



Suspected Abuse of Animals and People:

Guidance for the veterinary team

To be used in conjunction with

Domestic Abuse Awareness: Guidance for Veterinary Practice Managers and Employees

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Links Group

www.thelinksgroup.org.uk

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The Links Group

Our Vision:

A world free from the abuse of people and animals.

Our Mission:

We raise awareness of the link between the abuse of people and animals through support, training and inter-agency working.

This guide aims to support veterinary surgeons, veterinary nurses and all other veterinary employees in recognising and reporting abuse in animals and humans. Every member of the veterinary team can play a vital role for vulnerable people and their pets.

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Please visit our website for the latest information on both our online and in-person training courses: www.thelinksgroup.org.uk

The quotes featured throughout this guidance are from interviews with domestic violence victim-survivors, reproduced with permission from: Wakeham, M (2021) *Animal Abuse as a Strategy of Coercive Control*. Bristol: University of Bristol.

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NOTE: Whilst this guidance is focused on UK veterinary practice in regards to the legislation and various agencies, the underlying principles apply universally. Readers from outside the UK are encouraged to familiarise themselves with the relevant legislation and appropriate agencies in their own country.

Introduction

Abuse in any form is something we often don't like to think of, let alone talk about, especially in a professional capacity. For members of a caring profession, such as veterinary, even just acknowledging that an animal's injury may be deliberate can be incredibly challenging.

The Links Group is working to change that, to help protect all vulnerable members of the family, offering training to everyone in the veterinary team to help them recognise and act on concerns about any form of abuse. We want everyone to have the **knowledge** to recognise abuse and the **confidence** to report it.

What is 'the Link'?

Abuse of people includes child abuse, domestic abuse and abuse of older people. There is robust evidence that animals can also be abused in households where people are being abused – a clear link between victims in an abusive home. The abuse may be physical abuse, known as '**non-accidental injury**' (NAI), it could be using the **threat of violence** against an animal to **coerce and control** human victims, instilling a sense of fear and entrapment, or even actions that result in **neglect of an animal**, such as not allowing or delaying veterinary treatment, food or basic care.



We raise awareness of the Link and help veterinary teams understand the signs of non-accidental injury (NAI) set out in this guidance. These cases can be complex; emotionally, legally and morally. An animal may be presented by someone who is also a victim-survivor of the abuser, or, in a complex twist, be brought in by the abuser themselves. Stories can be plausible, but while an NAI can be difficult to differentiate from injury caused by a genuine accident, there are clear diagnostic indicators to be aware of which should raise suspicion. This guidance provides support to teams by clarifying these indicators and outlining actions which should be taken if the index of suspicion is raised.

The primary responsibility of the veterinary team is to their animal patients. However, we also need to be mindful of the wider situation beyond what is presented to us in the consulting room, and **be aware that we may be seeing the tip of the iceberg**. Therefore, we also provide guidance about how to report concerns about other vulnerable members of a household, so that these can be followed up by an appropriate agency.

“When animals are abused, people are at risk; when people are abused animals are at risk.”*

The role of the veterinary team

While no one expects you to be an expert in domestic abuse, **all members** of the veterinary team are an important part of the professional community and can be an essential part of the multi-agency team required to break the cycle of abuse. It is essential that teams are aware of the diagnostic indicators of NAI and have a clear practice protocol covering what to do when there are concerns about NAI in animals, domestic abuse or a child's welfare.

Animal abuse is not just a companion animal issue; veterinary teams working with large animals may also encounter it and should be aware of vulnerable people trapped on remote farms or smallholdings, possibly unable to drive or escape from an abusive situation.

*Arkow, P. (1999). *The evolution of animal welfare as a human welfare concern*. In F.R. Ascione & P. Arkow (Eds.). *Child abuse, domestic violence, and animal abuse: Linking the circles of compassion for prevention and intervention* (pp. 19-37). West Lafayette, IN: Purdue University Press.

What is abuse?

Abuse occurs either by **inflicting harm**, whether that harm is physical or psychological. Abuse can also occur by **failing to prevent harm**. This is more commonly called neglect, which is also a form of abuse.

“Domestic abuse is defined as 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:”

- **Physical or sexual abuse**
- **Violent or threatening behaviour**
- **Controlling or coercive behaviour**
- **Economic abuse**
- **Psychological, emotional, or other abuse**

This definition and legislation relating to domestic abuse varies across England, Wales, Scotland and Northern Ireland.

Domestic abuse is a silent epidemic in the UK; its prevalence in all corners of our society is truly staggering.

- 1 in 3 women aged 16-59 will experience domestic abuse in her lifetime
(ONS: Domestic abuse in England and Wales, 2019)
- Three women are killed each week in England and Wales by a current or former partner
(ONS 2019) Compendium - Homicide (average taken over 10 years)
- Domestic abuse is a gendered crime; 2021 ONS statistics show that the victim was female in 73% of reported domestic abuse related crimes
(ONS: Domestic Abuse in England and Wales, 2021)
- 1-in-7 children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood *(Women's Aid)*
- 1-in-5 adults experienced at least one form of child abuse (emotional, physical, sexual, or witnessing domestic violence or abuse before the age of 16)
(Crime Survey for England and Wales, 2019)
- In 2020 PDSA research estimated that over half (51%) of UK households in have pets, indicating that the extent of crossover between abusive homes and pet ownership will be significant.
(2020 PDSA Animal Wellbeing (PAW) Report)
- Animal abuse occurs in 88% of families where physical abuse of children has been reported.

Jegatheesan B, Enders-Slegers M-J, Ormerod E, Boyden P. Understanding the Link between Animal Cruelty and Family Violence: The Bioecological Systems Model. International Journal of Environmental Research and Public Health. 2020; 17(9):3116.

Violence by women against men and in LGBTQIA+ relationships does also occur and teams should be aware that there is no 'template' for perpetrators of abuse.

While the following descriptions may be upsetting to consider, it is important to understand the many facets of abuse, given its prevalence in our society, and therefore the sheer numbers of people and animals impacted by it. Both veterinary and human health professionals using the same terms will help everyone to understand the link – **that all vulnerable members of the family are potentially at risk in an abusive household**, and that abuse doesn't have to result in **physical** harm.

Physical abuse (non-accidental injury or NAI): Can include: hitting, shaking, throwing, poisoning, burning, scalding, suffocation, asphyxiation etc.

(Note: in veterinary terms, we may also be faced with cases of 'organised' or 'commercial' abuse, such as dog fighting or puppy farming, which would cause both physical and mental harms.)

Emotional abuse: Can include persistent emotional maltreatment of a person by bullying, exploitation, verbal harassment or corruption which leads to a fragile emotional state. In animals, threatening behaviour or a failure to provide for basic behavioural needs constitutes emotional abuse.

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. This also

includes 'gaslighting', which is to manipulate someone by psychological means into doubting their own sanity.

