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ANIMAL CRUELTY-CONSIDERATIONS FOR THE VETERINARY PROFESSIONAL

This abstract will cover 3 conference topics by this author, the role of the veterinarian in handling animal abuse, recognizing hoarding and recognizing and documenting animal abuse.

The role of the veterinarian in handling animal abuse
The leading veterinary professional associations (VMAs) in the United States, Canada, the United Kingdom, New Zealand, Norway, Australia and other countries have taken a clear ethical position on the issue of how veterinarians should handle animal abuse. The following position statements have been issued by various organizations and can be found on their respective websites.

The American Veterinary Medical Association (AVMA) has taken the position that "veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws or local ordinances. When these situations cannot be resolved through education, the AVMA considers it the responsibility of the veterinarian to report such cases to the appropriate authorities whether or not mandated by law. Disclosures may be necessary to protect the health and welfare of animals and people. Veterinarians should be aware that accurate record keeping and documentation of these cases are invaluable. The AVMA considers it the responsibility of the veterinarian to educate clients regarding humane care and treatment of animals". 1

The American Animal Hospital Association (AAHA), a professional organization that represents small animal practitioners, revised a position statement on animal abuse in November 2015 to state "Veterinary professionals are likely to encounter many forms of animal abuse ranging from minor neglect to malicious harm. AAHA supports the reporting of suspicions of animal abuse to the appropriate authorities. The Association encourages the adoption of laws mandating veterinary professionals to report suspicions of animal abuse and providing immunity from legal liability when filing such reports in good faith. Veterinary professionals should be familiar with animal cruelty laws and their veterinary practice act, including any mandatory reporting requirements. Studies have shown there is a link between animal abuse and other forms of violence, including child, spousal, and elder abuse. Reporting suspicions of animal abuse is important as it will trigger an investigation that may ultimately protect both animals and humans. It upholds the veterinary oath to prevent animal suffering and promote public health. Veterinarians should seek education about animal cruelty and the profession should provide training on the recognition, documentation, and reporting of animal abuse and the development of forensic models. Collaboration with animal and human welfare group, law enforcement and other professionals within communities is crucial to improve response and reduce the incidence of animal abuse. Veterinarians are referred to the American Veterinary Medical Association and the Canadian Veterinary Medical Association for information and resources on the signs, recognition, and reporting of animal abuse. 2

The Canadian Veterinary Medical Association (CVMA) "recognizes that veterinarians are in a position to observe occasions of animal abuse and have a moral obligation to report suspected cases. That obligation has increased with the recognized link between animal abuse in animals and abuse in people. In return, society has an obligation to support those veterinarians who report in good faith, using their professional judgement. CVMA recognizes that moral obligation is not legal obligation. Any legal obligation to report abuse, or provision of immunity from prosecution for veterinarians is the jurisdiction of the province. In the background information, the CVMA "encourages provincial VMAs to lobby their provincial governments to develop legislation to make mandatory the reporting of animal abuse by veterinarians, and to provide immunity to those who do so using their professional judgement and in good faith. 3

The Royal College of Veterinary Surgeons position is too lengthy for this paper, but it also states "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. 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
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Obligations of client confidentiality. In the first instance, in appropriate cases, the veterinary surgeon should attempt to discuss his/her concerns with the client. 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… to report alleged cruelty to an animal. The statement also discusses child abuse and suggests that veterinarians contact the association for advice when faced with questionable situations.

Despite the support of many professional associations to educate clients or report suspicions of animal abuse, veterinarians continue to have reservations about their role in handling animal abuse cases. Physicians voiced many of the same reservations when first confronted with child abuse issues. Concerns expressed then that may be shared by veterinarians today include insufficient training to recognize abuse, fears that nothing would happen or the situation might worsen, conjecture that it is someone else's job, worry that disclosing information in the medical record may breach the confidentiality of the medical records and lead to charges of professional misconduct, lack of immunity for false reports, fears that people won't bring their children (or pets) for care if they were subject to accusations of abuse, fears about a negative financial impact on the practice, fears about personal safety if clients were prone to violence, etc. Veterinarians are also concerned about who will pay for the cost of preparing the evidence, housing and treatment of the victim. Despite all these reported concerns, studies in the 1990s revealed that the reaction and state of mind of the client weighed most heavily on the veterinarian's decision whether to report; also, an unpublished Canadian study determined that if the client showed remorse, veterinarians felt they shouldn't be punished.

