

Ongoing issue and challenge:

• What should be the role of veterinarians and their staffs in responding to suspected animal cruelty, abuse and neglect?

Cases not frequent, but always problematic

Once diagnosis made, vets face confounding series of practice management issues

Need to establish procedures in advance



Why is Animal Cruelty an Issue?

- · Animal cruelty by children or adults a serious, alarming behavior
- · Early manifestation of conduct disorder, low empathy, callous disregard, and need for intervention (Dadds, Whiting & Hawes, 2006)
- · Illegal in every state, felony in 46
- Strong correlations with antisocial behaviors (Merz-Perez & Heide, 2004)
- · May be an indicator of individuals at risk themselves of having violence committed against them (Arkow, 2003)
- Considered a form of emotional battering in domestic violence (Adams, 1995; Faver & Strand, 2007)
- Barrier to women and children escaping domestic violence (Ascione, 2007)
- Cycles of violence intergenerational (Ascione, Weber & Wood, 1997; Quinlisk, 1999)

Implications for Veterinary Social Workers



- · Veterinarians have not had extensive training in The Link; Veterinary training more clinical than HAB
- · By nature of training and priorities, VSW may be more attuned to providing family services beyond the expertise of the medical team:
 - · Assessments and referrals for:
 - Suicide risk
 - · Suspicion of child abuse, domestic violence, rape, sexual assault
 - Marital/couples issues, divorce mediation
 Drug/alcohol abuse or dependency

 - · Suspected mental health issues (e.g., hoarding)
 - · Pet loss support
 - Follow-up calls to owners

"For social workers, animal abuse may well be a means of identifying parallel dynamics within the larger family group."
-- Chris Risley-Curtiss (2010). Social work practitioners and the

human-companion animal bond: A national study. Social Work 55(1), 38-46.

Implications for Veterinary Social Workers



- · Veterinarians and VSWs may be the first to see animal/client abuse
- More information → better decisions when client or patient needs help
- · Ethical responsibilities within both social work & veterinary medicine designed for populations served and are expandable to other species
- DVM & VSW work together to create a safer & healthier world for all beings
- · VSW need to ensure that clients are receiving best possible services and that the whole context of the person is taken into consideration

Implications for Veterinary Social Workers



- · VSW can be proactive in fostering collaborations between DVM & animal welfare/social service agencies
- · VSW can be proactive in linking clients with AAIs
- · Confidentiality:
 - VSW guided by codes of ethics & mandated reporting;
 - · Document records accurately, impartially, and with understanding it may

 - · Obtain client's informed consent to share records with other agencies

Implications for Veterinary Social Workers



- · Link training, awareness and action:
 - · Enhances professional competence & contributes to

 - knowledge base of profession (NASW Code of Ethics)

 Promotes social, economic, political, and cultural values and institutions that are compatible with the realization of social justice for vulnerable,
 - disadvantaged, oppressed, and exploited people (NASW Code of Ethics)

 Strengthens relationships among people to promote, restore, maintain and enhance the wellbeing of all (NASW Code of Ethics)
 - May help convince SW that VSW is human welfare concern and that HAB should be included in clients' ecosystems and SW training and practice

"When social workers know their role and what they need to do when animal abuse is present in the family, social workers will be maintaining ethical responsibilities as well as helping the veterinary profession in fostering animal welfare."

> -- Sarah Mullin (2007): The Link between Animal Abuse and Human Violence: The Ethical Responsibilities of Social Workers and Veterinarians Compared. Calgary, Alta.: Calgary Humane Society.

Challenges previously addressed:

Recognition of animal abuse as a differential diagnosis

- Veterinary college and CVE training



Challenges previously addressed:

Recognition of veterinary forensics as sub-specialty

- ASPCA: CSI-Animals
- International Veterinary Forensics Sciences Association
- Publication of 5 textbooks
- Veterinary college and CVE training











Challenges previously addressed:

Identification of elements of an Index of Suspicion (no single diagnostic pointer is indicative)

- · Client discloses abuse by self or others
- Suspected child abuse/domestic violence
- Client profile
 - new to practice, vet shopping
 - discrepancies in ownership
 - · turbulent history of pet ownership
 - exacerbating pressures:
 family/lifestyle/economic
 - lacks knowledge, concern about pet's condition: indifference
 - aggressive, argumentative
 - · delay in seeking medical attention



Challenges previously addressed:

Identification of elements of an Index of Suspicion (no single diagnostic pointer is indicative)

- Patient history
 - Client reluctant to give full history
 - · Inconsistent history: story doesn't fit injuries
 - · Discrepant history: story changes
 - Discrepant history: different family members tell different versions
 - · History of repetitive injuries
 - History of unexplained injuries or deaths to other animals in household



