

# Recognising abuse in animals and humans



**Guidance  
for  
veterinary  
surgeons  
and other  
veterinary  
employees**

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## Preface

Veterinary surgeons may occasionally be presented with animals that have suffered abuse. Different terms (cruelty, maltreatment or neglect) are often inter-changeably used to describe abuse; this guidance document focuses on deliberate or **non-accidental injury** (NAI) or animal abuse. It may be difficult to determine if the harm is the result of NAI rather than a genuine accident; this guide will help veterinary surgeons in their deliberations. Even if the signs of NAI are recognised, with a history that supports the diagnosis, veterinary surgeons may be reluctant to report cases of cruelty because they feel unqualified to do so, they may be unaware of what to do or they may lack the confidence to proceed. The guide encourages the provision of a straightforward practice protocol for members of staff who have concerns that they may be observing evidence of NAI.

Beyond NAI in animals, veterinary surgeons will be aware that abuse is perpetrated in a number of relationships: child abuse, domestic violence and abuse of older people. Increasingly it has come to be recognised that there are complex interrelationships within these abnormal relationships and animals may be part of the equation too:

**‘When animals are abused, people are at risk;  
when people are abused, animals are at risk.’**

*Understanding the Link between Violence to People and Violence to Animals*  
(a booklet by the American Humane Association)

Therefore, if serious animal abuse is occurring, the veterinary surgeon should be aware that other forms of domestic or family violence may also be present.

Over the past 10 years, it has become apparent that veterinary surgeons must become an essential part of the team required to break the cycle of abuse. Our colleagues working with vulnerable children and adults have welcomed the active participation of veterinary surgeons through the Links Group in establishing a cross-reporting mechanism, so that suspicions of abuse, whether to animal, adult or child, may be reported to the relevant body. This guidance document will:

- Provide a reminder of the veterinary profession’s responsibilities under the Animal Welfare Acts;
- Give an overview of child, animal and domestic abuse and the links between them;
- Define the types of abuse and how to recognise them;
- Explain the importance of a multi-agency approach;
- Give practical advice on how to establish channels of communication for cross-reporting.

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*Chairman, the Links Group (1 June 2013)*



## **Liaison with MEDICS AGAINST VIOLENCE and the VIOLENCE REDUCTION UNIT (Domestic Abuse Veterinary Initiative)**

In October 2011, the Links Group ([www.thelinksgroup.org.uk/index.htm](http://www.thelinksgroup.org.uk/index.htm)) joined forces with the organisations shown in the box below to collaborate on a Scottish initiative called the 'Domestic Abuse Veterinary Initiative' or DAVI for short.

### **Background**

The concept behind Medics against Violence (MAV) was conceived by three Scottish surgeons, Christine Goodall, Mark Devlin and David Koppel. This statement from their website will strike a chord in most people's minds:

*'Every day, medics see the outcomes of violence on their operating tables, in their surgeries and in their clinics. While we do our best to repair the wounds left by violence, it's not easy: even the best surgeons can't remove all trace of an attack, and scars may run far deeper than what is seen on the surface. We think that a lot of violence could easily be prevented, meaning a lot less victims and a lot less suffering. That's why we set up Medics against Violence. Our aim is to prevent violence before it happens.'*

In many homes where domestic abuse takes place, humans are not the only victims. As family members, pets can also be hurt, terrified and neglected. The new Medics against Violence: Domestic Abuse Veterinary Initiative (MAV/DAVI) aims to help all members – people and animals – of families affected by domestic abuse. MAV/DAVI will offer practical help and advice to victims and health professionals, as well as helping to make people understand why hurting animals matters.

### **Aims of the MAV/DAVI project (April 2012)**

The MAV/DAVI initiative (see also Appendix 1, page 10) supported by Medics against Violence, Crimestoppers and the Violence Reduction Unit was a Scottish pilot, which is being extended to the rest of Great Britain as the success of the scheme is monitored.

1. To provide veterinary surgeons with the information and reassurance required when they suspect that their patient, and possibly sometimes the patient's owner, may have suffered non-accidental injury (abuse). These cases are rare, but research over the past decade has consistently shown that they do arise in practice. The MAV Practice Note for dentists has been adapted by British Veterinary Association (BVA) past-President Dr Freda Scott-Park, who is also Chairman of the Links

Group, to inform and advise veterinary surgeons about potential domestic abuse issues. The new **MAV/DAVI Practice Note 2** explains how vets can apply the AVDR principles (asking, validating, documenting and recording) developed for dentists by Dr Barbara Gerbert of the University of California, San Francisco.

Training for veterinary surgeons on how to apply the principles of AVDR will be provided through the Medics against Violence and Violence Reduction Unit liaison.

Dr Scott-Park, in association with the Links Group, has also written comprehensive guidance for vets ('Recognising abuse in animals and humans: Guidance for veterinary surgeons and other veterinary employees') on the wider issues of non-accidental injury as they may be encountered in practice, and this has been endorsed by the BVA.

2. To enable the safe reporting of animal abuse, or suspected animal abuse, by members of the public. A poster – 'Sharing a secret' – has been produced for distribution to all vets, highlighting the fact that animals and humans can be victims of the same abuser. The poster encourages people to report the perpetrators anonymously to Crimestoppers, where they need have no fear about speaking up.

3. To provide practical assistance to people with pets who need to escape domestic abuse. Many shelters for people fleeing abuse are unable to accept animals. Pet Fostering Service Scotland, supported by OneKind, is establishing a corps of foster carers who are prepared to take on the challenging and open-ended role of caring for pets from abusive homes. This will help victims to leave home if necessary, without having to leave a much-loved pet behind and at risk from their abuser.

4. To gather data from police forces on the prevalence of pet abuse, with a view to providing guidance for officers dealing with incidents that involve families with pets.

5. To highlight the links between abuse of animals and violence towards humans, and the benefits for all in combating these problems together in the community.