Sexual abuse: forcing a child or adult to take part in sexual activities. The term "animal sexual abuse" can be used to describe the use of an animal for sexual gratification. The NSPCC also refers to non-contact coercive activities such as grooming, exploitation, use of the internet or being forced to watch pornography as sexual abuse. Intercourse does not have to take place for sexual abuse to occur.

Neglect: the persistent failure to provide a person or an animal with their basic needs. For animals, the Five Welfare Needs which are enshrined in the Animal Welfare Acts are: Environment; Diet; Behaviour; Companionship and Health.

Failure to protect a child, vulnerable adult or animal from physical danger or emotional harm is abuse, as is a lack of affection and/or companionship.

Failure to provide appropriate medical or veterinary care at an appropriate time may be termed as neglect, and is a form of abuse.

For more information, please see our Links Group booklet '**Domestic Abuse Awareness: Guidance for Veterinary Practice Managers and Employees**' which can be downloaded from our website.

"He used to punch and strangle the dog. She would have bright red eyes, bloodshot eyes... it turned out the dog had a hernia, so I think he actually gave the dog a hernia due to the assault."

Why does domestic abuse happen?

Domestic abuse is a matter of power and control and occurs when at least one partner or family member seeks to gain power and control over others.

The Power and Control Wheel (Duluth, 1980) is often used to show the different types of abuse that victim-survivors may endure. We have added a section to demonstrate how animals can be used by the perpetrator:

USING COERCION AND THREATS

- Making and/or carrying out threats to do something to hurt her
- Threatening to leave her, to commit suicide, to report her to welfare
- Making her drop charges
- Making her do illegal things
- Threatening, harming and murdering animals

USING INTIMIDATION

- Making her afraid by using looks, actions gestures
- Smashing things
- Destroying her property
- Threatening, harming and murdering animals
- Displaying weapons

USING EMOTIONAL ABUSE

- Putting her down
- Making her feel bad about herself
- Calling her names
- Making her think she's crazy
- Playing mind games
- Humiliating her
- Making her feel guilty

USING ISOLATION

- Controlling what she does, who she sees and talks to, what she reads, where she goes
- Limiting her outside involvement
- Using jealousy to justify action

MINIMISING, DENYING AND BLAMING

- Making light of the abuse and not taking her concerns about it seriously
- Saying the abuse didn't happen
- Shifting responsibility for abusive behaviour
- Saying she caused it

USING CHILDREN

- Making her feel guilty about the children
- Using the children to relay messages
- Using visitation to harass her
- Threatening to take the children away

USING ANIMALS

- Using the bond that she has with animals to hurt her
- Threatening, harming and murdering animals to control her
- Not letting her take animals to the vet
- Stopping her from being with her animals
- Making her feel guilty about the animals
- Threatening to take the animals away or report her to welfare

USING MALE PRIVILEGE

- Treating her like a servant
- Making all the decisions
- Acting like the 'master of the castle'
- Being the one to define men's and women's roles

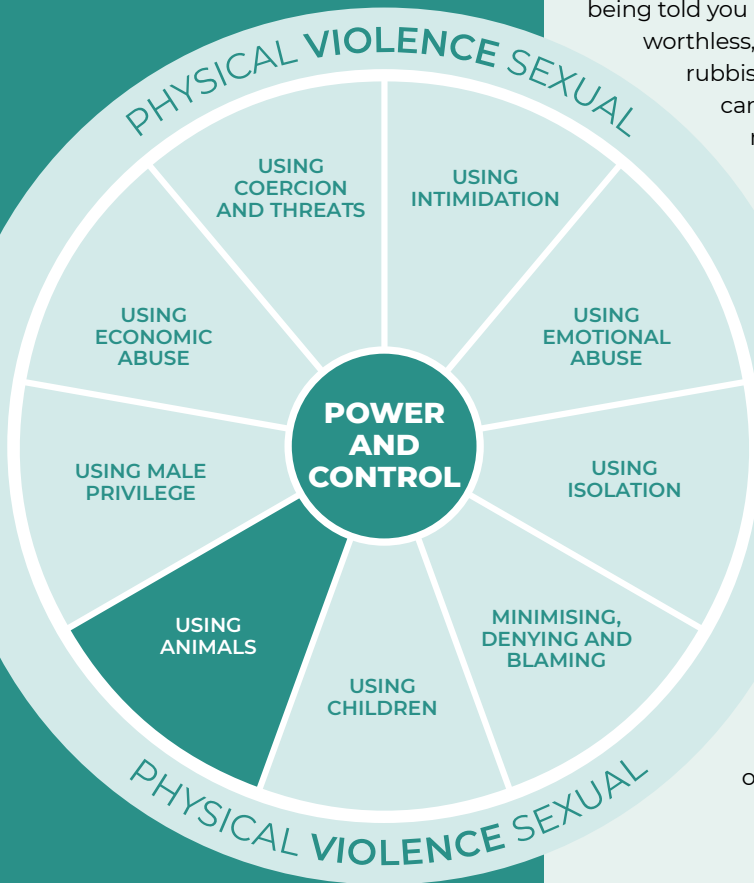
USING ECONOMIC ABUSE

- Preventing her from getting or keeping a job
- Making her ask for money
- Giving her an allowance
- Taking her money
- Not letting her know about or have access to family income

Perpetrators use many strategies to gain power and control over the non-abusive partner as demonstrated by the Duluth wheel. Power and control is at the centre of abusive relationships.

The nine sections of the wheel show the emotional, psychological and economic abuse that victim-survivors may experience which has a devastating impact on their lives. Bruises heal, but being told you are useless, fat, ugly, worthless, mad, a bad parent, a rubbish partner and so on can all sit in the heart and mind for many years and destroy future relationships through lack of self-worth.

Perpetrators may also use physical and sexual abuse to keep their victim-survivor in that relationship, or to 'keep them in their place'. Often the abuse that victim-survivors experience escalates over time. It can start to happen more often, get worse or both.



The Duluth Wheel has been adapted with permission from the Domestic Abuse Intervention Programs DAIP.

Statistics show that domestic abuse is predominantly perpetrated by men against woman, so we have used 'she/her' here. However, it is important to remember that there is no template for abuse and it can occur in any relationship. (See page 6 for statistics.)

Expert Insight

Animal Welfare and the Veterinary Team

Responsibilities under the Animal Welfare Acts (the Acts)

The Acts referred to are:

- *Animal Welfare Act 2006* (Section 4 and Section 9)
- *Animal Health and Welfare (Scotland) Act 2006* (Section 19 and 24)
- *Welfare of Animals Act (Northern Ireland) 2011*

The Legislation clarifies:

- Which types of animal are protected;
- That owners are responsible for their animals at all times and;
- That any person in charge of an animal is responsible for their immediate care (such as a veterinary surgeon, boarding kennels, dog walker).

It is an offence under the Acts to cause unnecessary suffering to an animal.

Suffering can be caused by an act, or a failure to act and 'suffering' is defined as both physical and mental.

