

Further reading

1. **Animal Abuse and Unlawful Killing Forensic Veterinary Pathology,** (2008) Ranald Munro and Helen M C Munro, Saunders Elsevier.
2. **The Links Group: Veterinary Guidance** (2012) available on line <http://www.thelinksgroup.org.uk/>
3. **Changing dentists' knowledge, attitudes and behavior regarding domestic violence through an interactive multimedia tutorial,** (2006) Nancy Kwon Hsieh, Karen Herzig, Stuart A. Gansky, Dale Danley and Barbara Gerbert, The Journal of the American Dental Association, 137, 596-603
4. **Animal abuse and intimate partner violence: Researching the link and its significance in Ireland – a veterinary perspective.** (2008) B. Gallagher, M. Allen and B. Jones. Irish Veterinary Journal, 61, 658-667

Further information relating to this initiative can be obtained by emailing admin@medicsagainstv violence.org

You can also use the contact form on the MAV website www.medicsagainstv violence.org

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domestic abuse veterinary initiative

VIOLENCE
 reduction unit
violence is preventable not inevitable

Introduction

Domestic abuse is Scotland's national shame. Every 10 minutes the police in Scotland deal with an incident of domestic abuse but it will have taken on average 35 previous incidents of abuse before a victim feels able to report it.

To encourage those suffering domestic abuse to report, we need a range of strategies and support systems endorsed and practised by all the professionals who the victim may come into contact with, including doctors, dentists and veterinary surgeons. Sometimes everyday scenarios can be the most successful in encouraging this reporting and we must never miss the "golden moment" when a client feels able to confide in a professional they can trust.

Following the success of a similar initiative with dentists, MAV and the Violence Reduction Unit (VRU) have established DAVI - the Domestic Abuse Veterinary Initiative. Just as patients develop long lasting relationships with dentists which may encourage the disclosure of sensitive information like abuse, so veterinary surgeons are similarly placed.

This practice note provides a brief guide to the initiative and how it works.

Members of the veterinary team may occasionally be presented with animals that have suffered abuse, or non-accidental injury. If serious animal abuse is occurring, vets should be aware that other forms of domestic or family violence may also be present. Vets may also see an animal that has not been abused but suspect that the owner is a victim of abuse. Abuse is not a companion animal issue; large animal vets may come into contact with it too and vets should be aware of vulnerable people, trapped on remote farms or smallholdings unable to drive or access help.

This places vets, veterinary nurses and receptionists in a unique position on the front line when it comes to dealing with domestic abuse. Many people will remain with one veterinary practice for many years, thus enabling a relationship to be established with a certain level of trust, making it potentially easier for a client to confide in their vet.

Yet despite their advantageous position to intervene, vets are, on the whole, unprepared for this situation. Veterinary students receive little or no training in identifying and discussing animal abuse, let alone understanding the implications of domestic abuse or what to do if their suspicions are raised.

DAVI/MAV Intervention

To help vets take advantage of the **"golden moment"**, a simplistic method developed by Medics against Violence may be employed. The intervention limits the vet's involvement to four simple tasks based upon an American dental training initiative.

1. **Asking the clients about abuse.**
2. **Providing Validating messages acknowledging that violence is wrong and confirming the client's worth.**
3. **Documenting history, presenting signs and disclosures in contemporaneous notes and if possible, with relevant images (for example, x rays or computer images or photographs).**
4. **Referring victims to domestic abuse specialists in the community.**



How AVDR works

With the AVDR approach, the time required of vets is minimal; *in addition, they do not need extensive training in or knowledge about animal or domestic abuse.* Agencies that deal with animal abuse (e.g. RSPCA or SSPCA) will provide the specialist follow up for animal patients.

If domestic abuse is suspected, specialist domestic abuse advocates will offer the necessary advice, care and support. In an American study³, domestic violence survivors described how validation from a provider (this could be a member of the veterinary team) not only provided "relief" and "comfort" but also "started the wheels turning" toward realising the seriousness of their situation and changing it.

