An AWF Case Study

More than meets the eye

A CASE ABOUT A YOUNG CAT WITH INJURIES THAT ARE DIFFICULT TO RATIONALISE.

www.animalwelfarefoundation.org.uk
You are a new graduate and, to date, everything has gone very smoothly in the small animal practice side of things. Your surgery is more skilful; consultations are becoming a doddle because you know which meds to prescribe and your client communication skills have been complimented by the practice manager.

One hot, sunny Friday evening at 7 p.m. (just before your weekend off), a smartly dressed lady walks in without an appointment and the receptionist asks you to look at the case quickly since the cat seems to have a broken leg. You examine the 2 year old cat, Cleo, and confirm that the femur is fractured. You ask the client how it happened and she responds by saying that she thinks it fell down the stairs. The lady seems subdued and you are puzzled by the fact that she is wearing sunglasses inside the surgery (huh, a Botox job, you scoff to yourself). On reading the history, you note that Mr and Mrs Mason have another cat, Petra, which also came in with a fracture (of the humerus) one year before. The notes state that Mr Mason brought the cat in and was unpleasant and rude to the VN who carried out the initial examination. He could not say how the injury happened: “it’s my wife’s cat; can’t stand the damn thing myself but she seems to like it”.

You try to get more information about Cleo from Mrs Mason but she’s difficult to talk to and in fact, begins to give you quite conflicting information: her husband actually found the cat and he thinks it might have fallen off the garage roof; yes, it could have been hit by a car; yes, its unfortunate that it’s the second time that one of their cats has received an injury; no, she didn’t know how that happened either.

It’s evident Mrs Mason loves her cats dearly, but there’s something about this lady that’s not quite right.

**What should you do?** (discuss your thoughts and possible immediate actions before moving to Part 2)
The x-rays have confirmed that there are older fractures in several parts of Cleo’s body: the ribs and toes. You are horrified by what you see and begin to realise that Cleo has been injured on a number of occasions. It takes a little time but suddenly it begins to dawn on you that these injuries may have been caused on purpose; but by whom? Mrs Mason? Unlikely – she seems genuinely fond of her cats. Mr Mason? He ‘found’ the injured Cleo and last year he brought in his wife’s cat and stated that he couldn’t stand the damned thing.

You decide to seek advice from the practice principal.

What possible scenarios might develop next?
Stakeholders and relevant considerations

• Cleo the cat

Obviously the immediate concern is to examine Cleo, assess if she is in shock, administer appropriate emergency therapy, arrange for hospitalisation and an x-ray to be taken when appropriate and get consent from Mrs Mason for anaesthesia and surgery.

• Mrs Mason

Mrs Mason is subdued; she seems to be quite upset; she seems to genuinely love her cats so she would be upset but perhaps she’d be slightly less subdued. Why is she wearing dark glasses; there is some bruising around her eyes (but that could be some cosmetic enhancement procedure). But is it? Is there some more sinister explanation?
Stakeholders and relevant considerations

• **Young vet**
  
  Was looking forward to the weekend off; this was an easy diagnosis and the immediate care of Cleo was handed over to the VN and once the cat was stabilized, the surgeon on duty the following day would fix the fracture. Nothing more to do; or is something not quite right? What isn’t quite right?

  • A young cat with a fractured femur: “fell down the stairs”
  
  • Owner is subdued
  
  • History isn’t clear cut: did it fall down the stairs or off the garage roof? Do cats actually allow themselves to fall off garage roofs?
  
  • Would a young cat break a femur in either of those situations?
  
  • The other cat had a fractured humerus
  
  • Mr Mason was ‘unpleasant and rude’ to the VN and didn’t like cats
  
• **Practice principal**

  He may be fully conversant with the possibility of Non Accidental Injury (NAI) in animals and the potential link to domestic violence or child abuse or he may not recognise the links or wish to have anything to do with such a complex issue.
Relevant legislation and professional guidance

The Animal Welfare Act 2006 (England and Wales), Animal Health and Welfare (Scotland) Act 2006 and The Welfare of Animals Act (Northern Ireland) 2011 provide similar legislation to both punish cruelty to animals and prevent animals suffering. In addition to a number of other matters, the Acts make it an offence to cause unnecessary suffering to an animal and impose a ‘duty of care’ on anyone responsible for an animal to take reasonable steps to ensure an animal’s welfare is protected. Suffering is defined as both physical and mental and the duty of care is clarified as providing for the animal’s welfare needs under the five welfares.

