Abuse: what drives abuse?

Paula Boyden

Before exploring what drives abuse, one must be able to define what it means. When referring to the term abuse, although one might initially think of physical abuse, or so-called non-accidental injury (NAI), it is important to recognise that there are other forms of abuse. In order to consider a diagnosis of abuse, we must not only be able to recognise the abuse, but also to use the correct and appropriate terminology.

In the case of companion animals, the tried and tested child abuse terminology may be used to avoid confusion both within and between professions. The recognised categories of abuse are:

- Physical
- Sexual
- Emotional
- Neglect

It must be stressed that the diagnosis of NAI is a difficult challenge; both emotionally (we do not expect our patients to be intentionally hurt) and intellectually (it is a combination of factors that raises suspicion and that combination is variable). Furthermore, it may only be after a period of time that suspicions are aroused. Thanks to the work of Munro and Thrusfield we now have good diagnostic indicators for NAI in companion animals.

It should be no surprise that there are similarities in the abuse of humans and the abuse of animals – with the circumstances of the violence, the actions involved and the excuses offered. This is due to one common denominator: the human perpetrator.

It may be hard to comprehend why anyone would deliberately hurt an animal and then seek veterinary attention. Whilst the primary responsibility of those in veterinary practice is to their animal patients, it is important to have an understanding behind the motivators for abuse, which includes the possibility of other abuse in the household. Indeed the perpetrator may use the family pet to exert power and control over their victim: 'If you don't do as I say, I will hurt the family pet...'.

It must be borne in mind that whilst animal abuse **may** be an indicator of other abuse in the family, it is not a given. Equally, whilst the person presenting the pet **may** be a victim themselves, they might also be the perpetrator.

We are not expected to cross our professional boundaries if other abuse, beyond that involving our animal patients, is involved. However, we ought to be prepared and able to show compassion if we suspect a client is also a victim of abuse, and to be able to signpost them to organisations where they might receive help and guidance.

Reporting cases of suspected abuse is not a mandatory requirement of veterinary surgeons or veterinary nurses, although every practice should have a protocol for dealing with such cases, including the provision of support for all members of the practice team.

References available on request.

KEY LEARNING OBJECTIVES

- To understand the different types of abuse
- To be familiar with the diagnostic pointers for non-accidental injury (NAI) and consider it as a possible differential diagnosis
- To be aware of the link between violence to people and violence to animals

MULTIPLE CHOICE QUESTIONS

1. Which of the following is a synonym of non-accidental injury?
   - **(A)** Physical abuse
   - **(B)** Sexual abuse
   - **(C)** Emotional abuse
   - **(D)** Neglect
2. Which of the following is a diagnostic indicator for NAI?
   - **(A)** History consistent with the injury
   - **(B)** Repetitive injuries
   - **(C)** Severity of the injury
   - **(D)** Different family members giving the same history
3. Which of the following most closely defines 'the link'?
   - **(A)** A person who perpetrates abuse always abuses animals and humans
   - **(B)** A person who perpetrates abuse will abuse animals or humans, not both
   - **(C)** A person who perpetrates abuse in animals is more likely to abuse humans, and vice versa
   - **(D)** There is no association between abuse of animals and abuse of humans

Anthropomorphism: a step too far?

Franck Meijboom

A world without animals is hard to imagine. We are faced with animals in many ways and in many contexts. Often we value, love or admire animals because of their being different from humans, e.g., an animal's capacity to run, to dig or to navigate. However, in many cases our relationship with animals starts in the idea that the animals mirror some or even many of our human characteristics and capacities. In these cases we recognise ourselves and we can relate to animals in spite of the differences. This raises two questions. First, there is the question whether the impression is correct, that animals are similar to us. To answer that question we need in-depth

biological, physiological and veterinary knowledge. The second question is whether we should treat animals as equals. This latter question requires ethical reflection, and is still source for much public debate. The lecture will show that we need to answer both empirical and normative questions to deal with animals in practice.