**For full details of the MAV/DAVI initiative and the partners involved, see Appendix 1 on page 10.**

**In October 2011, the Links Group ([www.thelinksgroup.org.uk](http://www.thelinksgroup.org.uk)) joined forces with these organisations to collaborate on a Scottish initiative called the Domestic Abuse Veterinary Initiative (DAVI)**

- Medics against Violence ([www.medicsagainstviolece.co.uk](http://www.medicsagainstviolece.co.uk))
- Violence Reduction Unit of the Strathclyde Police [www.actiononviolence.com/about-us](http://www.actiononviolence.com/about-us)
- Crimestoppers Scotland [www.crimestoppersscotland-uk.org/](http://www.crimestoppersscotland-uk.org/)
- OneKind ([www.onekind.org/](http://www.onekind.org/))
- Pet Fostering Service Scotland ([www.pfss.org.uk/](http://www.pfss.org.uk/))

## **ANIMAL ABUSE AND THE VETERINARY SURGEON. Our responsibilities under the Animal Welfare Acts**

The Animal Welfare Act 2006 for England and Wales, Animal Health and Welfare (Scotland) Act 2006 and The Welfare of Animals Act (Northern Ireland) 2011 provide similar legislation to punish cruelty to animals and prevent animals suffering. In addition to a number of other matters, the Acts make it an offence to cause unnecessary suffering to an animal and impose a 'duty of care' on anyone responsible for an animal to take reasonable steps to ensure an animal's welfare is protected. Suffering is defined as both physical and mental, and the duty of care is clarified as providing for the animal's welfare needs, which include the following:

- a) its need for a suitable environment;
- b) its need for a suitable diet;
- c) its need to be able to exhibit normal behaviour patterns;
- d) any need it has to be housed with, or apart from, other animals, and
- e) its need to be protected from pain, suffering, injury and disease.

In order to further clarify the basic needs for a particular species or circumstance, the Acts provide for the production of Codes of Practice in each devolved authority. The main aim of the Codes is to provide 'practical guidance' on how to provide an animal's needs but may also be used during a prosecution under the Acts by either the prosecuting authority or the defence. The Codes are not prescriptive, but provide a basis of information. Veterinary surgeons must be familiar with the contents of the Codes as they are essentially a statement of the minimum standard of care required by the law. Full versions of the Codes of Practice can be found on the relevant Government websites.<sup>1</sup>

The legislation also clarifies the responsibility for an animal and which animals are protected. All vertebrates other than man are covered and domesticated species, such as dogs and cats, are covered on all occasions even as feral animals. Wild animals are covered if under the control of man, whether this is temporary or permanent. Owners are responsible for their animals at all times, but the person in charge of an animal is responsible for their care in addition to the owner. Consequently the veterinary surgeon is responsible for providing the needs of an animal that has been admitted to a veterinary practice under his or her care.

### **OVERVIEW OF ANIMAL, DOMESTIC AND CHILD ABUSE**

The terminology of abuse is complex and it is easier for veterinary surgeons to draw on the terms used by our medical colleagues. However, this can be confusing with various agencies and authorities using different definitions. For further information see Appendix 2.

#### **What are abuse and neglect?**

These are forms of maltreatment; either by inflicting harm or by failing to prevent harm. Broadly there are four

groups of abuse levied against children, vulnerable adults and animals:

**Physical abuse** (may also be referred to as non-accidental injury or NAI): hitting, shaking, throwing, poisoning, burning, scalding, suffocation, asphyxiation, etc.

**Emotional abuse:** this is easier to recognise in humans where persistent emotional maltreatment of the person by bullying, exploitation, verbal harassment or corruption leads to a fragile emotional state. In animals, persistent threatening behaviour or a failure to provide basic behavioural needs constitute emotional abuse.

**Sexual abuse:** forcing a child or adult to take part in sexual activities. Munro & Munro (2008)[3] suggest that the term animal sexual abuse should be used to describe the use of an animal for sexual gratification. This includes injuries/acts involving the rectum/anus as well as the genitalia, ie, intercourse does not have to take place for sexual abuse to occur.

**Neglect:** the persistent failure to provide a person or an animal with the basic necessities of life: food, water and shelter. Failure to protect the child, vulnerable adult or animal from physical danger or emotional harm is also abuse, as is a lack of affection / companionship. Failure to provide appropriate medical / veterinary care will be termed neglect i.e. the presence of disease is not a mitigating factor.

### **RECOGNISING ANIMAL ABUSE OR NON-ACCIDENTAL INJURY**

The term 'non-accidental injury' or NAI was brought into the veterinary lexicon in 2001 when four papers were published in the *Journal of Small Animal Practice* [2] providing evidence, through 448 reported cases, that the 'battered pet' exists. Helen Munro has continued to contribute much to our knowledge of animal abuse and has co-authored a book: 'Animal Abuse and Unlawful Killing' [3] which will make it much easier for veterinary surgeons to recognise the signs of abuse. The book makes the point that the primary responsibility of the veterinary surgeon is to the animal and it is not their responsibility to prove abuse but to be able to provide evidence to the Law Courts.

#### **How to recognise non-accidental injury in animals**

Sometimes the signs of abuse are obvious, but they are often overlooked, particularly by veterinary surgeons who are usually caring individuals who find it difficult in the first place to accept that people maltreat animals or further, to connect separate incidents as part of an abusive behaviour. In addition, when an animal(s) is seen by multiple vets, the abusive behaviour may not be immediately recognised. Our medical colleagues also face the same dilemma and acknowledge that the biggest challenge to recognising the problem and actually diagnosing abuse is the powerful emotional block in the mind of the professional. It is an abhorrent subject and the doctor, dentist, veterinary surgeon or other healthcare

professional must force themselves to think about it in the first place – only by recognising the problem can the veterinary profession become a part of the link to break the cycle of violence.

Fortunately, most injuries seen daily in practice are the result of genuine accidents, however, most veterinary surgeons will be presented at some time with a case of non-accidental injury. Since early intervention may prevent further abuse, it is essential that we recognise the possibility and the RCVS Code of Conduct for Veterinary Surgeons (Section 14: Animal Abuse) advises:

'14.8 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, s/he should include non-accidental injury in their differential diagnosis.' (12 April 2012)

## **APPROACH TO A CASE OF SUSPECTED NON-ACCIDENTAL INJURY**

### **What to look for**

There are specific indicators particularly relating to the history that may raise your index of suspicion; (the person presenting the animal may not be the perpetrator):

- Owner profile: they may be new to the practice; there may be some discrepancy in given name, address or ownership of the animal; there may be reluctance to give a full history and the history may be unsound and variable; the owner may be known to be a 'troublemaker' or have had contact with the police; the person presenting the animal may be apprehensive/nervous.
- Was there a delay in seeking attention or a lack of concern for the animal?
- Does the story fit? Are there inconsistencies? Are the injuries too severe to be explained by the history? See box below.
- Is there evidence of rib injuries, current or from previous trauma?
- Repetitive injury must raise a strong index of suspicion:
- Old injuries may be evident on examination, ultrasound or x-ray
- History of previous trauma in the same animal or with other animals
- Are there unexplained injuries or deaths in other animals belonging to this owner?
- 'RTA' (road traffic accident) or motor vehicle accident (MVA) is an easy excuse but are the injuries consistent with the history?
- Is someone else blamed for the trauma?

Look carefully at the behaviour of the animal (this should be considered in conjunction with the factors listed above):

- Is it frightened of the owner?
- Is it frightened of people in general?

