

RAISING AWARENESS IN THE NEW ZEALAND VETERINARY PROFESSION OF THE LINKS BETWEEN ANIMAL ABUSE & FAMILY VIOLENCE

PRACTITIONER THESIS - MASTER OF PROFESSIONAL PRACTICE

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ATTESTATION OF OWNERSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of an institution of higher learning.

A handwritten signature in black ink, consisting of three stylized, overlapping loops followed by a period.

Catherine Rice

For Kenny

'Time and tide wait for no man'

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Figure 1.1. One Welfare Mission, Vision & Core Values (One Welfare, 2020a)

CHAPTER ONE: EXECUTIVE SUMMARY

Family violence is a significant public health issue in New Zealand (NZ) which requires a collective commitment to address. Current government strategy calls for a multidisciplinary response. Links between family violence and animal abuse are widely accepted and cases of family violence can present in the veterinary clinic as an abused animal. As companion and rural animal healthcare providers, veterinary professionals are well-placed to recognise the abuse of animals and respond to victims by offering support and referral to specialist agencies. To do this, veterinary professionals need the knowledge and confidence to discuss the links to family violence with their clients. Currently, NZ veterinary professionals receive little to no education regarding links between animal abuse and family violence. Consequently, they feel unprepared in this area of practice. This study developed and trialled a tailor-made educational workshop about the links between animal abuse and family violence.

Stage one was a survey of NZ veterinary professionals which collected quantitative and qualitative information regarding knowledge and confidence in practice aspects of managing cases of animal abuse where links to family violence may apply. The results of this survey then informed the second phase. Stage two was the development of an interactive workshop which was trialled on veterinary students. Participants completed pre- and post- intervention surveys so that the participant's knowledge, confidence, and preparedness for practice in responding to animal abuse and family violence could be compared before and after attending at the workshop.

The findings of this research support the use of an interactive workshop to increase veterinary professionals' confidence in raising concerns and responding to clients in cases of animal abuse with links to family violence. Further areas for development include modifying the workshop format to create a professional development opportunity for practising veterinary professionals

recognised by New Zealand Veterinary Association (NZVA) and New Zealand Veterinary Nursing Association (NZVNA).

This study has significance to current and future members of the veterinary profession. Raising awareness and practice confidence follows government and veterinary profession guidelines. By educating veterinary professionals to respond appropriately when faced with cases of animal abuse where there are concerns about family violence, they will be better able to support victims to find ways of maximising their safety and well-being, and ultimately live lives free from violence.

CHAPTER TWO: BACKGROUND & CONTEXT

2.1 - INTRODUCTION

Family violence and animal abuse are linked within the broad framework of social violence (Newberry, 2017). Research over the last 40 years has shown that this issue is complex, with multiple social and cultural factors impacting the dynamic relationship between family violence and animal abuse. Social violence rarely exists in isolation, and it is well recognised that interpersonal violence is concurrent with animal, and other forms of abuse (Krienert et al., 2012).

The association between family violence and animal abuse presents an opportunity to address family violence within animal healthcare services, as identifying violence against animals can uncover family violence. Veterinary professionals are well-placed to recognise the signs of family violence, which can manifest as animal abuse and neglect. The human healthcare model of victim identification and support can be adapted to the veterinary profession to provide a comprehensive systems approach to support family violence identification and intervention (Arkow, 2015).

To accomplish this, veterinary professionals need to be aware of the signs of animal abuse and family violence and be educated in how to approach issues related to violence perpetrated on potential victims with tact and respect (Newland et al., 2019). Ideally, veterinarians would be aware of the complexity of the links between animal abuse and family violence, have the knowledge and skills to respond appropriately to cases that present in practice, and become part of a consistent, multi-agency approach offering victims support and referral to family violence support agencies (Arkow, 2015).

This chapter reviews the literature on abuse, defining and outlining what constitutes abuse and investigating the problem of family violence in NZ. Evidence of the links between animal abuse and family violence is presented and the complex issue of animal abuse and the role animals play within families explored. The review details relevant aspects of animal abuse including sexual violence, how pets are used to control and coerce, and how neglect, elder abuse and hoarding fit into the picture. The issue of rural animal abuse is considered, as well as how child abuse and animal abuse interrelate. To conclude this chapter, the role of the veterinary professional as part of a community response to address the problem is outlined. The final point discussed is the current knowledge gap that exists regarding responding to cases where victims of family violence present to the veterinary clinic with an abused animal.

To address the links between animal abuse and family violence it is first necessary to understand the nature of abuse and how it applies to families and to animals.

2.2 - ABUSE

The NZ Ministry of Health defines family violence as violence or abuse of any type perpetrated by one family member against another family member. This may include, but is not limited to; child abuse, partner (including intimate) abuse, and elder abuse (NZ Ministry of Health, 2019). The sub-category of intimate partner abuse includes physical or sexual violence, and psychological/emotional abuse that occurs between intimate partners (NZ Family Violence Clearinghouse, 2019). The NZ Ministry of Justice (2019) further defines abusive behaviours to include coercion and threats, economic abuse, isolation practices, and other emotional abuse. Many of these behaviours can be associated with companion animal abuse, either directly as in

the case of physical violence against pets, or indirectly when threats against animals are used as coercion against the victim.

Characterising animal abuse is complicated by differing cultural attitudes to the treatment of animals, including socially and culturally sanctioned harm (for example slaughter of livestock for food) and the spectrum of severity ranging from cruelty to physical violence. These concepts and constructs vary not only by cultures, but across time as well (Becker, 2001). In NZ, the Animal Welfare Act 1999 defines ill treatment of an animal as:

Causing the animal to suffer, by any act or omission, in or distress that is in its kind or degree, or in its object, or in the circumstances in which it is inflicted, is unreasonable or unnecessary (NZ Government, sec. 2).

Cruelty, when defined as separate from abuse, is usually considered abuse without overt physical violence. This can include wilfully withholding necessary treatment to punish, and as well as control, and can be more acceptable than overt violence depending on cultural norms (Links Group, n.d.).

The abuse of animals is further defined by the Animal Welfare Act 1999 (New Zealand Government) as failure to provide what are termed as the 'Five Freedoms' (Figure 2.1) as appropriate to the species, environment and circumstances of the animal.



Figure 2.1. The Five Freedoms outlined in the Animal Welfare Act

Neglect is a form of abuse according to this definition and it applies also in relation to children.

The New Zealand Ministry of Health defines neglect as:

Any act or omission that results in an impaired physical functioning, injury and/or development of a child or young person, including physical and medical neglect, neglectful supervision, abandonment and refusal to assume parental responsibility' (2019, para. 8).

These clear definitions of abuse are necessary to clarify when it is appropriate for veterinary professionals to act on cases of abuse of animals or in cases of family violence, which is of particular concern in NZ.

2.3 - FAMILY VIOLENCE IN NEW ZEALAND

Family violence is a major public health issue in NZ. Investigators have reported that one in three women are victims of some sort of family violence in their lifetime (Fanslow & Robinson, 2004), and it is recognised that family violence can take multiple forms including intimate partner violence (including both male and female abusers and abused), child abuse, and elder abuse (Glasgow & Fanslow, 2006; Family Violence Act, 2018). The incidence of family violence is high in NZ compared to other OCED countries, in 2016 there were 118,910 family violence investigations by NZ Police (NZ Ministry of Health, 2017; Hassall & Fanslow, 2006). Fergusson et al. (2008) found that violence and abuse can occur in up to 70% of domestic relationships in NZ.

The reasons for this are multifactorial and thought to be linked to NZ's culture of dominance hierarchy (Hassall & Fanslow, 2006). Social learning theory suggests that abusive behaviour is a learned behaviour in which children, influenced by aggression modelled by parents, learn that violence is acceptable (Bandura, 1977). In adult relationships, violent episodes are then instigated by contributing factors including the abuser's exposure to abuse in childhood, economic deprivation, mental illness, substance abuse, and family adversity (Hassall & Fanslow, 2006; Fergusson et al., 2008; Crichton- Hill, 2016). Social learning theory provides some rationale for the intergenerational nature of family violence cycles; however, exactly how violent behaviour carries through generations is poorly understood both in NZ (Crichton- Hill, 2016), and internationally (Cannon et al., 2009).

With family violence predominantly carried out by men towards women, feminist theory places it in a "gender-defined context within which power is a key aspect" (Crichton- Hill, 2016, p. 14). The Duluth power and control wheel originated as part of a domestic abuse intervention project (Pence & McMahon, 1999). It sets out strategies men use to coerce and control women in violent relationships (Pence, n.d.). Pets are included as part of the cycle of abuse in this model.

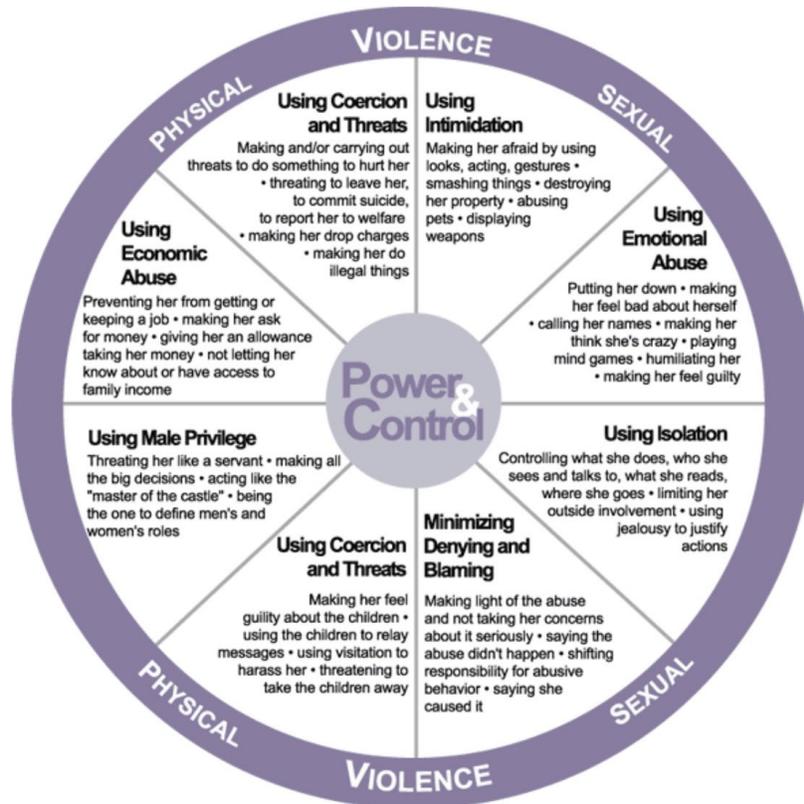


Figure 2.2 The Duluth Power & Control Wheel. Abusing pets is included under 'Using Intimidation'.

(The Duluth Model, 2017)

Māori women are overrepresented as victims of family violence, they are twice as likely to be victims of intimate partner violence (Te Puni Kokiri- Ministry of Māori Development, 2017). The reasons for this are manifold and centre on the effects of colonialism destabilizing Māori culture over nearly two centuries, which had a significant effect on the role of Māori women within families (Balzer et al., 1997).

Traditional Tikanga values of Mana/Manaaki – building the mana of others, through nurturing, growing and challenging hold violence as an offence against whānau and whakapapa (E Tu Whanau, 2020). Estrangement from these traditional cultural concepts plays a role in violence within Māori families (Marie et al., 2009). Compounding the problem is Māori

overrepresentation in social risk factors associated with family violence. These include having a lower median income, a higher proportion of young mothers, and higher rates of psychological distress and hazardous drinking behaviours (Te Puni Kokiri- Ministry of Māori Development, 2017).

In response to the problem of family violence in NZ, successive governments have implemented initiatives aimed at reducing the harm caused by violence (Department of Justice, 1987; Ministry of Social Development, 2002; Ministry of Justice, 2017). The first significant step was the Department of Justice (1987) Report of Ministerial Committee of Inquiry into Violence. This recognised the effects of the failures to adhere to bi-cultural development principles of The Treaty of Waitangi. In relation to violence perpetrated by Māori, the report stated that the treaty failures were “at the root of many of the present problems. That it has been a case of 'assimilation' rather than 'integration'” (Department of Justice, 1987, p. 42). The paper acknowledged the role that social factors such as education, violence on television and in sport, unemployment, gangs, and alcohol abuse played in violence in NZ society at that time. It identified family violence as “one of the main areas for concern” (Department of Justice, 1987, p. 86). The report made a range of recommendations including limiting access to alcohol, working with Māori communities on equal opportunities in education, and providing rehabilitative programmes in prisons. Recognition of the fact that most violence in the home is related to power disparity related to gender is evidenced in the following quote from the ‘Home and Family’ section:

That the male image, as portrayed in the media, should include emphasis on co-operation, non-violent conflict resolution, non-sexist attitudes and the importance of fathering (Department of Justice, 1987, p. 102).

Over the years, the government released several strategies to address family violence, most notably in 2002, Te Rito: NZ Family Violence Strategy (Ministry of Social Development) which broadened the context of family violence to include:

a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation (2002, p. 8).

The document set out recommendations in the form of recognised and planned 'areas of action'. Whilst the document did not directly recognise the links between animal abuse and family violence, some of the recommendations hold significance from a veterinary perspective. Relevant points include enhancing screening and risk assessment, improving public education and awareness, and improving inter-agency collaboration and communication (Ministry of Social Development, 2002).

The most recent governmental report on family violence is the Family Violence Risk Assessment and Management Framework (Ministry of Justice, 2017). This report recognises the importance of early recognition and promotes a "consistent, integrated and proactive approach" (Ministry of Justice, 2017, p. 4) across family violence agencies, services and practitioners. The paper recognises the links between animal abuse and family violence, identifying abuse of pets as a "strong indicator of a victim being at increased risk of serious harm or homicide from family violence" (Ministry of Justice, 2017, p. 30). It recommends the development of a three-tiered system of practice guidance for professionals. The most comprehensive guidance is for specialist service providers who work directly with family violence victims i.e. refuge workers. The next tier is for statutory service providers whose core business may not be family violence, however they provide statutory or legal responses to victims i.e. police and social workers. Although this report does not identify veterinary professionals directly, the third tier (for general service providers) applies to veterinary professionals who "may encounter victims or perpetrators of family violence as part of their work providing health, education, or social services" (New Zealand Ministry of Justice, 2017, p. 6). The recommended role of general service providers in responding to family violence is to recognise signs of family violence and refer victims to specialised support services.

Welfare and advocacy groups that address family violence in NZ are well established. They include the National Collective of Women's Refuges, "Are You Okay?", and Shine. Systematic protocols for the NZ Police, the Ministry of Justice, the Ministry of Social Development, and other advocates are well-utilized. In the NZ health service, the Violence Intervention Programme seeks to reduce the health impacts of family violence by ensuring early identification, assessment, and referral of victims presenting to District Health Board Services (Koziol-McLain et al., 2019). The Ministry of Health (2003) provides guidance on recognition and response for health practitioners. To increase public awareness, there are informative pamphlets located in health clinics, outpatients waiting rooms, and in public rest rooms (Koziol-McLain et al., 2019). These pamphlets explain what an abusive relationship is and detail the support and advocacy groups available (New Zealand Government, 2020; Shine Ltd, 2020). The Violence Intervention Programme is effective because it is standardised and has multiple layers through collaborative agencies (Gear et al., 2016). Abused people are not confronted directly, and their point of contact has training in approaching and discussing this topic. This model of addressing family violence in the health care setting could be adapted to the veterinary setting where cases of animal abuse may indicate family violence.