Despite physician's misgivings, after the "Battered Child Syndrome" article was published in 1962 by Henry Kempe in the Journal of the American Medical Association, physicians and many other health care professionals were quickly mandated to report child abuse in the United States. Identification and publication of the Battered Pet Syndrome by Scottish veterinarian Helen Munro in 1996 and 2001 in the British Journal of Small Animal Practice did not bring about a similar result.

While many veterinarians worry about how to define animal cruelty, it is defined by statute in the US, not the veterinarian. There is much inconsistency in the laws in the United States regarding the definition of both animal and animal cruelty, which adds somewhat to the dilemma for veterinarians. In some instances the laws apply only to companion animals or may exclude farm and wild animals. Every state has its own definition of animal cruelty and some forms of animal cruelty are considered serious enough to be a felony. In fact, the FBI has recently classified animal cruelty as a violent crime against society and will now track it in their crime reporting database, along with the serious crimes of arson, burglary, drug trafficking and homicide. The four categories of animal cruelty will include simple or gross neglect, intentional abuse and torture, organized abuse (such as dog fighting) and animal sexual abuse. Although each state defines cruelty, the FBI defines it as "intentionally, knowingly or recklessly taking an action that mistreats or kills any animal without just cause, such as torturing, tormenting, mutilation, maiming, poisoning or abandonment." Given the seriousness with which US law enforcement is expected to view animal cruelty, veterinarians must also accept that animal cruelty is a crime and not just socially or morally unacceptable behavior. The decision to report suspicions of animal abuse does not determine the circumstances, direction or outcome of the case. Reports of suspicions should initiate an investigation by law enforcement to uncover the facts in a case so the person may be held accountable by the court system for what they actually did or did not do.

Veterinary regulatory agencies in the US impact the way veterinarians can handle animal abuse in a variety of ways. Veterinarians are mandated or permitted to report animal abuse by law in several states, while California and Colorado mandate veterinarians to also report child abuse. At least two Canadian provinces mandate reporting. Some of the states that mandate reporting will take also action against licensees who fail to file a report. Some veterinary practice acts do not mandate reporting but encourage it by providing immunity from civil and criminal actions for filing good faith reports and participating in animal cruelty investigations. The veterinary medical records are confidential in many jurisdictions, but exceptions are often made to facilitate reporting by allowing veterinarians to provide information obtained through the Veterinarian-Client-Patient-Relationship if it is deemed necessary to protect public, human or animal health and well being. Most veterinarians and professional associations feel that immunity and exceptions from confidentiality restrictions for good faith reports are essential components of any mandated reporting
legislation. The law in Massachusetts reads as follows: “A veterinarian, who while in the normal course of business, observes an animal whom such veterinarian knows or reasonably suspects has been the victim of animal cruelty prohibited under section 77 or 94 of chapter 272 shall report said suspected animal cruelty to a police officer or special state police officer appointed under section 57 of chapter 22C. A veterinarian duly registered under section 55 who reports in good faith and in the normal course of business, a suspected act of cruelty to animals prohibited under said sections 77 or 94 of chapter 272 to a police officer or special state police officer appointed under section 57 of chapter 22C shall not be liable in a civil or criminal action for reporting such act. Any veterinarian who fails to report such an act of animal cruelty shall be reported to the board of registration in veterinary medicine.” Information about American animal cruelty statutes and veterinary obligations can be found at www.animallaw.info.

As health care professionals with an ethical oath to also protect the public health, veterinarians should be aware that there are many studies that demonstrate there is a strong “link” between animal abuse and human violence. Animal abuse often does not occur as an isolated incidence of anger or aggression, but is often violent, deadly and may be part of a series of events involving violence against humans. In other words, when animals are at risk of abuse, people are at risk and vice versa. Many experts believe that animal abuse serves as a sentinel for the early detection of family violence. The recognition that an animal is being abused may provide the first point of intervention in breaking a continuum of violence that includes domestic, spousal and elder abuse as well as other violent crime. Aggressive acts against a family member, including the family pet, places all the family members at risk, and the violence and criminal behavior often spills over into the community. There are over 1,000 journal articles and recognized publications that discuss the link between animal abuse and human health and safety, recognizing the need for a multidisciplinary approach to the problem; over 100 of these articles discuss the role of the veterinarian in recognizing and reporting animal abuse. (More information about the studies can be found at www.animaltherapy.net/animal-abuse-human-violence/bibliography/) The studies supporting these statements are startling; conclusions from a few are included below:

- Ascione found in 1998 that 71% of women seeking shelter from an abusive situation reported that their partner had hurt, threatened or killed their pet. 32% of these women reported that one or more of their children had hurt or killed pets.
- Deviney found in a 1983 study that animals are abused in 88% of homes where physical child abuse occurred and these victims sought veterinary care at a rate that is consistent with the non abusive household. Of particular interest to veterinarians is the finding that dog bites are eleven times more likely to occur in these violent households. This important study was one of the first of many to show that veterinarians who believe they will not see abused animals in their clinics are mistaken.
- Merz-Perez found in a 2001 study that violent offenders in a maximum security prison were significantly more likely than nonviolent offenders to have a prior history of acts of animal cruelty.
- Kellert and Felthous conducted studies of the childhood of men in prisons and psychiatric hospitals for criminal behavior and found that there was a significant association between acts of cruelty against animals in childhood and later serious, recurrent aggression against humans.

The primary role of the veterinarian in investigating animal cruelty is that of medical expert. It is worth repeating that cruelty is defined by the court, not the veterinarian. A rudimentary understanding of the terms is still valuable for understanding how to manage the cases. While abuse and cruelty are often used interchangeably, a new term, animal maltreatment is also gaining favor. Most veterinarians still think of animal cruelty in terms of the commission of a violent act such as kicking, beating, burning, drowning, throwing, etc., and have no problem labeling such activities cruelty. But the definition is often much broader. Lockwood defined animal cruelty as any act that, by intention or by neglect, causes unnecessary pain or suffering to an animal. Neglect is often believed to be benign, unintentional and often due to ignorance, but many cruelty statutes that impose specific duties of care upon owners define neglect as cruelty. Failure to exercise that degree of care that a person of ordinary prudence would exercise under the same circumstances contributes to a finding of animal cruelty in some jurisdictions. Neglect usually refers to failure to provide food, water, and shelter, but may also include sustenance or veterinary care. Veterinarians should
not assume that an owner is automatically exonerated from cruelty charges because it was unintentional or the owner could not afford to pay for veterinary care. Bringing an animal to a veterinarian for care also does not constitute an automatic defense against cruelty charges. It is believed that neglect constitutes the cases that will most commonly be seen by veterinary clinicians and may be the most difficult to manage. Cases of mild, unintentional neglect may respond well to client education, but the veterinarian should have a plan for following up with the client to ensure patient and human safety.

While many practitioners fear that filing a report of a suspicion will get a client into trouble and result in punitive action being taken, they should remember that the report simply initiates an investigation to uncover the facts of a case that may also result in exoneration. In addition, the investigation may uncover a problem that will bring a much needed legal and social services intervention to a family in distress. There are many others involved in the investigation and prosecution of these cases, including law enforcement, prosecutors, judges, social service agencies, animal control and shelters, etc. Veterinarians do not act alone when filing a report, but they do act alone when undertaking to educate only. Failure to file a report casts veterinarians in the role of judge and jury without having all the facts that an investigation would uncover. By serving as the medical expert, the veterinary professional is responsible for recognizing the warning signs and risk factors, collection, preservation and presentation of the evidence for the case and testifying. It cannot be stressed too often that the ultimate disposition of the case is determined by the judicial system. Whether the decision is made to educate, monitor or report, the veterinarian should always remember that actions taken to relieve animal suffering and protect animals and people from violence is part of the veterinarian’s oath.

**Animal hoarding**

Animal hoarding is animal neglect and cruelty on a widespread scale involving multiple animals. The numbers can range as high as in the hundreds. It has been defined as a complex behavior that is the result of a variety of psychological and behavioral problems. The hoarder’s need to accumulate and control animals, and their inability to care for themselves or others overtakes the needs of the animals. They not only fail to provide the minimum standards of care, but may not recognize the failure or may even deny that there is a problem with the care they are providing. Hoarder’s animals suffer from a lack of appropriate nutrition, sanitation and veterinary care, and are often unsocialized and stressed due to overcrowding. Environmental conditions are often so unsanitary that complaints are filed by neighbors because of the filthy conditions and noxious odors emanating from the site. It is not unusual for the Department of Health or Sanitation to be the first agency on the scene in response to a complaint. In some cases, ammonia levels from urine may surpass the human safety level of 50 parts per million (ppm). (Humans can detect the odor at 10ppm, and levels over 300ppm are considered a serious health threat.) Excessive noises and the sight of numerous sick and severely debilitated animals may also draw attention to the property. Large amounts of feces, rotting food, cockroaches and other vermin may be found at the site.