A person commits an offence if an animal for which they are either the owner or are responsible for:

- Suffers – this can be physical pain, discomfort or mental distress;
- The suffering could have been alleviated by some reasonably practical means (including euthanasia) and;
- The actions of the person responsible for the animal were not those of a reasonable person in the

circumstances. Those actions can be a positive act (e.g. hit the animal) or an omission (e.g. not fed the animal).

Owners also have an active 'duty of care' for their animals; to provide for their welfare needs. Consideration of a duty of care offence relates to taking steps to meet the needs of the animal to the extent required by good practice. This is set out within, but not limited to, the Five Welfare Needs and it is often useful to consider the animal in light of that framework:

- **Diet:** was the animal provided with a suitable diet considering their individual/species needs?
- **Environment:** was the animal provided with a suitable environment in which to live – this should include whether the environment was safe, comfortable and provided the necessary requirements for them e.g. a UV light source.
- **Behaviour:** was the animal allowed to exhibit normal behaviour patterns?
- **Companionship:** was the animal housed with or apart from other animals as would be required considering its species and individual requirements?
- **Health:** was the animal protected from pain, injury, disease and suffering? This would not include a requirement for routine vaccination but would indicate a need to seek veterinary advice and treatment if an animal was potentially ill.

It's important when asking yourself questions regarding duty of care to ensure that this is compared against the standard required by good practice, not best practice. Species specific Codes of Practice have been developed in England, Scotland, Wales and Northern Ireland to give practical guidance on how to provide for an animal's needs in terms of what is good practice for that species. These documents can be used during a prosecution, by the prosecuting authority and the defence, to provide a framework against which an owner's care of their animal can be measured.

The Codes can be found on each of the respective government websites. It is also important to be aware that the Acts set a requirement to merely take reasonable steps to meet these needs, not that the person responsible has to actually meet these needs in all circumstances. In most situations, a veterinary surgeon will only be able to give evidence as to whether the needs have been met and will not be able to comment on what steps the person responsible has or has not taken to meet those needs. Such a decision on the reasonableness of any steps taken would be a matter for the Court to determine.



"It was a form of control, a threat of violence; 'I can do this to the dog, I can do this to the cat. You'd better toe the line or you will be next.'"



“ The diagnosis of physical abuse (non-accidental injury) is a difficult intellectual & emotional exercise. It is one of the most difficult subjects in clinical work, needing time, experience and emotional energy....

All those working with children (sic) should be warned that their overwhelming impulse on confronting their first case will be to want to cover it up. **The most important step in diagnosing non-accidental injury is to force yourself to think of it in the first place.**”

Speight N. Non-accidental injury. In: Meadow R, ed. ABC of child abuse. 3rd edition. London: BMJ Publishing Group

Non-accidental Injury (NAI)

The term 'non-accidental injury' (NAI) was first used in relation to animals in 2001 when four papers were published in the Journal of Small Animal Practice providing evidence, through 448 reported cases, that the 'battered pet' exists.

One of the authors, Helen Munro, subsequently co-authored a book titled *Animal Abuse and Unlawful Killing**, which sets out indicators to help vets recognise signs of abuse. It advises using the tried and tested child abuse typology used by the medical profession, specifically in companion animals but may also be applied in some non-companion animal cases.

The book reaffirms that the primary responsibility of the veterinary surgeon is to the animal. It is not their responsibility to prove abuse, but to be able to share and report their concerns accordingly and provide evidence to the Law Courts if required.

For further information about giving evidence for court, see page 27, and section 22 of the supporting guidance of the RCVS Code of Professional Conduct:

www.rcvs.org.uk/evidence **

The signs of abuse, which may or may not be obvious, might be overlooked by vet teams who may not even consider NAI as a possibility and may not connect separate incidents as part of a pattern of abusive behaviour. The situation may be further complicated when animals are seen by multiple vets, or even multiple branches or practices, so that the abusive behaviour may not be immediately recognised.

For this reason, we suggest that your Practice Protocol sets out how individual team members can best record concerns (see page 35 for further detail). If concerns are then alleviated, your notes should state this, but original concerns may provide useful context for other team members seeing future cases.

Our medical colleagues also face the same dilemma and acknowledge that the biggest challenge to recognising the problem is the difficulty in diagnosis. Vets similarly have to overcome a powerful emotional block to make sure that abuse is placed on the differential list.

*MUNRO, R; MUNRO, HMC (2008). *Fundamentals of Abuse. In: Animal Abuse and Unlawful Killing: Veterinary Forensic Pathology*, Saunders Elsevier

** Checked for access July 2024

Recognising non-accidental injury in animals

What to look for:

There are indicators relating to the **presentation, history, clinical findings** and **both client and animal behaviour** that might raise your index of suspicion, however, it's important to remember that all factors may not be present in a single case.

Concerns about the history and presentation:

- Are the injuries consistent with the history, for example a road traffic accident?
- Are the injuries too severe to be explained by the history?
- Does the story fit? Does the owner change their story, or do members of the same family give different accounts?
- Have there been previous traumatic injuries in this animal or in other animals from the same house?
- Have the injuries been presented after a delayed interval?
- Is there a pattern of injuries in the same or different animals in the household?
- Does the owner use the word “fell” when explaining the history, using phrases like “fell off the bed”; “fell down the stairs”; “fell off the roof”?
- Consider the nature of the injuries:
 - > Does the animal have unexplained burns, wounds or fractures?
 - > Are there multiple fractures?
 - On more than one area of the body?
 - At different stages of healing?
 - > Is there evidence of rib injuries, or skull fractures, either current or from a previous incident?
 - > Are old injuries evident on physical examination, ultrasound or x-ray?
 - > Is there bleeding from any orifices?

See page 27 for guidance on gaining consent for investigations

Concerns about the owner:

- Is the owner new to the practice?
- Are the name, address and ownership of the animal consistent?
- Are they willing and able to give a full history?
- Are they apprehensive, nervous, or aggressive?
- Was there a delay in seeking treatment, or is there a lack of concern for the animal?
- Have there been previous concerns about the clinical history? (i.e. previous trauma to the same or other pets, unexplained death of previous pets)

Remember, while the majority of perpetrators are men, this isn't always the case, and abuse can occur in any household within any socio-economic group.

Concerns about the animal's behaviour:

This may be variable - consider whether they are:

- Frightened of the owner
- Frightened of people in general
- Subdued or overly aggressive
- Happier or calmer when separated from the owner
- Overly appeasing or welcoming to an owner
- Does the owner report that there has been a behaviour change?

There may be many explanations for what you are observing. Generally, there is not one single indicator to confirm diagnosis. It is the combination of factors, which can vary, that will raise your suspicions. The behaviour of the owner and/or the pet should be considered in conjunction with the history and presentation.

Consider an animal's natural behaviours when considering the presenting history. If the injury is explained by 'a fall', the following is worth bearing in mind:

"...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."*

Also consider, in this case, that at such a young age, a kitten's bones will be cartilaginous, not rigid like an adult, so much less likely to fracture from a self-sustained injury.