2.4 - FAMILY VIOLENCE & ANIMAL ABUSE

While the nature of the association is complex, the link between animal abuse and violence is well defined (Gullone, 2012; Krienert et al., 2012). The triad of violence: pyromania, animal torture, and antisocial behavior is still used in modern FBI profiling (Maher et al., 2017), and while the literature on animal abuse and the links to family violence is heterogeneous, results show 25 – 75% of people international studies of family violence report animal abuse. While these studies are limited in their sample sizes, and are variable in definitions and methodology, taken as a whole, they point to a clear and strong association between violence and animal abuse. (Allen et al., 2006; Ascione et al., 2007; Faver & Strand, 2003; Barrett et al., 2017; Krienert et al., 2012; Newberry, 2017).

Companion animals are part of up to 64% of NZ households (CANZ, 2016). Pet ownership rates in the United States of America, where much of the literature originates, is estimated to be similar (62%) (Bao & Schreer, 2018). Thus, it is reasonable to assume that the links between animal abuse and family violence demonstrated in overseas research exist in Aotearoa. Research in NZ also identifies the coexistence of family violence and the abuse of animals (Jury et al., 2018; Roguski, 2012a).

The NZ police recognise links between animal abuse and family violence (NZ Police, 2020). In attending and investigating family violence incidents, NZ police have adopted the concept of ‘family harm’. This approach takes a holistic view of issues occurring within a family and considers animal welfare as part of the picture. As part of a drive to raise awareness of family violence, they have published a suite of open-source resources including the ‘Eyes Wide Open’ poster (Figure 2.2) and video (NZ Police, 2018). These mention ‘threatening and ill-treatment of animals’ as a red flag for police investigation and multiagency interventions aimed at preventing and managing cases of family harm (NZ Police, 2020b).



Figure 2.3 Excerpt from NZ 'Eyes Wide Open' poster promoting the concept 'Family Harm' to frontline officers.

Threatening / Ill-treatment of animals is included as a factor to consider in family violence situations.

(NZ Police, 2020a)

This approach recognises the complex nature of family violence and recognises a link to the abuse of animals.

2.5 - THE LINKS BETWEEN ANIMAL ABUSE & FAMILY VIOLENCE

Although the estimated incidence of animal abuse in NZ is high, companion animals are highly valued in our society (Arkow, 2019) . Many people who own pets report that the animal is a cherished member of the family (Bao & Schreer, 2018). There are many factors influencing the ownership of companion animals including a need for companionship, assistance with disabilities, sports and recreation, and farming. The desire for companionship, either for one's

self, or for children, is the most popular reason people keep companion animals (Lewis et al., 2009).

The benefits of owning a pet are well established (Enders-Slegers & Hediger, 2019; Lewis et al., 2009; Pinillos, 2018; Smith, 2012). These include higher quality of life (Shepherd, 2009; Smith, 2014), and lower rates of depression (Lem et al., 2013), improved activity levels (Mein & Grant, 2018), cardiovascular health (Levine et al., 2013), and lower rates of healthcare visits (Chowdhury et al., 2017). Many people rate attachment to their pet as high as attachment to family members, and this is a significant driver of the health benefits associated with keeping companion animals (Irvine & Cilia, 2017). For example, pet owners report lower levels of loneliness when compared with non-pet owners, which may reflect anthropomorphic traits projected on companion animals (Bao & Schreer, 2018).

Anthropomorphism is observed from the earliest records of human history, with examples in prehistoric sculptures and artwork (Boric, 2014). In the context of animal abuse, the human attributes abusers ascribe to animals manifest in two ways. Firstly, the abuser may use the pet as a scapegoat by projecting anger and blame onto the animal for perceived wrongs (McPhedran, 2009). The animal may be an easy target, and outlet for violence when compared with other people, and less risky from a legal perspective (Roguski, 2012b). Secondly, and on the opposite side of this spectrum, abusers have been reported as more likely to enact animal cruelty when they do not speak to the pet or show affection and do not interact with the pet as a member of the family (Workman, 2011). Perhaps for these people it is easier to justify violence against a creature that is seen as lower value. This points to a multifaceted ideology in abuse and makes addressing causes and potential actions a challenge, particularly without a clear understanding of the complexity of the factors at play in cases of family violence where there are links to animal abuse.

In addition to the challenge of identifying abuse, there are different types of abuse, with animals both the target and a tool for abusers (Jury et al., 2018). Social care agencies and investigators in both the animal and human abuse fields define physical violence, psychological cruelty, sexual abuse, and neglect as separate components of abuse in family violence situations (Gullone, 2020; Links Group & National Society for the Prevention of Cruelty to Children, n.d.). These components can form a spectrum of violence, with a clear progression in some cases, or isolated occurrences in others. In some instances, such as neglect, other factors are at play. Understanding the aetiology of the links between animal abuse and family violence can give veterinary professionals faced with cases of abuse in animals a start in formulating an effective program to identify and address family violence.

Having outlined the complexities of the nature of animal abuse, the following sections detail the different forms of abuse starting with physical and sexual abuse, the way pets are used to control and coerce victims of abuse, the issues of neglect and hoarding, and finally, the abuse of rural animals.

PHYSICAL VIOLENCE

Physical violence against animals can present a range of unexplained, or poorly explained, clinical signs (Arkow, 2015b). These can include repetitive injuries, bruising, multiple fractures, burns and scalds, internal thoracic and abdominal damage, low body weight, and ocular wounds. Recognition of these clinical signs may be an indication that there is abuse taking place within a family (Arkow, 2015). As a similar pattern of injuries is identified in cases of abuse in children, an interdisciplinary response uniting human and veterinary medicine in a common concern for the vulnerable is recommended (Arkow, 2015; Munro & Thrusfield, 2001). A victim of family violence may be more open to discussing animal abuse than other forms of family violence (National Link Coalition, n.d.). A veterinary professional expressing concern for the animal and discussing the links to family violence could establish trust with the victim, building the rapport required to address the violence.

In a survey of NZ veterinarians, deliberate physical violence against animals had been seen by 63% of respondents in the last five years (Williams et al., 2008, p. 21). Although rarely reported on, animals can also be subjected to sexual abuse.

SEXUAL VIOLENCE

Intimate partner violence includes, but is not limited to, sexual violence. In companion animals, as in humans, this can involve deliberate trauma to genitalia and forced intercourse. Sometimes the abuse is apparent, as in the case of objects inserted into the rectum or vagina, although veterinary texts do not include sexual abuse in differential diagnosis of vaginal lesions. In other cases, abuse can be more difficult to identify. Limited literature on the subject indicates that sexual abuse of pets could be a factor in 6% of animals presenting to veterinary practice with non-accidental injuries (Munro & Thrusfield, 2005).

CONTROLLING BEHAVIOUR

Controlling behaviour may be downplayed or accepted in relationships in comparison to physical violence. However, it is recognised as a form of violence, and a punishable offence in NZ (Family Violence Act 2018). Whilst a veterinary professional may find it difficult to recognise signs of a controlling relationship in animal cases, it is nevertheless important to understand how controlling behaviour can impact a relationship, and how it can relate to physical abuse of animals (Roguski, 2012b). Animal control is generally accepted by society, making animals easy targets for abusers with controlling tendencies (Gullone, 2020). Abusers may coerce their victims by threatening to harm an animal as a tool for manipulation (Irvine & Cilia, 2017). This form of control/violence could make a victim reluctant to seek help, and anxious if this topic is brought up in a veterinary consultation. The reluctance in family violence victims seeking help is exacerbated by the fact that in many cases victims have no choice but to leave companion

animals with the abuser while they shelter (Flynn, 2014). A NZ study found “more than half (53 percent) of respondents did not leave the abuser when they wanted to out of fear for a pet or farm animal’s safety” (Jury et al., 2018, p. 19). Addressing a situation where the victim is afraid to ask for help due to threats against the animal calls for care and tact. The complexities of dealing with such a situation are a significant barrier to action by veterinary professionals who, with no specific training, may justifiably feel ill-equipped to adequately deal with the issue.

Recognising neglect in animals is more straightforward however, the problems surrounding the neglect of animals within families are complex, the next section explores the factors affecting the neglect of animals and its association with elder abuse.

NEGLECT & ELDER ABUSE

Elder abuse is closely associated with neglect (Glasgow & Fanslow, 2006). Up to 62% of residential care homes in NZ have reported elder abuse (including financial abuse, social abuse, and neglect), although reporting of this type of abuse is not mandatory in NZ (Weatherall, 2008). Researchers postulate that elder abuse happens because carers are stretched physically, emotionally, financially, and they may be isolated and find it difficult to cope with the pressure of looking after another adult with impairment. In addition to this, substance abuse, past abuse and a history of family violence are risk factors for perpetrating abuse of elders (Ministry of Social Development, 2019).

Animal welfare concerns may indicate an elder needs intervention regarding neglect by a caregiver, financial exploitation, or emotional abuse. Furthermore, signs of animal neglect may be an important indicator of self-neglect in a vulnerable older person (Boat & Knight, 2001). More than two thirds of elder abuse cases are perpetrated by family members. Arkow (2019) suggests that:

One form of control or retaliation, out of frustration over their caretaking responsibilities or as a way to extort financial assets from the victim, is to kidnap, neglect, or abuse the elder's pet (p. 331).

Additionally, elders at risk of abuse are less likely to bring pets into animal care facilities like veterinary practices, making this abuse more difficult to identify via animal abuse (Boat & Knight, 2001). There is some evidence that elderly people are more likely to hoard animals (Arluke et al., 2002). In light of these points, raising awareness in the veterinary industry of elder abuse and its association with pet neglect and animal hoarding is an important part of the picture.

ANIMAL HOARDING

Cognitive decline or poor mental health can manifest as neglect of oneself, of others, and as hoarding (Arluke et al., 2002). These behaviours are not as well studied/associated with family violence, although they are recognised as a sentinel of further family violence. Hoarding involves animals in an estimated one third of cases (Ascione, 2008). It is unclear in the literature how much these two phenomena overlap. However, hoarding is linked to family violence through neglect (Arluke et al., 2002; Torres et al., 2014). Neglect and hoarding may have different underlying driving causes that are not associated with other forms of abuse against humans (such as controlling behaviour and physical violence), so further research in this area is required.

RURAL ANIMAL ABUSE

The links between family violence and abuse of the rural animal are less well researched than the links with companion animals, possibly due to the lower incidence of attachment people have to livestock when compared to companion animals (Pinillos et al., 2015). There are, however, clear links identified between livestock neglect and poor mental health (Andrade & Anneberg, 2014). In addition to this, poor mental health is associated with family violence, as

people who have mental health issues struggle with relationships and responsibilities (Gilchrist et al., 2010). Jury et al (2018) identified incidences of abuse of livestock co-occurring with family violence in NZ. With 16.3% of New Zealanders living in rural areas, the abuse of farm animals is an issue that warrants further investigation (Environmental Health Indicators NZ, 2018). The veterinary professional, as the rural animal health service provider, has a key role in identification and intervention in cases of neglect and abuse of farm animals.

Now that the forms of animal abuse have been outlined, the association between child abuse and animal abuse will be explored.

2.6 - CHILD ABUSE & ANIMAL ABUSE

It is estimated that over half of households with children also own pets (Irvine, 2017), and within an abusive household, the potential for associated animal abuse is high (Newberry, 2017; Monsalve et al., 2019). Children are present when animals are abused in many cases, “between 29% and 75% of children in violent families have witnessed the animal cruelty” (Gullone, 2020, p. 10). Moreover, abused children may be more likely to become perpetrators of violence against animals as a means of coping with their own abuse (Workman, 2011; Plant et al., 2019). Gullone’s (2020) research shows that between “10% and 57%” (p. 10) of children witnessing animal cruelty go on to engage in animal abuse themselves. One small study showed that children exposed to family violence were almost three times more likely to abuse animals when compared to children who were not victims of family violence (Currie, 2018). It seems that “parents who engage in aggressive acts teach children that aggression is a powerful and appropriate tool for interpersonal relations” (Currie, 2018, p. 430). The child in an abusive situation lacks agency, and a pet, with a social standing lower than the child, could be an outlet for the child's frustration and anger for his or her own situation (Gullone, 2012). In these cases,

the adult carers, who might also be perpetrators of abuse, may not be aware of the concurrent animal abuse (Plant et al., 2019). This contributes to the complexity of the problem of animal abuse co-occurring in family violence situations that may present in the veterinary context.

Veterinary professionals have a role to play in the protection of the vulnerable, both animal and human, to assist victims by linking them with appropriate support services in the community.

2.7 - THE ROLE OF THE VETERINARY PROFESSIONAL

Veterinary professionals are well-placed to identify cases where children are at risk of violence presenting as cases of animal abuse (Arkow, 2015). Some investigators have found that up to 63% of veterinarians report cases of animal abuse in their practices (Arkow, 2015; Williams et al., 2008). While some cases of abuse are clear (Munro & Thrusfield, 2001), the identification of abuse can be complicated in situations where women have only experienced threats to animals without physical abuse, and in situations where victims feel that reporting the abuse will precipitate action, such as killing the animal, at the hands of the abuser. Studies have reported that abuse included a threat of further action if women reported the animal cruelty, which discourages the victim from seeking help (Jury et al., 2018; Roguski, 2012a). This difficulty can be addressed by training veterinary professionals to recognise more subtle signs of abuse and following a protocol to screen such cases that present in practice, much like existing human healthcare protocols that address violence (Newland et al., 2019; Veterinary Council of New Zealand, 2013).

In acknowledgement of the American Humane Association's report (American Humane Society, 2003) on the correlation of pet abuse and family violence, the Veterinary Council of New Zealand (VCNZ), the Ministry of Primary Industries (MPI), and the NZVA issued guidance for

veterinarians to refer to in dealing with cases of suspected or actual animal abuse and family violence (VCNZ, 2013). Violence or threats of violence towards companion animals can be part of a pattern of power and control in abusive relationships (Roguski, 2012b). People in these relationships may find seeking help from support agencies difficult. To address these difficulties, programmes in human healthcare settings encourage those in abusive relationships to speak out and access help (Gear et al., 2016) . However, there are no legal obligations to report concerns regarding the abuse or neglect of children or other family members related to an abused animal case that presents to the veterinary clinic.

The veterinarians' legal and professional obligations regarding reporting animal abuse (breaches of the The Animal Welfare Act 1999) are mandatory and clearly stated in the VCNZ Code of Professional Conduct for Veterinarians (2020). However, regarding concern for the welfare of a child or other family member, the code states:

Reporting of suspected or known family violence is not mandatory. However, like any other adult members of our society, veterinarians have a responsibility to act when violence against the vulnerable is recognised or suspected (VCNZ, 2020, sec. 1).

The lack of mandatory reporting leaves decisions and actions about the situation up to the veterinarian's sense of 'moral responsibility', which is subjective, and leads to a heterogenous approach in dealing with human victims of violence (Arkow, 2015). Barriers to action include concerns regarding recognition of clinical signs of deliberate abuse and neglect, uncertainty about the legal and professional implications of confidentiality, and a sense of 'lack of preparedness' in terms of knowing what to do; how to approach the client, and who to contact for advice and assistance (VCNZ, 2013). These issues raised in the NZ guidance are reflected in statements by interest groups in the UK where the reluctance of veterinary surgeons to report cases due to lack of confidence is acknowledged. In addition to a lack of preparedness, concerns among animal welfare providers include safety for the clinician and staff, primarily regarding patient confidentiality (Mills, 2017). Complaints by clients about veterinarians to the UK veterinary regulatory body the Royal College of Veterinary Surgeons and similarly, to the NZ

equivalent to the VCNZ, can result in disciplinary action and may result in an individual losing their license to practice veterinary medicine. While the guidelines for reporting animal abuse are clear, the legal consequences of breaking confidentiality to report suspected family violence are not well understood by veterinary professionals.

A MULTI-DISCIPLINARY APPROACH

Pinillos and others (2016) introduced the concept of 'One Welfare'. This approach recognises the need for a multidisciplinary collaboration to address family violence, it promotes the objectives of reducing human suffering and improving wellbeing. The importance of animal welfare is recognised as a necessary component of human wellbeing. Safety and freedom from violence are core principles. The concept of One Welfare is clearly outlined and well-defined and can be used as a starting point for the education of veterinary professionals.