In addition to the filthy environment animals and humans may be living in, animals are often found near death; starving; and with numerous untreated infections, and chronic and painful illnesses. Any species can be hoarded, as well as farm and exotic animals. Dogs and cats are commonly found to be suffering from ear mites, upper respiratory infections, endo and ectoparasites, pyoderma, urine scald, embedded nails, severe matting, dermatophytosis and other conditions associated with overcrowding, stress and neglect. In over half of hoarding cases, dead animals may be found around the property, in cages or buried.

Some of the warning signs of hoarding include an inability or unwillingness to say how many animals they have; an unwillingness to allow visitors to their home or facility; a focus on acquiring more animals regardless of the condition of the home or their ability to provide care; lack of interest in finding new homes for the animals; taking in animals with special needs or disabilities; a constant parade of new animals; recurrent illnesses as a result of stress; never seeing animals reach an old age; use of several veterinarians; a foul odor from the owner, animal or animal’s carrier; use of perfume to disguise odors, bringing in a recently rescued severely debilitated animal and requesting heroic treatment measures, etc.

Hoarding is not limited to any socioeconomic group. Many hoarders are successful professionals, including animal welfare professionals, veterinarians and veterinary
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Technicians. Women are much more likely to be hoarders and the average age range is 48-53 years. Unfortunately, many animal shelters and rescue groups are also guilty of animal hoarding. It is now recognized that animal hoarding is a mental illness included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). However, these cases must often still be managed as animal cruelty in order to bring in the medical, veterinary and social services needed to rescue both the animal and human victims.

Three categories of hoarders have been identified. The overwhelmed caregiver often starts out providing adequate care but due to a number of circumstances, such as loss of employment, they gradually become overwhelmed and care becomes substandard. Rather than actively seeking more animals, overwhelmed caregivers frequently receive animals who are dropped off by well-meaning neighbors and friends. Failure to desex animals may also result in increasing numbers of animals on the premises. They may accept assistance and be willing to give up some of the animals and submit voluntarily to follow up monitoring. The other two categories, rescue and exploitative hoarders, usually actively acquire animals, and are much more deceptive and resistant to accepting assistance.

Veterinarians are often reluctant to report hoarders for cruelty because they appear sympathetic and well meaning. Instead they try to help them by providing free or discounted care, or by taking animals from them to rehome. Any approach to resolve animal hoarding is seldom successful unless the veterinarian understands the nature of hoarding and engages other professionals and agencies, i.e. physicians and psychiatrists, Departments of Health, Sanitation, Aging, Child Protection Services, Social Services, etc., for assistance. The recidivism rate for continuing to hoard after treatment is nearly 100%. Research is being conducted by the Hoarding of Animals Research Consortium (HARC) at Tufts University to identify more effective intervention strategies for hoarders. (More information can be found at http://vet.tufts.edu/hoarding/.)

Recognizing and documenting animal abuse

As with any other medical condition, veterinarians must learn to recognize the warning signs and clinical diagnostic indicators that support a suspicion that an animal may be a victim of maltreatment or cruelty. In many cases the signs do not occur in isolation but may represent a pattern over time. Clinicians should evaluate the animal’s clinical signs as well as the client’s behavior. Warning signs of abuse include 1) injuries that could not logically have occurred in the manner that the owner has described, 2) unexplained or repetitive injuries to one or several animals, 3) discrepancies or changes in the description of how injuries occurred, 4) lack of concern when questioned about the disposition of previous pets, 5) lack of concern about their (in)ability to care for the animal, 6) refusal to acknowledge the seriousness of a condition or delay in seeking veterinary care, 6) indifference to or lack of awareness or concern about how the animal was injured, 7) refusal to treat an animal for a clearly painful condition such as a fracture, 8) repeated failure to follow-up on the treatment of serious medical conditions that cause pain or suffering, 9) constant parade of new animals, or 10) use of several veterinarians.