** MUNRO, R; MUNRO, HMC (2008). Fundamentals of Abuse. In: Animal Abuse and Unlawful Killing: Veterinary Forensic Pathology, Saunders Elsevier.*



Approaching a suspected case of NAI

If you have concerns or suspicions about an injury, consider the wider situation beyond the patient in front of you:

- You may be faced with an animal who is the victim of abuse and the person who is responsible for the abuse, or someone who is also a victim of abuse.
- The abused animal may have been brought in by somebody else; they may be acting out of concern for the animal, or under duress from the perpetrator.

It's important to remain calm, polite and objective before seeking help and advice from an experienced colleague for support, and to help you decide if you need to take further steps, such as reporting your concerns.

Reporting a concern or suspicion doesn't mean that you have decided that abuse has occurred, it means you are flagging your concerns to a professional who is best placed to investigate, and to cross-report to other agencies if necessary, to help safeguard other vulnerable members of a household.

All members of the practice team who have encountered the client and/or the animal should be consulted. If this is not possible within a reasonable timeframe, consider admitting the animal for observation to allow yourself time to discuss with colleagues and seek advice.

Get to know your local RSPCA, SSPCA, USPCA or local Animal Welfare Officer, who will be a useful source of advice in cases such as this, without breaking client confidentiality.

"Animal abuse occurs in 88% of families where physical abuse of children has been reported."

Jegatheesan B, Enders-Slegers M-J, Ormerod E, Boyden P. Understanding the Link between Animal Cruelty and Family Violence: The Bioecological Systems Model. International Journal of Environmental Research and Public Health. 2020; 17(9):3116.



What to do if you suspect animal abuse

Review history for any previous traumatic injury or suspected NAI of this pet or others in that household. Look for:

- History inconsistent with the injury (injury too severe for history given)
- Repetitive injuries (should raise a strong index of suspicion)
- Discrepancies in history
- Other animals involved
- Delay in seeking treatment

Informal discussion with colleagues

- Consult colleagues who may have encountered the client and/or patient
- Contact your local RSPCA/SSPCA Inspector or local council Animal Welfare Officer in Northern Ireland for advice
- If no plausible explanation for injury is offered, follow the ARDR process (see p.18)
- If plausible explanation is given, then NAI is listed as a differential, but discounted
- If there is a disclosure of abuse (the client tells you that the injuries were caused deliberately, or tells you that they are a victim of abuse) or if there is a concern or suspicion of domestic abuse or concerns about a child or vulnerable member of the household follow the ARDR process on page 31, which should also be outlined in your Practice Protocol

In all cases, and especially with a suspected perpetrator, it is important to ask non-judgemental questions and be mindful of your own safety at all times.

Recording the history

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, preferably on a digital camera rather than a phone.

If a disclosure about domestic abuse has been made, this should also be noted.

If you are concerned that a person is in immediate danger, alert a senior colleague and contact the police (999) immediately, and progress in line with your practice's safeguarding procedure.

Your clinical notes should include details of unremarkable findings as well as the remarkable e.g. body condition score, actual body weight, temperature.

Always note exactly what the client says. If the client says "he hit Fluffy over the head with a stick", don't translate this to "the animal sustained blunt trauma to the head", despite it being clinically accurate.

The ARDR process if animal abuse is suspected: Ask, Reassure, Document, Report

Review clinical history for any previous NAI; look for:

- Inconsistent • Repetitive • Discrepancies • Other animals involved • Previous vet practices attended

Initial examination

Suspect non-accidental injury

Confidentially flag potential NAI to colleagues and consult with them

See page 14
for diagnostic
indicators
of NAI

Take further history: be aware of indicators relating to the **presentation, history, clinical findings, and both client and animal behaviour.**

USE ARDR

Questions may lead to a disclosure of domestic abuse. If this happens, follow the process on page 31

A = ASK

"How are things at home?"

"Sometimes when I see injuries like this, it means the animal has been hurt by someone, could this have happened?"

Story plausible and concerns relieved – provide treatment then document original concern and reason for discounting

No further action

Client denies abuse, but story not plausible – explore further and consult with colleagues, consider contacting SPCA Inspector for advice

Client discloses abuse, but they may be the perpetrator. Take care; ask non-judgemental questions

VICTIM-SURVIVOR?

Client discloses that there has been abuse of the pet; may also disclose domestic abuse (follow process on page 31)

R = REASSURE

"Your animal doesn't deserve to be hurt, no matter what happened; how can we help?"

Further clinical investigation and/or appropriate treatment

Allows time to review the case/seek advice while keeping them safe

Consider admitting the animal for investigation

(getting permission for any procedures, including photos, if possible)

Client will leave animal

Admit as usual, getting permissions

Client won't leave animal

Is the animal suffering?

YES

If the animal is suffering and requires urgent treatment, the law allows for a vet to intervene with police support. If the owner still won't leave the animal despite being advised of this, contact the RSPCA/SSPCA and the police to take the animal into their possession

See page 19

NO

If the animal is not suffering, owner to sign form: 'Animal removed against veterinary advice'

D = DOCUMENT

Clear, precise, contemporaneous notes. See guidance on evidence collection on page 27

R = REPORT

Report the case to relevant animal welfare agency: RSPCA in England and Wales, SSPCA in Scotland or local council Animal Welfare Officer in Northern Ireland

If there is any immediate danger, follow your practice safeguarding policy and phone 999

Expert Insight

Admitting a patient

Admitting a patient, even for observation, allows time to consider the case fully, consult with colleagues and if required external agencies e.g. RSPCA/SSPCA or local council Animal Welfare Officer in Northern Ireland. Admit the animal following your standard practice process, obtaining consent in the usual way for any procedures, including photographs, if possible.

Concerns should be listed as a differential and if they are discounted, this should also be noted.

If the client will not leave the animal there are a number of way forward, depending on the situation. If the animal doesn't require urgent care, is not in a suffering state and you feel that their welfare is unlikely to be compromised by returning with the owner then you may want to use an "animal removed against veterinary advice" letter. You should then make time to discuss the case with colleagues and, if needed, your local RSPCA/SSPCA Inspector or local council Animal Welfare Officer in Northern Ireland to decide if further action needs to be taken.

Where an animal is suffering unnecessarily and requires urgent intervention, i.e. through the owner refusing veterinary intervention or euthanasia, the law has provision for these situations under Section 18 and Section 18:3 of the Animal Welfare Act. A vet can intervene to resolve the suffering - with police support and without an owner's consent. In many cases, just explaining to the client that what they want to do (i.e. remove an animal that has not been treated) is not allowed under the law, is sufficient to resolve the situation.

However, in a more serious situation, it may be necessary to involve the police. It is usually helpful to involve the RSPCA/SSPCA in this process too. In cases where the animal requires urgent treatment, using Section 18 means the animal can receive that treatment, pain relief etc. in a timely way.

