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WHAT EVERY CLINICIAN SHOULD KNOW ABOUT THE LINK BETWEEN PET ABUSE AND FAMILY VIOLENCE

By Mary Lou Randour

The following discussion will offer a rationale to all clinicians—or other professionals who come into contact with children and their families—for including questions about animals in the family as a routine part of assessing the health of families and well-being of children. In addition to the rationale, clinicians will become familiar with the various tools and resources that are available to address this new area of clinical practice—the link between pet abuse and family violence—and also the clinical and ethical questions that arise when working with possible victims or perpetrators of violence.

Why Address the Possibility of Pet Abuse in Families?

Pet abuse is clearly a significant part of the pattern of family violence and its early identification can save lives and protect families. Initially, the research on family violence concentrated on child abuse, domestic violence, and then elder abuse. For a period of time these research areas operated in “silos,” with little interaction. Slowly, however, that has changed and the term “family violence” has been adopted and refers to child and elder abuse, as well as domestic violence and an awareness of their co-occurrence. This shift to a more inclusive view of family violence was reflected when the original Child Abuse Prevention and Treatment Act, passed in 1974, was amended and reauthorized by the Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 and then again amended by the Older American Act Technical Amendments of 1993. (Retrieved April 28, 2011, from http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/capta_manual.pdf).

Since those acts of legislation, studies have examined the relationship between different forms of abuse. For example, Renner & Slack (2004) found that “...all four forms of childhood family violence (i.e., physical abuse, sexual abuse, neglect, and witnessing IPV) are statistically correlated; and the strongest relationship is between witnessing IPV and physical abuse victimization” (p. 23).

At first, research into the link between animal abuse and other forms of interpersonal violence focused on the relationship between animal abuse in childhood and criminality in adulthood. Cruelty to animals was added as part of the criteria for conduct disorder to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association) in 1987. Moreover, a meta-analysis of 60 studies performed by Frick and colleagues (1993) found that cruelty to animals discriminated between severe and mild conduct disorder. Other studies (Felthous & Kellert, 1987; Kellert & Felthous, 1985; Miller & Knutson, 1997) found an association between childhood animal abuse and later adult criminality. In 2001, Ascione provided an extensive review of the psychiatric, psychological, and criminological research linking animal abuse to juvenile and adult violence. He argues “...animal abuse has received insufficient attention...as one of a number of ‘red flags,’ warning signs, or sentinel behaviors that could help identify youth at risk for perpetrating interpersonal violence...and youth who have themselves been victimized (p. 1).”

Further studies continue to confirm an association between animal abuse in childhood and later criminality (Becker, F., & French, L. 2004; DeGue & DeLillo, 2009; Merz-Perez & Heide, 2003; Lewchanin & Randour, 2008). A longitudinal study that yielded prospective data was the Pittsburgh Youth Study, a federally-funded study that has been examining the causes and correlates of youth violence since 1985. One finding from this data was that one of the factors associated with persistence in aggressive and anti-social behavior is aggression toward people and animals in childhood (Loeber, 2004).

Not only was interest expressed in the relationship between animal abuse and child abuse, but also the association of animal abuse with domestic violence. Lenore Walker (1984, 1989) mentioned it anecdotally in her writings. The well-established “power and control” wheel, originally developed by domestic violence victims in Minnesota and now widely used by domestic violence counselors, also lists pet abuse. (Retrieved April 25, 2011, from <http://www.sprucerun.net/about-abuse/domestic-abuse/power-and-control-wheel/>).

Empirical research published in professional journals on this topic has been scant. Ascione (2007) noted, “...only five studies specifically designed to assess women victims’ reports of pet abuse in the context of domestic violence have been published in scholarly journals.” These studies, although valuable in that they all conclude there is a link between domestic violence and pet abuse, included convenience samples, small samples, lack of comparison groups, and lack of randomization. To address those deficits in previous studies, Ascione (2007) conducted a study using a larger sample of women and used a comparison group. He found that women living in domestic violence shelters were 11 times more likely to report that their partners had hurt or killed pets than the comparison group of women.

An 11-site, seven year study on the factors associated with initiating battering behavior (Walton-Moss, et. al., 2005), like the Pittsburgh Study, did not set out to examine animal abuse, but it did include information about treatment of animals in the study design. Similar to the Pittsburgh Study, pet abuse was a significant variable, one of four factors that were associated with becoming a batterer.

Recently more researchers, using large data bases, have included an analysis of the significance of animal cruelty as a variable. For example, in a national epidemiologic survey on alcohol and related conditions, a nationally representative sample of 43,000 adults in the U.S. found that animal cruelty was associated with all assessed antisocial behaviors (Vaughn, et.al., 2009). Another large sample study conducted by Abel (2008) examined 44,202 adult males evaluated for sexual misconduct. He found that bestiality was the single largest risk factor and strongest predictor of increased risk for committing child sexual abuse.”

