WELCOME!
BEM-VINDO!

Veterinary Community
• Vets are protectors of animal health and well-being
• See animal abuse cases and indicators of family neglect or violence
• Need to be part of the community response plans
• Do not receive routine training on recognition of animal or human abuse
• Unaware of issues

Today...
• Increase awareness
• Share ideas
• Collaborate
• Take home resources
• Change the world!

Veterinary Community Response
• First line to see animal abuse associated with DV
• Need to integrate animal cruelty into a Coordinated Community Response
• Not all groups aware of the animal cruelty link to DV or delay statistics
• Need community wide engagement and strategy
• Include veterinary, VMAs and animal cruelty investigating agencies
**Veterinary Community Response**

- Coordinated Community Response: goal is to be proactive rather than reactive
- DV Shelters: overwhelmed, under-resourced
- Need to understand their world of crisis: delayed responses, changed appointments
- Most DV shelters do not have pet program or limited in space for pets

**Veterinary Community Response**

- Likely have had minimal to no vet care, pet care education
- Need vet services: day or night
- Temporary boarding
- Onsite care, education
- Pet transport
- Donations
- Funding for care – share within vet community, grants

**Veterinary Community Response**

- Behavioral support – stress, anxiety issues
- High chance pets have been abused
- Vet exam: look for signs of abuse, potential charges, impact on survivor
- Involve local VMA, vet tech, manager groups
- Include specialty hospitals, animal welfare groups, behaviorists, groomers, boarding facilities
- Meet and discuss - problem solve

**Animal Cruelty and Domestic Violence: The Link and Management in the Veterinary Practice**

*Melinda Merck, DVM*

*Veterinary Forensics Consulting*

*Austin, Texas USA*

**The Link: Animal Cruelty and Criminality**

- 5x more likely to commit violent crimes (Luke 1997)
- Child abuse, child sexual abuse, elder abuse, DV
- DV: Link with sexual abuse of animals (Pets as Pawns, NZ RSPCA 2012)
- Juvenile drowning animals and sex with animals – adult sexual offender (Harmes 2011)

**The Link: Animal Cruelty and Criminality**

- 41% of men arrested for DV had history of animal abuse (Fibres 2014)
- 11x higher incidence of dog bites in homes with child abuse (Delraye, Dickeaf & Lockwood, 1983)
- Current crime, prior history, future predictor, mixture
- Now tracked by the FBI
Domestic Violence: Interpersonal Violence

- In the US, 1 in 3 women, 1 in 4 men will experience DV
- World: 1 in 3 women will experience DV or sexual violence
- Worldwide: 50% of female homicides were committed by intimate partner or family members
- U.S.: 47 major cities-46% by intimate partners

Domestic Violence: Interpersonal Violence

- 75-98% of pets in DV homes will be threatened (emotional abuse, terrorized), injured or killed
- DV survivors: 11 times more likely than non-victims to report pets had been physically hurt or killed
- 65% will delay or not leave home without pets: significant barrier

Animals and Elder Abuse: Hidden Problem

- Only 7% of elder abuse cases are reported
- >35% of APS workers reported clients advised that their pets were injured, threatened, killed or denied care by their caregivers
- 45% reported seeing intentional animal abuse or neglect when visiting clients
- 75% reported that clients’ concerns for their pets affected their decisions to accept interventions or other services
- <50% screen for animal issues

Do the math...

- U.S.: 85M families have at least one pet = approximately 28M pets at risk
- Portugal: 1.8M cats & dogs in homes = approximately 0.5M pets at risk

Domestic Violence in the Practice Setting

- Primary source of physical abuse cases seen in veterinary practice
- May bring pet to their primary vet or try to hide by going to other veterinary hospitals, emergency hospitals
- Abuser may come to hospital with partner, or alone with animal

Florida Veterinary Hospital

- Female client comes in with her dog, accompanied by her boyfriend
- She manages to slip note to one of the employees...
Case Info
- Deland Animal Hospital
- Held captive, at gunpoint
- Battered
- Gunshot to dog’s ear
- Convinces him vet care needed
- Continued threats at gunpoint in car

