological interventions
- Interface with animal care & control, public health, zoning, fire, municipal limits



# HOARDING: SPECIALIZED ANIMAL ABUSE

*Animals provide reward,  
acceptance, conflict-free  
relationships, sense of self-worth*



## 1. **M**ental illness

Attachment disorders? Anxiety? OCD?

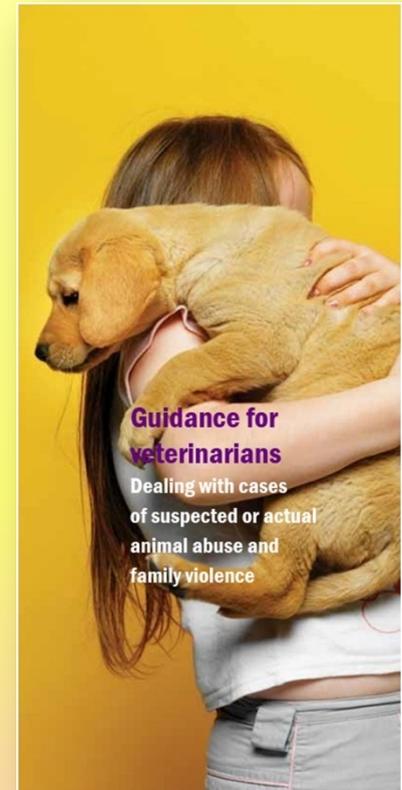
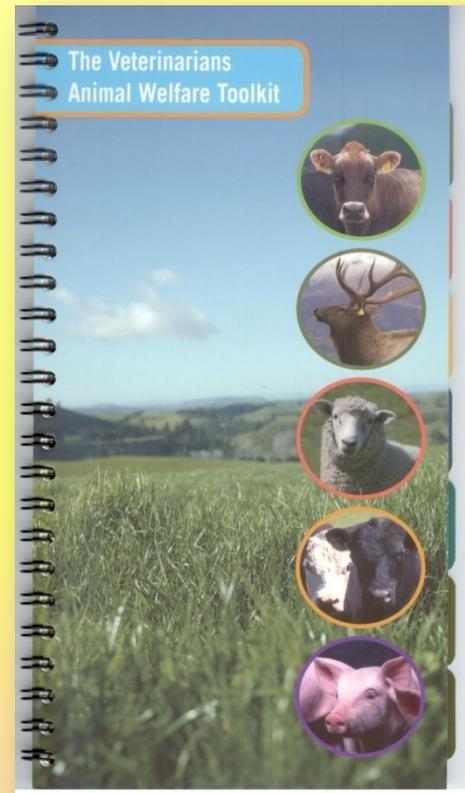
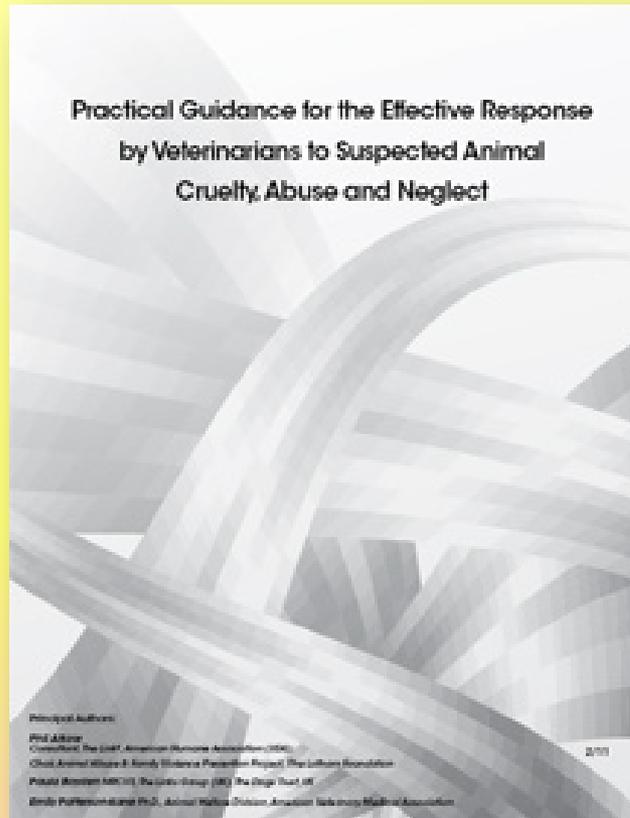
Depression? Agoraphobia? Schizophrenia? Alzheimer's?