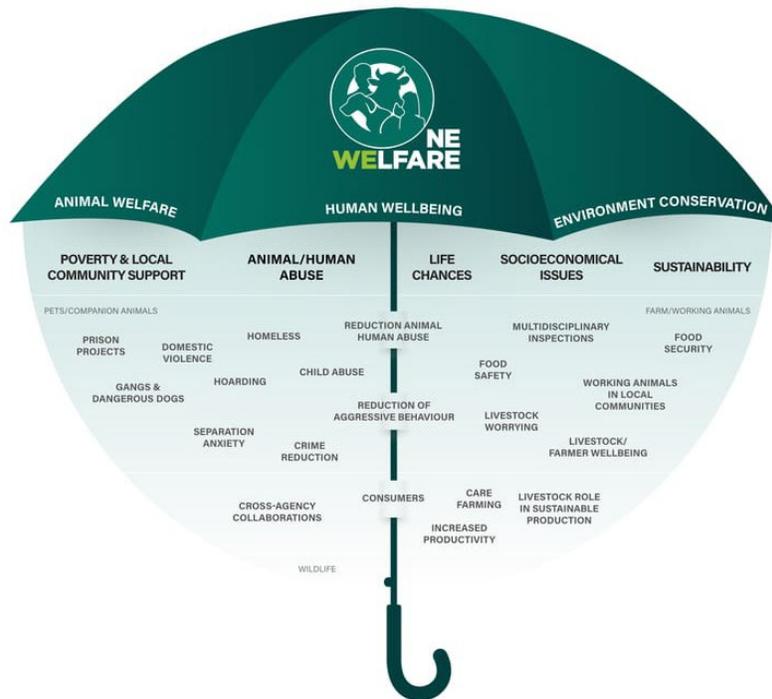


Figure 2.4 The One Welfare Umbrella highlights the multiple interconnections between animal welfare, human wellbeing and environmental aspects (Pinillos, 2018, p.13)

The lack of a consistent and comprehensive programme to address the links between animal abuse and family violence in NZ is a missed opportunity. Veterinary professionals could follow the human health model with a standardised approach centered on the training of nurses and veterinarians.

EDUCATION IN FAMILY VIOLENCE AND ANIMAL ABUSE

Members of the veterinary profession in NZ are broadly aware of the links between animal abuse and family violence (Williams et al., 2008), however, despite recognition of the role of veterinarians in the intervention of the cycle of violence, there is limited education for them on this topic (Newland et al., 2019a).

While there are many studies examining the links between family violence and animal abuse, few examine the impact of educational programmes for clinicians on wellbeing outcomes among victims, and the available literature focusing on human healthcare fields is paucity (Pathak et al., 2017; Wathen et al., 2006). Investigations on this topic use bespoke surveys, and there are currently no validated questionnaires developed which can be adapted to examining outcomes, either from a healthcare provider perspective or the victims perspective. The limited research that does exist suggests that training healthcare practitioners is associated with increasing knowledge of detection and reporting of animal abuse (Monsalve et al., 2019), and this may also apply to training and identification of family violence presenting as cases of animal abuse.

More research is needed to understand how educating veterinary professionals about family violence and pet abuse can change their knowledge and attitudes towards the topic and improve their confidence in dealing with these difficult situations.

Newland et al. (2019) state:

Although veterinarians may be exposed to pet abuse and domestic violence during their careers, education of veterinary students regarding the role of the veterinary profession in recognising and reporting suspected pet abuse and associated domestic violence cases is restricted. Limited published literature exists regarding the design, implementation and success of veterinary training focusing on the link between pet abuse and domestic violence and its relevance in the veterinary clinical context.

The development of an education programme for veterinary professionals in NZ is a necessary first step in addressing the opportunity that exists in veterinary practice to support victims of family violence.

2.8 - CONCLUSION

The effects of family violence are far reaching and multi-generational, affecting the educational and healthcare systems, the whānau of victims, and the welfare of both companion animals and rural animals. The links between family violence and animal abuse gives veterinary professionals a unique opportunity to recognise, provide support, and refer victims of abuse to family violence agencies in the community. This will require education of veterinary professionals as a first step. Establishing a systematic and multidisciplinary framework for victim support that follows the human healthcare model would be ideal however is beyond the scope of this study (NZ Ministry of Justice, 2017). Receiving education about the links between animal abuse and family violence will increase veterinary professionals' confidence in responding to cases where signs of neglect and non-accidental injury in animals indicate a risk of family violence. They will be better able to support victims of family violence to find ways of maximising their safety and well-being and ultimately live their lives free from violence.

CHAPTER THREE: METHODOLOGY

3.1 - INTRODUCTION

This chapter sets out the methodological and data analysis methods used for the project. The overarching research methodology for the Master of Professional Practice is autoethnographic action research. Effectively, this is two integrated research projects: a practice-based action research project, driving change in my profession as a VN and educator. It begins by looking at the research/project methodology and concludes with a description of the autoethnographical research process taken. The chapter explains the methods and data analysis used.

ACTION RESEARCH PROJECT

Action research, according to Costley et al. “aims to make changes or improvements in a situation through a cycle, of investigation, action and reflection” (2010, p.88). This study, with findings and conclusions drawn from the first stage informing the next, used a mixed methods approach combining quantitative and qualitative data. Stage one was an anonymous online survey of NZ veterinary professionals explored current practices, knowledge, and practice confidence levels in relation to animal abuse and its links to family violence. Convergent design collected quantitative and qualitative data concurrently and mixed the two databases during analysis. The process of reflecting on an experience draws out lessons, implications and understandings that inform future practices (Costley et al., 2010). Reflection on action applied the findings of the stage one survey to stage two, the development and delivery of an educational workshop about the links between animal abuse and family violence. Knowledge and confidence measures (quantitative pre- and post-workshop surveys) investigated the efficacy of the intervention.

3.2 - STAGE ONE

PARTICIPANTS & METHODS

A convenience sample of veterinarians and VNs was recruited through their respective professional representative bodies; the NZVNA and the NZVA. Inclusion criteria were veterinarians and VNs currently working in clinical practice, and the ability to answer the online questionnaire. At the time of the survey, there were approximately 2500 members of the NZVA, and 1300 NZVNA members. Roles include clinicians, academics, researchers, policy makers and industry representatives.

The NZVA is a national representative body for veterinarians. The organisation promotes the idea that the wellbeing of animals, people, and the environment are inseparable, it works to represent veterinarians in matters affecting animal health and welfare. The NZVNA represents and promotes the interests of the veterinary nursing profession, fostering high standards of veterinary nursing care and education. The online survey link was distributed via electronic bulletin sent out to the NZVA and NZVNA member email lists, containing a direct link to the online survey. The survey was open from 8th May to 5th June 2020. The link opened with an information sheet about the study and electronic consent page. To maximise reach, as some practicing veterinary professionals are not members of their representative body, the survey was also distributed via New Zealand veterinary interest groups on social media (NZVA, NZVNA and alumni Facebook pages).

MEASURES

The online surveys included questions about demographic details, educational qualifications, experience, and practice. Participants were asked if they believed animal abuse and family violence are linked, and to indicate any education they have had on the subject, including exposure to the VCNZ' links guidance document. Those that had some training were asked how that training affected their practice. Participants answered questions about clinic protocols and availability of family violence resources. They indicated their level of confidence regarding legal and ethical responsibilities in relation to three different issues on 4-point Likert scales (1 = 'I don't feel confident' to 4 = 'very confident').

These issues were cases of animal abuse; cases where there was suspicion that violence could be taking place within the client family and discussing family violence with clients. This method was chosen because "Use of the Likert scale is common when measuring attitudes, beliefs or behaviours such as confidence levels" (Everitt, 1995, p. 455), and this survey was designed to measure knowledge and confidence in recognising and discussing suspected family violence in veterinary practice. Participants were also asked to explain barriers to discussing family violence when a lack of confidence was indicated, and to detail what resources and training they would need to increase their confidence.

As the principal responsibility for the animal and matters relating to its welfare lies with the veterinarian, veterinarian participants were also asked to indicate their inclination to report suspected cases to an outside agency on a 7-point scale (1 = extremely unlikely to 7 = extremely likely). Those that indicated they would consider reporting were then asked to indicate which outside agencies they would report to.

The online survey was piloted with four veterinary nurses and three veterinarians for face validity. The survey wording was changed in line with feedback from this test to enhance content and face validity.

3.3 - STAGE ONE DATA ANALYSIS

QUANTITATIVE ANALYSIS

The survey responses were assessed using basic descriptive analysis. In addition to this, the four questions on level of confidence in practice (listed below) were analysed to see if the distribution in responses to each question differed according to factors of interest; years in practice, level of qualification, knowledge of the VCNZ Guidance document, training about the links between animal abuse and family violence, and the availability of practice protocols, using the chi squared test for independence with R 4.0.2 (R Core Team, 2019).

Confidence Questions

Indicate your level of confidence regarding your

1. legal responsibilities in working with animal abuse cases
2. ethical responsibilities in working with animal abuse cases
3. legal responsibilities in working with animal abuse cases where you suspect that that violence is taking place within the client family
4. ethical responsibilities in working with animal abuse cases where you suspect that violence is taking place within the client family

QUALITATIVE ANALYSIS

The survey data were thematically analysed using Braun & Clarke's (2006) six phase process explained as 'a method for identifying, analysing, and reporting patterns (themes) within data' (Braun & Clarke, 2006 p.6). The first phase involved the researcher becoming familiar with the data, noting patterns, and considering how these related to the research question. Phase two was coding the comments (Appendix I). This involved organising the data into meaningful groups at the most basic level. Phase three followed to 're-focus the analysis at the broader level of themes' (Braun & Clarke, 2006 p.19). Analysis and reflection on the emergent patterns within the codes led to the researcher developing themes and sub-themes (Saldana, 2011) (appendix II). As themes emerged, phase four involved the researcher 'reviewing and refining' (Braun & Clarke, 2006, p. 20) the overarching elements and sub-themes within the coded

comments. More detailed analysis determined the amalgamation of some themes into broader categories, and the extrication of others into separate ideas. In phase five, 'define and refine' (Braun & Clarke, 2006. p.22), the researcher considered how each theme fitted with the wider context or the research, and how it related back to the research question. Phase six was to organise the survey responses into the analytic narrative presented in Chapter 4 telling 'the story of the data' (Braun & Clarke, 2006, p. 23).

3.4 - STAGE TWO

PARTICIPANTS & METHODS

A convenience sample of veterinary students was recruited to the study by advertising the educational workshop about the links between animal abuse and family violence on the Massey University Veterinary Students Association's (MUVSA) social media group page (facebook). Students from a range of years from first to fifth-year Bachelor of Veterinary Science were invited and taken in a first come, first served basis until 30 participants were recruited. Prior to attending the workshop, students were asked to complete an anonymous online survey designed to determine existing knowledge and confidence in relation to family violence and the links between animal abuse and family violence. This survey was adapted (with permission) from Baird et al. from a domestic violence knowledge survey used with Australian midwives (Baird et al., 2015). The questions served to scaffold learning through introducing the subject and concepts, and to identify knowledge deficits.

The educational workshop was a two-hour interactive session. Its development directed by the analysis of information provided by practicing veterinary professionals in the stage one survey. The aim was to introduce students to theory and practice around to managing animal abuse

cases in the veterinary clinic context where there are suspected or actual links to family violence.

PRE- & POST-WORKSHOP SURVEY

The link to the online pre-workshop survey was distributed by the president of MUVSA via the groups facebook page. It was open from 14th September to 23rd September 2020. The post-workshop survey link was distributed at the workshop as a QR code given to each participant as part of a take home information pack. The plan was to have the workshop participants complete the survey before leaving the workshop. However, the group discussions went longer than intended and the workshop went over-time, meaning the participants left without completing the second survey. Two follow-up survey reminders were posted on the MUVSA facebook group page, and the survey was open from the time of the workshop until 7th October (two weeks). Of the 24 workshop participants, 18 completed post-workshop surveys . The links for both surveys opened with an information sheet about the study and an electronic consent page.

MEASURES

Data obtained from stage one, discussions with experienced researchers, and critical review of the literature in the context and background informed the adaptation of the pre- and post-workshop surveys. The surveys included questions regarding demographics, professional knowledge, preparation for practice and knowledge and beliefs regarding family violence and animal abuse. Participants were asked to complete the survey with the same quantitative questions both before attending, and after leaving the workshop. The post workshop survey also included questions related to improvements in knowledge and confidence.

In both the pre- and post-workshop surveys, participants were asked to what extent they thought there is relationship between animal abuse and family violence answering on 5 point Likert scales (1 = 'not at all' to 5 = 'a great deal'). They were asked to indicate their exposure to the VCNZ (2013) links guidance document, and questioned on their awareness of how many NZ women experience intimate partner violence in their lifetime. Participants indicated their knowledge of family violence by answering 'true', 'false' or 'unsure' about twelve different aspects of family violence including statements relating to factors that increase risk of experiencing family violence i.e. being female or having a family history of abuse. The survey questioned respondent's beliefs about perpetrators of violence. For example, that they have trouble controlling their anger, are violent because they drink or use drugs, or are aggressive with anyone. Also in this section participants answered questions relating to a person experiencing violence including suggestions that they may not be able to leave a relationship because of fear of retribution from the perpetrator, or because they are financially dependent on the perpetrator, or because of religious beliefs, the needs of their children, or isolation. The final statement in this category for participants to indicate agreement or disagreement with was 'survivors of family violence are at greater risk of injury when they leave the relationship'.

In the second section, participants were further quizzed on their knowledge of family violence and the link to animal abuse, with the responses of 'agree', 'disagree' and 'unsure' used. Topics in this section related to alcohol and drug use, reasons for staying in abusive relationships, practices around discussing and documenting family violence in veterinary practice, as well as beliefs about victims' ability to make appropriate choices about how to handle their situation and whether victims can be responsible for the violence perpetrated against them. Lastly, the participants were asked to indicate their beliefs around the criminality of animal abuse and family violence.

The third block of questions explored preparedness for dealing with cases of suspected or actual animal abuse where there may be links to family violence. Respondents answered a 4-point Likert scale ranging from 'unprepared' to 'well prepared'. Participants were asked how prepared they felt to identify indicators of animal abuse, to raise concerns with a client, and appropriately respond to disclosures of animal abuse and of family violence. Participants were also asked to indicate their level of preparedness in consulting colleagues, seeking advice, and making referrals to other agencies, as well as offering support to victims in cases of animal abuse and family violence that may present in the veterinary clinic. Participants were asked to respond 'yes', 'no', or 'maybe' if they would consider approaching someone for advice if concerned about a case in practice. They were asked to list who they would approach for advice if they answered 'yes' or 'maybe'.

The post-workshop survey had an additional block of questions relating to the training. The participants were asked to rate whether their knowledge and confidence levels had improved with training on a 4-point Likert scale ranging from 'not at all' to 'a great deal'. They were asked about improvement in their knowledge about the links between animal abuse and family violence and in dealing with clients' responses. Lastly, the participants were asked to indicate if the training had improved their awareness of where to seek advice.

3.5 - STAGE TWO DATA ANALYSIS

QUANTITATIVE ANALYSIS

Data were analysed using the chi squared test for independence with R 4.0.2 (R Core Team, 2019) to determine whether responses differed between the pre- and post- workshop surveys. The 'Preparedness for Practice' and the post-workshop 'knowledge and confidence' responses were also examined using basic descriptive analyses.

3.6 – RESEARCH ETHICS

Ethical approval for this study was obtained from Otago Polytechnic Research Ethics Committee (Application No: 52). The ethics application, review and approval and associated documents are included in Appendix II.

