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

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“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

Desire to help animals

Economic realities
Liability concerns
Inadequate training
Lack of faith in “system”
Personal philosophy
Legislation
Peer support
Confidentiality
Workload
Inexperience with misleading clients

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

A Challenge: Schools of Social Work with animals in curricula: 12/550
ANIMAL WELFARE: A SOCIAL CONCERN

More Appropriate Family Systems View

Challenge resolved!

Extended family

Parent(s)

Child(ren)

Pet(s)

Veterinarians: The “Other Family Doctor”
ANIMAL ABUSE = FAMILY VIOLENCE

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???
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

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)
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)
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.
Policy on Animal Abuse and Animal Neglect

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

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

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

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
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 Philadelphia, 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.

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

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
ANIMAL ABUSE & CHILD ABUSE

The “Little Mary Ellen” Case (1874)

Henry Bergh, Founder American SPCA
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 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
A growing body of evidence suggests that bonds formed or broken with companion animals reverberate and resonate across the lifespan.

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

(Alongo, 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 (6-1/2 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

Batterers attack pets to:
  • Manipulate
  • Intimidate
  • Retaliate

Batterers attack animals:
  Because they can…
  Because they’re convenient…
  Because they’re jealous…
  \textit{BECAUSE IT WORKS!!}

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

32\% reported their \textbf{children had} hurt or killed animals \hspace{1em} (\textit{Ascione, 1998})

Incidents occurred:
  In presence of women – 87\%
  In presence of children – 75\% \hspace{1em} (\textit{Quinlisk, 1994})

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

-- “Nicole,” \textit{in La Crosse, WI shelter seeking Safe Haven}
ANIMAL ABUSE & DOMESTIC VIOLENCE

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

Walton-Moss, Mangelallo, 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 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. Mental illness

2. Overwhelmed: good intentions gone bad; the go-to lady

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

4. Exploiters: criminal intent
Resolving Practitioners’ Concerns: Guidance in the Identification of and Response to Suspected Animal Abuse

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

The Veterinarians Animal Welfare Toolkit

Guidance for veterinarians
Dealing with cases of suspected or actual animal abuse and family violence

(downloadable pdfs at 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

- Friendly advice
- Counseling
- Client education
- Referral to other agencies
- Threat of reporting
- Report
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?

<table>
<thead>
<tr>
<th>Category of Abuse</th>
<th>Suspected Frequency in Private Practice</th>
<th>Criteria for Suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neglect</strong></td>
<td>Occasionally to common</td>
<td>Poor body condition but client refuses needed workup/treatment</td>
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<td>Pet severely matted; client refuses grooming</td>
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<td></td>
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<td>Client declines medical care or euthanasia to relieve serious illness or injury</td>
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<td></td>
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<td>Lack of concern for animal’s welfare</td>
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<td></td>
<td>Dangerous/unsanitary environment</td>
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<td>Inadequate shelter</td>
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<td>Excessive number of animals</td>
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Arkow, Boyden & Patterson-Kane (2011)
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<tr>
<td>Large-Scale Neglect (Hoarding)</td>
<td>Probably a few clients</td>
<td>Large number of animals</td>
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<td>Poor continuity of care</td>
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<td></td>
<td>Most office visits for trauma or preventable, contagious &amp; parasitic diseases</td>
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<tr>
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<td></td>
<td>Client uses several veterinary offices</td>
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<td></td>
<td>Heroic efforts requested for newly acquired pets with poor prognoses</td>
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Arkow, Boyden & Patterson-Kane (2011)
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<tr>
<td>Dog Fighting</td>
<td>Depends on area</td>
<td>Characteristic pattern of bite wounds on head, neck, legs. Much more prevalent in pit bulls and other fighting breeds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Owner may self-treat injuries</td>
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<tr>
<td>Intentional infliction of injuries</td>
<td>Uncommon to rare</td>
<td>Injuries not consistent with history</td>
</tr>
</tbody>
</table>

Arkow, Boyden & Patterson-Kane (2011)
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.