2. **O**verwhelmed: good intentions gone bad; the go-to lady

3. **R**escuers: only ones who can care for them, state of denial, identity tied to possession, deep mistrust of others

4. **E**xploiters: criminal intent

# Resolving Practitioners' Concerns: Guidance in the Identification of and Response to Suspected Animal Abuse



(downloadable  
pdfs at [www.NationalLinkCoalition.org](http://www.NationalLinkCoalition.org))

# FALSE ASSUMPTION #1

*“I’m an animal doctor – I won’t see human abuse”*



88% of families with physical child abuse had animal abuse: use of veterinary services comparable

(Deviney, Dickert & Lockwood, 1983)

87% of practitioners have treated NAI;  
60% treated an animal severely or intentionally abused  
20% suspect clients have been abused

(Landau, 1999)

88% of battered women visit veterinarian annually

(Garnier & Enders-Slegers, 2012)

Top places where citizens would report animal abuse:  
Police: 24%      Humane Society: 38%  
Veterinarian: 42%

(Manitoba VMA, 2006)

# FALSE ASSUMPTION #2

*“I don’t want to be a ‘doggie policeman.’ I’m not trained to play judge and jury...”*

**Reporting suspected abuse is often the LAST resort**



# FALSE ASSUMPTIONS #3 & 4

“Anyone who cares enough about their pets to see the vet won’t harm them.

“Anyone who cares so little about their pet to harm them won’t go to the vet.”



Animal may be presented by:

- abuser
- abused spouse
- good Samaritan

or seen in:

- teaching hospital
- shelter
- farm/ranch visit
- house call

# FALSE ASSUMPTION #5

“I’m bound by confidentiality restrictions”

## Statutory remedies

- State law enabling/mandating cross-reporting
- (Limited or absolute immunity from civil/criminal liability)

## Codes of Ethics remedies

- Confidentiality can be breached if harm to self or others is risk (NASW)
- Explicit permission (AVMA, AAHA, CVMA, RNZVMA)

## Administrative remedies

- OK to report to legitimate law enforcement when others are at risk
- Include humane society/animal control in MDTs
- OK to release info if family signs release form
- Report as private citizen

# WHAT ABUSE SITUATIONS MIGHT A PRACTITIONER ENCOUNTER?

Category of Abuse	Suspected Frequency in Private Practice	Criteria for Suspicion
<b>Neglect</b>	Occasionally to common	Poor body condition but client refuses needed workup/treatment
		Pet severely matted; client refuses grooming
		Client declines medical care or euthanasia to relieve serious illness or injury
		Lack of concern for animal's welfare
		Dangerous/unsanitary environment
		Inadequate shelter
		Excessive number of animals