Reporting NAI: the question of confidentiality

The RCVS Codes of Professional Conduct

"I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, **ABOVE ALL**, my constant endeavour will be to ensure the health and welfare of animals committed to my care."

The oath sworn by veterinary surgeons and registered veterinary nurses contains a 'constant endeavour' to ensure the health and welfare of animals; not solely to treat them physically when they are sick or injured, but to ensure their wellbeing. Enshrined within the Animal Welfare Acts are the Five Welfare Needs, and the legal onus placed upon an owner to provide for these species-specific needs; Environment, Diet, Companionship, Behaviour and Health. Deliberately harming a pet, causing them fear or distress, not allowing them to behave naturally or denying them veterinary treatment is quite simply against the law. However, these are all ways in which an owner's bond with their pet can be manipulated in abusive homes.

It could be argued that suspecting such harms, and not acting, is contrary to the very oath taken by all veterinary professionals, which is why The Links Group works tirelessly to help veterinary teams recognise the warning signs and act on suspicions of abuse.



Breaching confidentiality

Understandably, one of the main concerns we hear about in our training sessions is that of breaching client confidentiality. The supporting guidance of the RCVS Codes of Professional Conduct clearly address this issue, and signpost users to Links Group materials:

The supporting guidance of the RCVS Code of Professional Conduct - Section 14: Disclosing to the authorities

14.4 In circumstances where there is no client consent for disclosure and a veterinary surgeon or veterinary nurse considers that animal welfare or the public interest is compromised, the veterinary surgeon or veterinary nurse may report relevant client information to the appropriate authorities. The veterinary surgeon or veterinary nurse will have to decide whether the circumstances are serious enough that disclosure of the client's information without consent can be justified.

14.5 Whether or not to make a report in any given case is a matter for the professional judgement of the veterinary surgeon or veterinary nurse. There is often no right or wrong answer in cases like these, and the RCVS will support any reasonable decision by a veterinary surgeon or veterinary nurse who genuinely believes they are acting on the basis of animal welfare or the public interest.

Disclosing client information to the authorities

14.11 Some examples of circumstances where a veterinary surgeon or veterinary nurse may consider that **animal welfare or the public interest is compromised and that relevant information should be reported to the appropriate authorities without client consent** may include situations where:

- **an animal shows signs of abuse or neglect**
- a dangerous dog poses a risk to safety
- **child or domestic abuse is suspected**
- where a breeder in England has presented litters without possessing a licence to breed, or has breached the licence conditions (where applicable)
- where the information is likely to help in the prevention, detection or prosecution of a crime
- there is some other significant threat to public health or safety or to the health or safety of an individual.

14.12 Generally the decision to disclose to an authority should be based on personal knowledge rather than third-party (hearsay) information. **The more animal welfare or the public interest is compromised, the more prepared a veterinary surgeon or veterinary nurse should be to release information to the relevant authority.**

14.13 Each case should be determined on the particular circumstances. If there is any doubt about whether disclosure without consent is justified, the issues should be discussed with an experienced colleague in the practice before the information is released. Advice can also be sought from your defence organisation, professional association or the authority to whom you are considering disclosing information.

14.14 If practicable, veterinary surgeons and veterinary nurses should discuss the issues with the appointed senior veterinary surgeon in the practice before breaching client confidentiality.

14.15 Any disclosure should be limited to the minimum amount of information necessary in order to protect animal welfare or the public interest.

14.16 Where a decision is made to disclose client information, veterinary surgeons or veterinary nurses should be prepared to justify their decision and any action taken. They should ensure that their decision-making process, including any discussions with the client or colleagues, is comprehensively documented along

with their justification for breaching client confidentiality in this instance. Veterinary surgeons and veterinary nurses may find it helpful to cite relevant paragraphs of the Supporting Guidance in their notes to support their decision-making and may consider adding a photo or video evidence to support their decision.

14.17 Veterinary surgeons and veterinary nurses who wish to seek advice on matters of confidentiality and disclosing confidential information are welcome to contact the RCVS Professional Conduct Department on 020 7202 0789.

However, there is no requirement to seek permission from the RCVS before making a disclosure and we do not need to log such calls. The RCVS will support any reasonable decision by a veterinary surgeon or veterinary nurse who genuinely believes that the disclosure of client information without consent is justified.

Animal welfare concerns

14.18 Disclosure may be justified where animal welfare is compromised.

14.19 Animal welfare may be compromised where, for example, there is a suspicion of animal abuse, an animal appears to have suffered neglect, or a client has failed to attend follow-up appointments.

14.20 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be

attributed to the history provided by the client, they should include non-accidental injury in their differential diagnosis. **'Suspected Abuse of Animals and People'**

provides guidance for the veterinary team on dealing with situations where non-accidental injury is suspected.

14.21 Where animal welfare concerns arise, in the first instance, where appropriate, the veterinary surgeon or veterinary nurse should attempt to discuss their concerns with the client, provided the delay does not compromise animal welfare. Where follow-up appointments have not been attended, it is also sensible to check that requests for clinical records have not been received as this may indicate that the client has sought veterinary attention elsewhere.

14.22 In cases where a discussion with the client is not possible or would not be appropriate, or where the client's response increases rather than allays concerns, the veterinary surgeon or veterinary nurse should consider whether the circumstances are sufficiently serious to justify disclosing their client's information without consent. If so, a report should be made to the relevant authorities:

- **The RSPCA**
(Tel: 0300 1234 999 - 24-hour line)
in England and Wales
- **The SSPCA**
(Tel: 03000 999 999 – 7.30am to 9pm)
in Scotland

- **The Animal Welfare Officer**
for the relevant local authority
in Northern Ireland.

14.23 Such action should only be taken when the veterinary surgeon or veterinary nurse considers on reasonable grounds that an animal shows signs of harm (including abuse and/or neglect), or is at **real and immediate** risk of harm, which extends to other animals within the client's care or that they are responsible for – in effect, where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality, and the legitimate interest in disclosing the client's personal data overrides the client's rights to the protection of their personal data.

14.24 Where an animal is already deceased, there can be no immediate risk of harm and as such the animal welfare justification does not apply in this situation. However, veterinary surgeons and veterinary nurses can and should give consideration to the risk to other animals within the client's care.

14.25 Where an animal is already deceased, a disclosure to the authorities may still be appropriate in the wider public interest.

14.26 Veterinary surgeons may decide to retain cadavers for post-mortem examination purposes in cases where client information is disclosed to the relevant animal welfare authority.

Furthermore, the BVA website outlines this issue for members and urges them to intervene at an early stage to prevent further harm:

<https://www.bva.co.uk/resources-support/ethical-guidance/recognising-abuse-in-animals-and-humans-guide>

Most injuries seen in practice are the result of genuine accidents. However at some point, vet teams will be presented with a case of non-accidental injury. Since early intervention may prevent further abuse, it is essential that the team recognises this possibility. This has been greatly helped by the specific recognition of this issue by the RCVS and the reflection of The Links Group guidance in the Codes of Professional Conduct.