Research into sensitive topics such as animal abuse and family violence has the potential to provoke strong emotional responses in some participants. This can threaten emotional and cultural wellbeing. Although the surveys and workshop did not directly focus on victims of family violence, as one in three women are victims of family violence in their lifetime in NZ (Fanslow & Robinson, 2004), it is likely that some of the participants in both stages of the study would have experienced family violence. To ensure participants were fully aware of the emotive subject matter, the surveys (stage one and two) opened with an information page and electronic consent form (included in Appendix II). These provided details about the researcher and the project, clarifying that participation was voluntary, and stating participant rights and choices regarding involvement and withdrawal from the project at any time without consequence.

The workshop was particularly high risk in terms of the potential for emotional harm. To mitigate this, it was opened by acknowledging the likelihood that some participants have

experienced family violence and invited the participants to remove themselves from the room at any time if they became upset. Arrangements were made for the MUVSA representative to accompany any distressed participants to provide support if required. No participants did leave the workshop on the day. The workshop closed with a discussion around self-care as a professional dealing with abuse and violence and made participants aware of professional agencies they could approach for support. The take home pack provided details of Vitae Counselling Service for participants to contact after the workshop if required.

As the delivery of the educational workshop was to veterinary students there was potential for conflict in terms of their perception of voluntary participation. Students may feel that a willingness to attend extracurricular activities may enhance their reputation as a conscientious and diligent student within the Bachelor of Veterinary Science programme

This possibility was mitigated by careful promotion of the workshop. It was run in association with Massey University Veterinary Students Association (MUVSA), rather than by the university itself. The information sheet stated that the workshop is conducted as part of a research project independent of Massey University School of Veterinary Science. As MUVSA run a number of optional events (some educational) throughout the veterinary school calendar, using this avenue for promotion, the students should have understood that the workshop was entirely optional and had no bearing on their overall grades or results.

CHAPTER FOUR: STAGE ONE FINDINGS

4.1 - INTRODUCTION

This chapter presents the findings from the stage one survey of veterinary professionals. The quantitative findings feature first, with a table showing the overall demographic characteristics of respondents. This is followed by basic descriptive data regarding the three key areas of the links between animal abuse and family violence in the veterinary practice context. Firstly, knowledge and awareness, then practice protocols and procedures, and lastly, reported confidence levels in dealing with cases of animal abuse and family violence in practice. The levels of confidence indicated by the respondents in discussing animal abuse and family violence with clients are shown, followed by the veterinarian respondents' professed likelihood of reporting cases of abuse to outside agencies. Quantitative data analyses examined the associations between reported knowledge and confidence and practice-based factors of interest.

The qualitative findings present thematic analysis of the results including the professionals' reported barriers to discussing animal abuse and family violence with clients, and the preferences they identified regarding resources and the training requirements. Limitations of the results are discussed before the chapter concludes, with an outline of the relevant points that informed the development of the educational workshop.

4.2 - QUANTITATIVE FINDING

DEMOGRAPHICS

Table 4.1

		VETERINARY NURSE		VETERINARIAN		
		<i>n</i>	%	<i>n</i>	%	
GENDER						
	<i>Female</i>	114	80	19	91	
	<i>Male</i>	3	2	2	10	
AGE						
	<i>20 - 29</i>	49	41	3	14	
	<i>30 - 39</i>	23	25	7	33	
	<i>40 - 49</i>	27	23	6	29	
	<i>50 - 59</i>	14	12	4	19	
	<i>70+</i>	0	0	1	5	
YEARS IN PRACTICE						
	<i>0 - 4</i>	41	35	4	19	
	<i>5 - 9</i>	35	30	1	5	
	<i>10 - 14</i>	17	15	9	43	
	<i>15 - 19</i>	16	14	1	5	
	<i>20 +</i>	7	6	6	28	
ANIMAL WELFARE CERT						
	<i>Yes</i>	4	3	1	5	
	<i>No</i>	116	97	20	95	
CURRENT AREA OF PRACTICE						
	<i>Companion animal</i>	67	57	16	76	
	<i>Mixed</i>	47	40	5	24	
	<i>Production animal</i>	2	2	0	0	
	<i>Animal shelter</i>	2	2	0	0	
	<i>Equine</i>	1	1	0	0	
EDUCATION LEVEL						
	<i>n</i>	<i>%</i>		<i>n</i>	<i>%</i>	
	<i>BVT</i>	7	6	<i>BVSc</i>	14	67
	<i>NZDVN</i>	47	40	<i>Masters</i>	3	14
	<i>NDVN</i>	23	19	<i>PG Dip</i>	3	14
	<i>NCVN</i>	25	21	<i>MANZCVS</i>	1	5
	<i>NZCAT – VNA</i>	7	6			
	<i>NZCAT – RAT</i>	1	1			
	<i>Overseas qualification</i>	9	8			

BVT – Bachelor of Veterinary Technology / NZDVN - New Zealand Diploma in Veterinary Nursing / NDVN - National Diploma in Veterinary Nursing / NCVN - National Certificate in Veterinary Nursing / NZCAT New Zealand Certificate in Animal Technology / VNA - Veterinary Nurse Assistant / RAT - Rural Animal Technician / Animal Welfare Cert - New Zealand Certificate in Animal Welfare Investigations / BVSc – Bachelor of Veterinary Science / PGDip – Post Graduate Diploma / Membership of the Australian and New Zealand College of Veterinary Scientists / Animal Welfare Cert - New Zealand Certificate in Animal Welfare Investigations

LINKS KNOWLEDGE & AWARENESS

Q. 1 - Do you believe that animal abuse and family violence are linked?

Table 4.2

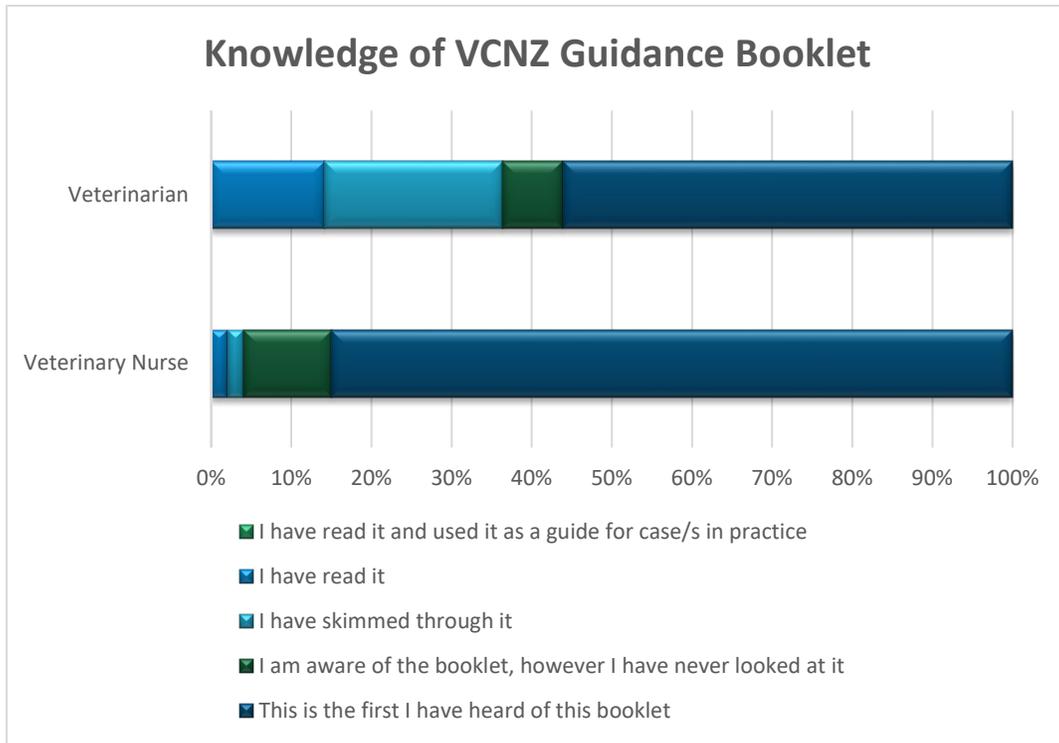
	VETERINARY NURSE		VETERINARIAN	
	n	%	n	%
<i>Yes, there is a link between animal abuse & family violence</i>	118	77	27	96
<i>Unsure</i>	31	20	1	4
<i>No, this is not an issue</i>	4	3	0	0

The results show that there is a strong belief that there are links between animal abuse and family violence amongst members of the veterinary profession in NZ. The belief was stronger amongst the veterinarian participants where all but a single uncertain participant believed there is a link. VNs were less certain with close to a quarter responding either that they were unsure or did not believe it was an issue.

Q. 2 - The Veterinary Council of New Zealand have produced a booklet: *Guidance for Veterinarians dealing with cases of suspected or actual animal abuse and family violence*.

Please indicate your knowledge of this.

Graph 4.1



The veterinary professionals' knowledge of the VCNZ booklet *Guidance for veterinarians dealing with cases of suspected or actual animal abuse and family violence* is limited. More than half of veterinarian respondents, and 85% of veterinary nurses reported never having heard of the publication. Veterinarians were more familiar with the guidance, with 37% having read or skimmed through it. Just 4% of VN respondents reported having opened the guidance document. None of the veterinarians surveyed had used the guide to directly inform their practice.

Q. 3 - What sort of education/training about the links between animal abuse and family violence have you had?

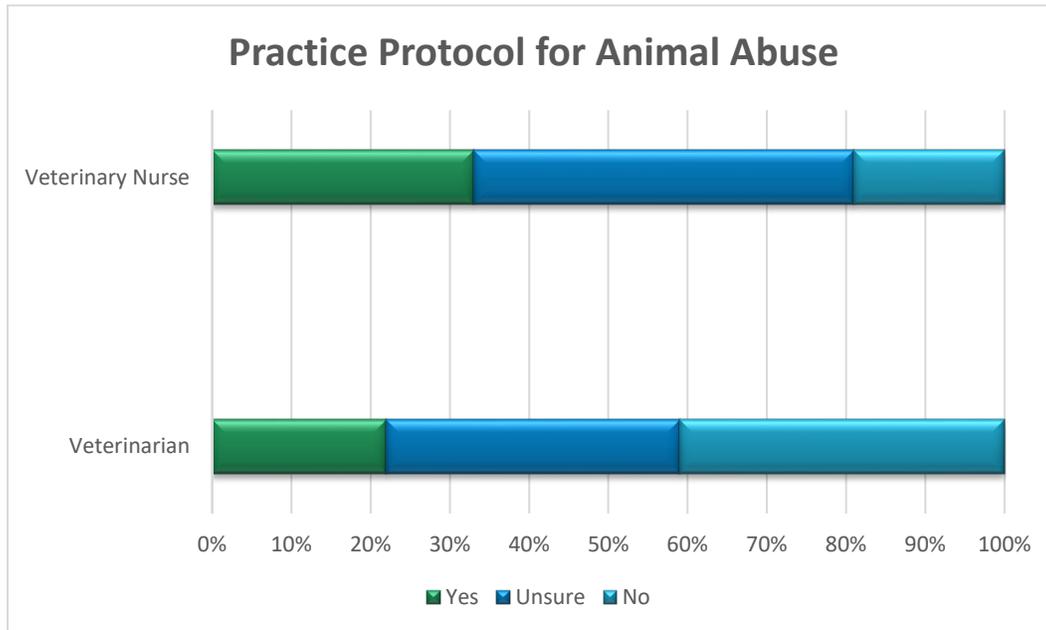
Table 4.3

	VETERINARY NURSE		VETERINARIAN	
	n	%	n	%
<i>None</i>	118	80	14	50
<i>Read practice policy</i>	12	8	2	7
<i>Completed online training</i>	0	0	0	0
<i>Skills-based workshop</i>	0	0	0	0
<i>Attended a lecture or talk</i>	7	5	3	11
<i>Other (please specify)</i>	10	7	9	32

Most veterinary professionals had received no training about the links between animal abuse and family violence. A similar percentage of both the VNs and veterinarians read practice policies to educate themselves about the links (8% and 7% respectively). There were no reports of attending skills-based workshops or doing training online. A significant number (32% of veterinarians and 7% of VNs reported that they had received some ‘other’ form of education or training. These included; lecture at university (UK) in vet final year, discussions with colleagues, reading online articles and occasional updates from NZVA and VCNZ, research for cases as an SPCA veterinarian, membership of The Links Group (UK), and learning undertaken as part of separate qualifications/careers – former psychiatric nurse, animal welfare investigations certificate, studied family violence/child abuse as part of curriculum for a degree, part of the Dip AVN (UK).

Q. 4 - Does your clinic have a protocol for dealing with cases of suspected animal abuse?

Graph 4.2



Most respondents in both groups reported that they were unsure or that their practice did not have a protocol for dealing with animal abuse cases that they were aware of. Overall, less than a third of respondents across both groups have knowledge of a practice protocol for animal abuse cases.

Q. 5 - Does the protocol include guidance on dealing with cases where there is suspicion of violence within the client family?

The inclusion of family violence guidance in practice protocols was not common. Of the veterinary professional's that reported having an animal abuse protocol in their practice, three veterinarian and three VNs responded that the protocol included guidance on dealing with cases where there is suspicion of violence within the client family.

CONFIDENCE LEVELS

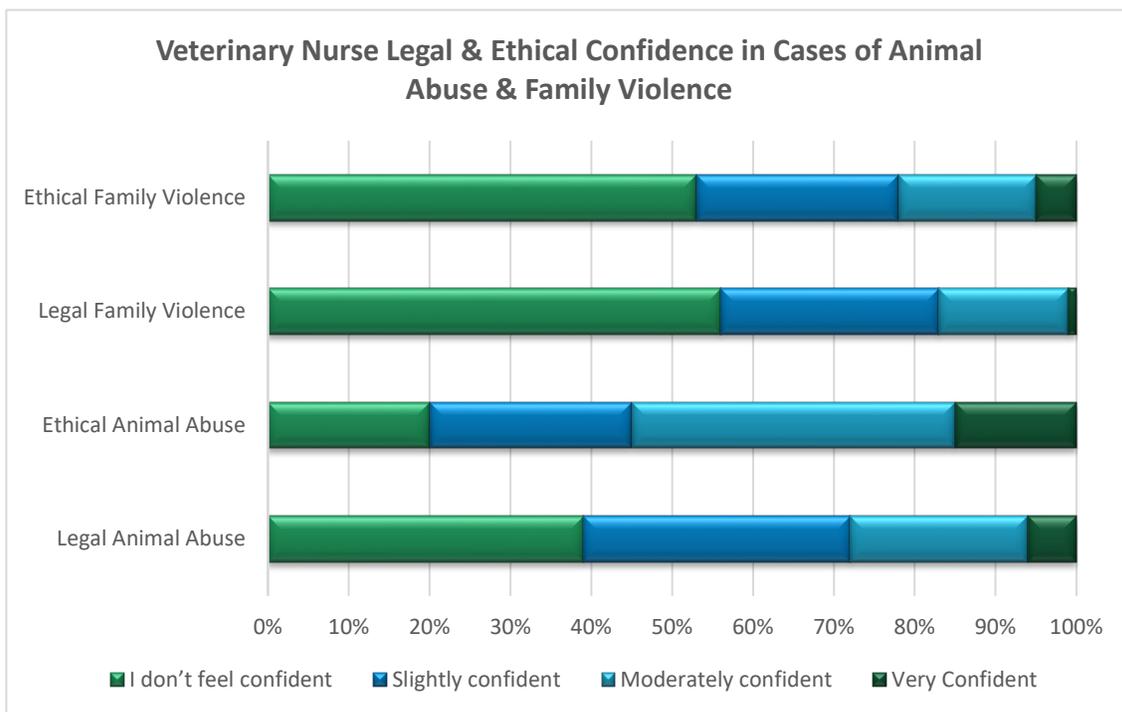
Q. 6 - Indicate your level of confidence regarding your legal responsibilities in working with animal abuse cases.