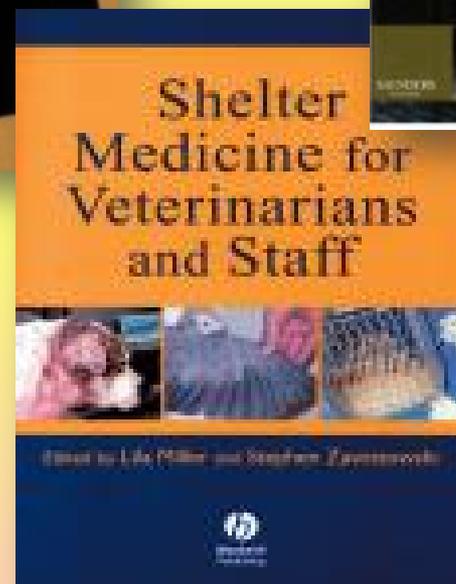
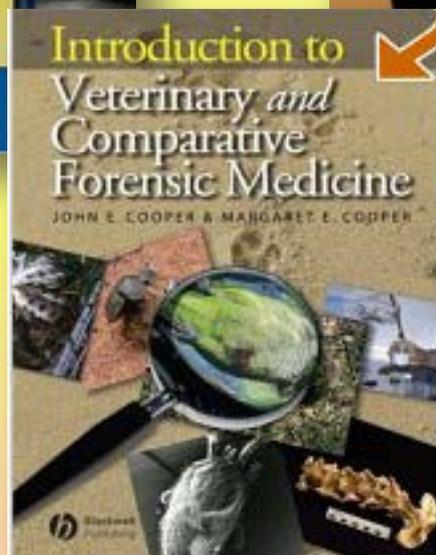
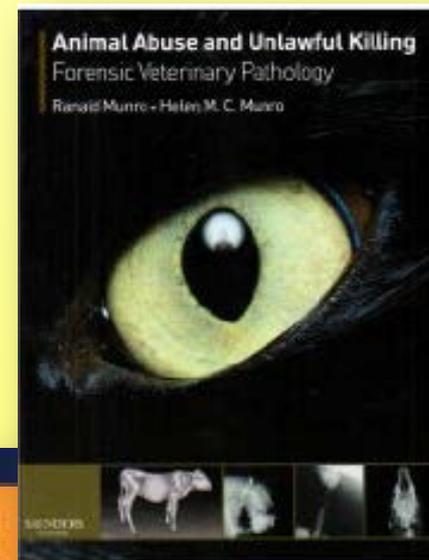
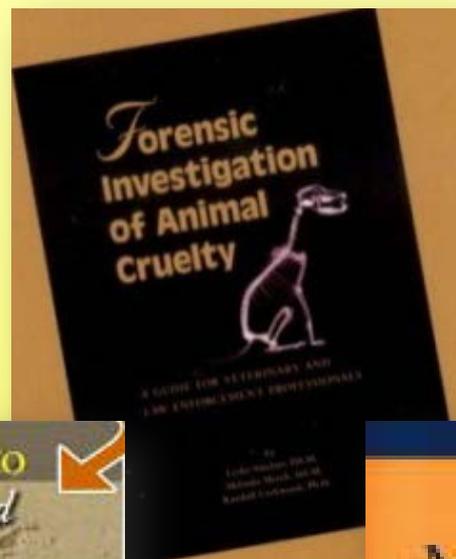
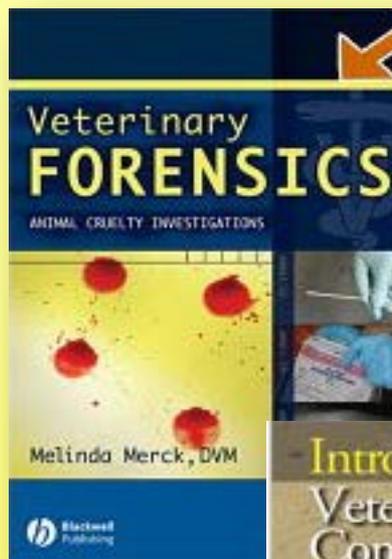
# WHAT ABUSE SITUATIONS MIGHT A PRACTITIONER ENCOUNTER?

Category of Abuse	Suspected Frequency in Private Practice	Criteria for Suspicion
<b>Large-Scale Neglect (Hoarding)</b>	Probably a few clients	Large number of animals
		Poor continuity of care
		Most office visits for trauma or preventable, contagious & parasitic diseases
		Client uses several veterinary offices
		Heroic efforts requested for newly acquired pets with poor prognoses

# WHAT ABUSE SITUATIONS MIGHT A PRACTITIONER ENCOUNTER?

Category of Abuse	Suspected Frequency in Private Practice	Criteria for Suspicion
<b>Dog Fighting</b>	Depends on area	Characteristic pattern of bite wounds on head, neck, legs. Much more prevalent in pit bulls and other fighting breeds.
		Owner may self-treat injuries
<b>Intentional infliction of injuries</b>	Uncommon to rare	Injuries not consistent with history

# PHYSICAL INJURIES THAT SHOULD CAUSE SUSPICION OF N.A.I.



# ENGAGING WITH THE CLIENT

- **THINK** about how you will approach the client.
- **Objective:** to get client to understand your professional opinion and do what's necessary to uphold animal welfare standards.
- **Clearly state your concern is for welfare of the animals:** ask client if s/he is also concerned.
- **Deliver your opinions clearly and respectfully.**
- **Be aware that animal abuse does not occur in a vacuum:**
  - Solicit information about what else may be going on
  - Be aware of wider implications for family.



The Veterinarian's  
Animal Welfare Toolkit  
(NZVA, 2012)



# ENGAGING WITH THE CLIENT



- Use language that diffuses the situation: don't escalate by being judgmental or assigning blame. Separate the person from the problem.
- Be supportive and encourage the client to find solutions.
- Actively listen.
- Acknowledge when client has tried to do something positive (even if it hasn't worked).
- Provide client opportunity to have a support person present.

The Veterinarian's  
Animal Welfare  
Toolkit  
(NZVA, 2012)



# ENGAGING WITH THE CLIENT

- Use objective standards and relevant laws as reference to measure the situation against.
- Emphasize that welfare of their animals is client's responsibility and they must take action.
- Provide choices and input.



