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### 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

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### Today...

- Increase awareness
- Share ideas
- Collaborate
- Take home resources
- Change the world!

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### 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

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### Veterinary Community Response

- Education: yourself and others
- Identify DV programs and shelters in your area
- Create relationships: join Family Violence task force (local, regional), other interdisciplinary teams, volunteer at DV shelters
- Identify current processes for pets of survivors
- Modify protocols: include questions about animals in risk assessment
- Ask for input, assessment, discuss shared goals

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### 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



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### 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



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### 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



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


**Melinda Merck, DVM  
Veterinary Forensics Consulting  
Austin, Texas USA**



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### 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 (Harness 2011)




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### The Link: Animal Cruelty and Criminality

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



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### 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

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### Domestic Violence: Interpersonal Violence

- 75-88% 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

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### Do the math...

- U.S.: 85M families have at least one pet (ii.org)  
= approximately **28M** pets at risk
- Portugal: 1.8M cats & dogs in homes
- = approximately **0.5M** pets at risk (Prata 2020)

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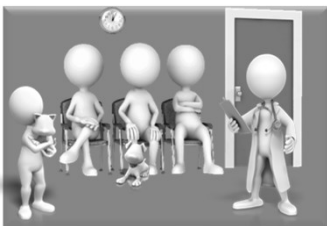
### Animals and Elder Abuse: Hidden Problem

- **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

National Sheriff's Association

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### 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

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held at gunpoint at Veterinary Hospital... Woman held at gunpoint at Veterinary Hospital...

### Florida Veterinary Hospital

- Female client comes in with her dog, accompanied by her boyfriend
- She manages to slip note to one of the employees...

**BREAKING NEWS**

VETERINARY FORENSICS CONSULTING

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### 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

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### 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



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### 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



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### Animal Abusers and Interpersonal Violence

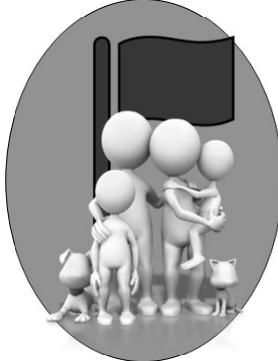
- May start with animals then move to partner, family members
- May force or coerce victim to engage in abuse
- May systematically kill pets over time



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### 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



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### 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



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### 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



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### 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**




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### 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



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### 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

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### 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

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### 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


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### 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




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### Houston PetSet: Pet Protect

- Veterinary Hospital
- Boarding facility


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



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What is going on behind closed doors...




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### Interpersonal Violence: Perpetrator Actions <sup>37</sup>

- 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 <sup>38</sup>

- 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#)
- 51/79 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 <sup>39</sup>

- 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 <sup>40</sup>

- 15 animals with multiple bone fx
- 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 <sup>41</sup>



- 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: Retrospective Study Tufts University <sup>42</sup>

TABLE 2—Odds ratio in favor of non-accidental injury (NAI) for injuries found to be statistically significant through chi-square analysis.

Injury	NAI (n = 50)	MVA (n = 426)	Odds Ratio in Favor of NAI	95% Confidence Intervals
Skull fracture	16	13	15:1	(6.64, 33.64)
Teeth fracture	13	20	7:1	(3.29, 15.48)
Vertebral fracture	5	15	3:1	(1.06, 8.77)
Rib fracture	14	38	4:1	(1.97, 8.01)
Pelvic/sacral fracture	4	96	0.3:1	(0.10, 0.85)
Sacroiliac luxation*	0	48	0.077:1	(0.0047, 1.27)
Abrasions	5	310	0.041:1	(0.016, 0.11)
Deagloving injury*	0	36	0.11:1	(0.0064, 1.75)
Damage to claws	6	19	3:1	(1.11, 7.70)
Scleral hemorrhage	14	34	4.5:1	(2.20, 9.12)
Pneumothorax	3	122	0.16:1	(0.048, 0.52)
Pulmonary contusion	12	186	0.4:1	(0.21, 0.80)
Older fractures	11	1	120:1	(15.08, 953.06)


\*Haldane correction (adding 0.5 to each cell) was applied to calculate a finite odds ratio.

(JFS, Intarapanich 2016)

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### MVA vs. NAI: Injuries Frequency Comparison

NAI > MVA	MVA > NAI
<ul style="list-style-type: none"> <li>• Older fxs 110</li> <li>• Skull fxs 10</li> <li>• Teeth fxs 5.5</li> <li>• Scleral hem. 3.5</li> <li>• Rib fxs 3.1, unilateral, cranial location</li> <li>• Vertebral fxs 2.9</li> </ul>	<ul style="list-style-type: none"> <li>• Skin abrasions 7.3</li> <li>• Pneumothorax 4.8</li> <li>• Pelvic fxs 2.8</li> <li>• Pulm. Contusions 1.8</li> <li>• SI luxation and skin lacerations: <u>none in NAI</u></li> </ul>