Q. 7 - Indicate your level of confidence regarding your ethical responsibilities in working with animal abuse cases.

Q. 8 - Indicate your level of confidence regarding your legal responsibilities in working with animal abuse cases where you suspect that violence is taking place within the client family.

Q. 9 - Indicate your level of confidence regarding your ethical responsibilities in working with animal abuse cases where you suspect that violence is taking place within the client family.

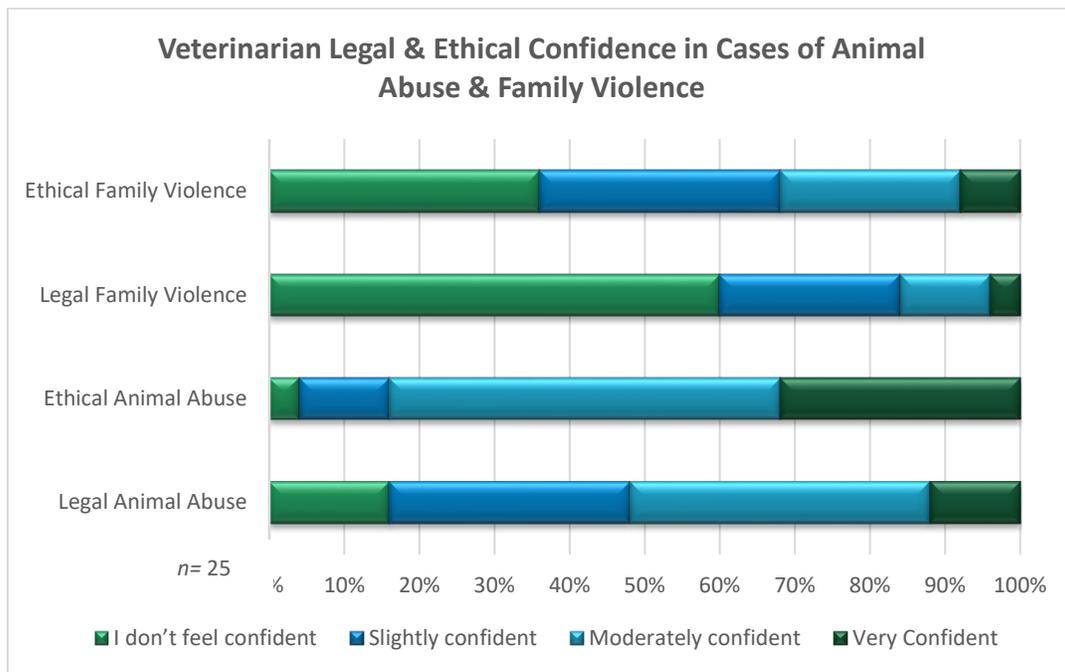
Graph 4.3



The VNs reported low levels of confidence overall in dealing with cases of animal abuse and family violence. The group were most confident in their ethical responsibilities relating to animal abuse with 80% reporting some level of confidence. VNs were less confident with legal

matters regarding animal abuse, with 60% reporting confidence. The participants were significantly less confident where there was suspicion of family violence. Less than half of respondents reported that they did not feel confident regarding their ethical (43%) and legal (47%) responsibilities.

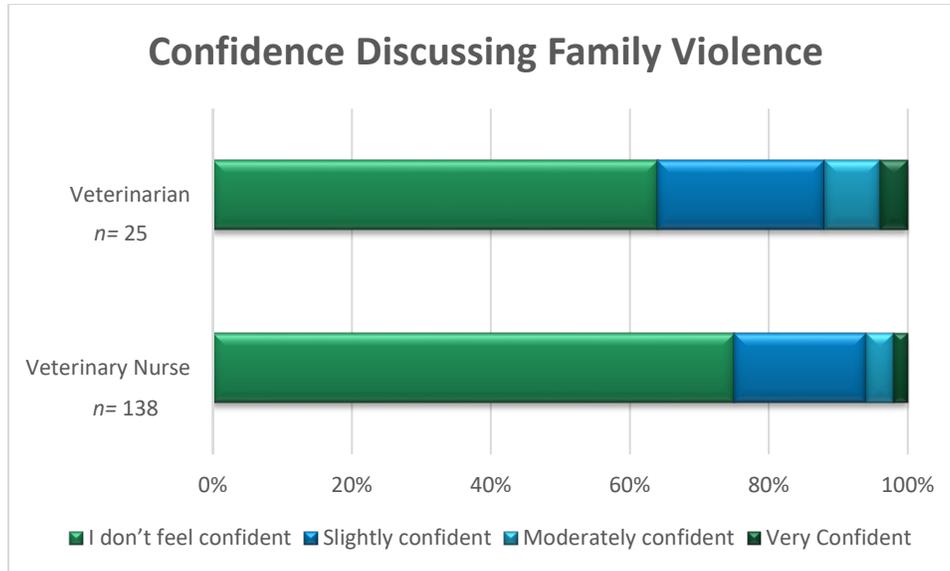
Graph 4.4



Confidence in working with animal abuse cases overall was higher amongst the veterinarian group. Almost all (96%) of participants reported some level of confidence in their ethical responsibilities in dealing with animal abuse cases, with 32% 'very confident' with this aspect of practice. Around half of the veterinarian respondents reported confidence regarding legal matters relating to animal abuse. In a pattern similar to the veterinary nurse group, confidence levels declined where family violence was a factor, with 36% saying 'I don't feel confident' in ethical obligations, and 60% lacking confidence in their legal responses to cases of family violence.

Q. 10 - Indicate your level of confidence in discussing family violence with clients where you are concerned that they, or their family members may be at risk of family violence.

Graph 4.5



The results demonstrated low levels of confidence in discussing family violence with clients in cases where they were concerned across both groups. Three quarters of VN respondents and 64% of veterinarian said they 'don't feel confident' broaching the topic with clients.

Q. 11 - How likely is it that you would report a case where you suspect that family violence is taking place within the client family to an outside agency?

Most veterinarian respondents reported that they were likely to report a case where they suspected that violence is taking place within the client family to an outside agency. Twenty seven percent reported they would be 'extremely likely, and a further 27% were 'moderately likely' to report. Twenty three percent of respondents said they would be 'slightly likely' to report a suspected links case. There were 14% that responded they would be 'slightly unlikely' and 9% of respondents would be 'extremely unlikely' to report a case where there was suspicion of violence taking place in an animal's family.

Agencies that the veterinarians would consider reporting their concerns to include the NZ Police, Women's Refuge, Shine, NZVA, VCNZ, Oranga Tamariki, and a local church if appropriate.

The survey responses for the four questions on level of confidence in practice (listed below) were analysed to see if the distribution in responses to each question differed according to my factors of interest; years in practice, level of qualification, knowledge of the VCNZ Guidance document, training about the links between animal abuse and family violence, the availability of practice protocols..

Survey Questions

Indicate your level of confidence regarding your

5. legal responsibilities in working with animal abuse cases
6. ethical responsibilities in working with animal abuse cases
7. legal responsibilities in working with animal abuse cases where you suspect that that violence is taking place within the client family
8. ethical responsibilities in working with animal abuse cases where you suspect that violence is taking place within the client family

QUALIFICATIONS & EXPERIENCE

There was no association between the VNs' or the veterinarian participants' level of qualification, or number of years in practice and confidence levels in ethical and legal aspects of managing animal abuse cases, or cases where there is suspicion of violence taking place within the client family.

LINKS KNOWLEDGE & AWARENESS

Veterinary professionals' awareness of the VCNZ's *Guidance for veterinarians dealing with cases of suspected or actual animal abuse and family violence* was limited, with more than half (55.6%) of veterinarian respondents, and 85% of VNs never having heard of the publication. There was no association with having read the guidance and responding with increased levels of confidence in practice.

Analysis of whether the veterinary professionals having received links training showed an association with confidence in legal and ethical responsibilities in practice showed some associations. In the VN group, having received some training was significantly associated with higher reported confidence in ethical responsibilities in working with animal abuse cases ($p = .04$), and in cases where there is suspicion of family violence ($p = .03$). Overall, nurses who were trained were more confident than those who were not, 59% versus 28% respectively.

Of the veterinarians who had not received training, none responded that they were very confident. Untrained vets were more likely to respond as unconfident in ethical matters comparison to trained vets (46% versus 25% respectively, $p = .05$). Confidence in legal responsibilities was higher where vets had received some training ($p = .03$).

PRACTICE PROTOCOLS FOR ANIMAL ABUSE & FOR FAMILY VIOLENCE

There was no association between having a protocol for animal abuse in practice and confidence levels in veterinarians. Twenty two percent of vets responded that their practice had a protocol for dealing with cases of animal abuse. Of those, only one vet reported having a protocol including family violence guidance. This person responded 'moderately confident' to the question. There was an association here between having this protocol and confidence in that respondents ethical responsibilities ($p = 0.05$) however, there was no association with confidence in the respondent's legal responsibilities.

The VNs reported higher levels of confidence in their ethical responsibilities in working with animal abuse cases where a practice protocol existed ($p=.01$). Where the protocol included guidance on dealing with cases of suspected violence within the client family, there was an association with confidence in ethical responsibilities in family violence cases ($p=.02$).

4.4 - QUALITATIVE FINDINGS

The survey was designed to identify barriers veterinary professionals faced when working with suspected cases of animal abuse and family violence, and to identify the types of resources and training they would require to increase their confidence in managing cases in practice. Survey data identified many barriers veterinary professional face with identifying, discussing, and responding to suspected animal abuse and family violence, and characterised the resource and training needs of participants. The purpose of the survey and subsequent data analysis was to inform the development of an educational workshop for veterinary professionals.

The survey results were analysed and nine themes were identified across the two topics. Regarding barriers to discussing family violence with clients the themes were 'Lack of knowledge', 'Professional boundaries', 'Uncertainty', 'Fear of harm' and 'Practice logistics'. The themes relating to what participants would need to increase confidence in dealing with cases of suspected or actual animal abuse and family violence were the provision of 'Training', 'Clarity' and 'Information' and ideas around 'Approaching the discussion'. Each of the themes, and the development of the sub-themes will now be discussed. Participant comments are embedded to show the findings with the veterinary professionals' status identified as VN – veterinary nurse or Vet – veterinarian, in parenthesis.

THEMATIC ANALYSIS

BARRIERS TO DISCUSSING FAMILY VIOLENCE WITH CLIENTS

The veterinary professionals were asked what the barriers to discussing family violence with clients were. There were five principal themes identified in the comments, each of which incorporated sub-themes. The themes were:

- 1) **Lack of knowledge** – having no training on how to approach links cases.
- 2) **Professional boundaries** – the lack of clarity around the role of veterinary professionals in responding to cases where there may be links to family violence.
- 3) **Uncertainty** – lack of confidence in reading the situation, concerns about misunderstanding and causing offence.
- 4) **Fear of harm** – concerns about causing the victim harm or distress and fearing for their own safety and that of their colleagues.
- 5) **Practice logistics** – lack of time to address the problem, lack of privacy in busy clinics.

LACK OF KNOWLEDGE

The first theme highlighted that the veterinary professionals recognised that they had *lack of knowledge on how to approach the situation* (VN). Participants felt that broaching the subject of family violence with a client would be difficult because they had *very little education on the topic* (VN). There were various factors that contribute to this with three subthemes emerging.

- (i) 'Lack of training'
- (ii) 'How to help'
- (iii) 'Barriers to approach'

Participants identified 'lack of training' about the links between animal abuse and family violence as a barrier to discussion with one respondent saying:

I haven't had any training with it, so I don't feel I have the skills to approach the subject with clients (VN)

another barrier identified, *a lack of education on how to recognise/approach the client (Vet).*

The second subtheme results from this lack of links training. Some participants felt they did not know 'how to help' in terms of being unaware of support available:

Not knowing the support I can offer or agencies that can assist and provide help (VN).

Participants felt that without *the tools to adequately tackle the issue (VN)*, discussing family violence with an at-risk client would be *out of the realms of their training and expertise (VN)*.

These participants explained:

I feel as though I don't know enough about services that can help people get out of those situations (VN),

and, I have no idea what help is available or how to direct them (VN), this participant's comment, *I am unsure how to approach it in a way that makes a meaningful difference (VN)*

summed up the sentiment.

The third subtheme 'barriers to approach' reveals the participants *lack of knowledge on how to approach the situation (VN)*. They had concerns about talking to clients about this *sensitive topic (VN)*. Their recognition of the complexity of the subject was clear, *it's a very complicated and delicate matter and I have no training*. Participants admitted, *I don't know a lot about it (VN)*, *I wouldn't know where to start (VN)* and, *I don't feel I have the skills to manage that conversation (Vet)*.

The concerns around approaching clients relate to uncertainty around theme two 'professional boundaries', a barrier for one participant was:

Not knowing how to approach and communicate such a sensitive topic whilst maintaining professional boundaries (VN).

PROFESSIONAL BOUNDARIES

Theme two, highlighted the lack of clarity regarding the veterinary professionals legal and professional standing in managing links cases. As an animal health and welfare professional, a veterinarian is expected to act where animal abuse presents (Code of Professional Conduct for Veterinarians, 2020, Section 2; The Animal Welfare Act, 1999), however there is no legal or professional requirement to act where there may be abuse of family members connected to that animal. The two sub-themes related to professional boundaries drew attention to the need for clarity of information regarding the veterinary professional's role in links cases.

(i) 'not my place'

(iii) 'Legal concerns'

When discussing boundaries and responsibilities many indicated discomfort as the following quotes demonstrate:

It almost seems a leap too far to feel like you can professionally extend your scope of practice to target family violence (VN), and, I'm unsure that it's my jurisdiction (Vet).

The concerns related to 'not my place' centered around scope of practice. The participants felt their responsibilities regarding intervention in family violence related to animal abuse were ambiguous. Participants felt they would be *crossing a line with clients (VN)* or *overstepping professional boundaries (VN)*. They recognised that the roles of animal health and welfare professionals, and of human health and welfare professionals are distinct, *I am not a social worker (Vet)*, and that the two realms are separate *clients come seeking help for their pet, not their personal affairs(VN)*. This is demonstrated in the following quotes:

I don't feel it is my 'place' as a veterinarian vs someone working in human health (Vet), and, I feel as though as a nurse it is not my place to discuss their personal issues (VN).

Worry about overstepping boundaries in practice and upsetting veterinary clinic management, *dragging my workplace into something (VN)*, was evident, particularly in the VN group as these quotes illustrate:

You could get into a lot of trouble by going about things the wrong way. I feel my clinic would not want to get involved, (VN)

and similarly, fear of it being seen as 'inappropriate' by my work if it was taken poorly, (VN)

The veterinary group were less concerned about management however did see *colleagues disapproval (Vet)*, as a potential barrier to broaching concerns about family violence with clients. Concerns about professional status cause unease regarding legalities of client confidentiality in practice.

The second subtheme, 'Legal concerns', related to professional boundaries highlighted specific concerns regarding confidentiality. Veterinarians are bound by the VCNZ Code of Professional Conduct (2020) and VNs, although not required to comply with the code directly, work under it by association with the veterinarians they assist. VN members of the NZVNA voluntarily act in accordance with the Guide to Professional Conduct (NZVNA, 2007). Both the VCNZ Code and the NZVNA Guide stipulate that a veterinary professional must maintain client confidentiality.

Legal concerns were general in VN group, for example, *not knowing if I could help and what I could legally discuss (VN)* and, *I don't know my legal rights to intervene (VN)*.

The veterinarians, with their professional obligation to abide by the VCNZ Code were explicit in their concerns regarding confidentiality and privacy. Their barriers to discussing concerns about family violence with clients included being:

Unsure of making the situation worse, of legal requirements and limits with regards to privacy (Vet).

Another participant had:

Concerns regarding client confidentiality. In a consult situation it is difficult to be sure who has carried out the abuse, or if. It could be the client present or they could be a victim also (Vet).