While there is no specific profile of an animal abuser, they tend to be male and may come from any socioeconomic background. Wealthier clients may be able to escape detection easier by bringing the animal to the veterinarian promptly for care, paying the bill without protest, and utilizing several veterinarians. It may be a first time client, or a repeat client whose prior or current behavior raises concerns. In the latter case, it may be helpful to evaluate the veterinary records of their other pets as well as the history of the animal being treated to look for patterns of traumatic injuries, delays in seeking treatment or other suspicious ailments. Abusive clients may show a weak or no attachment to the animal, or be aggressive or argumentative. If children are present, the child’s appearance, responses to questions, or fear of the client may raise concerns. There may be a high turnover in the number of pets and the family may show evidence of other risk factors such as financial, emotional and marital problems or substance abuse.

In addition to the above warning signs of abuse, there are several clinical diagnostic indicators of abuse and neglect that veterinarians can easily identify upon physical examination. These should be carefully and fully documented in the medical record. A combination of these signs or the presence of these signs in several animals should be cause for concern. Some signs of neglect include: 1) Emaciation, low weight and low body condition scores. In severe cases, the ribs and other bony protuberances are highly visible and there is no fat over the ribs. This could be starvation, but careful
diagnostic testing should be performed to rule out any contributing factors, such as endoparasitism. A starvation diagnosis is generally confirmed when an animal regains normal body weight by simply being fed a nutritious diet without any other treatment being administered. 2) Severely matted hair. The resultant tension on the skin is very painful, and the matting predisposes to and hides other skin problems. It also prevents self-grooming, piloerection and thermoregulation. In very severe cases, the matting can cause strangulation of the blood supply to the extremities, resulting in gangrenous lesions. 3) Overgrown and ingrown nails, 4) Chronic, infected, bleeding, untreated or unhealed wounds, and skin lesions and wounds in various stages of healing, 5) Maggots and heavy flea, tick or other ectoparasite infestations, 6) Collars that are placed on juvenile animals and never adjusted as they grow may become embedded in the neck resulting in extreme pain, infection and disfigurement, 7) Overall filthy – urine soaked fur and feces caked on feet, around anus, etc. 8) Dental disease. 9) Untreated disease, pain and distress, i.e., vomiting, diarrhea, coughing, inappetance, lameness, etc.

One of the most compelling signs of animal abuse can be found on radiographic examination of an animal. The index of suspicion that an animal has been abused should be raised significantly if an animal has multiple fractures, fractures on several regions of the body, transverse fractures, or multiple fractures in various stages of healing. In fact, it is often recommended that whole body x-rays should be taken whenever animal abuse is suspected, paying particular attention to injuries to the head, ribs and extremities. Board certified or radiology specialists can help establish a history of ongoing abuse by expertly evaluating radiographs to determine the age of fractures.

Animals who present with problem behaviors are at greater risk of being abused. Although some behaviors may have underlying medical causes or be the direct result of a medical condition, the animals may still be physically punished. Some behaviors include: 1) The need for constant supervision, 2) Urination and defecation in the house, 3) Chronic illnesses that result in diarrhea and/or vomiting or significant financial burdens, 4) Resistant, disobedient, noisy or destructive behavior, 5) Aggressive behavior 6) Disabilities such as deafness that it make it appear the animal is disobedient. Puppies and kittens are at greater risk of abuse because they are vulnerable and may not be house or litter box trained or exhibit behaviors their owners did not expect. Male dogs and dominant breeds are also at higher risk of abuse.

The veterinarian must understand that the animal and everything associated with the animal is evidence in a cruelty case. Veterinarians should work closely with local law enforcement officers and prosecutors to ensure that all evidence is handled in accordance with legal protocols. Failure to do so may result in the loss of a case. Just as in cases involving one animal, cases involving multiple animals such as hoarding usually require that the evidence for each animal be separately identified, collected, preserved, documented, tagged and secured as soon as abuse is suspected. This not only includes the leash and collar, for example, but dirt from the paws or bits of leaves that cling to the fur. It may seem inconsequential at the time, but odors or traces of grease, oil, turpentine or other chemicals in the animal’s hair can yield critical information or clues about the sheltering of the animal, home remedies or treatments the owner may have tried, or supportive evidence that an animal was deliberately set on fire. Bits of paint on the animal’s fur that match the paint of a car that allegedly hit the animal may be a critical piece of information to link the victim to the perpetrator. When in doubt, everything should be labeled and saved in accordance with the rules of evidence provided by the investigators.