- Is it subdued or overly aggressive?
- Has there been a behaviour change?
- Is it happier when separated from the owner?

There may be a number of explanations for the presenting signs and there is no one indicator that will confirm the diagnosis. It is the combination of factors that leads to a raised index of suspicion; bear in mind that the permutation is variable.

'This means that by six to seven weeks of age kittens are able to turn over in mid-air and land on their feet: they do not land on the top of their heads. Consequently, explanations of falls to explain severe head injuries, including skull fractures (which are commonly encountered in NAI cases in kittens), are highly unlikely to be accurate.'

Munro & Munro (2008)<sup>3</sup>

Veterinary professionals may be faced with a victim (animal) and a perpetrator – the person responsible for the abuse – or the victim may have been brought in by a third person, either acting out of concern for the animal or under duress from the perpetrator; they may be a victim themselves. Whoever it is, the situation is best handled by an experienced clinician although this will not be possible in all situations. It is important to remain calm, polite and objective before seeking help and advice from a colleague. If your suspicions are allayed then brief notes should be kept on the clinical file but remember that if the case proceeds to a formal investigation, comprehensive, contemporaneous and accurate note taking is essential. Explanations from the owner/person in charge of the animal (s) should be recorded as fully as possible and if no explanation is offered, this should also be noted.

## **HOW TO APPROACH A SITUATION WHERE NON-ACCIDENTAL INJURY IS SUSPECTED**

Currently, there is no mandatory reporting by vets of animal abuse in the UK. No one should doubt the complexities of deciding whether a situation (when faced with an incident or a person giving rise to concerns of NAI, violence or abuse) warrants being reported. It will be particularly challenging for young veterinary surgeons to decide on the correct course of action, particularly if other members of staff, for example the senior partner, do not believe there is NAI or abuse.

Every practice should have a protocol for members of staff (Establishing a practice protocol, page 7) to follow and this should include guidance and support for each person in the practice hierarchy; receptionists, veterinary nurses, junior and senior veterinary surgeons and the practice partners.

If a member of the veterinary team has concerns about the wellbeing of an animal or a person – (Safeguarding animals, children and adults, page 8) then by following the practice protocol, they should communicate these to a more senior member of staff, preferably a veterinary surgeon. Senior partners are encouraged to discuss their

concerns with other colleagues. If, after this discussion, there is still unease or indeed conviction that the situation warrants recording or reporting, then the following steps should be taken:

- When abuse is high on the list of differentials, **you should contact the Professional Conduct department of the RCVS** (telephone 020 7202 0789; email: profcon@rcvs.org.uk) where are a number of experienced solicitors who will discuss cases during normal office hours (9 am to 5 pm).
- Outside normal office hours you must ensure that adequate contemporaneous notes are kept until you are able to get further advice.

#### Further advice

If the incident occurs outside normal office hours for the RCVS, or should the unfortunate situation arise where concerns have been dismissed by senior colleagues and the member of staff is still convinced that there is a problem, they must look to others to assist him/her. Most large welfare charities employ senior, very experienced veterinary surgeons and most are happy to assist, as are the Officers of the Links Group, contactable through the supporting organisations ([www.thelinksgroup.org.uk/site/support.htm](http://www.thelinksgroup.org.uk/site/support.htm)) or for their members, the Veterinary Defence Society (telephone 01565 652737 or [www.veterinarydefencesociety.co.uk/](http://www.veterinarydefencesociety.co.uk/)). The BVA provides its members with a free legal helpline available 24 hours, 365 days a year ([www.bva.co.uk/atoz/Legal\\_advice\\_line.aspx](http://www.bva.co.uk/atoz/Legal_advice_line.aspx)) and advice may be gained from specialist legal advisers.

Discussion with any of these individuals or organisations may direct the veterinary surgeon in one of two ways:

- **No formal report is made:** concerns should be noted on a 'confidential' (see box below) part of the client's record so that future incidents that raise suspicion may be cross-checked and dealt with appropriately
- **A formal report is made:** the veterinary surgeon decides that there is justification to report the case to the appropriate authority, following accepted practice protocols

Whichever decision is made, the veterinary surgeon should ensure that members of staff are fully briefed on the situation and understand the implications for future visits by the client.

#### THE QUESTION OF CONFIDENTIALITY

It is very important to have the confidence to communicate your concerns – as long as there is a sympathetic and open-minded person to share the knowledge. Using apprehension about action (from the RCVS) as an excuse not to say anything is outdated and unacceptable; veterinary surgeons are professionals and as such, must consider if they could protect an animal from further harm.

#### HOW TO RECORD OR REPORT A CASE OF SUSPECTED NON-ACCIDENTAL INJURY

If a veterinary surgeon suspects that a patient has been abused he/she must consult with another colleague, preferably the senior veterinary surgeon. If the initial concern is raised by a practice principal, he/she should discuss the case with the most senior/experienced colleague available. If both veterinary surgeons agree that the case should be reported, then preparations must be made to do so.

All details of the case must be accurately noted on the patient's record; do not forget to record the date and time of any conversations as well as the results of any physical examination, which should include notes on unremarkable findings as well e.g. reasonable body condition. The veterinary surgeon who initiated the investigation should:

- **Contact the RCVS by telephone** (020 7202 0789); relay the case details and accept their advice as to whether the allegation is sufficiently serious to justify breaching the confidentiality rules.
- Notify the RSPCA/SSPCA/Ulster SPCA of the suspect case.
- AHVLA local office – for on-farm welfare cases

#### How to prepare a report

Details of the telephone conversation with the RCVS must be noted on the case records, either electronically or in handwriting. It should be noted that there were 'circumstances' identified that gave rise to concern and that a provisional breach of confidentiality was discussed with the RCVS. This note must also include the name of the member of staff contacted at the RCVS and their specific judgement or instruction. These records are essential and must be accurate, as a hard copy of the case notes may be requested later.

The reporting veterinary surgeon must prepare a

Excerpt from the RCVS Code of Conduct for Veterinary Surgeons:

#### 13. Clinical and client records

13.6 The Data Protection Act 1998 gives anyone the right to be informed about any personal data relating to themselves on payment of an administration charge. At the request of a client, veterinary surgeons must provide copies of any relevant clinical and client records, including radiographic images and similar documents. This also includes relevant records that have come from other practices, if they relate to the same animal and the same client, but does not include records that relate to the same animal but a different client. (12 April 2012) [www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/](http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/)



Excerpt from the RCVS Code of Conduct for Veterinary Surgeons:

#### **14. Client confidentiality**

##### **Introduction**

14.1 The veterinary/client relationship is founded on trust and, in normal circumstances, a veterinary surgeon or veterinary nurse should not disclose to any third party any information about a client or their animal either given by the client, or revealed by clinical examination or by post-mortem examination. This duty also extends to support staff.