In addition to this, The Links Group works with vet schools in the UK to include relevant content on their curriculum and to run sessions to introduce students to this critical area, ensuring that the majority of veterinary students are aware of NAI, 'the Link' and how to report concerns.



Expert Insight

Making a decision to report a case of non-accidental injury

Veterinary professionals in the UK are not legally required to report animal abuse and there is no doubt that deciding whether a situation should be reported is complex. Agreeing on the correct course of action can be particularly challenging if all members of practice staff are not in agreement that the evidence indicates an NAI or abuse.

We encourage veterinary teams to have a Practice Protocol outlining the process which should be followed if there is suspicion of an NAI. The team may have appointed a Links Adviser, someone who has attended one of our courses, has contact with the local animal welfare agencies who will be able to provide timely advice to colleagues should they be faced with a suspected NAI.

Remember, the veterinary surgeon, or reporting team member, does not have to definitively prove abuse; their role is to report their suspicions accordingly.

If a member of the veterinary team suspects that an animal has been abused, they should consult with the practice Links Adviser (where available) and another colleague, preferably an experienced veterinary surgeon. If they agree that the case should be reported, there are actions that the practice should take in preparation for a report.

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, including photos, which can be invaluable.

Similarly, the veterinary team do not decide whether a prosecution is to be taken forward; the relevant animal welfare agency will undertake further investigations, gather the evidence and work with the appropriate agencies to make this decision do this.

Anyone can anonymously report suspected abuse to Crimestoppers, who have worked with The Links Group to ensure their teams are aware of the role NAI in animals can play in abusive households, and the critical role vet teams can play in certain cases.



The reporting team member may consider contacting the following:

- **The RCVS by telephone** (020 7202 0789); to inform them of the case and the intention to report. **However, you do not need to contact the RCVS or gain their permission to break confidentiality if abuse is suspected, and they will not give it. You may wish to seek advice but this is not required.** The decision to report will be referred back to the veterinary surgeon for their professional judgement.
- **Notify the relevant welfare agency**, e.g. RSPCA or Scottish SPCA, of the suspect case; this can initiate further discussion to aid a firm diagnosis.
- **Contact APHA local office** – for on-farm welfare cases.

‘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 should be asked: “is it reasonable to for a person to have or have not acted in a particular way?” 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? Reconsider the points under ‘What to look for’ (page 14): discrepancies in the history, injuries inconsistent with the history, evidence of old injuries, multiple presentations etc.

It may be possible to discuss breaching confidentiality with clients. This will not necessarily be poorly 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 with no obvious explanation.

Irrespective of whether breaching confidentiality has been discussed with a client, ensure that all members of staff are fully briefed on the situation and understand the implications for future visits by the client or members of the client’s household.

The decision not to report

If, following consultation with colleagues in the practice, and if needed, seeking informal advice from your local Animal Welfare Officer/SPCA Inspector, it is felt there is no cause for concern, no further action is required.

As with any other list of differential diagnoses, ensure that the details of the case which led to you listing NAI as a differential, your consideration of the case and reasoning to rule it out, form part of your clinical notes.

Further Investigation

Gaining Consent

If an animal is presented with injuries by an owner, then consent to carry out investigation relative to the injuries should be sought in the normal way. i.e. written consent for GA & radiograph, taking blood samples, etc. If, as a result of these investigations, the veterinary surgeon feels they have sufficient grounds to reasonably suspect NAI then the following actions should be undertaken:

1. Contact your local RSPCA/SSPCA Inspector and inform them of your suspicions and request a visit from the inspector without delay.
2. Sign the relevant certificate (Section 18 under AWA, and Section 32 under Scottish Act) to the effect that the animal is suffering or is likely to suffer if those circumstances do not change. This will permit the RSPCA/SSPCA to contact the police and take the animal into possession under the relevant section of the appropriate animal welfare legislation. Once in possession, the RSPCA/SSPCA will contact the owner of the animal and explain the situation to them. In veterinary terms the animal is now in the care of the RSPCA/SSPCA and consent to carry out further investigation is granted by them – in essence the RSPCA/SSPCA is now the client.
3. Carry out evidence collection.

Evidence collection

At all times conversations, actions and treatments must be accurately detailed on the medical notes. Evidence may be collected in the form of radiographs, digital images*, video, blood samples and urine samples, as well as conversations with the owner. Once the animal has been taken into possession, direct contact with the owner should cease. The RSPCA/SSPCA Inspector will become the primary point of contact with the owner.

- Depending on the case, evidence collection may occur over a number of days.
- Radiographs must be adequately labelled with accurate DICOM information and please provide equivalent jpegs too.
- Any documentation accompanying lab samples must be completed in full with all samples labelled, packaged and sealed with tamper-proof seals to ensure continuity of evidence.
- Clinical notes must be complete and detailed.
- Each individual item of evidence must be allocated an exhibit number by the person generating that piece of evidence. All these investigations will be admissible as evidence and may be scrutinised in court.

** When taking photos for evidence, its advised to use a digital camera, which captures a realistic image, as opposed to a mobile phone, which may automatically enhance aspects of the picture through built-in editing software. Teams are advised to have a simple practice camera for this purpose, however, any picture is better than not having the evidence at all.*

Preparing a report

In the vast majority of cases, the examining veterinary surgeon will become a Professional Witness (witness of fact). This means they simply have to produce a witness statement which explains their involvement in the case and how they created the evidence presented to the court. Expression of opinion relating to NAI is not required. In more complex cases, an overarching expert would be consulted to produce a report expressing opinion as to whether NAI caused the injuries, or not. However, the veterinary qualification and experience of general practice does enable a veterinary surgeon to act as an expert in many cases, for example, where an animal has suffered from neglect.

In this case, they may be required to produce an expert report with concluding opinion. There is no specific layout for an expert report, although the expert should familiarise themselves with the criminal procedure rules relevant to the expert witness and state within their report a generic statement of compliance and a statement of truth.

The report may also include: the expert's experience and qualifications, their instructions in the case, materials used in the formation of the report, summary of their opinion, case facts, veterinary interpretation of the case facts, detailed conclusions and opinion, statement of compliance, statement of truth, bibliography and references. Remember the expert's role is to assist the court to understand the veterinary science involved in the case. The veterinary expert is not there to assist the prosecution (or defence) but is an independent expert requested to help the court understand the case.

Further information on preparing a report and giving evidence for court can be found at: www.rcvs.org.uk/evidence



The Link: safeguarding animals, children and adults at risk

Victims are often trapped in abusive relationships that can be emotionally, psychologically, physically and/or sexually abusive. Victims can experience levels of coercive control that serve to isolate them, take away their autonomy and instil a sense of fear.

According to SafeLives, on average, victims experience 50 incidents of abuse and live with abuse for an average of 3 years before getting effective help.