The Veterinarian's  
Animal Welfare  
Toolkit  
(NZVA, 2012)



# ENGAGING WITH THE CLIENT

Client reactions:

- Anger and denial
  - Relief and acceptance
- 
- Be aware of your own triggers and responses to high emotion.
  - If your safety at risk, be prepared to withdraw.
  - Have a protocol in place, including calling police.
- 
- If client rejects advice, make a referral.



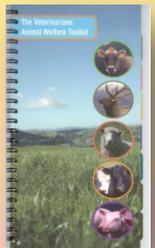
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# FOUR STAGES OF RESPONSE

## 1. ASSESS

- **Situation:** normal under law and accepted practices?
- **Finances:** does client have underlying issues, resources for remedial action?
- **People:** is the client the decision-maker? Does client have sufficient skills, physical/mental health, support?
- **Animal health:** signs of disease, pain, distress, injuries.
- **Body condition score:** suitable?
- **Physical environment:** farm/livestock facilities, shelter.
- **Food supply:** availability, nutritional composition, quality based upon animal's physiologic state, seasonal issues, etc.
- **Animal husbandry:** adequate skills? Empathy/affinity for animals?
- **Past experience with client:** has this happened before?



# FOUR STAGES OF RESPONSE

## 2. PLAN

- Provide unbiased assessment of situation and your professional concerns.
- (Document it in writing.)
- Listen to client's point of view: avoid asking too many questions (comes across as grilling). Ask questions mainly for clarification.
- Ask what client is doing, can do, and what support might be needed?
- Agree with client on a common action plan, with timeframe.
- Summarize the action plan. Record it in writing.
- Inform client of your obligation to report animal abuse.

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Toolkit  
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# FOUR STAGES OF RESPONSE

## 3. DO

- Client's responsibility is to care for the animals.
- If unable to do so, advise client to contact agencies for support services.
- (You can contact them as well.)