14.2 The client's permission to pass on confidential information may be express or implied. Express permission may be either verbal or in writing, usually in response to a request. Permission may also be implied from circumstances, for example in the making of a claim under a pet insurance policy, when the insurance company may receive all information relevant to the claim and seek clarification if required.

##### **Reporting to authorities**

14.3 In circumstances where the client has not given permission for disclosure and the veterinary surgeon or veterinary nurse considers that animal welfare or the public interest are compromised, client confidentiality may be breached and appropriate information reported to the relevant authorities. The more animal welfare or public interest is compromised, the more prepared a veterinary surgeon should be to report that alleged criminal activity to the relevant authority.

14.4 Generally, a breach of client confidentiality should be based on personal knowledge, for example, where a veterinary surgeon or veterinary nurse has directly witnessed the unlawful activity, rather than third-party (hearsay) information, where there may be simply a suspicion that somebody has acted unlawfully.

14.5 Veterinary nurses employed by a veterinary surgeon or practice should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.6 Each case should be determined on the particular circumstances, and veterinary surgeons or veterinary

nurses who wish to seek advice on matters of confidentiality and breaching client confidentiality are encouraged to contact the RCVS Professional Conduct Department, telephone 020 7202 0789, to seek advice.

14.7 Registration of a dog with the Kennel Club permits a veterinary surgeon who carries out a caesarean section on a bitch, or surgery to alter the natural conformation of a dog, to report this to the Kennel Club.

##### **Animal abuse**

14.8 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, s/he should include non-accidental injury in their differential diagnosis.

14.9 If there is suspicion of animal abuse, as a result of examining an animal, a veterinary surgeon should consider whether the circumstances are sufficiently serious to justify breaching the usual obligations of client confidentiality. In the first instance, in appropriate cases, the veterinary surgeon should attempt to discuss his/her concerns with the client.

14.10 In cases where this would not be appropriate, or where the client's reaction increases rather than allays concerns, the veterinary surgeon should contact the relevant authorities, for example the RSPCA (telephone 0300 1234 999, 24-hour line covering England and Wales); SSPCA (03000 999 999 covering Scotland); USPCA (028 9081 4242, 24-hour line covering Northern Ireland) to report alleged cruelty to an animal.

14.11 Such action should only be taken when the veterinary surgeon considers on reasonable grounds that either animals show signs of abuse or are at real and immediate risk of abuse – in effect, where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality.

(12 April 2012)

[www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/](http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/client-confidentiality/)

transcript of the case notes signed and dated by the veterinary surgeon(s) involved as soon as possible. This transcript should state which veterinary surgeon, as the originator of the abuse complaint, will be reporting the case and the notes should be prepared using professional language (if you use technical terms then a bibliography should be provided so that the investigator may understand the language) and giving as much detail as possible with attention to times and dates. Written permission from the owner is not necessary in these circumstances.

Two or three copies of the final approved document should be prepared for signing by the reporting veterinary surgeon. One should be retained in the practice files; one should be sent, if requested, to the notified body, and one should be retained by the reporting veterinary surgeon.

Notes should be kept with the dates and times of any subsequent conversations relating to the case.

Many veterinary surgeons are concerned about reporting and the possibility of having to appear in court. Comprehensive advice can be found on the RCVS website: explanations about the difference between a 'witness of fact' and an 'expert witness' are clearly laid out in the RCVS Code of Conduct for Veterinary Surgeons: Section 22: Giving evidence for court.

##### **Further advice on breaching confidentiality**

If a client offers no explanation for an injury then the veterinary surgeon could try to get more information, or may leave it until after they have had some informal discussion with the animal welfare organisation. In some



Excerpt from the RCVS Code of Conduct for Veterinary Surgeons:

## **22: Giving evidence for court**

### **When should evidence be collected?**

22.29 It may not always be clear from the outset of a clinical case that evidence (in the form of samples) should be collected and retained. Veterinary surgeons should be alive to the possibility of a clinical case developing into a legal case, whether criminal (eg poisoning) or civil (eg negligent misdiagnosis), and, if suspicious or unsure, veterinary surgeons should consider collecting and retaining samples, with the consent of the owner of the animal or the person in control or possession of the animal. Apart from assistance from more senior colleagues, veterinary surgeons are advised to consider contacting the police, RSPCA or local authority officers if they are unsure about whether to collect evidence. (12 April 2012) [www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/giving-evidence-for-court/](http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/giving-evidence-for-court/)

cases it may be possible to have a discussion about the possibility of abuse without making accusations. For example, asking about other people who have contact with the animal – family, friends, lodgers and children – may be useful and yield extra information. Veterinary surgeons and veterinary nurses should be familiar with the principles of AVDR (asking; validating; documenting and reporting) contained within the MAV/DAVI Practice Note 2 [6] (pages 7 and 9).

The vet must keep an open mind and take care not to imply that they believe the person in front of them is responsible; bear in mind that the person presenting the animal may or may not be the perpetrator. Many pets are in contact with a range of people and the person presenting the animal may not be aware of abuse. Animal abuse can be a covert behaviour, eg, in children and teenagers. Asking about children in the household might be useful, because children can hurt animals through rough handling, poor education in animal care, or because they have broader behavioural problems or have been maltreated. If they do hurt a pet they may well not tell an adult about it.

It is possible to discuss breaching confidentiality with clients and it will not necessarily be badly received if it is put in the framework of a 'duty' to discuss cases with the animal welfare organisations when there are certain types of injuries and no obvious explanation. It may be explained that the animal welfare organisation will not necessarily want to take action against the client but it is their role to find out more about situations where an animal has become injured and to help and advise the client about animal care and welfare.

Sensitive questioning may reveal other areas of concern eg, domestic violence or child abuse ('Safeguarding

animals, children and adults', page 8; and the MAV/DAVI Practice Note, page 7 and 9) and may give a better sense of what the clients are like, or implicate another person (eg, a lodger that the client had some concerns about). It also creates space for the client to acknowledge the possibility of abuse without implicating themselves or feeling that they are under accusation.

### **Aggressive clients**

Obviously an approach to elicit extra information may not be appropriate in all cases, for example, if faced by an aggressive client who may be the perpetrator. In this instance, notes should be made at the time of the consultation and advice immediately sought from a senior colleague, if possible before the client leaves the practice. Many final year students (and new graduates) are concerned about personal safety when faced with an abusive or threatening client; a veterinary surgeon is not expected to challenge an aggressive client, which might place the veterinary surgeon at risk of violence.