Jeremy Floyd, 39
Convicted Felon

Animal Abusers
- Appearances can be deceiving...
- Can be anyone: men, women, children, any profession or socio-economic class
- Long term clients regardless of history: life changes, new people in home, children
- We do not know what is going on at home or who is at risk

Case Info
- Charged with:
  - Domestic violence
  - Ag assault w/firearm
  - False imprisonment
  - Simple battery
  - Felon possession firearm, ammunition
- Later added stalking, called her 47 times; bail denied
Animal Abusers and Interpersonal Violence

- May start with animals then move to partner, family members
- May force or coerce victim to engage in abuse
- May systematically kill pets over time

Children as the Abuser

- Must report – big red flag
- Does not occur in vacuum
- Child and animals at risk
- Investigation, home assessment, court ordered action

Children as the Abuser

- Children exposed to DV: 3x more likely to abuse animals
- Children sexually abused: 5x more likely to abuse animals
- Children 10 yr + who abuse animals: 2-3x more likely to have been abused

Animals At Risk for Abuse

- Dogs and cats < 2yrs old
- Younger
- Older: pre-existing
- Male dogs
- Large-Giant breed dogs
- Small breed dogs: barking, house soiling
- Cats: death more likely

Determining Non-Accidental Injury

- Index of suspicion: when exam findings not supportive of history, investigation, crime scene findings, environment/husbandry
- Context important
- Rely on experience and publications of findings in accidental or natural (disease) causes
- NAI should always be on R/O list
- Look at client’s history for all pets

Suspicious Indicators of NAI

- Most pathognomonic features of physical abuse: repetitive injuries and/or multiple stages of healing
- History or explanation is inconsistent with injury, change story
- Animal behavior: fear, anxiety, aggression
- Owner behavior: aggression, discomfort, embarrassment, apathy, anger, indifference
- Vet hopping
- Inappropriate delay in presentation
Suspicious Indicators of NAI
- History of unexplained self-resolving symptoms/injuries
- Similar or prior injury/death of another pet from same owner or household
- Unexplained deaths or disappearances
- High pet turnover
- List of animals in same home only seen once at vet; pets never live long or always ‘run away’
- Certain types of injuries and fractures

Animal Behavior Indicators
- Behavior problems that are anxiety related, especially associated with new people
- Extreme fear reactions
- Inappropriate response to environment, e.g., shutdown
- Extreme reaction/guarding of specific regions of the body
- Fear, anxiety, distress to certain stimuli: people, items, sounds, smells,
- Behavioral indicators of pain

Suspicion: Domestic Violence
- Client behavior, client or child injuries, history taking can provide clues
- Fear of telling partner costs, paralyzed in making basic decisions
- Physical and emotional abuse of animal
- Multiple types of abuse, chronic
- May systematically kill pets with accidental explanations
- Injury patterns different than known accidental causes

Pandemic Issues
- Curbside, telemedicine engagement: safety, deceased detection, history taking, loss of personal observation
- Animal shelters: closed, restricted intake
- At home, confined
- Reported worldwide – increase in cases

Houston PetSet: Pet Protect
- Veterinary Hospital
- Boarding facility

Houston nonprofit launches free pet boarding program to aid survivors of domestic violence

What is going on behind closed doors...
**Interpersonal Violence: Perpetrator Actions**

- Most common: throwing against floor or wall
- Other blunt force – kick, strike, punch, hit
- Neglect – deprive food/water, abandon, leave outside
- Refuse seeking medical care
- Giving drugs, alcohol
- Drown, burn
- Suspend – legs, tail, choke
- Sexual abuse

(Gallagher 2008, Gupta 2016, Reisman 2020)

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**NY Study 2014-2016: 66 cases, 79 animals**

- 8% of all types of cruelty cases were IV related
- 33% mortality vs. 10% all cruelty
- 52% cats, 48% dogs <15# (ave. wt 7.2#)
- S1/79 BFT
  - 24 thrown (witnessed)
  - 19 BFT (exam, not witnessed)
  - 8: stomped, kicked, hit