The Veterinarian’s Animal Welfare Toolkit
(NZVA, 2012)
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.
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.
Flow Diagram of Actions Following Observation Or Assessment of Animal Cruelty, Neglect or Abuse

Severe neglect, cruelty or abuse?

If possible, advise person in charge of immediate treatment/action required to alleviate pain and distress

Notify HS, SPCA, AC&C, Law Enf.

You believe planned intervention can relieve the situation

No

Talk to person and agree on remedial plan. Document this.

Yes

Implement and monitor action plan and agreed outcomes

Not satisfied with outcome?

Satisfied with outcome?

Ongoing monitoring

Adapted from Veterinary Council of New Zealand, Code of Professional Conduct, 2012
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
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?
1. If evidence of serious unexplained injury or neglect

REPORT TO
ANIMAL WELFARE/
ANIMAL CONTROL/
LAW ENFORCEMENT
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
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/
   D. REFERRAL TO POLICE
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

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

<table>
<thead>
<tr>
<th>RISK ASSESSMENT</th>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Behavior</strong></td>
<td>Client concerned with animal’s condition &amp; willing to improve situation</td>
<td>Client seems indifferent &amp; reluctant to improve conditions</td>
<td>Client hostile to recommendations &amp; unwilling to make improvements</td>
</tr>
<tr>
<td></td>
<td>Delay in seeking medical attention due to financial or other constraints</td>
<td>Delay in seeking medical attention due to attempt to hide abuse</td>
<td>Delay in seeking medical attention due to attempt to hide abuse</td>
</tr>
<tr>
<td></td>
<td>Client has followed up on previous recommendations</td>
<td>Client has failed to follow up on previous recommendations</td>
<td>Client has failed to follow up on previous recommendations</td>
</tr>
<tr>
<td>RISK ASSESSMENT</td>
<td>Low Risk</td>
<td>Medium Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Pet Behavior</td>
<td>Pet bonded to client; positive response to attention</td>
<td>May cower in presence of owner</td>
<td>Cowers in presence of owner; happier when hospitalized</td>
</tr>
<tr>
<td></td>
<td>Normal response to everyday activities</td>
<td>May have abnormal response, e.g., cowers in presence of some individuals</td>
<td>Abnormal response to everyday activity, e.g., cowering when attempts made to pet it</td>
</tr>
</tbody>
</table>
# RISK ASSESSMENT – THE DECISION TREE

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

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</tr>
</thead>
<tbody>
<tr>
<td>VETERINARIAN’S RESPONSE</td>
<td>Record findings in patient history so future suspicions dealt with</td>
<td>Record findings in patient history so future suspicions dealt with</td>
<td>Record findings in patient history so future suspicions dealt with</td>
</tr>
<tr>
<td></td>
<td>Educate client re: care</td>
<td>Educate client re: care</td>
<td>Educate client re: care</td>
</tr>
<tr>
<td></td>
<td>Provide lit from AW &amp; SS agencies</td>
<td>Provide lit from AW &amp; SS agencies</td>
<td>Provide lit from AW &amp; SS agencies</td>
</tr>
<tr>
<td></td>
<td>Refer client to AW/SS</td>
<td>Refer client to AW/SS</td>
<td>Refer client to AW/SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider reporting to AW/AC as per local laws &amp; professional codes of ethics</td>
<td>Make report to AW/AC as per local laws &amp; professional codes of ethics</td>
</tr>
<tr>
<td></td>
<td>If CA/DV suspected, report as per local laws &amp; code of ethics</td>
<td>If CA/DV suspected, report as per local laws &amp; code of ethics</td>
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</tr>
</tbody>
</table>
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 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
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; SafePlaceForPets.org; AWIonline.org; 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

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

Monthly webinar on prosecuting animal abuse

www.ndaa.org

“The Latham Foundation
For the Promotion of Humane Education

www.latham.org
Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect

Phil Arkow
Coordinator, National Link Coalition

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