There have been numerous responses by state governments to the expanding knowledge base about animal cruelty and its link to other forms of violence. In 1990, seven states had felony-level provisions in their animal cruelty statutes. As of April, 2011 there are now 43 states with such provisions. Eighteen states now have laws that permit the inclusion of pets in protection orders—specifically allowing judges to include a pet in the protection orders for domestic violence victims. The first state to do so was Maine, in 2006. Moreover currently 28 states have laws that permit or mandate counseling for juveniles and/or adults adjudicated for animal cruelty.

Addressing Animal Abuse in Interviews and Treatment

When to Address

Any professional who makes contact with children and their families should be aware of how to ask questions about animals in the family. Prior research clearly shows that a client is more likely to respond if directly asked about their trauma histories (Pruitt & Kappius, 1992).

The questions can be asked during an informal contact, such as a psychologist volunteering at a community center, or more formally in an intake and assessment protocol. They can occur when interviewing parents and other family members, or talking to children. Asking questions about pets in the family, the person's attachment to, and experiences with them, should certainly be asked during the initial phases and throughout an intervention.

How to Address

While there is no formal list of questions, the following are meant to offer a clinician or other professional, ideas about how to approach this topic.

Have you or your family ever had any pets? What happened to them?

Do you have a pet or pets now?

Have you ever lost a pet you really cared about? What happened?

Has your pet ever been hurt?

Have you ever felt afraid for your pet or worried about bad things happening to your pet?

Has anybody ever tried to make you do something you didn't want to do by threatening to hurt your pet? What happened?

Have you ever seen someone hurt an animal or pet? Tell me what happened.

Have you ever hurt an animal or pet? Tell me what happened.

Have you ever been frightened or hurt by an animal or pet? Describe what happened.
What happens when your family pet misbehaves?

Have you ever been punished for something your pet did, like getting into the trash? Or has your pet ever been punished for something you did, like not doing the dishes when you were told to?

If a child witnessed animal abuse in the home, they are at greater risk for becoming either victims or perpetrators of abuse (Osofsky, 1995). One form of abuse that children too often witness is toward the pet in family violence situations. When there is knowledge that a child has witnessed animal cruelty, the following information should be obtained from the child or his or her caretaker:

- The relationship of the child to the abuser. If it was a family member, do a thorough assessment of other abuse that may be occurring in the family and take appropriate action.

- The relationship of the child to the animal.
- The type and severity of the abuse and who was involved.
- How many times it occurred.
- The type of victim(s) and his/her/their response, as well as the response of the perpetrators and other witnesses.
- Ask the child, “What was the hardest thing for you about what happened, or what bothers you the most about what happened?”
- The child’s role in witnessing animal cruelty—active or passive, encouraging or discouraging, coerced (real or perceived?).
- Assess the child’s immediate and long-term response to being a witness. Does the child exhibit
 - Anxiety
 - Nightmares or frightening dreams
 - Difficulty sleeping or eating
 - Withdrawal
 - Problems concentrating
 - Repetitive play with themes or aspects of the trauma
 - Disorganized or agitated behavior

Does the child feel

- Shame
- Guilt
- Remorse

Does the child experience

- Numbing or feelings of detachment
- A restricted range of affect?

Is the child fearful of reprisal?

Did the child speak about the abuse to anyone?

What was the response of the person to whom the child spoke about the abuse?

(Boat, 1995; Randour, Krinsk, & Wolf, 2001).

Getting Help for Children Who Witnessed or Engaged in Animal Abuse

Children who witness violence should be evaluated by a mental health professional and a treatment plan developed. Most trained mental health professionals have the necessary skills and training to do this; however, they must be aware to ask questions directly to the child about either witnessing or engaging in animal abuse.

In addition, there is a network of mental health professionals who have been especially trained in an approach called *AniCare*. For a listing of those mental health professionals, please contact ken.shapiro@animalsandsociety.org.

For more information about the *AniCare* approach for evaluating and treating animal abuse please see: <http://www.animalsandsociety.org/resources/index.php?pid=23&tpid=7>

The Dialectic between Confidentiality and Reporting

There are mandated reporting laws for every type of family violence, whether it is domestic violence, child abuse, elder abuse, or animal abuse, although the types and areas of coverage vary considerably as does the professional group mandated to report.

In 1974, U. S. Congress enacted comprehensive legislation, the Federal Child Abuse and Treatment Act (CAPTA). As a result all 50 states have passed some form of mandatory child abuse and neglect reporting law in order to qualify for federal funding under this Act. All states require certain professionals and institutions to report suspected child abuse, including health care providers and facilities of all types, mental health care providers of all types, teachers and other school personnel, social workers, day care providers and law enforcement personnel. Many states require film developers to report. And some states require “any person” to report (Randour & Davidson, 2008).

The mandatory reporting of elder abuse is governed by the laws of individual states, rather than through federal legislation (Peck, 2010), yet it has followed the example of mandated reporting of child abuse. Although the federal government does not require reporting of elder abuse, the Social Security Act of 1974 authorized states to create offices of Adult Protective Services. In nearly every state, health care professionals, long-term care facility personnel, and mental health professionals must report elder abuse. Some states go further and require *any* person who knows of elder abuse to make a report. (Retrieved April 28, 2011 from <http://www.californiaelderlawattorneyblog.com/2010/04/mandatory-reporting-of-elder-a.html>).