(Reisman 2020)

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**NY Study 2014-2016: 66 cases, 79 animals**

- 18% (14/79) neglect (abandoned, not fed)
- 13% non-BFT
  - Sharp force trauma
  - Gunshot
  - Burn
  - Strangled
  - Partial drowning
  - Instigated dog fight
- 5% no injury found

(Reisman 2020)

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**NY Study 2014-2016: 66 cases, 79 animals**

- 15 animals with multiple bone fxs
- 13 of 15 deceased
- 13/15 witnessed; in 11 – animal thrown
- Fx Pattern: – all had more than one region
  - Head: skull, eye socket, mandible, nasal, sinus, teeth
  - Legs: femur, tibia
  - Ribs – 9/15; unilateral, bilateral
  - Pelvis – 1/15

(Reisman 2020)

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**Compare to Motor Vehicle Accident Injuries**

- Most common rule-out for trauma
- Depends on where hit, speed of vehicle, secondary impacts
- 80% left side (U.S.)
- Body tossed into air, rolled, run over, dragged
- Dirt and debris on fur
- Common
  - Skin abrasions, contusions
  - Frayed nails - cats
  - Fractures – depends...

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**MVA vs. NAI:**

- 2016 Retrospective Study Tufts University

**TABLE: Odds ratio in favor of non-accidental injury (NAI) for injuries found to be statistically significant through chi square analysis.**

(JFS, Intarapanich 2016)
MVA vs. NAI: Injuries Frequency Comparison

<table>
<thead>
<tr>
<th>MVA &gt; NAI</th>
<th>NAI &gt; MVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin abrasions 7.3</td>
<td>Older fx 110</td>
</tr>
<tr>
<td>Pneumothorax 4.8</td>
<td>Skull fx 10</td>
</tr>
<tr>
<td>Pelvic fx 2.6</td>
<td>Teeth fx 5.5</td>
</tr>
<tr>
<td>Pulm. Contusions 1.8</td>
<td>Scleral hem. 3.5</td>
</tr>
<tr>
<td>Skleral ulcerations: none in NAI</td>
<td>Rib fx 3.1, unilateral, cranial location</td>
</tr>
<tr>
<td>Vertebral fx 2.9</td>
<td>Pelvic fx 2.8</td>
</tr>
<tr>
<td>Rib Fracture Pattern</td>
<td>MVA: 92% one side, location in clusters</td>
</tr>
<tr>
<td>Highest were ribs 1-4, then 4-7, then 7-10, last 11-13</td>
<td></td>
</tr>
<tr>
<td>NAI: 64% one side, 36% bilateral</td>
<td></td>
</tr>
<tr>
<td>No location pattern</td>
<td></td>
</tr>
</tbody>
</table>

Blunt Force Trauma: Most Common
- Head Trauma – subtle indicators
- Fractures – ribs hard to detect
- Skin bruising – significant hemorrhage, time lapse
- Subcutaneous bruising
- Deep tissue/muscle Injury – Increased CK/CPK
- Pain
- Nothing
- Thermal imaging - FLIR Camera

Check the Eyes
- Anterior uveitis, blood clots
- Luxated lens
- Bruising on sclera, conjunctiva

Check the Ears
- Petechial hemorrhages of pinna with direct blow
- Petechial hemorrhages on the ear canal lining not seen in human head trauma
- Blow to base of ear can cause ruptured tympanic membrane, frank hemorrhage

Suspicion: Sexual Abuse
- Unexplained medical issues or trauma involving genitalia or ano-rectal areas
- Trauma, bruising pattern; genitalia, perianal, grab or restraint areas – thighs, ventral/lateral abdomen, caudal chest, neck, muzzle, ears
- Unexplained chronic vaginitis, rectal bleeding, rectal/vaginal prolapse, strictures
- Proximal tail injury, flaccid tail
- Abnormal behavior or reflexes during exam
Exam Considerations
• Ideally investigator present during exam and evidence collection, possible SANE assistance
• Head to tail - semen
• Radiographs, colonoscopy
• Vaginal exam: otoscope, speculum
• Drugs used: human, animal sedatives, anxiolytics
• Evidence collection: see textbook