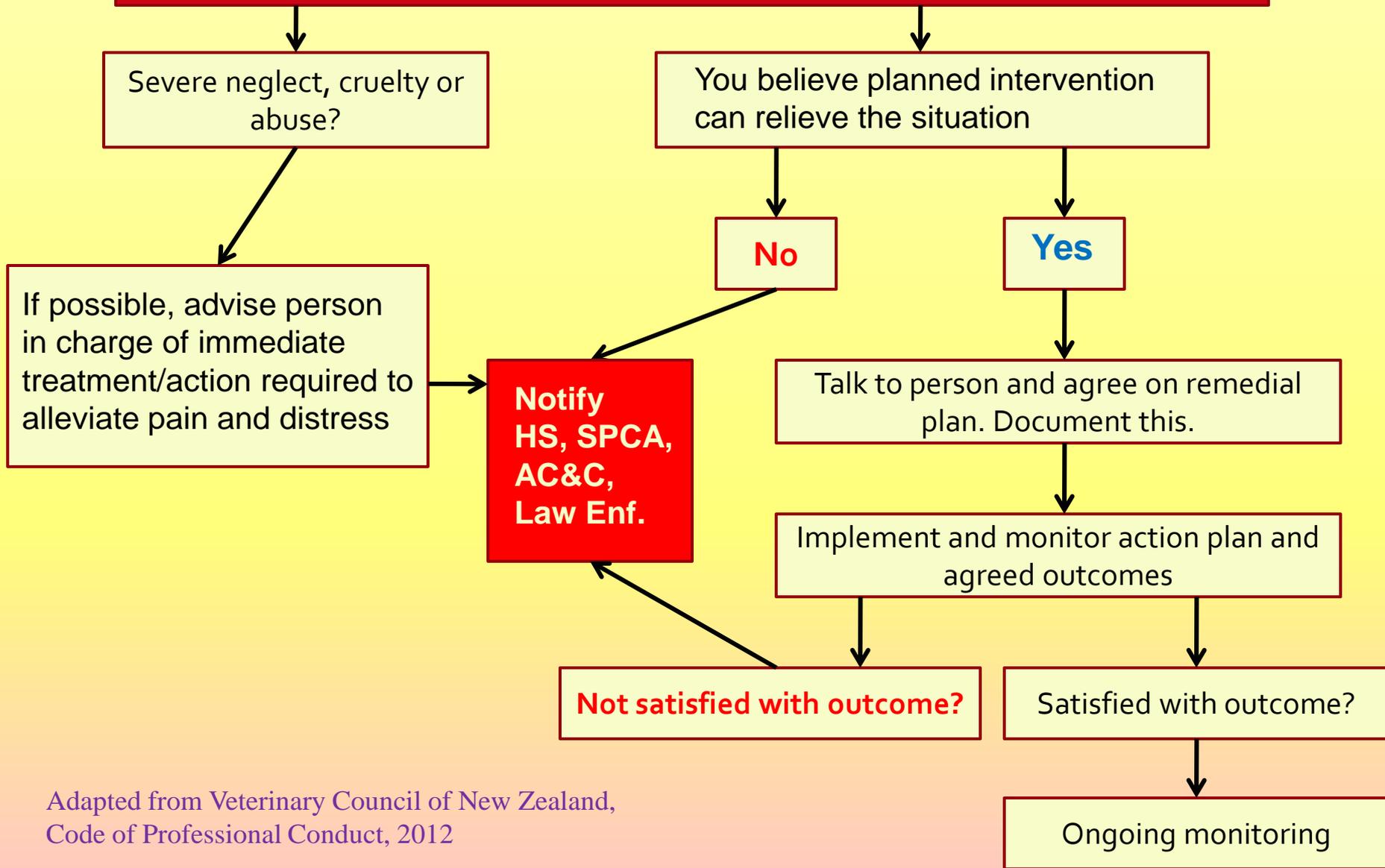
## 4. REVIEW

- Check back to ensure actions have been taken and that issue is resolving.
- If issue still remains, continue to treat client with respect. Build upon relationship, identify what has/has not happened, what else needs to be done, and ability of client to follow through.

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# Flow Diagram of Actions Following Observation Or Assessment of Animal Cruelty, Neglect or Abuse



# PREPARING THE PRACTICE



Be open to differential diagnosis of NAI

- Identify whether reporting is mandated or protected, limited or absolute liability protection
- Identify in advance which agenc(ies) to report to
  - Animal welfare/control: have them give in-service
  - Human services agencies
- Establish internal decision-making process
  - When staff have concerns about well-being of client or patient, how to approach senior colleagues to determine course of action?

# PREPARING THE PRACTICE

Train staff in recognition of clinical criteria for suspected cruelty, abuse, neglect, and non-accidental injury (NAI)

- University of Florida /ASPCA online graduate certificate courses
  - **Animal crime scene processing**
  - **Principles of forensic evidence**
  - **Veterinary forensic pathology**
  - **Forensic entomology**
  - **Cruelty to animals & interpersonal violence**
- IVFSA.org
- Animal shelter vets – sheltervet.org
- NCPAA/NDAA webinars
- Forensics texts



# RISK ASSESSMENT – THE DECISION TREE

## Purpose: Assess the risks to:

- Patient
- Other animals in household
- Client
- Other persons in household
- Vet staff

## ... to determine whether most effective response is:

- Client education
- Monitoring the situation
- Referral to animal welfare agency

**NOTE: DVM's role is NOT to diagnose cruelty, abuse or neglect, but to share concerns appropriately and let investigating agency make determination**

**- Animal care/control      - Law enforcement      - Prosecutor**

**Report does not automatically lead to prosecution, and court cases are rare**



# RISK ASSESSMENT – THE DECISION TREE

A cascade of questions to frame a practice-specific response protocol

- **Is injury severe or life-threatening?**
- **Single occurrence or evidence of recurrent episodes?**
  - Review number of problems, severity and duration
  - Review previous medical records
  - Speak with peers who have also seen the animals
- **Attempt to gain a sense of the client's culpability**
  - Inadvertent, accidental or deliberate?
  - Client's motivation?
  - Mitigating or exacerbating circumstances?
- **Attitude of client:** Indifferent? Concerned? Other family members?
- **Is the animal the only victim or are others potentially involved?**
- **Is perpetrator in front of you? Are you or staff threatened?**
- **What impact would not reporting the case have?**
- **Are corroborating findings/second opinions indicated?**



# **RISK ASSESSMENT – THE DECISION TREE**

1. If evidence of serious unexplained injury or neglect

**REPORT TO  
ANIMAL WELFARE/  
ANIMAL CONTROL/  
LAW ENFORCEMENT**

# RISK ASSESSMENT – THE DECISION TREE

2. If evidence of minor injury or neglect

**ASSESS RISK TO PATIENT,  
OTHER ANIMALS.  
REVIEW SEVERITY, DURATION,  
FREQUENCY, MOTIVE**

**DETERMINE BEST RESPONSE:**

**A. CLIENT EDUCATION**

**B. REFERRAL TO  
ANIMAL WELFARE**

**C. REFERRAL TO  
SOCIAL SERVICES**

**D. REFERRAL TO POLICE**

# RISK ASSESSMENT – THE DECISION TREE

3. If client discloses domestic violence

**ADVISE CLIENT TO TAKE  
NECESSARY STEPS TO  
PROTECT ANIMALS**

**DETERMINE BEST RESPONSE:**

- A. RELOCATION OF PETS**
- B. SAFEHOUSE/Safe Havens/  
SAF-T® (2 in OH)**
- C. REFERRAL TO  
SOCIAL SERVICES/  
DISTRIBUTE LITERATURE**
- D. REFERRAL TO POLICE**