'A' Asking

Dentists in the USA reported that they did not intervene because of lack of time, lack of education around domestic abuse, lack of knowledge of the criminal justice system/legal issues and the patient's perceived unresponsiveness. They also reported that asking made them feel uncomfortable. Vets will inevitably find similar reasons not to engage with their client but it is important to remember that this small effort (**Asking**) may be the first time that a victim experiences empathy or compassion, which may release confidences about their pet or themselves that confirm the vet's suspicions.

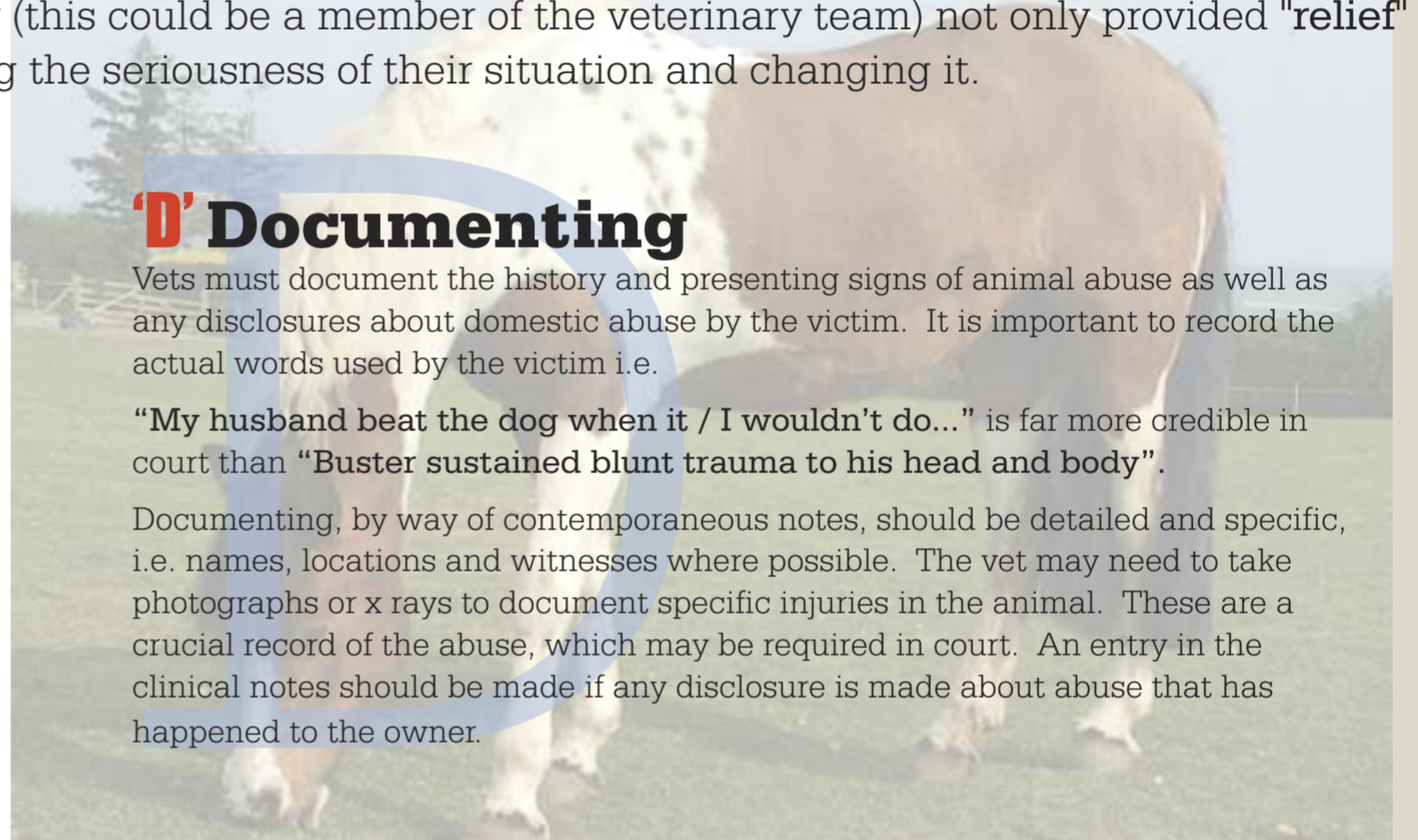
The enquiry alone sends the message that abuse/violence is wrong. The 'asking' should always be done in private, probably in the examination room, using non-judgemental tones and wording e.g. "How are things at home?" This should be followed up with something similar to "Sometimes when I see bruises/injuries like this, it means the animal / person is being hurt by someone they love, is it happening to your animal, has this happened to you?"