### **'What would a reasonable person do?'**

The phrase 'reasonable grounds' (in relation to breaching confidentiality) is used in the RCVS guidance and requires some further explanation. The question needs to be asked: 'What would a reasonable person do?' For example, say the practice has been presented with a scalded cat three days after the actual injury took place. Do you consider this to be reasonable? If you examine multiple kittens with fractures from the same household; does this seem to be feasible; is it reasonable? Remind yourself of the salient points (see page 4: What to look for): history inconsistent with injury, discrepancies in the history, repetitive injuries etc. These would all raise suspicions and give 'reasonable grounds' for breaching confidentiality after discussion with the RCVS (020 7202 0789).

### **ESTABLISHING A PRACTICE PROTOCOL FOR NON-ACCIDENTAL INJURY IN ANIMALS**

Although the principles of AVDR (asking; validating; documenting and reporting) contained within the recently launched **MAV/DAVI Practice Note 2**<sup>6</sup> are set in the context of domestic abuse, they are also relevant to situations where abuse to the animal only is evident. A copy of the MAV/DAVI Practice Note 2 may be requested from Medics against Violence or the Violence Reduction Unit (Useful contacts, page 13). The Practice Note is designed to be displayed within the staff area of the practice. The following points should be considered within each practice and in conjunction with the MAV/DAVI Practice Note 2:

- Recognise the possibility of animal abuse and consider it to be a potential diagnosis: abuse should be on the list of differential diagnoses but not at the top of it.
- Is the injury to the animal severe or even life threatening?
- Is there evidence of recurrent injury or is this a single episode?

- Share your concerns with colleagues; be prepared for disbelief or dismissal.
- Re-examine your initial concerns and if they hold firm, seek further advice from the RCVS.
- Other colleagues such as the animal welfare organisations, the Links Group or the Veterinary Defence Society may provide additional help; remember this can be done without disclosing the name of the client in the first instance.
- Ensure that your notes are comprehensive and contemporaneous, whether a report is made or not (How to record or report a case of suspected non-accidental injury, page 5).
- Report the abuse in the first instance to the appropriate welfare organisation.
- Inform your professional indemnity organisation.
- Also consider incorporating the cross-reporting cascade when there are suspicions of human abuse (A decision-making cascade: when to cross-report, p 9).

The practice should establish good relationships with the:

- RSPCA/SSPCA/Ulster SPCA Officers. Ask them to participate in the production of the practice protocol; this will make it easier to have informal conversations where you can discuss your concerns before making a formal report.

Veterinary surgeons are the only members of staff who should report a case of suspected abuse; other veterinary staff are not authorised to breach the RCVS rules of confidentiality. Other personnel who are concerned over the welfare of an animal must raise their concern with the veterinary surgeon dealing with the case or the senior partner.

## **SAFEGUARDING ANIMALS, CHILDREN AND ADULTS: THE LINK**

*‘There is increasing research and clinical evidence which suggests that there are sometimes inter-relationships, commonly referred to as ‘links’, between the abuse of children, vulnerable adults and animals. A better understanding of these links can help to protect victims, both human and animal, and promote their welfare.’*

Understanding the Link; child abuse, animal abuse and domestic violence: Information for Professionals’, a booklet produced by the NSPCC in conjunction with the Links Group.

Veterinary professionals will be aware of the substantial changes in the strategies for child protection in the UK particularly since the review by Lord Laming (published January 2003) into the failures surrounding the Victoria Climbié case. There has been a raft of initiatives to ensure that vulnerable children are protected although spectacular failures sadly continue to be reported,

demonstrating the complexities of safeguarding children. It is evident that no matter how many policies are in place these alone cannot guarantee the welfare of young people. Sadly, the NSPCC states that 88% of abused children have seen domestic violence at first hand. Domestic violence takes many forms; victims are usually women but sometimes men are affected, and there are numerous reports of vulnerable elderly people being abused in their own homes, or in care-homes. If there are animals in households where violent behaviour is present then the pets are at risk too and may be used or abused as part of the culture of violence and control.

### **What is the Link?**

It is well known that abuse through neglect or maltreatment is perpetrated in a number of relationships: child maltreatment, domestic violence, animal abuse and abuse of older people. Increasingly, it has come to be recognised that there are complex interrelationships within these abnormal relationships. For instance, children that are abusive to animals may have themselves been abused or if serious animal abuse is occurring, other forms of domestic or family violence may also be present. Refuges for women are familiar with the situation of desperate women reluctant to leave their violent homes because of threats to their beloved pets. Threats or actual harm to pets or other animals may be used to ensure silence over the abuse to children and vulnerable adults including the elderly.

Over the past 10 years, it has become apparent that veterinary surgeons must become an essential part of the team required to break the cycle of abuse. Our colleagues working with vulnerable children and adults have welcomed the active participation of veterinary surgeons through the Links Group in establishing a cross-reporting mechanism, so that suspicions of abuse, whether to animal, adult or child, may be reported to the relevant body.

All members of the veterinary team are an important part of this professional community and to ensure that we play our part in this inter-agency collaboration, this document has been produced to assist veterinary personnel faced with suspected cases of animal abuse or when there are concerns over animal or human welfare. Animal abuse is not just a companion animal issue; large animal veterinary surgeons may come into contact with it too and they should be aware of vulnerable people trapped on remote farms or smallholdings, unable to drive or escape.

### **Cross-reporting**

Cross-reporting describes the mechanism for different agencies (eg, child protection agencies: NSPCC or Safeguarding Children, domestic violence organisations, veterinary practices, animal welfare organisations, etc) to communicate concerns to the relevant organisation in confidence. Cross-reporting currently occurs in a sporadic and limited way, although RSPCA officers receive training about child protection issues and women’s refuge organisations will report suspicions of animal abuse to the RSPCA or the police.

Obviously client confidentiality must be breached for cross-reporting to be successful and veterinary surgeons should be familiar with the guidance within the Code of Conduct for Veterinary Surgeons:

The veterinary surgeon should consider the effect that a false report could have on the persons concerned, particularly where there are children involved. A recently drafted protocol between the RSPCA and the London Safeguarding Children Board is based on the premise that it is better to investigate every case where there might be risk of harm to children. However there is a risk that agencies then become overloaded with cases, which may have no substance; a balance must be struck between over-reaction and ignorance.