# RISK ASSESSMENT – THE DECISION TREE

4. If maltreatment strongly suspected  
but clinical diagnosis inconclusive

**ATTEMPT TO SECURE  
CORROBORATING  
DOCUMENTATION**

**SECOND OPINION  
RADIOGRAPHS  
BLOOD ANALYSIS  
FECALS  
CBC/SERUM CHEMISTRY/LAB**

*NOTE: No single or collection of factors. Use professional judgment and recognize that a combination of aggravating factors should be cause for concern.*

# RISK ASSESSMENT – THE DECISION TREE

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
<b>Clinical History</b>	Single episode	Repetitive or chronic conditions; previous interventions have failed	Repetitive or chronic conditions; Unexplained injuries or deaths; client unresponsive
	Injuries consistent with presented history	Injuries probably inconsistent	Injuries definitely inconsistent
	Non-life threatening	More serious, life-threatening	Serious, life-threatening
	Conditions probably caused by lack of client education, lack of \$\$, extenuating circumstances	Caused by ongoing issues that may/may not be resolved; maltreatment inadvertent or deliberate	Caused by ongoing issues that will not be resolved; known deliberate mistreatment; aggravating factors

# RISK ASSESSMENT – THE DECISION TREE

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
<b>Client Behavior</b>	Client concerned with animal's condition & willing to improve situation	Client seems indifferent & reluctant to improve conditions	Client hostile to recommendations & unwilling to make improvements
	Delay in seeking medical attention due to financial or other constraints	Delay in seeking medical attention due to attempt to hide abuse	Delay in seeking medical attention due to attempt to hide abuse
	Client has followed up on previous recommendations	Client has failed to follow up on previous recommendations	Client has failed to follow up on previous recommendations

# RISK ASSESSMENT – THE DECISION TREE

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
<b>Pet Behavior</b>	Pet bonded to client; positive response to attention	May cower in presence of owner	Cowers in presence of owner; happier when hospitalized
	Normal response to everyday activities	May have abnormal response, e.g., cowers in presence of some individuals	Abnormal response to everyday activity, e.g., cowering when attempts made to pet it

# RISK ASSESSMENT – THE DECISION TREE

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
<b>Client Profile</b>	Ongoing relationship, known history, no prior reason to suspect violence	New client without established history; Possible previous incident not satisfactorily explained	New client without established history; Concerns over previous incidents
	Stable history	Client seeks new practitioner to avoid raising suspicion with regular vet	Client seeks new practitioner to avoid raising suspicion with regular vet
	Stable history of suitable number of animals	Turbulent history; Frequent turnover; Excessive # of animals	Turbulent history; Frequent turnover; Excessive # of animals
	Ownership clear and unquestioned	Discrepancies in ownership of animal	Ownership deliberately misrepresented

# RISK ASSESSMENT – THE DECISION TREE

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
<b>VETERINARIAN'S RESPONSE</b>	Record findings in patient history so future suspicions dealt with	Record findings in patient history so future suspicions dealt with	Record findings in patient history so future suspicions dealt with
	Educate client re: care	Educate client re: care	Educate client re: care
	Provide lit from AW & SS agencies	Provide lit from AW & SS agencies	Provide lit from AW & SS agencies
	Refer client to AW/SS	Refer client to AW/SS	Refer client to AW/SS
		Consider reporting to AW/AC as per local laws & professional codes of ethics	Make report to AW/AC as per local laws & professional codes of ethics
	If CA/DV suspected, report as per local laws & code of ethics	If CA/DV suspected, report as per local laws & code of ethics	If CA/DV suspected, report as per local laws & code of ethics

# CLIENT QUESTIONNAIRE

**Subtle way to Assess Risks  
for Cruelty, Abuse and Neglect:**

**Inclusion of a new client intake  
questionnaire about animal(s) welfare can:**

- enhance patient history
- give broader perspective of client's and patient's ecologies
- identify situations where welfare of animals or humans may be compromised
- help practitioner determine whether referrals to social services/animal welfare agencies appropriate

**Administer questionnaire:**

- at intake
- when abuse suspected
- when client's ability to follow through with recommendations is questioned or compromised



