Should Veterinarians Tell?

Robert Reisman and Cindy A. Adams

GINGER HAD BEEN brought to her veterinarian repeatedly after being mutilated and tortured by her well-to-do, sadistic owner. Astro, a severely neglected Doberman pinscher, was deliberately starved and soon would have died had he not been rescued. Ceci, a pregnant dog, was kicked and stabbed by her owner's enraged, drunken boyfriend.

Fortunately, these animals are now success stories, due to expert veterinary care and intervention into the violence they had experienced. Ginger, who continued to be an affectionate and trusting cat, healed and is now living in a bucolic setting with the gentlest of human caretakers. Astro also was rehabilitated at the Bergh Memorial Animal Hospital of the American Society for the Prevention of Cruelty to Animals (ASPCA) and went to an adoptive home in which he receives love and attention from adults and children. Ceci's owner relinquished her to ASPCA Humane Law Enforcement after the attack was reported. She received extensive treatment and foster care; later, she and the eight puppies she delivered were placed in new homes.

The effect of Ceci's abuse upon the two young children in the household remains unclear. Unfortunately, at the time, ASPCA attempts to involve child welfare authorities were unsuccessful. But these children, very likely, also were victims of emotional, if not physical, abuse from this live-in household member. Whenever there are multiple individuals—animals, children, spouses, or the elderly—in a household where violence is present, each is susceptible to harm. And only heightened awareness among officials able to intervene can rescue these individuals.

Judges, prosecutors, social workers, educators, law enforcement personnel, and health professionals are the workers on the front lines, identifying and intervening for the human victims of abuse. For that reason, they commonly are mandated to report suspected or observed child abuse to the proper authorities. And because intervention in the syndrome of family violence is so important, mandated reporters virtually always are protected from civil or criminal liability as a result of their reporting.

Except for a few states (like Colorado, where reporting is mandatory), veterinarians are excluded from the ranks of mandated health caregivers who must report child maltreatment or animal abuse. This would seem to ignore the veterinarian's

role in benefiting the welfare of animals and people. Frequently, the time a veterinarian spends educating and helping the person responsible for an animal's welfare is significantly greater than the time spent providing medical care for the animal.

Veterinarians treat puppies or kittens who have been stepped on, cats who have fallen from windows, dogs who have fallen off roofs or been hit by cars, and animals who have been attacked by other animals. Veterinarians are trained to recognize trauma, and to take immediate action to staunch the bleeding, salve the wound, and do whatever it takes to stop the immediate suffering of an animal. On another level, they are disturbed by all the trauma they see. The more they learn about family violence, the more they are forced to think about trauma differently, to at least consider that an injury to an animal may have been intentionally inflicted. Once they establish this possibility, they must have a course of action available to them.

Much thought is being given today to the need for veterinarians to become more involved in identifying abuse, to formulate plans to address it, and to become mandated reporters. Though it doesn't carry the force of law, the American Veterinary Medical Association (AVMA) issued a policy statement two years ago calling for veterinarians to take responsibility for reporting cases of cruelty, abuse, and neglect. Further, the AVMA approved an amendment to the association's Model Veterinary Practice Act requiring veterinarians to report abuse cases within the dictates of state law, recognizing that "Such disclosures may be necessary to protect the health and welfare of animals and people." (This amendment was removed in 1997, however, by AVMA officials, because, by defining the reporting of animal abuse as a component of veterinary medicine, it in effect precluded the reporting of animal abuse by nonveterinarians.)

SEEING IS BELIEVING

The first step in identifying abuse is recognizing that it is possible. A veterinarian's primary focus is medicine. She or he agonizes over the accuracy of diagnoses, choice of treatments, and the result of these decisions. But what happens when a veterinarian suspects family violence through child abuse or animal abuse? And how is abuse defined? The basic tenets of state animal cruelty laws are a good place to start. Usually, these outline minimum standards of care regarding such factors as food, water, shelter, and the absence of intentional harm.

Ironically, the need to intervene is clearest when intent is impossible to ignore. By 1995, Ginger had been brought three times to one of New York City's largest veterinary practices with various injuries to her jaw, back legs, and ribs. The last time, she came in with severe chemical burns to her eyes, nose, and ears and a hole in one ear from a cigarette burn or hole puncher. At that point, her medical providers could no longer ignore the cat's plight and called ASPCA Humane Law Enforcement. Faced with certain prosecution due to Ginger's medical history and testimony from other household members, her abuser fled our jurisdiction.

