



NATIONAL LINK COALITION

*Working together to stop violence
against people and animals*

The National LINK Coalition

(The National Resource Center on The LINK Between Animal Abuse and Human Violence)

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Veterinary Response to Possible Domestic Violence: Myths and Realities

MYTH

"I haven't been trained to identify domestic violence."

"How do I know that it's domestic violence? I'm not trained to play judge and jury."

"I'm still not sure about a particular case."

"I don't know where I can refer the woman to, or where to report suspected abuse of her animals."

REALITY

Training materials are widely available from national and local domestic violence & sexual assault organizations.

You don't know – and you won't have to. The legal definitions of domestic violence vary widely, are highly situational, and will be made by others. The DVM's role is to serve as a friendly resource where a survivor can get guidance to help her and her animals – who may also be threatened.

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.

In addition to local domestic violence shelters and Family Justice Centers, there are national and state domestic violence hotlines. These are listed – along with a free online directory of animal abuse investigating agencies in over 6,500 cities and counties – at NationalLinkCoalition.org.

“I might get sued.”

There’s little evidence that physicians have been sued for reporting child or elder abuse.

35 of the 42 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.

Practitioners are not offering legal advice: they can provide informational resources to help the domestic violence victim make her own informed decision about what to do.

“I might lose the client.”

There’s no evidence that physicians have had erosion of their client base.

And are these the kind of clients you want anyway?

“I might make the situation worse.”

Perhaps. But *not* getting involved 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. There are many highly problematic issues confronting abused victims, and it may take 7 or 8 incidents (or 50 if her animals are also threatened!) before she finally can make the break. But many communities have excellent response mechanisms in place. And if veterinary professionals lend their One Health support, the public will come to see that this is an important issue which must be addressed.

“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 human 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?

<p>“I’ll be overwhelmed with additional work.”</p>	<p>Many issues of domestic violence and co-occurring animal abuse can be resolved through education, counseling, and ongoing monitoring.</p>
<p>“It’s not my job to interfere in other people’s lives.”</p>	<p>It <u>is</u> your job to protect the health and welfare of the patient – and the other animals in the household who may be at risk.</p>
<p>“I don’t know how to deal with clients who are deliberately misleading or contentious.”</p>	<p>Perhaps you should consider bringing a Veterinary Social Worker on board.</p>
<p>“What happens if a staff member wants to respond to a case?”</p>	<p>Establish a protocol in advance covering who is authorized to respond to a suspicious case, and how to approach senior colleagues and practice owners to determine a course of action.</p>
<p>“I might get dragged into court.”</p>	<p>Extremely few cases actually make it to court. Veterinarians can be paid expert witness fees to testify.</p>
<p>“Anyone who cares <u>enough</u> about their pets to see the vet won’t harm them. Anyone who cares <u>so little</u> about their pet to harm them won’t go to the vet.”</p>	<p>Numerous studies have reported that practitioners do, in fact, see cases of suspected animal abuse.</p> <p>The majority of clients (and staff) are woman and therefore at greater risk of domestic violence. Abusers may not bring the animal in – but other family members – including the women and children who are also victimized -- will.</p>
<p>“My clients will resent me for interfering. I’ll get a bad reputation on social media.”</p>	<p>Compassionate clients will appreciate and make positive recommendations about medical professionals whom they know care about all the members of the family and who take a One Health/One Welfare stand against abuse and violence.</p>
<p>“I feel like I’m all alone in this.”</p>	<p>The American Veterinary Medical Association and the American Animal Hospital Association both say that veterinarians have an ethical responsibility to report suspected animal cruelty and abuse to protect the health and welfare of animals and people and to uphold the Veterinary Oath. AAHA has published guidelines to approach family violence across multiple disciplines to better integrate human and animal healthcare, including support services for human and animal survivors of intimate partner violence.</p>
<p>“I’m afraid.”</p>	<p>It’s the right thing to do.</p>