As evidenced in the participants words there was concern regarding the understanding of, and application of professional boundaries regarding suspected animal abuse and family violence.

UNCERTAINTY

The third theme identified as a barrier to family violence communications centered around *uncertainty* (VN). Some participants remarked that they were *not confident* (VN) recognising the signs, there were concerns around *misunderstanding their situation* (VN) and causing offence by broaching a subject considered *so personal* (VN). Two sub-themes emerged under the theme of uncertainty:

- (i) 'Making assumptions' and,
- (ii) 'Not wanting to cause offence'

Participants were concerned about *misinterpreting signs* (Vet) and making *the assumption that there is family violence is happening in their household* (VN). Some participants expressed uncertainty about their ability to identify where discussing family violence with clients would be appropriate with one stating, *it's very personal and a huge assumption has to be made* (VN), another participant said:

In a consult situation it is difficult to be sure who has carried out the abuse, or if. (Vet).

With reservations about making assumptions evident, the ensuing subtheme was 'Not wanting to cause offence', expressed as, *the fear of making a mistake and offending a client* (Vet). This emerged as a significant barrier with numerous VNs and veterinarians mentioning *causing offence to clients* (VN) in their comments, doubts centered around, *the possibility of getting it wrong and offending someone* (VN) in both groups.

Furthermore, participants worried about the consequences of offending clients, in terms of the client not returning to the practice:

If I suspected family violence, I worry that unless the client was one I knew reasonably well, I would offend them and they wouldn't bring their pet in next time if it needed treatment (VN).

Also, participants voiced their worries about causing anguish as evident in the following:

*Concern over offending clients or causing them to become defensive and upset (VN), and:
Fear of getting it wrong. And then causing embarrassment for both us. And then getting a
complaint. (Vet)*

Overall, uncertainty was a significant barrier to approaching family violence in the veterinary consultation situation. This participant's comment condenses the concerns related to this theme, *if this assumption is wrong you have lost a client and deeply hurt someone (VN)*.

FEAR OF HARM

Theme four drew attention to the fear that the veterinary professionals felt where there is abuse and potential for violence in practice. Two sub-themes emerged under the theme of fear of harm:

- (i) 'Making matters worse' and,
- (ii) 'Fear of violence'

The participants expressed worry about causing the victim further harm or distress, essentially 'making matters worse' for the victim. Participants were aware of their potential to *make matters worse (VN)*, and aware of their limitations in the situation disclosing the following concerns:

Actually causing an escalation in the violence and putting the family at more risk by becoming involved without the skills / knowledge to be effective (VN),

and:

I would be wary that I would say the wrong thing and unintentionally hurt the situation more than help it (VN).

Additionally, they were aware of the possible consequences for the welfare of the animal, a VN was:

Concerned they will stop bringing in their pet for treatment as a result of that violence (VN).

The veterinary professionals were mindful of the risk of violence in general with one participant concerned:

That the client thinks I'm interfering or is afraid of repercussions if he/she talks to someone about the violence (VN)

The second subtheme 'Fear of violence' was apparent in the comments, and *concerns re personal safety (Vet)* and for the *risk to staff (VN)* (their colleagues in the practice), were notable. Some participants were frightened of threats and violence as evident in the following quotes:

Retaliation/violence against self, other staff on premises from person committing the violence (VN), and another of, aggressive clients threatening me (Vet).

Unease about the consequences of discussing family violence in a more general sense was expressed as *fear of a negative response (Vet)*. One participant was concerned about online backlash stating that their *fear of online negative response personally or towards the clinic (Vet)* was a barrier to discussing family violence with clients in practice.

PRACTICE LOGISTICS

The fifth and final theme that emerged as a barrier to discussing family violence with clients in veterinary practice related to logistical matters. The two subthemes were:

- (i) 'Lack of time' and,
- (ii) 'Lack of privacy'

The veterinary clinic is a busy environment and the comments revealed that time pressure was a barrier to attending to complex problems like family violence. The *length of consultations*

(VN) identified as an issue. One participant admitted to time constraints by stating, *not having time during a busy day to address it properly* (Vet).

Lack of privacy was also noted as a barrier for the veterinary professionals with multiple respondents mentioning privacy. *Lack of appropriate facilities* (VN) was identified along with more than one family member being present in veterinary consultations. This caused concerns around identifying the abuser with participants stating:

Multiple family members present (abuser may be present), nowhere private to discuss this (VN), and recognition that it is difficult to try to get suspected victim away from suspected perpetrator:

Hard to get clients on their own away from the potential person causing abuse (VN).

Overall, the knowledge gap and resultant uncertainties around dealing with the situation were identified as the most significant barriers to discussing animal abuse and family violence.

Professional and legal concerns relate to the lack of knowledge and the respondents identified a lack of available training as a problem. The violence causes fear of saying or doing the wrong thing, with concern expressed for the consequences of this in terms of making a bad situation worse. Practice matters such as time pressure and privacy logistics were less significant but also identified as barriers to approaching the topic.

RESOURCES & TRAINING

The veterinary professionals were asked what resources and/or training they would need to increase confidence in this area. Four main themes emerged in the comments.

- 1) **Training** – What type of training they wanted.
- 2) **Clarity** – Where we stand and what we should do.
- 3) **Information** – Local knowledge and where to access help for victims.
- 4) **Approaching the discussion** – How to bring up the issue with clients.

TRAINING

Participants responded positively about training regarding recognition and responding to suspected abuse and links to family violence. Comments revealed recognition of the current lack of links training available for veterinary professionals. Multiple participants commented along the lines of, *anything would be a good start!* (VN) and, *any training as have had none* (VN). The sense that the respondents wanted to help came across:

I would love to do more training to be able to help clients that need help regarding this topic (VN).

One veterinarian said:

We are told that there is a link between animal abuse and family violence but not really what the next step is if you suspect it- the info is available out there to go looking for but it's not a compulsory or pushed area of training (Vet).

In terms of the 'type of training' that the veterinary professionals preferred, there was an even spread of requests for both face-to-face and online learning options. The webinar was a popular choice for online learning with participants mentioning *webinars could be helpful* (VN) a participant noted, *a webinar from NZVA or NZVNA would be good* (VN). Comments about face-

to-face training tended to be more detailed and included multiple requests for workshop type training involving skills, situations, and scenarios. Participants repeatedly mentioned active learning through scenario-based training and hearing from experts in the field:

Workshops with family violence would be fantastic – Some practical work in different situations (VN),

and:

Training face to face from a women's refuge staff member or equivalent on how people in danger would like us to approach them (Vet).

Overall, the veterinary professionals responded favourably to the idea of links training. A VN stated:

I think that training in this area is a must, and communication within the clinic about whom, e.g. veterinary nurses, support staff, vets may strike up or discuss a sensitive matter such as violence (VN).

This participant's comment summarised the sentiment:

I would like training in dealing with victims of family violence, and a clear framework for dealing with animal cases (Vet)

Overall, the participants comments showed that there is a dearth of training opportunities about the links between animal abuse and family violence available to them. They were open to both online options and active learning in a workshop type environment. Multiple comments specified wanting training on how to approach the subject of animal abuse and family violence with clients.

CLARITY

The second theme that emerged around the subject of resources and training involved the veterinary professionals' need for 'Clarity' essentially, they want to know 'where we stand and what we should do?'. Two subthemes related to this theme:

- (i) 'Protocols' and,
- (ii) 'Legal responsibilities'

There were multiple comments that related to having *Clear protocols to follow* (VN). The comments revealed the current lack of guidance available in clinics. One respondent suggested that, *a clinic protocol with associated procedures would be good place to start* (VN) and another, *clarity on what is an appropriate course of action in this circumstance* (Vet), many participants highlighted the need for clear *guidelines on what our obligations are* (Vet).

The second subtheme was about the provision of guidance in 'legal responsibilities' surrounding cases where family violence could be a factor. The veterinary professionals again want clarity. This time around *where we legally stand and what we can do* (VN). Participants identified that training would help understand responsibilities and obligations when identifying and responding to violence or pet abuse with one respondent wanting, *any sort of training to understand my place in the situation* (VN), and another, *clarity on what is an appropriate course of action in this circumstance* (Vet).

Limited awareness of the VCNZ booklet *Guidance for Veterinarians dealing with cases of suspected or actual animal abuse and family violence* (VCNZ, 2013) was apparent in the quantitative results (more than half of veterinarian respondents and 85% of VNs reported never having heard of the publication) and also in the comments with one participant stating that information on the management of abuse and violence should be provided:

Vet Council information distributed stating our responsibilities and resources to help (Vet).

In summary, the respondents acknowledge that there is a lack of available training in this field. They were interested in active learning in a workshop type environment and in online learning with a particular need expressed for guidance on approaching the topic with clients. They were also interested in finding out where they stand in a professional and legal sense and want to be provided with clear guidelines around these points.

INFORMATION

Theme three related to the resources and training the veterinary professionals would need to increase confidence in managing links cases in practice was centered around access to 'information'. Two subthemes emerged around this:

- (i) 'Local knowledge' and,
- (ii) 'Where to access help for victims'

The respondents realised that 'local knowledge' was important being able to respond to family violence appropriately, that *knowing agencies in the local area to refer the client to (VN)* was key. One of the veterinarian respondents indicated that information on who to contact locally would help:

Knowing who to contact locally if we have concerns re family violence (Vet),

One participant felt that developing relationships or partnerships with organisation caring for animal welfare would be of assistance in managing suspected abuse and/or violence evidenced in their comment, *having a relationship with our local SPCA officers (Vet)*. Also on local networks other participants requested, *a list of local resources in my area (Vet)* and, *local resources/woman's refuge details etc. to pass on to potential victims (VN)*.

In comments regarding the second subtheme ‘Where to access help for victims’ the survey respondents wanted access to information and potential pathways on seeking assistance for victims:

Pamphlets and phone numbers of organizations that can help the client (VN) and, general information around who we are to contact (Vet).

Overall, the survey comments showed that access to appropriate information would increase confidence in broaching the subject with victims.

APPROACHING THE DISCUSSION

The fourth theme identified in terms of resource and training needs related to developing the skills *to approach the subject with people* (VN). Essentially, in being able to discuss family violence with clients the participants were unsure *how to bring up the issue* (VN). The participants called for training on *how to communicate effectively* (VN) around cases where animal abuse presents with a possible link to family violence. Participants showed consideration for victims in their approach wanting direction on how to communicate appropriately with potential victims. This is evident in the following quotes:

Some guidance in the best ways of phrasing this kind of discussion/how best to introduce the discussion (Vet)

and some help with:

how to approach the subject and how to remain professional as well as sincere and not come across as judgmental.

One veterinarian wanted to know:

How to raise the subject with care and respect for the clients and being able to offer meaningful and safe help (Vet).

Following on from the “Fear and Harm’ theme identified in the barriers section, the professionals recognised the potential for negative outcomes caused by an insensitive approach. Concerns around ‘making matters worse’ and ‘fear of violence’ resurfaced. One participant requested training on broaching the topic respectfully:

surrounding how to approach a discussion with a client without offending them or making them feel uncomfortable to return to the clinic (VN), and another participant wanted to know:

How to bring it up with clients without laying blame or them becoming abusive towards me (VN).

4.5 - CONCLUSION

The purpose of the stage one survey was to guide the development of an educational workshop for NZ veterinary professionals about the links between animal abuse and family violence. The results provided valuable information about the participants’ current understanding of the problem, it revealed practice-based concerns, and identified significant knowledge gaps in managing cases of actual or suspected animal abuse where there is potential for links to family violence.

The results confirmed that most veterinary professionals believe that there is a link between animal abuse and family violence. The analysis showed that receiving links training in the form of a workshop was associated with increased confidence in legal and ethical responsibilities regarding managing cases of animal abuse and family violence in practice. However, engagement in links education is limited, with only 11% of participants having attended training. The veterinary professionals lacked confidence in discussing animal abuse and family

violence with clients. Veterinarians in practice were able to list some appropriate agencies to report concerns to however were unaware of the full range of services available to offer support and advice.

In the qualitative section of the survey, the respondents identified a range of barriers to discussing abuse and violence with clients. Significant themes included ambiguity about where they stand professionally and legally, uncertainty regarding recognition of abuse, of 'getting it wrong' and causing offence. A significant issue was fear of causing further harm for the victim. The respondents were also worried about the immediate danger to themselves and their colleagues in dealing with an abuse situation. Overall, the professionals were uneasy about their own lack of knowledge, which they linked to not having received any training on the topic.

The respondents identified that there is a lack of training available to them about the links between animal abuse and family violence. Requests for online 'webinar' type education were numerous and a similar number of respondents recognised the value in active learning workshop environment for this topic. The participants identified that training on how to communicate effectively around links cases was a priority, with uncertainty about approaching discussion of the subject with clients strongly expressed. The participants' interest in finding out where they stand in a professional and legal sense was notable. They want clear guidelines provided, which do exist however, their knowledge of the VCNZ published guidelines on managing links cases is limited with 70% of veterinary professionals surveyed not aware of the document (VCNZ, 2013). The importance of local knowledge came across with participants wanting access to information about potential pathways on seeking assistance for victims.

Overall, the results support the theory that training about the links between animal abuse and family violence for veterinary professionals in NZ is required. Specific knowledge gaps in the topic identified by the veterinary professionals have provided valuable information for the development of an educational workshop.

CHAPTER 5: THE WORKSHOP

5.1 - WORKSHOP DEVELOPMENT

The workshop development integrated the findings from the stage one survey aiming to increase knowledge and provide opportunities to practise responding to cases of animal abuse and family violence in the veterinary clinic context. An overview of the workshop is provided in Table 5.1. (workshop resources are provided in appendix VII).

Given that the majority of veterinary students attending the workshop were women, it was important to consider that as many as one in three of the group may have experienced family violence in their personal lives (Fanslow & Robinson, 2004). This was acknowledged at the start of the workshop and students were asked to read the following pledge.

We recognise the bravery of victims and understand the complexity of family violence and pledge never to judge and only to support

Table 5.1

1. Overview of family violence
 - Quiz - Family Violence in NZ**
Developing knowledge of the scale of the problem of family violence in NZ
 - Group Activity – Wheel of Power & Control**
Developing understanding of the complexity of the problem of family violence

2. Overview of animal abuse
 - Group Activity – Wheel of Power & Control**
Developing understanding of how animals are used in family violence, and the role pets play in the lives of the abused

3. Review of the evidence linking animal abuse and family violence (international and NZ)

4. Recognition of abuse in the veterinary clinic context
 - Discussion**
Responding to cases of animal abuse that present in clinic.
Making the leap from dealing with animal abuse to considering family violence
Information provided for participants to take away

5. Professional responsibilities
 - Discussion**
Ensuring awareness of the VCNZ guidance booklet (provided for participants to take away).
Protocols to protect professional integrity
Client confidentiality and application of the Privacy Act

6. Discussing family violence with clients
 - Case Study Group Activity**
Appropriate ways to approach the conversation with clients
Discussing experiences of abuse and providing appropriate responses
Safety for victim, self, and colleagues

7. Accessing support
 - Discussion**
Agencies to call on for advice and support
Assisting victims to access support and referrals for family violence
Accessing professional support following working with cases of animal abuse and family violence

LEARNING ACTIVITIES

Following the principles of active learning the workshop placed less emphasis on transmitting information, and more on engaging the veterinary students in higher-order thinking (analysis, synthesis and evaluation) (Matsushita, 2017). The learning activities aimed to develop knowledge of family violence and animal abuse, clarify professional and legal standing, increase confidence in discussing family violence with clients, and improve awareness of where to seek advice on how to best respond to cases of animal abuse where there are suspected or actual links to family violence.