Therefore a veterinary practice should establish links with relevant local agencies, which would provide, at the very least, an informal contact for advice and support even if formal cross-reporting procedures are not carried out. The relevant groups are likely to be:

- The police – ask for the name of your local community police officer or larger police forces may have a dedicated domestic abuse unit.
- The RSPCA/SSPCA/UISPCA.
- Local domestic violence shelters: e.g. Refuge, Women's Aid etc.
- The NSPCC (National Society for the Prevention of Cruelty to Children).
- ParentLine Scotland.
- Child protection departments / Safeguarding Children.
- Pet fostering agencies: e.g. Dogs Trust, Paws for Kids, RSPCA, etc.
- AHVLA local office/RSPCA/SSPCA – for on-farm welfare cases.

### When to cross-report

There are several factors here that will influence your approach:

- Is the animal alone involved or are there concerns for a person too?
- Do you have a victim or perpetrator in front of you? Sometimes this is difficult to decide.
- Are you feeling threatened by the adult in consultation with you?

### A decision-making cascade: when to cross-report:

A suggested cascade for reporting to the appropriate agencies is given below and should be incorporated in your practice protocol formulated in conjunction with the relevant agencies. The protocol and the MAV/DAVI Practice Note 2<sup>6</sup> should be readily available for everyone in the practice to access. The details of the case (person/persons presenting the case, history, signs, details of the injury, the likely cause of the injury as well as the ongoing care of the animal) should be fully and contemporaneously recorded and, where possible, photographs with date and time information should be taken (The guidance found under the section How

Excerpt from the 'RCVS Code of Conduct for Veterinary Surgeons':

### 14: Client confidentiality

#### Child abuse and domestic violence

14.12 Given the links between animal and child abuse and domestic violence, a veterinary surgeon reporting suspected animal abuse to the relevant authority should consider whether a child might be at risk. A veterinary surgeon may also consider a child to be at risk in the absence of any animal abuse.

14.13 Where a veterinary surgeon is concerned about child abuse or domestic violence, he/she should consider reporting the matter to the relevant authorities. The following authorities can be contacted: the Local Authority Social Services Department; the NSPCC for England, Wales and Northern Ireland (telephone 0800 800 5000, 24-hour line cover); the National Child Protection Line for Scotland (0800 022 3222, 24-hour line cover); or, local police Child Protection Unit.

14.14 The NSPCC leaflet, 'Understanding the links: child abuse, animal abuse and family violence – information for professionals', provides further information, including information on domestic violence and telephone numbers for the relevant authorities throughout the UK. (12 April 2012)

to record or report a case of suspected non-accidental injury, page 5 is relevant). If there is evidence of abuse to an animal, which may or may not include any injury or obvious signs of abuse, including neglect, to family members, you should consider reporting it. The following cascade may be helpful:

- If there is only *suspicion* of abuse, the likely cause should be recorded as a possible differential on the client record.
- If there is minor injury or neglect to the animal, which you suspect is abuse, but the client does not accept it, the likely cause must be recorded as a possible differential.
- If there is major injury to the animal, and the client does not accept it to be abuse, the cause must be recorded on the client record and consideration should be given to reporting the incident; it may be helpful to have a discussion with a senior colleague or external advisor.
- If there is injury to the animal, and the person presenting the animal reports the injury as abuse, and reports other incidents of domestic violence, it should be reported. If the person agrees to do so, the domestic violence must be reported to the appropriate authority.
- If there is injury to the animal, and the person presenting the animal reports the injury as abuse, and reports other incidents of domestic violence but wishes not to report it because they are a victim, they should be



encouraged to approach other agencies that might assist.

■ The abuse of the animal must be reported to the animal welfare organisations, alerting the officer to the possibility that domestic violence may be involved. The cause of the injury to the animal must be recorded in a confidential part of the client record.

■ The independent charity, Crimestoppers, operates an anonymous telephone number, 0800 555 111 or anonymous online form which can be found via <http://www.crimestoppers-uk.org/> to enable people to pass on information about crimes or criminals anonymously and without fear. No details are taken about the caller, purely the information they have. Calls are not recorded and there is no caller identification.

■ The route to anonymous reporting through Crimestoppers should be used if there is knowledge of a person's name attached to the abuse; this may help the police build a profile about a perpetrator now, or in the future.

■ It is advised that if Crimestoppers is contacted, this should not be noted in the client record although the cause of injury should be.

## **THE FUTURE: LIAISON WITH HUMAN AND ANIMAL HEALTHCARE PROFESSIONALS**

All groups (eg, doctors, dentists, vets, social workers, police, child protection agencies etc) involved with the issues surrounding abuse would benefit from education about the potential links between animal abuse and other forms of violence.

In the veterinary world, MSD Animal Health currently sponsor an annual series of lectures at most of the veterinary schools, which ensures that the veterinary surgeons of tomorrow will graduate with a better understanding of the potential for animal abuse and its possible links to human violence.

The MAV/DAVI initiative (see page 2 and Appendix 1, page 10), supported by Medics against Violence, Crimestoppers and the Violence Reduction Unit has successfully run a Scottish pilot training day, which will be extended to the rest of Great Britain as the scheme is developed and its success is monitored.

Dr Freda Scott-Park's work for the Links Group has been supported by the British Veterinary Association. The Veterinary Guidance and the MAV/DAVI Practice Note has been endorsed by the BVA's Members' Services Committee.

## **APPENDIX I**

### **MAV/DAVI Briefing note**

The MAV/DAVI initiative (see page 2) supported by Medics against Violence, Crimestoppers and the Violence Reduction Unit is a Scottish pilot, which will be extended to the rest of Great Britain as the success of the scheme is monitored.

### **Introduction**

In many homes where domestic abuse takes place, humans are not the only victims. As family members, pets can also be hurt, terrified and neglected. The new Medics against Violence Domestic Abuse Veterinary Initiative (MAV/DAVI) aims to help all members – humans and animals – of families affected by domestic abuse.

MAV/DAVI will offer practical help and advice to victims and health professionals, as well as helping to make people understand why hurting animals matters. MAV/DAVI was launched at Glasgow University Veterinary School, on 26 April 2012.

### **MAV/DAVI partners**

The partners in the Medics against Violence Domestic Abuse Veterinary Initiative (MAV/DAVI) are:

### **Medics against Violence**

[www.medicsagainstvience.co.uk/](http://www.medicsagainstvience.co.uk/)



Medics against Violence (MAV), the healthcare campaign charity that aims to prevent violence before it happens, works in partnership with the Violence Reduction Unit. Aware of the scars, disabilities and psychological problems that violence causes, primarily among young men, MAV sets out to help young people stay safe by giving them an understanding of the consequences of violence and how to avoid it. All the medics who take part in MAV programmes are volunteers from a variety of healthcare backgrounds.

The MAV Schools project aims to influence attitudes to violence among Scottish youth, particularly in relation to knife carrying, knife crime and gang membership. Volunteer medics from MAV have spoken to over 7000 young people in schools in Scotland about the consequences of violence. The MAV Domestic Abuse project provides free training for dentists about domestic abuse, and will soon extend this for other health professionals, including veterinary surgeons.