The most dangerous time for a victim of domestic abuse is around the time they leave. If they have an animal, they may not want to leave them behind, but may be unable to take them. This may be a reason for victims to delay seeking help, as well as used as a major threat against them by the perpetrator i.e. threatening harm to the animal if they leave.

There are dedicated organisations which offer fostering for pets of victims fleeing domestic abuse – a list of organisations can be found on page 37, as well as on the members' page of The Links Group website.

As previously discussed, it is important to be aware that sensitive questioning about the welfare of a pet may reveal other areas of concern, such as domestic abuse or child abuse. Asking about other people who have contact with the animal – family, friends, lodgers and children – may yield further information.

The ARDR process can also be applied in cases where domestic abuse is suspected or disclosed to you. Your Practice Protocol, and this guidance document, should be readily available for everyone in the practice to access.

The Links Group has produced an online course which introduces those working in human healthcare to the concept of animal welfare and the part animal abuse can play in a violent household. It is available via our website: www.thelinksgroup.org.uk

What happens if someone tells me they are being abused?

If the practice receives a 'disclosure', that is, that they are told that an animal or a person has been deliberately hurt, then the situation should be approached calmly and professionally.

We recommend that a process is established within the Practice Protocol that involves:

- Removing the animal to a place of safety in the care of other staff members so that an uninterrupted discussion can take place with the owner.
- Closing the consulting room door so that the staff member and the client can sit and talk in a calm, safe environment with no distractions.
- If this is not possible, the Practice Protocol should identify another room which could be privately used for this purpose, such as an office. However, at all times, other staff members should be alert to what is being discussed so that while the session remains private, the safety of staff is also monitored.
- It is difficult to appear to pry into other people's affairs, but an animal's welfare is the veterinary team's responsibility and asking the right questions can be very helpful in situations where abuse has been disclosed.
- Don't stray into counselling, offering advice or become personally involved - when teams spot warning signs, offer compassion and direction to help.



The ARDR process if domestic abuse is suspected: Ask, Reassure, Document, Refer/Report

USE ARDR

If NAI is also suspected, use alongside ARDR process suspected animal abuse on page 18

A = ASK

"How are things at home?"

Only ask if it is safe to do so. If a suspected perpetrator is also present, create an opportunity where you or a colleague can speak to the victim-survivor safely. Use indirect, non-threatening questions.

Answers provide reassurance that everything is ok, just document any concerns in your notes, including why they were relieved.

No further action.

Answers aren't convincing, or there is a disclosure of domestic abuse.

R = REASSURE

Show empathy: "I'm concerned for your safety and wellbeing; you do not deserve to be hurt, no matter what's happened, how can we help?"

D = DOCUMENT

Make clear, precise, contemporaneous notes, noting any disclosure.

R = REFER

Enable the victim-survivor to seek help, by offering the contacts card, or PetSnack Club vouchers (see page 33), and offer a safe space for them to use a phone if needed.

R = REPORT

To NSPCC for any concerns about a child, or 999 if anyone is in immediate danger.

Leaving an abusive situation is a critical, and potentially dangerous, time for a victim-survivor; the time has to be right for them, no one can decide this for them.

Veterinary teams are not expected or equipped to step outside of their area of expertise. Don't get involved with counselling the victim-survivor; just listen, and support by referring to specialist organisations who can help, such as the National Domestic Abuse Helpline: **0808 2000 247**

If your concerns involve a child or an adult at risk (such as an elderly person), report this to the relevant agency, such as the police, your local safeguarding team or the NSPCC: **0808 800 5000**.

Anonymous reports can also be made to Crimestoppers: **0800 555 111**.

Veterinary professionals are not expected to be experts in abuse; their role is to report concerns accordingly. However, to help members of the veterinary practice take advantage of the ‘golden moment’ (that point where a client seeks help for an abused animal or themselves), the ARDR technique provides a very simple approach.

A = Ask

‘Asking’ establishes a rapport. It might make you feel uncomfortable, but a disclosure means that victim-survivors have confirmed that they would like to be asked, and a suspicion of NAI means that these questions need to be asked, even if only to rule out that possibility. It may be the first time they have spoken about this, or acknowledged it themselves, or the first time anyone has shown any empathy toward them and many victims fear that people won’t believe them. Use non-judgemental words, both open and closed questions, really listen and give time for them to answer, and be aware that victim-survivors may try to normalise abuse or blame themselves. Some questions which may help:

- Are things ok at home?
- Is there anything you would like to talk about or that I can help with?
- Sometimes when I see bruises or injuries like this it means a person or an animal has been hurt by someone they know. Has this happened to you?
- Are you safe in your home?

R = Reassure

This follows the ‘asking’ and provides support to the victim-survivor, which shows your compassion. Tell them you believe them and that it’s ok to talk about this, and that help is available, either for themselves or their animal, or both.

- You/your animal do not deserve to be hit or hurt, no matter what.
- I’m concerned for your safety and wellbeing.
- There are many organisations that can help you in whatever way you need, right now, or when you’re ready.

Validating statements such as this can provide a great deal of comfort and relief to the victim-survivor. They may have very low self-esteem and may blame themselves for the situation that they find themselves in, but you can reassure them that they can get help.

D = Document

Clear, concise, contemporaneous notes. Taking notes as soon as possible ensures that the history and presenting signs are properly recorded (remembering to note the unremarkable); cases of abuse may come to courts many years later. Document using photos where possible. If a victim-survivor discloses significant information about their situation at home, this too should be recorded accurately, using the exact words they use, rather than clinical terminology.

R = Report/Refer

Vets need to report cases of animal abuse to the relevant welfare agency – the RSPCA, SSPCA or Animal Welfare Officer in Northern Ireland. The veterinary team's main responsibility lies with the animal, but they can also support the victim-survivor to access help. However, if anyone is in immediate danger, contact the police immediately by calling 999.

We've created a contacts card to use to signpost victims to the 24hr National Domestic Abuse Helpline, 0808 2000 247, or their online live chat via:

nationaldahelpline.org.uk

Remember that in an abusive and controlling relationship, the perpetrator may search a victim's pockets, bag or phone when they return home. Therefore, written information such as the contacts card must only be given if the victim-survivor feels it is safe for them to carry it.

As a safer alternative, we've also created 'Pet Snack Club' vouchers – money off pet food vouchers which wouldn't arouse suspicion if found by a perpetrator following a vet visit, but which have the National Domestic Abuse Helpline written in the number under the barcode. These can be requested by contacting The Links Group through our website. Alternatively, the number could be saved in a phone under a common women's name to avoid suspicion.



Each situation will be different, and it is important to recognise that although a victim-survivor may not be ready to accept help, someone listening to them and believing them is a huge first step. This 'light touch' help means a lot to a victim-survivor who will feel that they are not alone. They may also go a step further and ask you, as a trusted individual, to help them get support. If they do this, and the victim-survivor, gives you permission, then the relevant organisation can be contacted for advice.

