

Veterinary Reporting of Suspected Animal Abuse:

Concerns and Realities

CONCERN

REALITY

“I haven’t been trained to identify animal abuse.”	Training materials and curricula are widely available on Non-Accidental Injury (NAI). Routinely include NAI in the differential diagnosis.
“How do I know that it’s abuse? I’m not trained to play judge and jury.”	You don’t know – and you won’t have to. The legal definitions of cruelty, abuse and neglect vary widely, are highly situational, and will be made by others. The DVM’s role is to document suspicious cases and report them objectively to the appropriate authority.
“I’m still not sure about a particular case.”	Ask a colleague for a second opinion. Ask the client for permission to keep the animal overnight for observation – and to give you more time to learn more.
“I don’t know who to report to.”	NationalLinkCoalition.org has a free online directory of animal abuse investigating agencies in over 6,500 cities and counties.
“I might get sued.”	There’s little evidence that physicians have been sued for reporting child or elder abuse. 31 of the 35 states that either mandate or permit veterinarians to report suspected animal abuse offer immunity from civil and/or criminal liability; several states also protect the practitioner from loss of licensure or administrative sanctions.
“I might lose the client.”	There’s no evidence that physicians have had erosion of the client base. And are these the kind of clients you want anyway?
“I might make the situation worse.”	Perhaps. But not reporting will certainly make the situation worse, and endanger not only the patient but other animals and people in the household.
“Nothing will be done anyway.”	In many communities, this may be true. But if more cases are reported, reluctant agencies will come to see that this is an important issue which must be addressed. And in many communities there are excellent response mechanisms in place.
“Patient-client-practitioner records are confidential.”	Confidentiality can be waived if there is a public health or safety risk, or if the state law allows such records to be released, or if the client signs a waiver allowing the release.
“I don’t want to endanger my staff.”	Hospitals and healthcare facilities have developed protocols to color-code files or create subtle cues to alert staff to potential threats and to call police.
“I don’t have time.”	Early intervention saves time later. And what are the consequences of not responding?
“I’ll be overwhelmed with additional work.”	Very few cases are actually reported. The majority of cases involve unintentional neglect rather than deliberate physical trauma, and they can usually be resolved through education and ongoing monitoring.
“It’s not my job to interfere in other people’s lives.”	It is your job to protect the health and welfare of the patient – and the other animals in the household who may be at risk.
“I don’t know how to deal with clients who are deliberately misleading or contentious.”	Perhaps you should consider bringing a Veterinary Social Worker on board.
“What happens if a staff member wants to report a case?”	Establish a protocol in advance covering who is authorized to report a suspicious case, and how to approach senior colleagues and practice owners to determine a course of action.
“I might get dragged into court.”	Extremely few cases actually make it to court. Veterinarians can be paid expert witness fees to testify.
“Anyone who cares <i>enough</i> about their pets to see the vet won’t harm them. Anyone who cares <i>so little</i> about their pet to harm them won’t go to the vet.”	Numerous studies have reported that practitioners do, in fact, see cases of suspected animal abuse. Abusers may not bring the animal in – but other family members will.
“My clients will resent me for reporting.”	Laws mandating reporting remove, or at least reduce, clients’ resentment by telling them that the law requires this action, it doesn’t mean that anything will come of it, but if the client cares about the patient it needs to be looked into further.
“I feel like I’m all alone in this.”	AVMA and AAHA both support reporting, as do the national veterinary associations in Canada, the UK, New Zealand, and elsewhere.
“I’m afraid.”	It’s the right thing to do.