# CLIENT QUESTIONNAIRE

**Subtle way to Assess Risks  
for Cruelty, Abuse and Neglect:**



**Framed as marketing/informational piece**  
**Questionnaire introduction:**

**“In order to provide the best and most complete care for our clients and their companion animals, we are trying to determine if you have needs related to the health and welfare of your animals. We would like to learn more about your own needs related to pets and other animals. If these needs fit within the responsibilities of our practice, we will try to provide resources or referrals that could help you meet these.”**

***(Form can include information about practice’s hours, services, species treated, staff, appointment schedule, etc., so it seems less intrusive and accusatory and more of “how we can help you”.)***

# CLIENT QUESTIONNAIRE

## Subtle way to Assess Risks for Cruelty, Abuse and Neglect:



### Questionnaire inquires about:

1. Number & type of other pets
2. History and nature of pet loss (natural death, disease, injuries, taken away, ran away; Did you require bereavement counseling?)
3. How does having pets help you and your family?
4. How do you care for your pets?
5. Do you have concerns about...
  - the welfare of your pets or other animals?
  - your ability to care for your pets?
  - being able to control your pets' behavior?
  - getting veterinary care for your pets?
  - your pets' welfare if you are hospitalized, absent, or no longer able to care for them?
6. Do you suspect that anyone has ever harmed or threatened your pets?
7. Anything else to add?

# EVIDENCE COLLECTION/PRESERVATION

- Refer case to veterinary pathologist: don't risk destroying potential evidence
- Comprehensive and accurate notes essential
- Include comments to/from other staff members
- Properly ID animal on medical record
- Prioritize collection , labeling, recording and accounting of evidence
- Avoid contamination of evidence (wear cap, gown, gloves, mask, etc.)
- Assess & record behavior of animal
- Photos/video before and during examination

# EVIDENCE COLLECTION/PRESERVATION

## Evidence collection/preservation highlights: living or post-mortem

- Complete physical exam including body scoring
  - Do not focus on only chief complaint
  - Do not overlook the unremarkable
  - Use standard examination forms
  - Examine mouth, paws, fur, paws: evidence of chemicals, fibers, etc.
  - Forensic entomology (maggots) to establish time of death
  - CBC, chem panel, fecal & urinalysis
  - Initial & subsequent weight changes (with photos)
- Whole-body radiographs: fractures in different stages of healing

# EVIDENCE COLLECTION/PRESERVATION

## Enter all information in patient's clinical record

- Confidentiality and access to records by client, family members, and outside agencies varies by state
- Entering suspicious information now ensures future incidents are dealt with appropriately.
- Record helps make decision about reporting the case to appropriate authorities.





## What Veterinarians And Social Workers Can Do For Clients

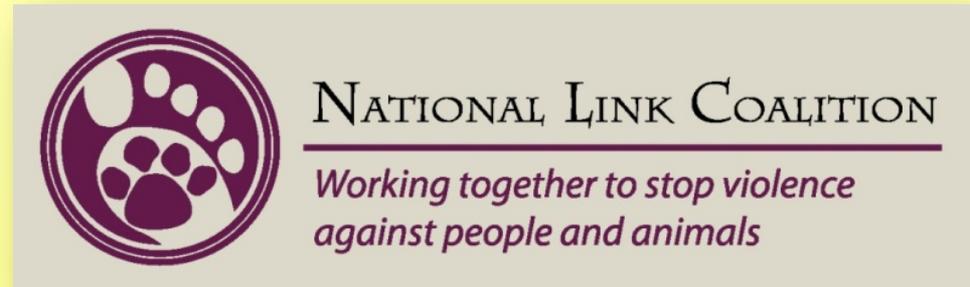
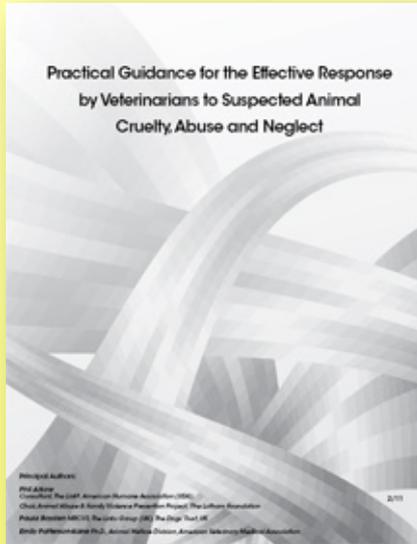
- Assess for animal ownership, attachment, and welfare in intakes and screening: are injuries consistent with NAI?
- Counsel clients on proper care
- Identify, diagnose and treat abuse and neglect
- Report abuse (when client education fails)
- Forensics: collect medically relevant evidence in investigations
- Serve as expert witnesses
- Provide services to victims (foster care, low-cost treatment)
- Advocate for stronger laws, enforcement & prosecution