At no point should any team member get involved in counselling the victim-survivor.

The practice team should simply be prepared to extend a 'paw of comfort' and offer support to a vulnerable individual. The victim-survivor may not be ready to seek support, and this must be accepted by all those involved; no one should try to influence this decision.

It will not always be possible to solve the problem, or to help the victim-survivor, or save the animal from further abuse. Members of the veterinary team should understand this and not feel inadequate or guilty; simply being heard and believed will make a huge difference.

Suspected abuse of children or adults at risk

Despite developments in child protection and in the safeguarding of adults at risk, major failings continue to happen. Reviews into cases involving the death, or serious harm to a child or adult at risk, consistently highlight that a lack of awareness, resourcing and a failure to share or report concerns can cost lives.

- If abuse to a child is suspected or disclosed, you should immediately contact the police or the NSPCC on **0808 800 5000** for advice and support.
- If abuse to an adult at risk is suspected or disclosed, you should contact your local adult social care team, Crimestoppers, or your local policing team.
- In cases of domestic abuse you can call the 24hr National Domestic Abuse Helpline on **0808 2000 247** for advice.

**IF ANYONE IS AT IMMEDIATE RISK OF HARM
CALL THE POLICE ON 999**

A 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. With this in mind, veterinary teams should establish links with relevant local agencies. These should provide, at the very least, an informal point of contact for advice and support, even if formal cross-reporting procedures are not formally implemented. Mutual support is beneficial to both animals and people at risk of abuse.

Initial local contacts could include:

- The police: ask for the name of your local community police officer; larger police forces may have a dedicated Domestic Abuse or Community Safety Unit
- Animal welfare agencies, e.g. RSPCA/SSPCA/Local Authorities
- Local domestic violence services: e.g. refuges, Independent Domestic Abuse Advisers (IDVAs), Women's Aid
- The NSPCC, Children 1st and Parentline Scotland
- The local child protection/safeguarding departments
- Pet fostering agencies: e.g. Dogs Trust Freedom Project, Endeavour, Cats Protection Lifeline, Refuge4Pets
- RSPCA, SSPCA and APHA local office for on-farm welfare cases

Developing a Practice Protocol

This document should include guidance and support for everyone in the practice: including, but not limited to, receptionists, veterinary nurses, veterinary surgeons, practice partners and clinical directors. If any member of the veterinary team has concerns about the wellbeing of an animal or a person, they need to be able to use the Practice Protocol to guide how they proceed. A sample of a practice protocol is available for members on the BVA website: www.bva.co.uk/resources-support/ethical-guidance/recognising-abuse-in-animals-and-humans-guide

Anonymous reporting: Crimestoppers

The independent charity, Crimestoppers, operates an anonymous telephone number, **0800 555 111** or anonymous online form which can be found via www.crimestoppers-uk.org to enable people to pass on information about crimes or criminals without fear. No details are taken about the caller; the agency is only interested in the information they have. Calls are not recorded and there is no caller identification.

Supporting the team through an NAI case

Statistics show how prevalent domestic abuse is in our society. This means that there will be people you know who have been affected, including those you work with. Consider how you and your colleagues will need to be supported throughout a case, whether or not they have been affected by domestic abuse, always offer support, and seek it yourself when needed.

Holding a team debrief after the event, periodically sharing any updates to the case, and allowing the team to discuss their feelings about it will help everyone work through these difficult situations.

We work with partners to offer additional training and guidance for veterinary practice managers and HR teams, please see our website for details and to download '*Domestic Abuse Awareness: Guidance for Veterinary Practice Managers and Employees*'.

"My dog was a comfort to me and a means of getting out of the house to take her for a walk. She was just so important to me, she kept me sane."

Summary

Situations can be complicated; the facts surrounding abuse are not easy to contemplate or to deal with, but by reporting a concern to the relevant agency, you and your team could help change, or save, someone's life. Abuse of an animal may be the index case – the first to be presented from a violent household, or it may be part of a wider jigsaw of reports building a bigger picture of an abusive situation where both people and animals need help. By recognising animal abuse, and by looking beyond the animal, to a person who may also be suffering, the vet team is well-placed to grasp the 'golden moment', to offer compassion and kindness, to ask if things are ok, to signpost to help, or to report a concern.

Nothing may appear to come from a first contact, but the victim-survivor may feel better and more in control – and your actions may be the catalyst that encourages them to seek help.

Practices will not see abuse on a daily or weekly basis but it is reassuring to know that should there be a difficult case, everybody is prepared to play a part in relieving the fear and harm that is perpetrated by abusers.

Notes:

Useful contacts

For concerns about animal welfare:

RSPCA: 0300 1234 999
www.rspca.org.uk/contactus

Scottish SPCA: 03000 999 999
www.scottishspca.org/contact-us

Northern Ireland Animal Welfare Officers: 0300 200 7840

Crimestoppers: 0800 555 111
www.crimestoppers-uk.org

For concerns about domestic abuse:

National Domestic Abuse Helpline:
 0808 2000 247 or chat online:
nationaldahelpline.org.uk

Respect – helpline for male victims of domestic abuse: 0808 801 0327

For concerns about children:

NSPCC: 0808 800 5000
www.nspcc.org.uk/report

Local council:

- England: gov.uk/report-child-abuse-to-local-council
- Scotland: mygov.scot/report-child-abuse
- Wales: gov.wales/reporting-suspected-abuse-harm-or-neglect-safeguarding
- Northern Ireland: nidirect.gov.uk/articles/reporting-child-abuse-and-neglect

For veterinary support:

Vetlife: 0303 040 2551
www.vetlife.org.uk/talk-to-us

For pet fostering enquiries:

www.thelinksgroup.org.uk/pet-fostering

Cats Protection Lifeline:

0345 260 1280

- London and South East - 0345 260 1280
- East Anglia - 0300 012 0283
- Midlands - 0300 012 0284
- Scotland - 0300 012 0286
- Wales - 0300 012 0289
- Yorkshire - 0300 012 0187

Dogs Trust Freedom:

- Greater London & the Home Counties - 0800 298 9199
- Yorkshire - 0800 083 4322
- East Midlands - 0300 373 2789
- West Midlands - 0300 373 2788
- North East - 0300 303 3497
- North West - 0300 303 4139
- Scotland - 0808 169 4315
- Wales - 0300 373 0677

Endeavour Pets Service: 01204 394 842
 (North West of England)

Refuge4Pets: 0300 4000 121
 (Devon and Cornwall)



SCAN ME

If you need further support with cases, please scan this QR code to access a contact form which will connect you to a team of vets, coordinated by IVC Evidensia, who are experienced in dealing with cases of NAI and can provide support.

If you or your colleagues have been affected by any of the issues raised in this document, please seek support and do not suffer in silence; contact Vetlife, a 24-hour service available 365 days a year. **www.vetlife.org.uk** **0303 040 2551** or your Employee Assistance Programme, if available.



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