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DOCTOR AS TEACHER

Astro's neglect was intentionally inflicted; to his owner, starvation was an acceptable means to end the dog's life. Many cases seen by veterinarians are more subtle a lack of attention to shelter or nutrition, for example. In these instances, where one has to ask if the neglect is due to ignorance or carelessness, most veterinarians opt to educate, rather than report, their clients.

John Aldridge, D.V.M., Chief of Staff of the Hospital Department of the San Francisco SPCA (SF/SPCA), reports that education is key at that practice, which sees between 25,000 and 30,000 clients a year, 35 to 50 percent of whom need some amount of financial assistance. "The only set policy that guides us [in abuse cases] has to do with the fighting dog law, which California requires us to report. Other than that, what happens on a regular basis is a constant assessment of neglect and abuse issues. Certainly we recognize abuse and terribly neglectful situations, but we also recognize 'the ignorance rule,' " comments the 21-year SF/SPCA veteran. "[Clients] are allowed to make one mistake. If an owner seems concerned and upset about a neglectful situation, we'll tend to give them the benefit of the doubt. In our day-to-day work we don't see that much of what I'd call deliberate, versus ignorant, abuse."

Such cases warrant a stern lecture about proper care. Likewise, the Massachusetts SPCA has designed a unique way to educate neglectful owners. Three years ago, the agency's enforcement arm, set up as a special division of the state police



Animal abuse can be intentional or due to neglect. Signs of intentional abuse, such as this dog's wound, call for immediate intervention. (photo by Amber Alliger, ASPCA)

with search and seizure powers, created a Veterinary Compliance Officer position. As staff nutritionist at the MSPCA's Angell Memorial Hospital in Boston, Rebecca Remillard, Ph.D., D.V.M., sees clients who walk in. She also devotes roughly 20 percent of her time to assisting enforcement officers. While this can entail documenting findings so that a court warrant may be obtained, Remillard also is called to the scene when officers are unsure of whether a situation in a home is medically serious enough to intervene. In such cases, says Remillard, "The officers have done a very good job of clearing the way, saying to the client, 'Can we bring in a vet to help you?'" Often, this kind of help allows owners to learn how to care for their animals properly and avoid prosecution. Comments Remillard, "Some of the problem is cultural. Other societies don't view animals in the same way we do."

TEACHING THE DOCTOR

Comparison of violence toward animals and children is made because of both groups' vulnerability, but identification of each form of violence is quite dissimilar. There is a wealth of information about child behavioral and physical development that is helpful in verifying or disputing an adult's account of a child's injuries. For example, a fall from a bed is not possible before the child can roll over; a fall down the stairs cannot happen until a child can crawl. In addition, depending on the individual, by the age of three or so children have a capacity to speak about their problems and can communicate through drawings or other outlets at school and with other families. This kind of information is never available in the evaluation of an animal's trauma injuries.

By and large, animal health care practitioners who graduated a decade ago or more from veterinary school emphatically agree that they were not formally trained to recognize and address the issue of violence. Dr. Patricia Olson, Director of Training Operations for Guide Dogs for the Blind, says, "Part of the problem is that [the subject of abuse] does need to be added to veterinary education. Veterinarians are well aware of horrific cases, but don't have the expertise to recognize more subtle ones. Forensic pathology, for example, toxicology screening, is not as far along in the veterinary arena. Poisoning is a huge cause of animal suffering, but we don't routinely have screens. We are a long way from where we need to be," Olson says.

Fortunately, veterinary schools appear to be picking up the gauntlet. At the University of Pennsylvania's School of Veterinary Medicine, the subject of abuse comes up constantly as students review cases during instruction. The students, who spend their last 12 months of schooling in clinical settings on- and off-campus, also learn about abuse and neglect from guest lecturers and discussions among clinicians and interns at the university's bustling hospital, which recently instituted an abuse reporting policy (see Arkow, "Initiating an Animal Abuse Reporting Policy at a Veterinary Teaching Hospital," this volume). The hospital handles a caseload of 22,000



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to 24,000 per year, about 10,000 of which come in as emergencies to the 24-hour, seven-days-a-week facility.