In order to further clarify the basic needs for a particular species or circumstance, the Acts provide for the production of Codes of Practice in each devolved authority. The main aim of the Codes is to provide “practical guidance” on how to provide an animal’s needs but may also be used during a prosecution under the Acts by either the prosecuting authority or the defence. The Codes are not prescriptive but provide a basis of information. Veterinary surgeons must be familiar with the contents of the Codes as they are essentially a statement of the minimum standard of care required by the law. Full versions of the Codes of Practice can be found in the relevant Government websites.

The legislation also clarifies the responsibility for an animal and which animals are protected. All vertebrates other than man are covered and domesticated species, such as dogs and cats, are covered on all occasions even as feral animals. Wild animals are covered if under the control of man, whether this is temporary or permanent. Owners are responsible for their animals at all times, but the person in charge of an animal is responsible for their care in addition to the owner. Consequently the veterinary surgeon is responsible for providing the needs of an animal that has been admitted to a veterinary practice under his or her care.
Relevant legislation and professional guidance

Veterinary responsibilities regarding client confidentiality can be found under the RCVS Code of Professional Conduct for Veterinary Surgeons s. 14.

The independent charity, Crimestoppers, operates an anonymous telephone number, 0800 555 111 or anonymous online form to enable people to pass on information about crimes or criminals anonymously and without fear. No details are taken about the caller, purely the information they have. Calls are not recorded and there is no caller identification.

To enable the safe reporting of animal abuse, or suspected animal abuse, by members of the public a poster – Sharing a secret - has been produced for distribution to all vets in Scotland, highlighting the fact that animals and humans can be victims of the same abuser. The poster encourages people to report anonymously to Crimestoppers Scotland, where their information will be acted on and they need have no fear about speaking up.

Further Information:


The Links Group provides guidance for veterinary professionals on identifying and working through NAI and possible domestic violence situations, Medics against Violence, have also produced some guidance.

In Scotland the Violence Reduction Unit of the Strathclyde Police and Crimestoppers Scotland can be contacted.
What could happen next?

Scenario A

The practice principal listens sympathetically, examines the cat and looks at the x-rays. He agrees that this could be NAI and he advises the young vet that he (as a senior experienced clinician) will take over the case.

He has recently attended the Domestic Abuse Veterinary Initiative (DAVI) training course run by Medics against Violence (MAV) and knows that there are ways of taking the case forward that may help Mrs Mason, as well as Cleo. He shows the young vet the practice policy, which was written after reading the “Guidance Document for veterinary surgeons and other veterinary employees: Recognising abuse in animals and humans”.

Central to this Guidance Document is the MAV / DAVI Practice Note. This lays out a simple procedure for approaching cases of suspected NAI. It uses a technique called AVDR (Ask, Validate, Document and Record and/or Report). Following this process means that veterinary surgeons should never miss the “golden moment” when a case of animal or human abuse is disclosed and more importantly, they will know what to do to prevent further violence.

The practice principal suggests that the young vet familiarises herself the Guidance Document, the MAV Practice Note and, of course, with Section 14: (Animal Abuse) of the RCVS Code of Professional Conduct for Veterinary Surgeons. The practice procedures state that note-taking must be contemporaneous and comprehensive and the young vet writes up the consultation clearly and accurately. The practice principal refers the case to the RSPCA and takes the opportunity to mention that there are some concerns for the well-being of Mrs Mason.

The RSPCA inspector is familiar with the work of the Links Group, a multi-agency group that promotes the welfare and safety of vulnerable children, animals and adults so that they are free from violence and abuse.

He is familiar with the local multi-agency cross-reporting structure in the area and he will confidentially mention the veterinary surgeons’ concerns about Mrs Mason.
What could happen next?

Scenario B

The practice principal listens impatiently; and when the concern is expressed about possible NAI and domestic violence he says that “it’s nothing to do with us; just treat the cat and make sure that we get paid.” He refuses to discuss the matter further.
What could be done in practice?

Remain calm and objective. Consider the situation carefully before coming to any conclusions. If there is a senior member of staff in the practice, discuss the situation with them. Remain courteous and polite with the client. If possible, allow a senior veterinary surgeon to take over the case.

If your suspicions about NAI are raised, then it will be possible to x-ray not just the fractured femur but the whole cat to check for other injuries, paying particular attention to old or healing fractures of the metacarpals or metatarsals, the limbs, pelvis, ribs or skull.