The focus will be on the trend to treat animals as if they were humans. This so-called anthropomorphism is reflected in many ways, for instance in dogs that wear fashionable jackets or a pig with a tattoo. However, it is a concept that is not easy to define: is animal physiotherapy or radiotherapy for small animals a kind of anthropomorphism or just one of the methods to offer (veterinary) care? This discussion is not about facts only. Systematic reflection on our norms and values is necessary to decide how this trend is to be defined and evaluated. Using practical examples and short cases, this lecture explores the notions of animal welfare, respect for the intrinsic value of animals, and integrity in order to get a grip on the discussions on the acceptability of anthropomorphism. The aim is to go beyond the level of ethics as a matter of personal taste and analyse what tools professionals in the field of veterinary medicine can use to address the question of anthropomorphism. Finally, we discuss whether, and if so what responsibility you, as a professional, have in this context, e.g., should you advise owners in these matters or is this just the private realm of the individual client?

KEY LEARNING OBJECTIVES

- To deal with anthropomorphism ethics is necessary
- Anthropomorphism is not only a problem of animal welfare
- Veterinary professionals can play a central role to advise owners in the context of anthropomorphism

MULTIPLE CHOICE QUESTIONS

1. Which of the following statements about anthropomorphism is correct?
   - **(A)** Is no moral problem as long as animals do not feel pain
   - **(B)** Is only a problem in the case of dogs
   - **(C)** Implies that animals are treated as if they were humans
   - **(D)** Is problematic because it frustrates good veterinary care
2. Which of the following statements about the responsibilities of veterinary professionals is correct?
   - **(A)** They do not have any responsibility, because anthropomorphism is too complicated
   - **(B)** They have a professional responsibility if anthropomorphism leads to animal welfare problems
   - **(C)** They do not have a responsibility. Only the owner can assess animal welfare
   - **(D)** They should take responsibility, because these professionals have sufficient income
3. What does the ethical assessment of anthropomorphism ask for in addition to attention to animal welfare?
   - **(A)** Respect for the intrinsic value of animals
   - **(B)** Respect for biodiversity
   - **(C)** Respect for the financial position of the animal
   - **(D)** Respect for the professional position of vets

Fail to plan?

Andrea Jeffery and Hilary Orpet

Creating care plans is an essential part of veterinary practice, but their use is limited.

The RCVS Code of Professional Conduct states:

1. Veterinary surgeons/Veterinary nurses and animals

1.3 Veterinary surgeons/Veterinary nurses must provide veterinary care that is appropriate and adequate.

Under the guidance notes for 'veterinary care'...*2.5 Veterinary surgeons and veterinary nurses should provide appropriate and adequate in-patient care.*

This includes formulating individualised care plans for our patients. In order to ensure they are appropriate for the individual we must first obtain information about the patient in the form of a nursing assessment. No two dogs, cats, horses...or people are the same in their likes and dislikes. If we apply the same care to all our patients, it is likely that we may fail to meet the welfare requirements of some of our patients. A good example of this is failing to acquire the correct information on feeding habits. The cat that only eats at night may be deemed inappetent as it is not consuming the food which is only provided during the day.

Care plans are created using nursing models of care. The only published model of veterinary care is the Orpet and Jeffery Ability Model (Figure 1). The use of models of care to instil a systematic, patient-centred, holistic approach to veterinary care is an approach that veterinary nursing educators have been using for over 10 years to educate veterinary nursing students, but as the definition and delivery of what is known as 'care' is not 'owned' by nurses, this method of teaching has a valuable place on any veterinary curriculum. The focus of care is 'patient centred' rather than 'disease' or 'systems based'. In this way a more holistic approach to the patient ensures the individual's requirements are taken into account when returning them to normal health or guiding their ability to cope with illness or dysfunction.

A complete and thorough patient assessment should take place to gain information on the patient's