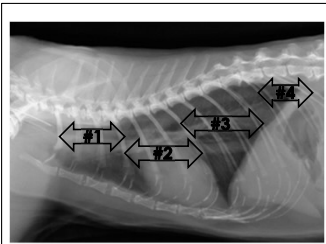


(Iritarapanich 2016)

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### Rib Fracture Pattern

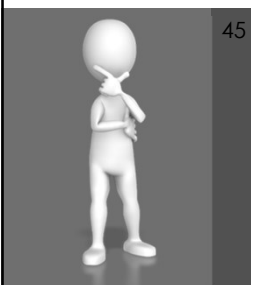
- MVA: 92% one side, location in clusters  
Highest were ribs 1-4, then 4-7, then 7-10, last 11-13
- NAI: 64% one side, 36% bilateral  
No location pattern



MVA Pattern

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### 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

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### Check the Eyes

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



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### 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

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### Suspicion: Sexual Abuse



- Unexplained medical issues or trauma involving genitalia or anorectal 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

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### Exam Considerations

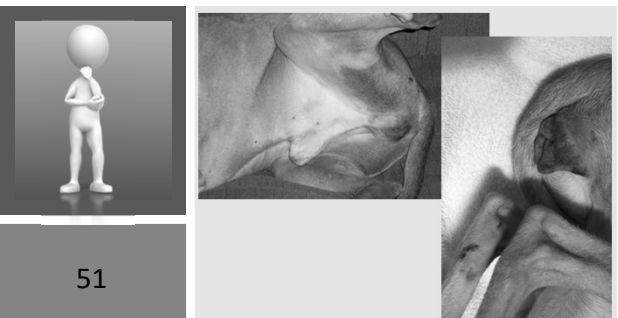
- Ideally investigator present during exam and evidence collection, possible SANE assistance
- Head to tail - semen
- Radiographs, colonoscopy
- Vaginal exam: otoscope, speculum
- Drugs used: human, animal sedatives, anxiolytics
- Evidence collection: see textbook

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M20-01641

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### Managing Suspected Animal Cruelty and Interpersonal Violence in Practice



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### 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



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### 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



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### 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](http://www.veterinaryforensics.com)



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### 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



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### 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



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### 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



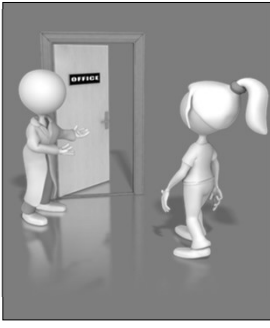
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### Client Discussions

- 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



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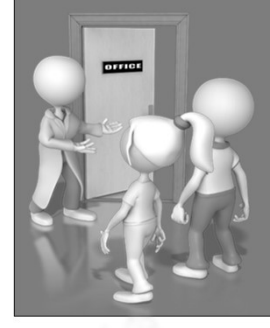


### Client Discussions

- 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

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### 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

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### 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

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### 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](http://veterinaryforensics.com)

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### 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](http://www.safepet.ca)

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### Resources

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**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

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The WSAVA Academy features lectures and courses, covering both clinical and practice management topics to support all members of the veterinary healthcare team. We are currently developing more courses but in the meantime, enjoy our courses and recording from the lectures of the WSAVA World Congresses.


**WSAVA Academy**

WSAVA Academy:  
WSAVA One Health Certificate Course

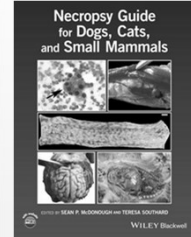
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University of Florida  
Veterinary Forensics  
Masters Program

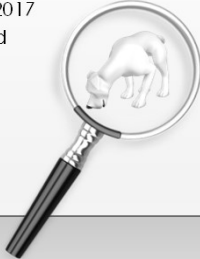
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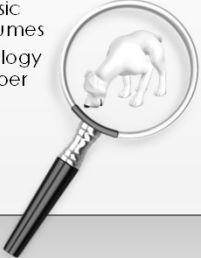
- Wiley Blackwell 2017
- McDonough and Southard



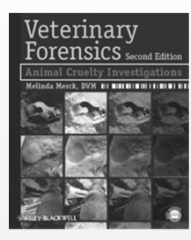
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- Veterinary Forensic Pathology, 2 volumes
- Veterinary Pathology Journal: September 2016

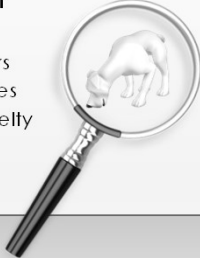


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**Wiley Publishing:  
2<sup>nd</sup> edition**

- Ebook
- Multiple authors
- Different species
- All types of cruelty
- Checklists
- Forms



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- NEW!
- Wiley Blackwell publishing

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### WORKSHOP RESOURCES

**Website: WSAVA One Health Committee**

**WSAVA**  
Global Veterinary Community

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[www.veterinaryforensics.com](http://www.veterinaryforensics.com)

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+1-678-773-8014**

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