## Violence Reduction Unit

[www.actiononviolence.org.uk](http://www.actiononviolence.org.uk)



Established in January 2005 by trathclyde Police, the Violence Reduction Unit (VRU) targets all forms of violent behaviour, in particular knife crime and weapon-carrying among young men in and around Glasgow. In April 2006 the Unit's remit was extended nationwide by the Scottish Executive, creating a national centre of expertise on tackling violent crime.

Adopting the public health approach as described in the WHO World Report On Violence and Health (2002), the unit has simple aims: to reduce violent crime and behaviour by working with partner agencies to achieve long-term societal and attitudinal change, and, by focusing on enforcement, to contain and manage individuals who carry weapons or who are involved in violent behaviour.

The unit also aims to explore best practices and develop sustainable, innovative solutions to the deep-rooted problem of violence.

## Scotland

### Crimestoppers

[www.crimestoppersscotland-uk.org](http://www.crimestoppersscotland-uk.org)



Crimestoppers is an independent charity helping to find criminals and solve crimes. It has an anonymous phone number, 0800 555 111, that people can call to pass on information about crimes; alternatively people can send Crimestoppers information anonymously via their website, [www.crimestoppers-uk.org](http://www.crimestoppers-uk.org). Callers don't give their name or any personal information and calls cannot be traced or recorded.

Crimestoppers provides an invaluable community service, so that anybody who has information about criminal activity can pass it on, without living in fear of the consequences. If you pass on information to Crimestoppers you will never need to go to court.

The information given to Crimestoppers is then passed onto the police. Crimestoppers is a simple and secure way of bringing criminals to justice, without anybody knowing who the information came from. Every call can make a difference. Every day, calls to Crimestoppers in the UK help to arrest and charge 23 people.

## The Links Group

[www.thelinksgroup.org.uk/](http://www.thelinksgroup.org.uk/)



The Links Group aims to raise awareness of the well-researched 'links' between the abuse of children, vulnerable adults and animals to all professionals in the hope that agencies will work together to help prevent related cases from going undetected. The group is proactively drawing attention to this issue which has, until recently, been under-reported. Member

organisations are working closely together to suggest ways in which the 'links' could be incorporated more fully into overall working practice. A better understanding of these links can help to protect victims, both human and animal, and promote their welfare.

Key achievements of the group to date include: more referrals between professions; successful RSPCA and Scottish SPCA prosecutions for non-accidental injury; improved veterinary undergraduate training; professional guidance for vets on breaching confidentiality, where circumstances require this; more widespread pet fostering services.

## Pet Fostering Service Scotland

[www.pfss.org.uk/index.html](http://www.pfss.org.uk/index.html)



Pet Fostering Service Scotland has been helping pet owners in emergencies since 1985. It was started to help elderly pet owners who, through accident or illness, became temporarily unable to care for their much loved pet and could not arrange any alternative care.

Volunteer foster carers provide temporary homes for pets until they are able to be reunited with their owners. This minimises the anxiety and stress for both owner and pet during the separation. PFSS helps to maintain an owner's sense of involvement and, if possible, keeps them informed of their pet's wellbeing. Most importantly PFSS ensures that pets are reunited with their owners as soon as possible.

PFSS now also help pet owners who:

- Are suffering from poor health;
- Have been made temporarily homeless;
- Are fleeing domestic abuse in the home.

## OneKind

[www.onekind.org/](http://www.onekind.org/)



OneKind, formerly Advocates for Animals, is an Edinburgh-based UK animal charity that aims to create a paradigm shift in the way that animal welfare and animal protection are perceived and delivered by people.

The charity works with educators, scientists, key decision makers and the public, to advance knowledge and understanding of animals and to promote a lifestyle that is animal-friendly. Using science-based evidence, OneKind campaigns for positive legislation in Scotland, the UK and beyond; to ensure good practice and compliance with existing laws; and, where necessary, uses a mixture of field work and research to expose the mistreatment of animals. OneKind recognises animals as sentient beings and builds on the connections between people, animals and the natural world in a positive, inspiring and practical way.

## APPENDIX 2

### Definitions of abuse

The situation is complex when it comes to providing definitions of abuse; there is no single definition in use by all agencies involved in the protection of victims of domestic abuse. The definitions provided here are for guidance purposes only.

#### Definition of abuse in England

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

**Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

#### Definition of abuse in Scotland

Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse may be committed in the home or elsewhere.

#### Definition of abuse in Northern Ireland

Any incident of threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or

emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation.

Incident means: an incident anywhere and not confined to the home of one of the partners/family members.

Intimate partners means: there must have been a relationship with a degree of continuity and stability. The relationship must also have had (or reasonably supposed to have had) a sexual aspect, such as in the relationship between husband and wife or between others generally recognised as a couple including same sex couples; and Family members include mother, father, son, daughter, brother, sister, grandparents, whether directly or indirectly related, in-laws or stepfamily.

#### Definition of abuse in Wales

The use of physical and/or emotional abuse or violence, including undermining self confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

#### Definition of abuse in the Republic of Ireland

Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.



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RCVS Code of Conduct for Veterinary Surgeons (April 2012)

### Clinical and client records

[www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/](http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/clinical-and-client-records/)

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RCVS Professional Conduct department

[www.rcvs.org.uk/advice-and-guidance/contact-the-professional-conduct-department/](http://www.rcvs.org.uk/advice-and-guidance/contact-the-professional-conduct-department/)

6

MAV/DAVI Practice Note 2

Available on request by emailing: [info@medicsagainstviolence.org](mailto:info@medicsagainstviolence.org) ([www.medicsagainstviolence.co.uk](http://www.medicsagainstviolence.co.uk))

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## THE LINK BETWEEN DOMESTIC ABUSE AND THE ABUSE OF FAMILY PETS IN SCOTLAND

The following cases provide anecdotal evidence, gathered by the VRU from police forces around Scotland, of the link between domestic abuse and animal abuse. (*Warning: contains distressing material*)