'D' Documenting

Vets must document the history and presenting signs of animal abuse as well as any disclosures about domestic abuse by the victim. It is important to record the actual words used by the victim i.e.

"My husband beat the dog when it / I wouldn't do..." is far more credible in court than "Buster sustained blunt trauma to his head and body".

Documenting, by way of contemporaneous notes, should be detailed and specific, i.e. names, locations and witnesses where possible. The vet may need to take photographs or x rays to document specific injuries in the animal. These are a crucial record of the abuse, which may be required in court. An entry in the clinical notes should be made if any disclosure is made about abuse that has happened to the owner.



Excerpt from the evaluation³

Although many health care professionals, including the dentists in the study/evaluation of AVDR reported being concerned about offending patients or about risks involved in intervening with victims, the research did not support these concerns; in fact, victims and primary care patients report that they want their providers to ask about abuse.

'V' Validating

When asking about abuse, vets need to provide validating messages that show compassion and take the blame off the victim, such as:

"Your animal / you do not deserve to be hit or hurt no matter what happened," and/or, "I am concerned about your safety and well-being."

'R' Referring

The last major step in the intervention is to refer animals or human victims to the animal welfare organisations or agencies dealing with domestic abuse.

The referral approach is the same as referring a patient to a specialist for the treatment of a physical condition. If the client is not ready to acknowledge that their animal has been abused or if the human victim is not ready to speak with a specialist in domestic abuse, then the vet should offer the client a telephone number for advice/future referral.

To overcome the dangers of the abuser discovering literature relating to domestic abuse in possession of the victim, a 'helpline' telephone number may be printed on an innocuous free gift which has no mention of its purpose or origin.

Excerpt from the evaluation³

Even if victims refuse referrals, repeatedly offering referrals or making them available helps victims feel like they are not alone and that when they are ready to seek support, it is available.

Reducing barriers for the veterinary team

Because of the vet – client relationship, members of the veterinary team are in an ideal position to notice changes in someone's appearance or behaviour. By expressing concern, vets could give an abused client the confidence to seek help. Adopting AVDR standardises the vet's intervention, allowing questions to be asked about the animal (s) under their care, and by extension, the client too. However in the case of domestic abuse, there is no further commitment for the vet at this stage but the client could be encouraged to seek help from domestic abuse agencies. Please remember that your notes may be used in court. Vets should refer to the Veterinary Guidance document² for further advice. AVDR forms part of a CPD programme available for members of the veterinary team and healthcare professionals, which is delivered jointly by Medics against Violence and the Scottish Violence Reduction Unit.

AVDR complements current health care trends

Given the prevalence of domestic abuse, its adverse health impact and the reluctance of victims to disclose without direct questioning, the Scottish Government introduced routine enquiry of domestic abuse within priority healthcare settings. (CEL41 2008). This has been endorsed at a UK level by the Home Office, Dept of Health, Royal College of Midwives and the Royal College of Psychiatry.

AVDR costs very little to undertake – the only costs incurred in setting up the MAV initiative were developing the training film for dentists and delivering the training programme – yet in terms of preventing domestic abuse it can potentially save thousands in terms of costs to the health service and justice system, not to mention the personal costs to the victim and those surrounding them, including the animals that are being harmed or are at risk.