Challenges previously addressed:

Risk Factors that Should Cause Suspicion for Veterinarians: **Diagnostic and Environmental Indicators**



- Discrepant case histories
- Utilization of several veterinary facilities Multiple fractures of differing ages
- Injuries to multiple animals
- Repetitive history: accidents, death or turnovers Awareness of violence in the home
- Age of animal
- Breed of animal
- Gender (of animal; of perpetrator)
- 10. Low-income, substance abuse11. Unusual behavioral signs
- 12. Munchausen Syndrome by Proxy

(Munro & Thrusfield, 2001)

Challenges previously addressed:

TYPES OF INJURIES THAT SHOULD CAUSE SUSPICION OF N.A.I.

SUPERFICIAL LESIONS Bruising

Burns & scalds Incised wounds Lacerations Stab wounds Ligatures Avulsed Nails Conjunctival hemorrhage

Corneal puncture INTERNAL THORACOABDOMINAL LESIONS

Collapsed lung Liver rupture Intestinal strangulation DEEPER LESIONS Epistaxis

Hematoma Strangulation Testicular injury Abdominal muscle rupture Retinal hemorrhage

Intestinal rupture

FRACTURES/

LOCOMOTOR INJURIES Fractures Stifle ligament injuries Amputation

INTRACRANIAL/ SPINAL CONDITIONS Brain trauma Paraplegia

Lameness

(Munro & Thrusfield, 2001)

Challenges previously addressed:

Identification of elements of an Index of Suspicion (no single diagnostic pointer is indicative: combination of variable factors gives rise to suspicion)

- NOTE: Many practitioners reluctant to admit that a client would present abused animals for treatment
- NOTE: most cases of maltreatment result from ignorance and accidents rather than intention or pathological behavior
- NOTE: Early intervention may prevent further maltreatment

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Challenges previously addressed:

Enactment of laws granting veterinarians absolute/limited immunity for reporting suspected violence



Challenges previously addressed:

National policy statements/codes of conduct encouraging DVMs to report when client education has failed

(AVMA - AAHA - CVMA - RCVS - NZ Veterinary Council)





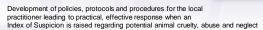






A Remaining Challenge Addressed by the Guidance:

(Discussion heretofore theoretical: need for concrete strategies that address concerns raised by the profession)



Policies, protocols and procedures must address numerous issues:

- Economic concerns
 Liability issues
- · Human resources workloads
- · Safety concerns
- Ethical issues
- Practice management realities
- Balance needs of practice, clients, patients, other animals in household

NOTE: Issue of veterinary response to suspected child maltreatment, domestic violence, and/or elder abuse NOT addressed in the Guidance

- Risk Assessment and Reporting Decision Tree
- Client Questionnaire
- Sample Protocol
- · Appendices:
 - state-by-state cruelty statutes
 - state-by-state confidentiality provisions
 - state-by-state reporting & immunity issues
 - state-by-state animal welfare agencies

NOTE: Final version(s) to include US/UK provisions

Elements of the Guidance:

Preparing the Practice to Report Animal Maltreatment:

- · Identify whether reporting is mandated or protected
- Identify in advance which agenc(ies) to report to
 - Animal welfare/control: have them provide in-service
 - Appropriate 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?
- Train staff in recognition of suspected cruelty, abuse & neglect
 - Forensics texts
 - Animal shelter vets/trainers
- · Learn evidence collection/preservation procedures
 - ASPCA CSI
 - CVMA chain of custody/evidence log forms (http://canadianveterinarians.net)



Elements of the Guidance:

Preparing the Practice to Report Animal Maltreatment:

- Enter all information gathered in patient's clinical record
 Confidentiality and access to records by client, family members,
 - and outside agencies varies by state
 If no report is made, entering suspicious information now ensures
 - future incidents are dealt with appropriately
 - Where practitioner is not satisfied by simply recording concerns, a decision may be made to report the case to appropriate authorities
- Comprehensive and accurate notes essential
 Include comments to other staff members



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Assess the risks to:

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

Vet staff

Use Risk Assessment Decision Tree and Client Questionnaire to gather input

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 final determination - Animal care/control - Law enforcement - Prosecutor

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

Elements of the Guidance:

The Risk Assessment & Reporting Decision Tree: A cascade of questions for reporting and to frame a practice-specific 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?