If the client is still in the surgery, then it should be possible to approach her gently and reassure her that Cleo will be well looked after and then ask if there is anything else she’d like to say or tell you?
What could be done in practice?

Scenario A

The practice principal has followed the AVDR technique with Mrs Mason and she has admitted that she thinks Cleo has been kicked by her husband; the cat is terrified of him. Also she admits that not all is quite right at home but she doesn’t know what to do: Cleo will be safe in the surgery but she cannot leave Petra, the other cat. Her husband is a very successful and well known and certainly no one will believe her that he is violent.

Scenario B

The practice principal tells you not to delve into other people’s affairs so you let Mrs Mason leave the practice giving out the normal information about when to phone etc. But you remain worried about what you’ve seen. You make sure that your notes are clear and full. You get onto the internet and find the “Guidance Document for veterinary surgeons and other veterinary employees: Recognising abuse in animals and humans” on both the Medics against Violence and the Links Group websites. This helps you understand that you have responsibilities as a professional. Because there is no doubt that Cleo has suffered abuse, you have the opportunity to discuss the situation with the RSPCA inspector.
What could be done in practice?

The Professional Conduct department of the RCVS has a number of experienced solicitors who will discuss cases where abuse is high on the list of differentials. If the incident occurs outside normal office hours for the RCVS, or should the unfortunate situation arise where concerns have been dismissed by senior colleagues and the member of staff is still convinced that there is a problem, they must look to others to assist him/her.

Most large welfare charities employ senior, very experienced veterinary surgeons and most are happy to assist, as are the Officers of the Links Group, contactable through the supporting organisations, or for their members, the Veterinary Defence Society (tel:01565 652737).

The BVA provides its members with a free legal helpline available 24 hours, 365 days a year and advice may be gained from specialist legal advisors.

Discussion with any of these individuals or organisations may direct the veterinary surgeon in one of two ways:

• No formal report is made: concerns should be noted on a ‘confidential’ part of the client’s record so that future incidents that raise suspicion may be cross-checked and dealt with appropriately

• A formal report is made: the veterinary surgeon decides that there is justification to report the case to the appropriate authority, following accepted practice protocols.

Whichever decision is made, the veterinary surgeon should ensure that members of staff are fully briefed on the situation and understand the implications for future visits by the client.
A satisfactory ending?

Cleo is taken into the care of the veterinary surgery; her case is reported to the RSPCA and the Inspector is made aware of the complexities of the case. Cleo will now be quite safe from further harm. However there is Mrs Mason to consider.

Several options are possible:

a) Mrs Mason has been offered help but at the moment, doesn’t feel ready to do anything. She seems to be relieved that she’s shared her problem. The practice principle has given her a card with a number to call for a domestic abuse helpline.

There is no more for the vet to do at this point.

a) Mrs Mason has admitted that she’d like help; she admits that she hadn’t expected it from the veterinary surgeons but she says this was the first time that anyone has shown any concern or empathy for her.

The veterinary surgeon must now consider what to do. Any further action constitutes a breach of client confidentiality. Therefore the first telephone call should be made to the RCVS Professional Conduct department but they are only open between 9 a.m. and 5 p.m. so often the Veterinary Defence Society (for their members) is the first port of call.

There are a number of agencies including the local police Violence Reduction Unit (VRU) which always available for advice and do not require names to be divulged. After discussion with experienced VRU officers, the practice principal is able to talk to Mrs Mason again, and she decides she would like to seek help. At this point, the practice is able to give her the number of the VRU and there is no further commitment on behalf of the vet.
What is The Link?

Beyond NAI in animals, veterinary surgeons will be aware that abuse is perpetrated in a number of relationships: child abuse, domestic violence and abuse of older people. Increasingly it has come to be recognised that there are complex interrelationships within these abnormal relationships and animals may be part of the equation too:

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

Understanding the Link between Violence to People and Violence to Animals – a booklet from the American Humane Association

Therefore, if serious animal abuse is occurring, the veterinary surgeon should be aware that other forms of domestic or family violence may also be present.
About AWF

The Animal Welfare Foundation (AWF) aims to alleviate unnecessary pain and suffering in all animals including working and livestock animals, wildlife, and pets. We do this by focusing out charitable activities on three main areas:

- **Research**: Grant funding research which has a direct impact on animal welfare.
- **Education**: Investing in education for the public and veterinary professions, particularly students, on animal welfare issues.
- **Debate**: Providing a forum for discussion to highlight and promote animal welfare best practice.

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Thank you for taking part

For more information

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