ADDRESSING UNCERTAINTY

Uncertainty was identified as a key barrier to discussing family violence with clients. Uncertainty in practice is when a professional feels uncomfortable in unfamiliar or challenging situations. Vaid et al. (2013) identifies some key contributing factors:

lack of information availability, lack of access to information, perceived self-deficit of knowledge or unknown need for knowledge, and research–practice gaps (p. 441),

According to the survey results, these factors are relevant to management of family violence situations that may present as cases of animal abuse in the veterinary clinic. To familiarise the workshop participants with the complex problem of family violence the activities were designed to develop underpinning knowledge. The Duluth power and control wheel sets out strategies used to coerce and control victims in violent relationships (Pence, n.d.). The activity based around this demonstrated the complexity of the issue of family violence in part-one, and how animals can be used as part of the abuse in part-two. The interactive multi-choice quiz was designed to show the scale of the problem of family violence in NZ.

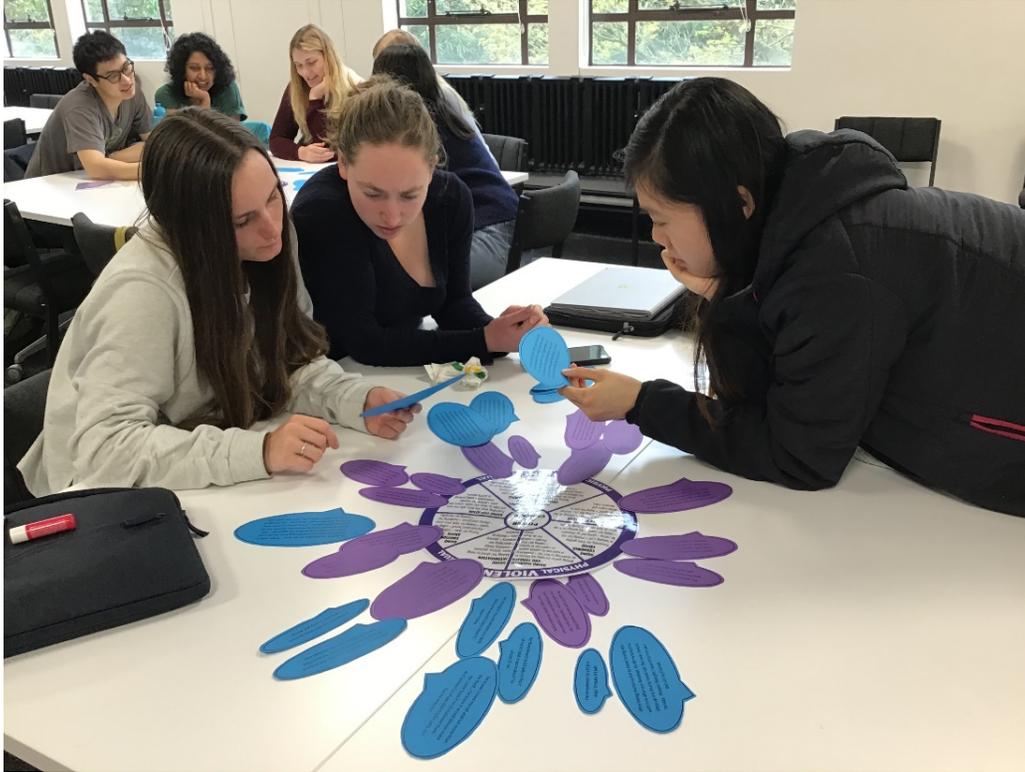


Figure 5.1 Active learning on family violence and animal abuse quotes and their relation to the power & control wheel

PROFESSIONAL & LEGAL STANDING

The veterinary professionals identified that uncertainty about their professional and legal standing was a significant barrier to discussing family violence with clients. The VCNZ (2013) guidance booklet sets out protocols and actions for responding to abuse cases in practice. This follows recent government advice on community response to family violence where “having clear organisational policies and practices that support staff to be proactive in taking action to meet client needs” is a key recommendation. (Ministry of Justice, 2017, p. 29).

The VCNZ guidance clarifies veterinarians’ legal standing, including client confidentiality, which was identified as a significant barrier. As it published by NZ’s veterinary regulatory body, following the recommendations set out within protects the veterinarian’s professional standing. However, knowledge of the guide amongst members of the profession is poor, with

just 14% of veterinarians and 2% of veterinary nurses having read it. In response to this, a key learning outcome for the workshop was to raise awareness of the guidance booklet. To facilitate this, the workshop included a discussion of professional responsibilities including VCNZ recommended protocols and client confidentiality legislation. A copy of the guidance booklet was provided for the participants to take home.



Figure 5.2 Contents of the take home information pack provided to participants

DISCUSSING FAMILY VIOLENCE WITH CLIENTS

The NZ Government, in its drive towards a co-ordinated community response to the problem of family violence proposes that practitioners working in every part of the community are able to discuss the issue family violence with their clients, and link those affected with specialist services or wider social services (Ministry of Justice, 2017). As veterinary professionals encounter cases of family violence as part of their work it is important that the profession can raise concerns about family violence with clients where there are indicators of abuse in animals.

Lack of knowledge of how to approach the subject of family violence with clients was a theme in both the barriers to discussion, and in the resources and training sections of the survey. The participants linked discussing the topic with multiple concerns including, causing offence, making matters worse for victims, being able to offer meaningful help, and fear for the safety of victims, and for the safety of themselves and their colleagues. In response, a learning activity was designed to increase confidence in discussing family violence. It presented a case study to be discussed in groups, followed by a class discussion to clarify the outcomes reached in the group work.

Learning activities that encourage group work are ideal for complex subjects. They utilize learners' problem-solving skills and help them discover there can be multiple solutions to problems. They also develop oral communication skills related to a topic (Killen, 2012). Case based learning enables conceptual analysis, interpersonal interactions and decision making - key competencies in responding to abuse cases in practice (Nkhoma et al., 2017). The case presented was a dog exhibiting several clinical red flags for abuse. The participants were asked three practice-based questions to encourage the application of appropriate response in abuse situations. The "real-life authentic context providing opportunities for critical thinking" (Nkhoma et al., 2017, p. 252). This allowed the participants to practise broaching concerns about an animal abuse case in a safe setting. The class discussion following up on important points regarding keeping victims, themselves, and their colleagues safe and how to assist victims to access support and offer appropriate referral agencies. Training veterinary professionals in this way follows the NZ Government recommendation for the provision of "training and development that includes practising difficult conversations and responses" (Ministry of Justice, 2017, p. 29).

WORKSHOP DELIVERY

Overall, the workshop went to plan, the participants got involved in the activities, asked a lot of good questions, and appeared interested and engaged in the topic. Although I had intended to ask that the post-workshop survey was completed during the workshop the final discussion around raising concerns about abuse and family violence with clients was rich and went on longer than intended. This type of discussion is valuable to cement understanding and I was reluctant to cut it short. As a result, there was no time for the veterinary students to complete the survey as part of the workshop. I sent the participants away with the QR code. This resulted in 18 responses from the 24 participants.

CHAPTER SIX: STAGE TWO FINDINGS

6.1 - INTRODUCTION

This chapter presents the quantitative findings from the stage two pre- and post-intervention surveys. The table below shows the demographic characteristics of the veterinary student workshop attendees. Basic descriptive data presents the participants responses to measures of knowledge and awareness of family violence and animal abuse, and their inclination to report cases to outside agencies. Responses on their perceived preparedness to practice before, and after the educational workshop are presented together to enable comparison. Quantitative data analyses examined the associations between the professionals reported knowledge, awareness and preparedness for practice. Finally, the post-workshop responses regarding improvements in knowledge and confidence are presented.

6.2 - QUANTITATIVE FINDINGS

The demographic information for the workshop participants is shown in table 6.1. Twenty-nine responses were received in the pre-workshop, and 18 in the post-workshop survey. All but one of the participants were female. 83% of participants were aged between 20 and 29 years of age.

Table 6.1

DEMOGRAPHICS

	<i>PRE-WORKSHOP</i>		<i>POST-WORKSHOP</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
<hr/>				
GENDER				
<i>Female</i>	28	96	17	97
<i>Male</i>	1	4	1	3
<hr/>				
AGE				
<i>19</i>	4	14	2	12
<i>20 – 29</i>	24	83	14	82
<i>30 – 39</i>	1	3	1	6

LINKS KNOWLEDGE & AWARENESS

Q. 1 - To what extent do you think there is a relationship between animal abuse and family violence?

Table 6.2

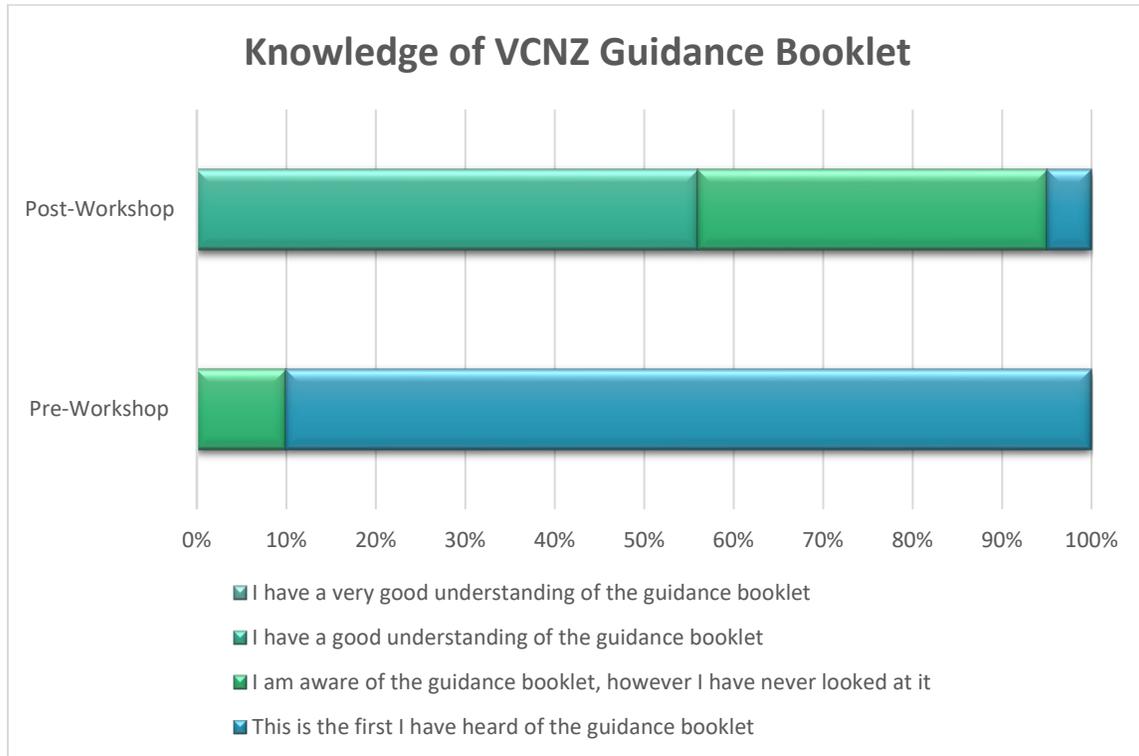
	<i>PRE-WORKSHOP</i>		<i>POST WORKSHOP</i>	
	n	%	n	%
<i>NOT AT ALL</i>	0	0	0	0
<i>UNSURE</i>	0	0	0	0
<i>MINIMAL AMOUNT</i>	1	3	0	0
<i>MODERATE AMOUNT</i>	13	45	7	39
<i>GREAT DEAL</i>	15	52	11	61

The results show that there is a strong belief that there are links between animal abuse and family violence amongst veterinary students. The belief was stronger after the workshop, with 61% of workshop attendees responding that the extent of the relationship between animal abuse and family violence was a 'great deal'. This has increased from 52% in the pre workshop survey.

Q. 2 - The Veterinary Council of New Zealand have published a booklet: *Guidance for Veterinarians dealing with cases of suspected or actual animal abuse and family violence*.

Please indicate your knowledge of this.

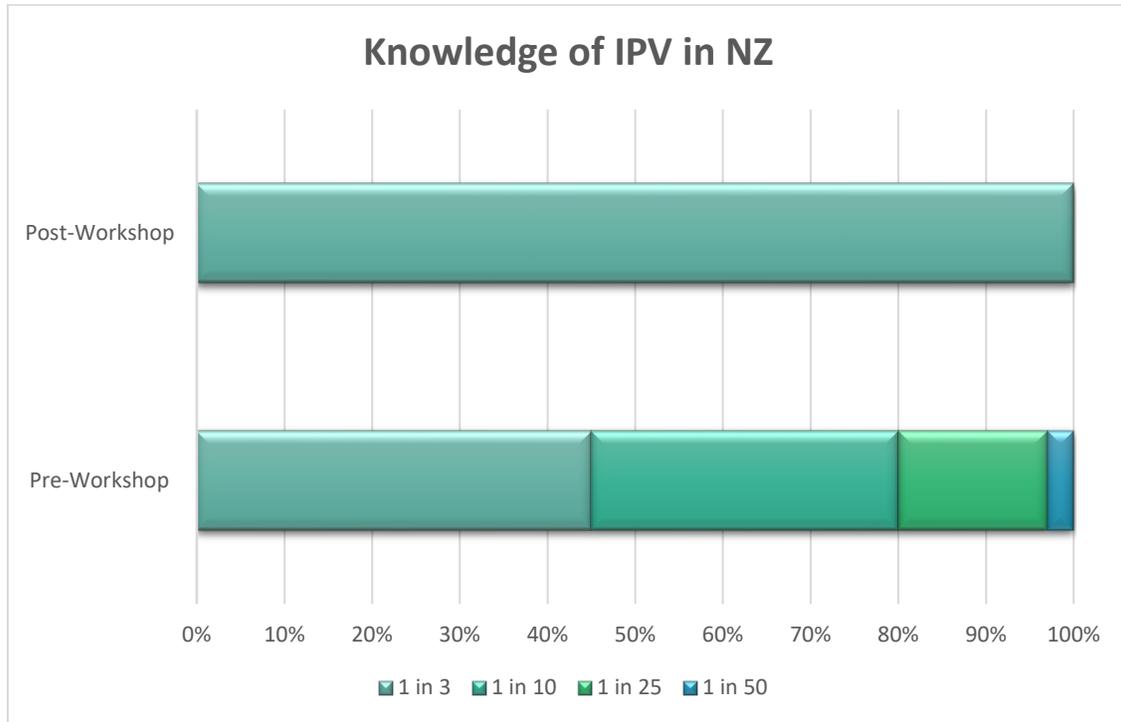
Graph 6.1



The veterinary students' knowledge of the VCNZ booklet *Guidance for Veterinarians dealing with cases of suspected or actual animal abuse and family violence* was increased by attending the workshop. With 90% of veterinary students never having heard of the publication before the workshop, there was scope to improve. The workshop was effective in raising awareness of the guidance as 95% of attendees reported that they were either aware of the document or had a good understanding of it.

Q. 3 – How many NZ women experience physical or sexual abuse from a partner in their lifetime?

Graph 6.2



Workshop attendance increased the participants knowledge of the scale of the problem of intimate partner violence (IPV) experienced by NZ women. Before attending, less than half of the veterinary students were aware that one-in-three women experience physical or sexual abuse from a partner in their lifetime in NZ. After the workshop, all attendees knew the correct answer to the question posed was one-in-three.

Q. 4 – This section sets out to enquire about your knowledge about the links between animal abuse and family violence. For each of the following statements please indicate whether you feel they are true or false?

Before attending the workshop, the veterinary students had robust knowledge of the barriers to leaving violent relationships with 100% of the participants responding ‘true’ on four of the six question relating to this, and 97% responding true to the remaining two questions. After the workshop, this went up to 100% ‘true’ across all six “barriers to leaving” statements.