The medical record for a cruelty case should include the client’s name and address; date, time and duration of the visit; name of all parties present; complete description of the animal; the chief complaint; all pertinent statements by the client and others present using their exact language; an assessment of the timeliness of the visit to address the problem and the animal’s initial presentation and any husbandry concerns. A complete physical examination should be conducted. A cap, gown, mask, gloves, etc. should be worn to avoid contamination of the evidence. Specificity and accuracy are critical in abuse cases. If the animal is emaciated or dehydrated, accurate determinations should be made of the body score or degree of dehydration. All the findings should be documented, not just the abnormalities. The initial weight and subsequent weights should be recorded on a weekly basis. Daily updates should be included even if there are no changes in the animal’s condition. Changes in the condition should be carefully described no matter how minor they may appear. The animal’s behavior or mental
status should be evaluated and continually monitored and documented. Changes in the behavior of the animal away from the perpetrator, deprivation or abusive environment may prove helpful to the case. Animals who are depressed and/or minimally responsive initially often exhibit dramatic behavior changes as their physical and emotional health improves. Lots of good quality photographs and videos of the animal and environment he or she was removed from should be taken. They should be labelled with all pertinent identifying information pertaining to case numbers, date, time and photographer’s name. They should be well lit, from all angles and include rulers to show the size of any wounds and lesions, There should be full body and close-up shots as well as before, during and after treatment shots. Videography is helpful to depict changes in ambulation and behavior.

Diagnostic and clinical tests are all part of the medical record and therefore considered to be evidence. Clinical laboratory tests, including fecals, urinalyses and complete blood work should be conducted to rule out underlying factors or concurrent conditions that may contribute to or predispose the animal to the condition being investigated. Samples that are sent to a commercial laboratory must be properly sealed and labeled. The laboratory should be advised in writing to safeguard the samples in order to avoid accusations of mishandling, tampering, or other interference with a criminal investigation. Whole body radiographs should be taken whenever possible to look for fractures in various stages of healing as described earlier. If the animal must be euthanized, the reasons must be clearly enumerated in the medical record and supported with complete documentation and photographs.

A forensic necropsy should be performed on all deceased victims. In addition to establishing the cause of death, the forensic necropsy should establish the manner and time of death, any contributing causes and rule outs. All positive and negative findings have to be recorded, with documentation and interpretation of the findings. It is beyond the scope of this abstract to provide any further details about necropsies, but veterinarians are encouraged to refer to the numerous texts and articles that are now available regarding forensics. Some reference material can be found at the end of this article.

To sum up the handling of an abuse case, when deciding whether to report one’s suspicions or to educate a client, it is advisable to start by looking at the number of problems, their severity and duration and whether the client seems willing and able to correct the problem(s). It is also advisable to determine whether the situation is acceptable according to the regional standard of care. Other factors to look at include the medical history of the patient and the client’s other animals and the appearance and attitude of other family members to assess whether the situation and client seems dangerous or if family violence may be a consideration. A consideration for veterinarians in the US, Canada and other jurisdictions and countries may be whether or not they are mandated reporters of suspicions of animal abuse. When in doubt, a report should probably be made disclosing all information to the investigator unless domestic violence is suspected and the clinician is asked not to file a report due to fears for the personal safety of all involved. In these cases, clinicians should encourage the client to seek help from the appropriate agencies.

Practical tips for clinicians handling animal abuse cases include the following: 1) Know the animal cruelty laws, definitions and the regulations for veterinary practice as they pertain to reporting (i.e., immunity, confidentiality of records, mandate to report); 2) Determine which agency investigates animal abuse, i.e., police department always, animal control, humane society, etc.; 3) Establish contacts beforehand with law enforcement, prosecutors, humane society/animal control, social services (domestic violence, child protection, elder services), department of health (hoarding), diagnostic laboratory, medical examiner, specialists who will work on abuse cases—forensic pathologists and board certified radiologists, local veterinary medical associations and regulatory agencies 4) Establish an in-house hospital policy regarding handling of animal abuse cases that supports reporting of suspected animal abuse, describes the warning signs and circumstances that may be suggestive of animal cruelty, outlines appropriate procedures for acting on suspicions, etc. 5) Take continuing education classes in veterinary forensics and obtain veterinary forensic reference books for the clinic library. The University of Florida in the US offers online degree and certificate courses in veterinary forensics and the North American Veterinary Conference (NAVC) and International Veterinary Forensics Science (IVFSA) also offer continuing education.
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