### Glasgow

- ◆ A lady who had been verbally and violently abused by her partner for 12 years awoke one day to find that her partner had turned his anger on her pet dog, repeatedly punching it and causing massive internal injuries from which it later died.
- ◆ During a search of a registered sex offender's home the police recovered a video tape. which depicted him and his female partner sexually abusing their pet dog.
- ◆ A 22-year-old repeat victim of physical and emotional domestic abuse by her ex-partner was attacked by him and had a knife held to her throat while he kicked over her budgie cage, allowing the birds to fly free. He then started throwing the knife at the birds but on missing them he deliberately stood on one of them and kicked it across the room, killing it. Following this he threatened to stab and kill her pet dog; however, a friend of the victim grabbed the dog and ran from the house.
- ◆ The police were called to a domestic incident and upon arrival they heard a man shouting 'I'm gonna drown the dog but the bastard won't drown'. The police could hear the dog yelping as if it was in pain. The victim later told the police that her partner had tried to drown the dog in the kitchen sink.
- ◆ A female victim of domestic abuse reported to the police that her ex-partner had stabbed her cat to death with a Biro.
- ◆ A male perpetrator of domestic abuse bought a dog for his wife. During an argument he took the dog into the kitchen and killed it by cutting its throat. He went on to be a convicted serial murderer and rapist.
- ◆ During a domestic incident the perpetrator slashed his partner's foot and then stabbed the dog to death, the knife was lodged in the dog's rib cage when the police arrived.
- ◆ The police were called to an argument/fight between a couple within the family home. During the incident the male partner threatened to kill the family pet rabbit by slitting its throat. Fearing for her own safety and that of the rabbit the female partner grabbed the rabbit and fled from her home.

### Falkirk

- ◆ A teenager found her pet dog battered to death one morning in the kitchen. Following an investigation by the police, suspicion centred upon her father. Her father denied the allegation when interviewed by the police. Her mother at this time could not provide any further information. Some time after this incident, the teenager's mother contacted the police to inform them that she had been the victim of domestic abuse for many years at the hands of her husband and that he had had 'battered' the dog to death following a night out.

- ◆ During a domestic incident where the victim was assaulted by having juice poured over her, spat on and strangled, the perpetrator threw her dog out of a first floor window – fortunately the dog survived. The perpetrator was charged under the Animal Health and Welfare (Scotland) Act 2006.
- ◆ During an incident of domestic abuse, a high risk victim of domestic abuse reported that she had been assaulted by her partner and during a fit of rage he had picked up her cat and repeatedly swung it in the air, hitting it off the wall of her home.

### Paisley

- ◆ The police were contacted to deal with a couple fighting and upon arrival discovered that during the incident the female partner had thrown a puppy across the room, trying to hit her partner with it

### Dumbarton and Argyll

- ◆ During a domestic incident the perpetrator strangled the family hamster.
- ◆ During a domestic incident a gerbil was thrown at the wall.
- ◆ At a house in Oban, a couple were racing their pet rabbits around a track they had built in their home. At some point during the race the couple fell out and one of them picked up the other's rabbit and kicked it about the house and then beheaded it.
- ◆ At another domestic incident the perpetrator put his partner's cat in the freezer, killing it.

### Fife

- ◆ During a violent domestic incident the perpetrator threw boiling water over his partner and then tried to strangle her. He then picked up a knife and called the children into the room and killed two pet finches by stabbing them with a large kitchen knife.
- ◆ During a sustained physical attack of a woman in front of her children, her partner hung the family pet from the light fitting.
- ◆ The police were called to a family home on a regular basis because of domestic violence. The circumstances always included the perpetrator being accused of beating the family dog, which resulted in it shivering and cowering in the corner, terrified of the perpetrator.
- ◆ The police were called to a domestic incident during which the perpetrator threw the family budgie on an open fire.
- ◆ During a historic investigation of child abuse, it was established that the abuser had over a number of years physically and sexually abused his wife and their children. All the witnesses spoke of a great deal of animal cruelty including microwaving cats, and cutting dogs' heads off with spades.

### **Inverness**

- ◆ The police were called to a domestic incident in Inverness and upon arrival discovered a dead dog. The dog had been dead for some time, but the victim refused to say what had happened to it although it was suspected that the abuser had killed it.

### **Greenock**

- ◆ During a domestic incident the abuser threw the victim's cat out of the window.

### **Edinburgh**

- ◆ During a horrendous child abuse case where six children were physically abused and the mother almost killed on several occasions, the abuser cut the cat's tail off in front of the children.
- ◆ During an incident of domestic abuse, the children's pet hamster was microwaved.

### **Conclusion**

From these brief examples it is clear that the abuse of family pets goes on in homes across Scotland. In the heat of the moment the police are focused upon the needs of the victim and family (rightly so, given their statutory responsibility to protect human life). As a result, sometimes the needs of the animals involved are not yet being met. The examples also indicated that some officers were unsure what could or should be done when they are faced with historical animal cruelty.

The subject of pet abuse within a domestic abuse context was addressed within a criminal justice setting at an Association of Chief Police Officers in Scotland (ACPOS) Domestic Abuse Conference in March 2012. During the next domestic abuse campaign (December/January 2012/13) Scottish police forces were asked to collect more specific data on the prevalence of pet abuse.

## **USEFUL CONTACTS**

### **The Links Group**

[www.thelinksgroup.org.uk/index.htm](http://www.thelinksgroup.org.uk/index.htm)

### **Royal College of Veterinary Surgeons**

[www.rcvs.org.uk/home/](http://www.rcvs.org.uk/home/)

### **RCVS Professional Conduct**

Telephone 020 7202 0789. Email: [profcon@rcvs.org.uk](mailto:profcon@rcvs.org.uk)

### **British Veterinary Association**

[www.bva.co.uk](http://www.bva.co.uk), telephone 020 7636 6541

### **Veterinary Defence Society**

[www.veterinarydefencesociety.co.uk](http://www.veterinarydefencesociety.co.uk),  
telephone 01565 652737

### **RSPCA**

[www.rspca.org.uk/home](http://www.rspca.org.uk/home), telephone 0300 1234 999,  
24-hour line covering England and Wales

### **SSPCA**

[www.scottishspca.org](http://www.scottishspca.org), telephone 03000 999 999  
covering Scotland)

### **USPCA**

[www.uspca.co.uk](http://www.uspca.co.uk), telephone 028 9081 4242,  
24-hour line covering Northern Ireland)

### **Medics against Violence**

[www.medicsagainstviolence.co.uk/](http://www.medicsagainstviolence.co.uk/))

### **The Violence Reduction Unit**

[www.actiononviolence.com/about-us](http://www.actiononviolence.com/about-us)

### **Crimestoppers Scotland**

[www.crimestoppersscotland-uk.org](http://www.crimestoppersscotland-uk.org),  
telephone 0800 555 111

### **ParentLine Scotland**

[www.children1st.org.uk/services/46/parentline-scotland](http://www.children1st.org.uk/services/46/parentline-scotland),  
telephone 0800 028 2233





**[www.thelinksgroup.org.uk/](http://www.thelinksgroup.org.uk/)**

The Links Group is a committed multi-agency interest group that promotes the welfare and safety of vulnerable children, animals and adults so that they are free from violence and abuse.