## What Veterinarians And Social Workers Can Do For Clients

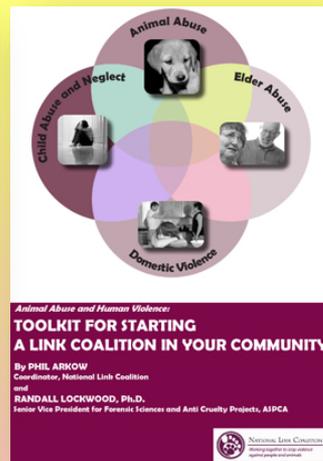
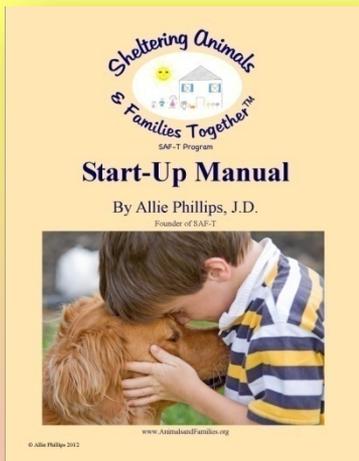
- Direct clients to animal sheltering programs  
([AnimalsAndFamilies.net](http://AnimalsAndFamilies.net); [SafePlaceForPets.org](http://SafePlaceForPets.org); [AWIonline.org](http://AWIonline.org);  
[DomesticShelters.org](http://DomesticShelters.org))
- Include pets in safety planning materials
- Help clients prove animal ownership  
(licenses vaccinations, vet bills, pet store receipts, pedigrees, chip)
- Help clients secure pet protection orders
- Help clients obtain permanent housing with pets
- Join/create multidisciplinary coalitions
- *Serve as a trusted resource*

# RESOURCES



[www.NationalLinkCoalition.org](http://www.NationalLinkCoalition.org)

**Sign up for our *LINK-LETTER!***



- **Link fact sheets & brochures**
- **Domestic violence Fact Sheet**
- **Pet Protection Orders**
- **Magazine articles**
- **Safety Planning for Pets**
- **... and lots more!**

# RESOURCES

## Grants to assist survivors care for their pets

- \$500 grants for veterinary care and temporary boarding
- \$2,000 - \$3,000 grants to shelters to build animal housing



[www.redrover.org](http://www.redrover.org)



NATIONAL DISTRICT ATTORNEYS ASSOCIATION

TO BE THE VOICE OF AMERICA'S PROSECUTORS AND TO SUPPORT  
THEIR EFFORTS TO PROTECT THE RIGHTS AND SAFETY OF THE PEOPLE

HOME

Monthly webinar on  
prosecuting animal abuse  
[www.ndaa.org](http://www.ndaa.org)



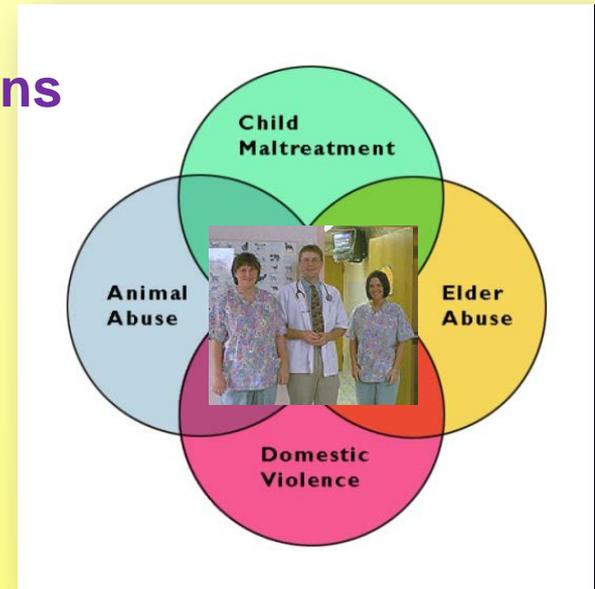
**“Breaking the Cycles  
of Violence”**

[www.latham.org](http://www.latham.org)

# Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect

**Phil Arkow**

Coordinator, National Link Coalition



**arkowpets@snip.net**  
**www.NationalLinkCoalition.org**



*“When animals are abused, people are at risk;  
When people are abused, animals are at risk.”*