Dan Mitchell, Academic Programs Manager at the School of Veterinary Medicine at the University of California at Davis, says a mandatory, two-term Ethics and Issues class was introduced there in 1991. Guest speakers from a variety of disciplines, including animal welfare and science, involve students in discussions about important issues throughout the term, including animal abuse and how to handle it (see Landau, "The Veterinarian's Role in Recognizing and Reporting Abuse," and Sharpe, "A Survey of Veterinarians and a Proposal for Intervention," this volume, for veterinary student reports on the abuse issue from Purdue and Ohio State Universities).

THE LATEST REPORT CARD

With regard to mandated reporting, "Veterinary medicine is probably where human medicine was 20 years ago and dentistry was 10 years ago," says Roland Olson, D.V.M., executive director of the Minnesota Board of Veterinary Medicine, the state's licensing board. But Olson, who worked for the Humane Society of Ramsey County for years, and who regularly addresses junior classes at the University of Minnesota's College of Veterinary Medicine on ethics and statutes, agrees that change is under way.

Since 1993, veterinarians practicing in Minnesota can be charged with nonprofessional conduct for "failing to report to law enforcement or humane officers inhumane treatment to animals, including staged animal fights or training for fights, of which the veterinarian has direct knowledge" (Minnesota Board of Veterinary Medicine rule book, section 9100.0708, "Unprofessional Conduct").

Charles Newton, Associate Dean at the University of Pennsylvania's School of Veterinary Medicine, voices frustration with a system that doesn't take animal abuse as seriously as it takes child abuse. "If [authorities] would look for associations, they would take animal abuse much more seriously as a way to intervene before a child becomes involved," he says.

Even veterinarians who are well aware of the implications of animal abuse are discouraged from intervening because the system just doesn't support them. According to the office of the ASPCA General Counsel, "Currently, only three states encourage or require veterinarians to report animal abuse cases, and only two of the three states grant vets immunity from liability. State laws should not only mandate that veterinarians report animal cruelty, but also should insulate them from civil liability and criminal prosecution so that they may carry out their ethical and legal responsibilities without the fear of being dragged into court."

West Virginia law reads, "It is the duty of any licensed veterinarian and the right of any other person to report to a humane officer any animal found, reasonably known or believed to be abandoned, neglected or cruelly treated as set forth in this article, and such veterinarians or other persons may not be subject to any civil or criminal liability as a result of such reporting" (West Virginia Code 7-10-4a [1994]).

In March 1996, Idaho's governor approved a bill mandating that "Any Idaho licensed veterinarian shall be held harmless from either criminal or civil liability... for his part in an investigation of cruelty to animals, provided, however, that a veterinarian who participates or reports in bad faith or with malice shall not be protected under the provisions of this section" (1996 Ida. ALS 229, ch. 229, section 11, 25-3514A, "Immunity").

SF/SPCA's Aldridge points out that mandated reporting would simplify the decision-making process a veterinarian naturally goes through when confronting abuse. "Having mandated rules and regulations sometimes offers a very handy technique that allows vets to be able to report because they're forced to... It allows you to tell the client that it's the law. It's an easier and cleaner decision."

Other concerns are having to take time away from a practice for court appearances and possible retribution from a violent individual. This points to the need for more support from "the system"—meaningful prosecution of, and rehabilitation programs for, animal abusers.

Meanwhile, veterinarians can take steps toward formalizing a plan to handle the issue of family violence when it presents itself in their clinical practice. For example, they can seek training in family violence from a variety of sources, including humane societies and know the cruelty law also can try to create in discussing abuse.

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humane societies and local and state veterinary associations. Clearly, they should know the cruelty laws in their state, i.e. what constitutes abuse and neglect. They also can try to create an atmosphere in their practice that allows clients to feel safe in discussing abuse.

Veterinarians also can create or become part of a network within the community that can help combat abuse. At the ASPCA, for example, an initiative called Family Vision (Violence Information Sharing, Intervention and Observation Network) includes the active participation of both authors of this essay, other members of ASPCA staff, and representatives of social service, legal, and law enforcement agencies in the metropolitan area.

There is no question that the veterinary profession is adopting a broader perspective about family violence, and such community networks are a crucial element in the continuing education and evolution of a profession filled with dedicated individuals. The veterinary contribution is an important inclusion in the United States' collective effort toward the prevention of family violence.