Elements of the Guidance:

The Risk Assessment & Reporting Decision Tree: A cascade of questions for reporting and to frame a practice-specific protocol

- · Setting may affect the decision:
 - Scenarios:
 - Animal presented by owner or family member, one of whom is abuser
 - 2. Client-owned animal abused by someone else (e.g., neighbor)
 - 3. Good Samaritan brings animal in
 - 4. Practitioner witnesses abuse

Location of practice:

- · house call
- · municipal/nonprofit shelter
- veterinary teaching hospitalpublic clinic
- consulting to animal protection
- or law enforcement
- private practice



	lance:	
The Risk Assessment & Repor A cascade of questions for rep practice-specific protocol		
If evidence of serious unexplained	REPORT TO	
injury or neglect	ANIMAL WELFARE/ ANIMAL CONTROL	
Elements of the Guid	lance:	
The Risk Assessment & Repor A cascade of questions for rep practice-specific protocol		
practice opecine protecti		
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	
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The Risk Assessment & Repor A cascade of questions for rep practice-specific protocol	ADVISE CLIENT TO TAKE NECESSARY STEPS TO PROTECT ANIMALS DETERMINE BEST RESPONSE: A. RELOCATION OF PETS B. SAFEHOUSE/PAWS® C. REFERRALTO SOCIAL SERVICES/	

Elements of the	ne Guidance:	
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A cascade of questi		d to frame a
practice-specific pro	HOCOI	
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but clinical diagnosis incond		ORATING ENTATION
	DOCOME	MATION
		OPINION
	RADIOGI BLOOD A	RAPHS ANALYSIS
	FECALS	
	CBC/SEF	RUM CHEMISTRY/LAB
NOTE: No single or collection		
that a combination of aggravati	ng factors should be cause f	or concern.
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The Risk Assessmen	t & Reporting Decis	ion Tree:
RISK Low Risi	K Medium Risk	High Risk
ASSESSMENT LOW RISI	wedium Kisk	High Kisk
Clinical History		
Client Behavior		
Pet Behavior		
Client Profile		
VETERINARIAN'S		
RESPONSE		
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The Risk Assessmen	nt & Reporting Decis	
The Risk Assessmen	Medium Risk Repetitive or chronic	High Risk
The Risk Assessmen	t & Reporting Decis Medium Risk	High Risk Repetitive or chronic conditions; Unexplained

Injuries consistent with presented history inconsistent

Non-life threatening More serious, life-threatening

Conditions probably caused by lack of client education, lack of \$\$, extenuating circumstances

More serious, life-threatening

Injuries definitely inconsistent
Serious, life-threatening

Caused by ongoing issues that may/may not be resolved; maltreatment inadvertent or deliberate aggravating factors

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The Risk Assessment & Reporting Decision Tree:

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
Client Behavior	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

Elements of the Guidance:

The Risk Assessment & Reporting Decision Tree:

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
Pet Behavior	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

Elements of the Guidance:

The Risk Assessment & Reporting Decision Tree:

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk
Client Profile	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

The Risk Assessment & Reporting Decision Tree:

RISK ASSESSMENT	Low Risk	Medium Risk	High Risk	
VETERINARIAN'S RESPONSE	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	

Elements of the Guidance:

Client Questionnaire to Assess Risks for Cruelty, Abuse and Neglect:



Inclusion of a questionnaire about animal(s) welfare can:

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

Administer questionnaire:

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

Elements of the Guidance:

Client Questionnaire to Assess Risks for Cruelty, Abuse and Neglect:



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."

(Questionnaire form could include information about practice's hours, services, species treated, staff, appointment schedule, etc., so it seems less intrusive and accusatory and more of a marketing piece as to "how we can help you".)

Client Questionnaire to Assess Risks for Cruelty, Abuse and Neglect:



Questionnaire inquires about:

- 1. Number & type of other pets
- 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 for welfare of your pets or other animals?
- 6. Do you have concerns about your ability to care for your pets?7. Do you have concerns about being able to control your pets' behavior?
- 8. Do you have concerns about getting veterinary care for your pets? Do you have concerns about your pets' welfare if you are hospitalized, absent, or no longer able to care for them?
- 10. Do you suspect that anyone has ever harmed or threatened your pets?
- 11. Anything else to add?