Managing Suspected Animal Cruelty and Interpersonal Violence in Practice

Hospital Standard Operating Procedure
• Create reference binder with info and forms
• Agency responsible for investigating cruelty: contact info, after hours contact, reporting and response protocol
• Cruelty officer(s) name, contact info, hours available
• Cruelty prosecutor name, contact info
**Working with Law Enforcement**

- Assist with client discussions
- Assist with photos, evidence collection
- Create relationships with investigators
- Uncertain – call, discuss gray areas, protocols
- Can be valuable resource
- Invite to speak at your hospital

**Hospital SOP**

- Notification of key staff: awareness, safety protocols
- Update client info, vehicle info
- Contact local DV agencies/hotlines to get their brochures, cards
- Identify ‘Link Liaisons’ within the practice, train staff
- DV Pet Exam Checklist
  
  - www.veterinaryforensics.com

**Handling Abuse: Taking History**

- Owner or someone close may be abuser
- May discuss possibility of abuse but avoid accusations
- May be reluctant to give details
- Document all statements made and who witnessed

**Handling Abuse: Taking History**

- What allegedly happened, where, who was present
- How animal kept: indoors, tethered, fenced yard, crated
- When: establish timelines, first signs
- Any change of behavior
- Anyone pet afraid of, anxious

**Handling Abuse: Taking History**

- Any new people in home, new relationships
- Who has access to pet
- Any other animals in the home
- Any recent workman, housekeepers, does landlord have access
- Have any other animals had change in behavior, illness or death

**Client Discussions**

- Gentle, kind, non-confrontational, non-judgmental
- Make it about the animal – need info to treat, diagnose
- Often multiple discussions as you conduct exam, diagnostics
- Consider no charge for rads, necropsy exam - remove barriers
Client Discussions
• Need to focus on goals of interaction
• Have private area for client to wait, discussions
• Express concern for animal & client
• Having staff member present may or may not be recommended depending on situation
• Identify and train staff member(s) to handle certain aspects of discussions

Client Discussions
• Each situation is unique
• May/not tell the client you suspect abuse or that you have made a report
• If suspect abuser present with client, separate them to have the discussion – bring to the back hospital “Only one person is allowed”
• If children present: ask staff member to move to play area

Suspected Domestic Violence and Elder Abuse
• Typically have been isolated from friends and family; live in constant fear
• Have not told anyone about the abuse
• Empathy and compassion – may be first the person has heard
• Meet them where they are
• Goal should be to protect the pet and provide resources for the owner
• May be under the influence

Veterinary Practice Actions
• Increase your knowledge and awareness
• Takes average of leaving 7x before permanent – many barriers
• Pet abused impact on leaving
• Animals at risk if left behind
• Put shelter/hotline posters, brochures and cards in bathroom, exam rooms, front desk
• Put “Safety Planning for Your Pets” on your website, in hospital: veterinaryforensics.com

Link Toronto: SafePet Program
Part of Ontario VMA SafePet Network
• Provide foster care for 8-12 months
• SafePet veterinarians: drop-off for pets before entering DV shelter; exam, vaccinations, treatments, etc...
• Driven by Ontario VMA
• www.safepet.ca

Resources
VetFolio.com/courses

- Online certificate courses in CSI & Veterinary Forensics
- For veterinary team and investigators
- Spanish translation coming 2020
- Variety of species and topics
- Equine focused course
- Multiple expert instructors
- $375/course

University of Florida Veterinary Forensics Masters Program

WSAVA Academy: WSAVA One Health Certificate Course

University of Florida Veterinary Forensics Masters Program

- Wiley Blackwell 2017
- McDonough and Southard

Wiley Publishing: 2nd edition

- Ebook
- Multiple authors
- Different species
- All types of cruelty
- Checklists
- Forms
NEW! Wiley Blackwell publishing

WORKSHOP RESOURCES

Website: WSAVA
One Health Committee

www.veterinaryforensics.com
Contact info: cdvmdrmerck.com
+1-678-773-8014