No federal law applies to the reporting of domestic violence. Six states have laws mandating that intimate partner violence be reported to authorities (Hyman, 1997). However, most states have enacted some type of mandated reporting law, which could include victims of domestic violence. A review of reporting requirements for competent adult victims of domestic violence by treating medical personnel to law enforcement (Scalzo, 2006) organized these mandates into four categories: (1) laws that specifically require injuries caused by domestic violence or abuse to be reported; (2) laws which require injuries caused by non-accidental or intentional conduct to be reported; (3) laws which require injuries caused by criminal conduct to be reported; and (4) reporting requirements relating to other crimes or injuries which may impact victims of domestic violence or abuse.

Veterinarians are the only mandated reporters of animal abuse. The states of Alabama, Arizona, California, Colorado, Illinois, Kansas, Maine, Minnesota, Nebraska, Oklahoma, Oregon, the Virgin Islands, and Wyoming mandate that veterinarians report suspected animal abuse. Other states provide immunity for the reporting of animal abuse (Georgia, Maryland, New York, North Carolina, and West Virginia).

Some states provide sanctions for failure to report, e.g., “Mandated reporters who make good faith reports have the same immunity from liability under the law as non-mandated reporters. However, a mandated reporter's failure to report suspected instances of child abuse or neglect to DCFS constitutes a

Class A misdemeanor; simply reporting suspicions to a superior does not satisfy legal requirements. (Retrieved May 1, 2011 from http://www.state.il.us/dcf/faq/faq_can.shtml).

Despite the fact that the failure to report may involve a sanction, and mandated reporting of child abuse has been in existence the longest, a study found that there was no consensus among pediatric resident's understanding and interpretation of reasonable suspicion of child abuse and that their views were internally inconsistent (Levi, B. H., Brown, G. & Erb, C., 2006). In addition to resistance, there also may be suppressed reporting, as one group of investigators found with elder abuse (Rodriguez, M. A., Wallace, S. P. Woolf, N. H., & Mangione, C.M., 2006).

For many human service professionals, reporting suspected abuse is perceived as an ethical dilemma (Kalichman, 1993). Confidentiality is widely held as a therapeutic necessity. Professionals believe that reporting abuse would violate the trust of the therapist-patient relationship, deter people from seeking treatment, and offer less protection to victims.

Despite the widely held belief among psychologists and other human service professionals that reporting would negatively affect therapy, there has been very little research on what the actual effects have been. Harper and Irvin (1985) were one of the first studies to examine the effect of the mandated reporting of child abuse on the treatment relationship. These authors found that in only 2 of the 49 cases that involved mandated reporting did parents become less able to work on the child's behalf, in 25% of cases there was no change, and in most cases the change was "positive" or "very positive." A later study supported this result, finding that "...the psychotherapeutic relationship can survive and occasionally benefit from a therapist's confrontation and reporting of abusive behavior of a client, despite the breach of confidentiality the report necessitate" (Watson & Levine, 1989). After reviewing the above research, Kalichman (1993) concluded, "...little evidence exists to support popular perception that reporting abuse has detrimental effects on the quality and efficacy of professional services (p. 54)."

Perhaps the question of how reporting may affect the therapeutic relationships should be broadened to examine more factors about the therapeutic relationship. For example, one study found that a therapist's competence in handling mandated reporting influences the results of such reporting. Interviewing individuals who had been reported to Child Protective Services, the author found that participants had a positive relationship when there was a good pre-report alliance, the therapist was skillful in handling the report, e.g. they were direct about their duty report, yet empathic, and offered additional support" (Rokop, 2003).

Recently the idea has been introduced that animal abuse, as a form of family violence, should be considered as a mandate for mental health professionals. Since there is often co-occurrence of animal abuse with child abuse and other forms of family violence, there is the suggestion that animal abuse identified in families indicates a much higher probability of other violence and should be reported if certain criteria are met. In a survey of therapists' attitudes toward animal abuse issues in therapy, Schafer, Hays, and Steiner (2007), reported a number of relevant findings. First, in their survey of 174 therapists, 28% of the sample stated they worked with clients who reported safety-related concern for animals currently in their home. The authors add, "Twenty percent reported that animal abuse had become a primary focus on treatment (e.g., clients having reaction to witnessing animal abuse or processing feelings about their role in the animal abuse," (p. 532). In this same study, therapists were asked about their attitudes toward mandated or voluntary reporting of animal abuse. Forty-nine per cent of the therapists indicated that they agreed or strongly agreed that they would support a law that permitted practitioners to report animal abuse. However, that support fell to 29% when asked if they would agree or strongly agree to support a mandate to report.

The actual effect of mandated reporting on the outcomes of treatment is not a settled issue. Even though there are preliminary studies suggesting that there is not necessarily a negative effect, and that there could even be a positive effect, resistance among psychologists and other human service professionals remains high. More empirical research needs to be conducted to understand not only the effects of mandated reporting, but how factors, such as the way the report is made, the quality of the therapeutic relationship, and other variables, influence outcomes. Added to this mix is the suggestion that animal abuse be discussed as another possible indicator of the need to report, an idea which adds to the need for more empirical research.

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