Elements of the Guidance:



FAQs:

- To whom should a report of suspected animal maltreatment be made?
 - Describe hodgepodge of networks
 - Appendix directories
- · Can I be sued for defamation if I am wrong?
 - Absolute vs. limited liability
 - Appendix digest of state reporting and immunity laws
- Can I make a referral without violating client confidentiality restrictions?
 - National veterinary policy statements
 - Appendix digest of state confidentiality provisions

Elements of the Guidance:



FAQs:

- What are my responsibilities if my report results in an investigation and/or prosecution?
 - · not to prove abuse
 - examination and evidence at crime scene
 - · assist law enforcement
 - collect animals/bodies for examination/necropsy

 - maintain chain of custody of evidence
 perform detailed examinations and record all findings in manner effective and presentable in a court of law
 - · advice and care for confiscated animals
 - · testifying in court
 - · euthanasia for victims

FAQs:

- What economic/practice management issues might arise?
 - · Loss of clientele: is it realistic?
 - Are animal abusers the clients you want?
 - Mandated reporting deflects criticism
- · How should I handle a case of animal hoarding?
 - Interface with animal welfare/animal control
 Hoarding of Animals Research Consortium

Elements of the Guidance:

Appendices:

National veterinary association policy statements: - AVMA, AAHA, RCVS, NZVC

Digest of state laws regarding veterinary reporting and immunity

Digest of state regulations regarding confidentiality of veterinary records

Directory of state animal abuse investigating authorities

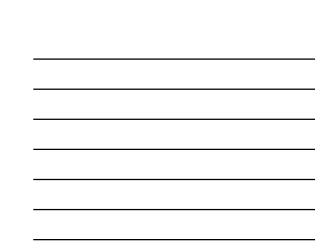
Directory of state animal cruelty laws

Sample state cruelty reporting laws (CA, CO, IN, ME, OR)

Sample veterinary hospital protocol, policy, and reporting form

Reference list, links and resource guide

Conclusion Agriculture Medicine VETERINARY MEDICINE Research Public health Practice Teaching Zoonoses Prevention of prevention Family inspection Violence Rabies Control



Conclusion

TWO SURGEONS GENERAL REPORT:

"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/loublic health interventions."







"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, et.al 1992

Conclusion

What is the Likelihood of Veterinarians Encountering Non-Accidental Injury?



100% of Colorado veterinarians believe NAI occurs

61.7% have seen NAI
40% of animal abuse cases perpetrated by husbands or
boyfriends. Children were perpetrators in 18.5% of canine cases
and 25% of feline cases

(CVMA/AHA study, 2003)

60% of pet-owning families meeting New Jersey's criteria for child abuse or neglect also had abused or neglected pets. Animal abuse occurred in 88% of families with physical child abuse. Bite rate was 1100% greater. Utilization of veterinary services was comparable with non-abusive families.

(DeViney, Dickert & Lockwood, 1983)

Conclusion

What is the Likelihood of Veterinarians Encountering Non-Accidental Injury?



Top three places where citizens would report animal abuse or neglect:

- · Local veterinarian (42%)
- Local humane society (38%)
- Police (24%)
- -- Enns, A. (2006). MVMA Public Awareness and Attitude Survey, Final Report.
 Winnipeq: Manitoba Veterinary Medical Association

Conclusion

"We are currently experiencing a paradigm shift in attitudes to companion animals, in part due to our greater understanding of the health and social benefits associated with the human-animal bond. Recent demographic changes, including smaller family size, increased longevity, and a higher incidence of relationship breakdown, have resulted in a greater dependence on pets for companionship and social support. It is therefore important for the veterinary profession to apply research findings to help our clients, their companion animals, and the wider

-- Liz Ormerod (2008): Bond-Centered Veterinary Practice: Lessons for Veterinary Faculty and Students. *Journal of Veterinary Medical Education* 35(4), 545-552

Conclusion

- · Animal cruelty is a crime and unhealthy
- Veterinarians, like human medical professionals, have responsibilities to help resolve unhealthy situations
- · Veterinarians have long worked with animal welfare agencies
- Veterinary forensics offers new diagnostic and training opportunities
- Veterinarians can offer medical treatment and foster care for animal victims of domestic violence
- Increased public concern for animal abuse and The Link® are improving animals' welfare



Conclusion

"Veterinarians are ideally placed as sentinels to identify and deal with animal abuse, and where this is severe or not able to be dealt with effectively, to report it to respective authorities."

-- Mark Lawrie, Chief Veterinarian RSPCA NSW, Australia



"Practitioners who become involved in responding to animal abuse not only help address the needs of individual animals that may suffer, but enhance their veterinary oath to use their formidable skills for the betterment of society.

"To resolve these problematic cases more effectively, practitioners are advised to develop protocols so that all members of the veterinary team know have procedures in place should concerns arise about the welfare of animals or clients seen in practice."

-- Phil Arkow, Paula Boyden, & Emily Patterson-Kane Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect Practical Guidance for Veterinarians and Social Workers for the Effective Response to Suspected Animal Cruelty, Abuse and Neglect

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The Latham Foundation

"When animals are abused, people are at risk; When people are abused, animals are at risk;"