The students were less certain about the risk to survivors at the time of leaving a relationship coming into the project. Before the workshop, more than half of respondents answered either ‘false’ or ‘unsure’ to the statement regarding survivors heightened risk at the time of leaving. After receiving family violence education at the workshop, 100% of veterinary students knew that survivors of family violence were at greater risk of injury when escaping the relationship.

The results table is included in appendix VI.

Q. 5 – This section sets out to enquire about your knowledge about the links between animal abuse and family violence.

Please indicate whether you agree with the following statements?

Table 6.3

n(%)	PRE-WORKSHOP N=29			POST-WORKSHOP N=18		
	AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE
Alcohol and drug use is the greatest single predictor of the likelihood of family violence	9(31)	8(28)	12(41)	1(6)	15(83)	2(11)
There are no good reasons for staying in an abusive relationship	16(55)	7(24)	6(21)	5(28)	9(50)	4(22)
Reasons for concern about family violence should not be included in a client's notes if they do not disclose the violence	3(10)	18(62)	8(28)	1(5.5)	16(89)	1(5.5)
Victims of family violence are able to make appropriate choices about how to handle their situation	2(7)	17(59)	10(34)	8(44)	2(11)	8(44)
Veterinary professionals should not pressure clients to acknowledge that they are living in an abusive relationship	16(55)	2(7)	11(38)	12(67)	3(16.5)	3(16.5)
Victims can be responsible for the violence perpetrated against them	1(3)	26(90)	2(7)	0(0)	15(83)	3(17)
Animal abuse is a crime and should not be tolerated	29(100)	0(0)	0(0)	18(100)	0(0)	0(0)
Family violence is a crime and should not be tolerated	29(100)	0(0)	0(0)	18(100)	0(0)	0(0)

Participants' attitudes regarding alcohol and drug use as a predictor of the likelihood of family violence shifted after attending the workshop. Before, 28% of participants agreed with the statement 'Alcohol and drug use is the greatest single predictor of the likelihood of family violence' and 41% were non-committal either disagreeing or neither agreeing nor disagreeing. In the post workshop survey, a single participant (6%) agreed with the statement, 83% disagreed, and those answering neither agree nor disagree had fallen to two participants (11%). Viewpoints also changed regarding reasons for staying in abusive relationships after workshop participation. Initially, 55% of respondents agreed that there were no good reasons for victims to stay in an abusive relationship. After the workshop agreement with this statement had fallen to 28%. Uncertainty was similar in both surveys with close to 20% of participants reporting neither agreement nor disagreement with this statement pre and post workshop. Participation in the workshop also had a significant effect on the veterinary students' opinions about the ability of victims of family violence to make appropriate choices for themselves. Pre-workshop, 59% of participants disagreed with the statement 'Victims of family violence are able to make appropriate choices about how to handle their situation'. After attending the workshop, this reduced to 11% disagreement. There was uncertainty expressed on this point both pre- and post-workshop with 34% and 44% of participants respectively neither agreeing nor disagreeing. Finally, the respondents showed that they were certain (reporting 100% agree in both surveys) that both animal abuse and family violence are illegal should not be tolerated.

Q.6 – If you were to see a case of animal abuse in practice where you suspect there is a link to family violence, would you consider approaching someone for advice?

Willingness to ask for advice in cases where there may be suspicion of links to family violence was high. In the pre-workshop survey, 28 out of 29 participants reported they would ask for advice and one respondent answered "maybe". After the workshop, 16 of the 18 respondents reported in the affirmative, with the two remaining answering maybe to the question.

Q. 7 – Please list who you would approach for advice.

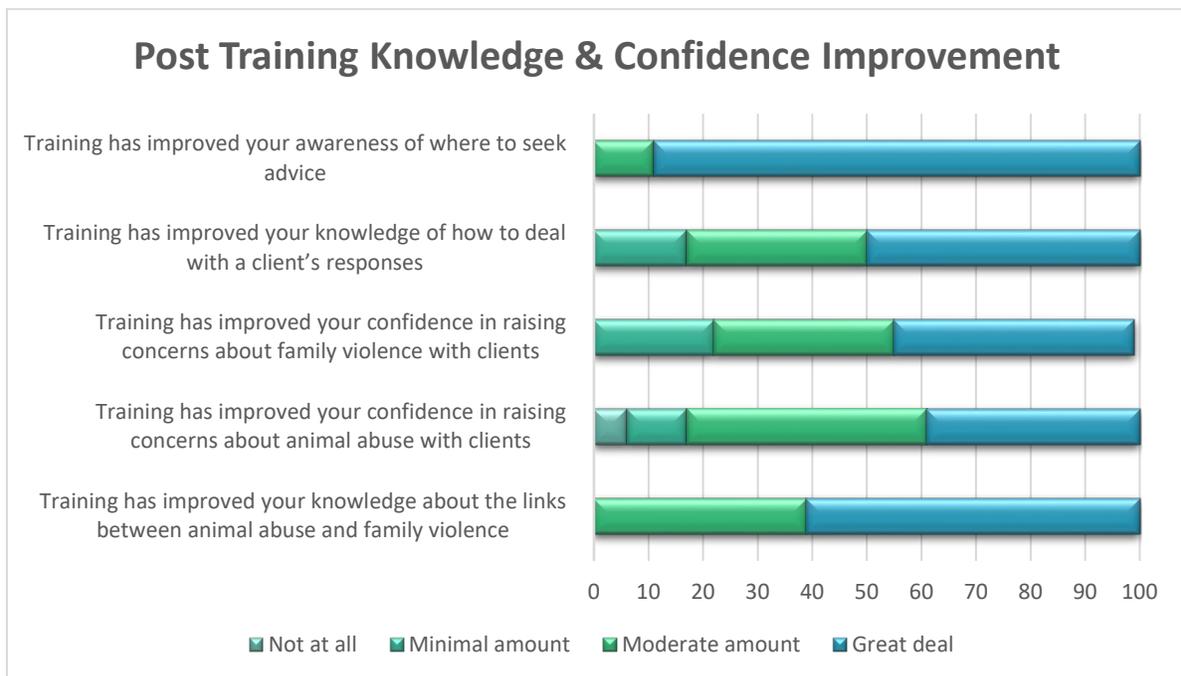
The veterinary students responded strongly that they would be likely to ask for advice from their veterinary clinic colleagues in both pre and post workshop surveys. After the workshop, respondents were more inclined to consider asking for advice from family violence helplines and organisations, the NZVA and VCNZ as opposed to family members, police and social workers.

POST WORKSHOP KNOWLEDGE & CONFIDENCE MEASURES

Post workshop survey question:

Please reflect on the last couple of hours training about the links between animal abuse & family violence and respond to the following statements.

Graph 6.3



Overall, the participants reported that their knowledge and confidence in key aspects of practice related to animal abuse and family violence had improved. Attending the workshop significantly improved participants' awareness of where to seek advice if faced with a case in practice where there is suspected or actual animal abuse and family violence, with 89% of respondents reporting their awareness had improved 'a great deal' with training. Knowledge about the links between animal abuse and family violence also improved significantly with 61% of participants reporting that training had improved their knowledge 'a great deal' and 39% thought their knowledge had been improved by 'a moderate amount'. Reported confidence in raising concerns about animal abuse, and regarding family violence, increased with participants reporting their confidence improved either 'a moderate amount' or 'a great deal' (83% and 77% respectively) with training. Similarly, the veterinary students' knowledge of how to deal with a client's responses was improved by attending the workshop. Seventeen percent of students' reported their confidence in responding to clients around the issue was improved by a 'minimal amount', 33% reported an increase in confidence of a 'moderate amount' and half of participants reported their confidence in dealing with client responses around raising concerns about animal abuse and family violence improved a 'great deal'.

Quantitative analysis of the survey results showed that the workshop was not associated with responses to the following questions:

- To what extent do you think there is a relationship between animal abuse and family violence?
- Being female increases your risk of experiencing family violence.
- Perpetrators of violence have trouble controlling their anger.
- Perpetrators of violence are aggressive with anyone
- A person experiencing violence may not be able to leave a relationship because of financial dependence on the perpetrator.
- A person experiencing violence may not be able to leave a relationship because of religious beliefs.
- A person experiencing violence may not be able to leave a relationship because of the needs of their children.
- There are no good reasons for staying in an abusive relationship
- Reasons for concern about family violence should not be included in a client's notes if they do not disclose the violence
- Veterinary professionals should not pressure clients to acknowledge that they are living in an abusive relationship
- Victims can be responsible for the violence perpetrated against them
- Animal abuse is a crime and should not be tolerated
- Family violence is a crime and should not be tolerated

However, workshop attendance was significantly associated with responses to these questions:

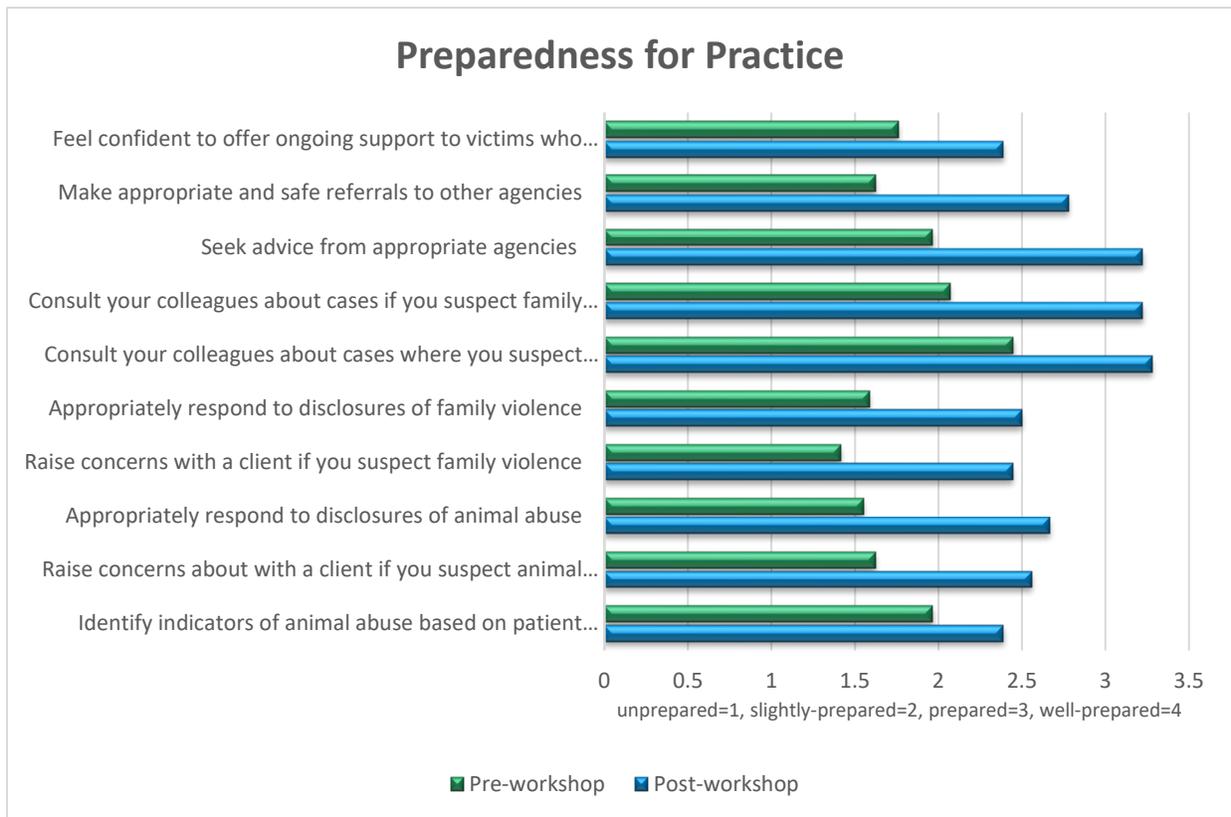
- The Veterinary Council of New Zealand have published a booklet: Guidance for veterinarians dealing with cases of suspected or actual animal abuse and family violence. Please indicate your knowledge of this.
- How many NZ women experience physical or sexual abuse from a partner in their lifetime?
- A family history of abuse increases a person's risk of family violence.
- Perpetrators are violent because they drink or use drugs.
- A person experiencing violence may not be able to leave a relationship because of isolation.

- Survivors of family violence are at greater risk of injury when they leave the relationship.
- Victims of family violence are able to make appropriate choices about how to handle their situation
- Allowing partners or friends to be present during a consultation ensures safety for a client experiencing family violence

Also, all 'Preparedness for Practice' responses were significantly different pre- and post-workshop.

Q8. Please select the number which best describes how prepared you feel to perform the following?

Graph 6.4



The proportion of respondents feeling prepared to manage factors involved in cases of animal abuse and family violence increased after workshop attendance. Pre-workshop, the participants felt unprepared for many of the aspects of practice related to links cases that were examined with an average of 44% 'unprepared' across the ten measures. After the workshop, the average score for participants feeling 'unprepared' decreased to just 5%.

The difference in the proportion of veterinary students feeling 'slightly prepared' for the practice-based actions was less marked, with a pre-workshop average of 37% of respondents feeling 'slightly prepared' across the ten measures, after attending the average was 29%. After the workshop, the participants reported higher rates of feeling 'prepared' or 'well prepared' when compared to the pre workshop responses. Across the ten aspects surveyed the pre-workshop average for 'prepared' was 14% rising to 54% after the workshop, and in terms of feeling 'well prepared' to manage the practice based factors of animal abuse and family violence the average proportion of participants before the workshop was 5% and post workshop 12%.

The veterinary students felt most at ease with consulting colleagues for advice both before, and after the workshop. Before the workshop 42% of the veterinary students indicated they were 'prepared' or 'well prepared' to consult colleagues where animal abuse was suspected, and in cases of family violence, 24% felt 'prepared' or 'well prepared'. Post workshop, when asked about consulting colleagues where they suspected animal abuse 94% of respondents were either 'prepared', or 'well prepared' to ask for advice, regarding consulting colleagues on family violence cases, one hundred percent of workshop attendees felt 'prepared'.

CHAPTER SEVEN:

DISCUSSION & CONCLUSION

7.1 - DISCUSSION

Family violence is a significant public health issue in NZ (Hassall & Fanslow, 2006; New Zealand Ministry of Health, 2017). The NZ government's most recent family violence management framework calls for co-ordinated multiagency approach to screening, assessing and managing risk (New Zealand Ministry of Justice, 2017). The provision of training to practitioners in the community is a key aspect of this initiative. With the links between animal abuse and family violence well-recognised (Ascione et al., 2007; Faver & Strand, 2003; Krienert et al., 2012; Levine et al., 2013; Volant et al., 2008), veterinary professionals are well placed to be part of a community response (Arkow, 2015). In a recent review of the literature Newland et al. identified a need for "improved veterinary education programmes addressing the link between pet abuse and family violence" (2019, p. 63). The NZ veterinary professionals surveyed in stage one of this study were aware of the links between animal abuse and family violence but recognised their knowledge gap in being able to respond appropriately to cases in practice. They acknowledged that this problem stems from a lack of education opportunities available to them. This study found that student veterinarians had low levels of confidence across a range of aspects related to recognition and responding to cases of animal abuse and family violence. Following an interactive workshop utilising active and case-based learning and focused on improving knowledge of the links between animal abuse and family violence, building confidence in discussing the issue with clients and seeking advice on how to support victims, the students reported confidence levels were significantly higher.

RECOGNITION AND RESPONSE

There is a recognized phenomenon amongst caring professionals where those confronted with signs of abuse find it difficult to recognize the potential for violence (Arkow, 2015). The Links Group state:

it is acknowledged that the biggest challenge to the problem and actually diagnosing abuse is the powerful emotional block in the mind of the professional. It is an abhorrent subject and the doctor, dentist, veterinary surgeon or other healthcare professional must force themselves to think about it in the first place (The Links Group, 2012, p. 8)

A key factor in overcoming this is raising awareness through education of veterinary professionals. Firstly about the significance and scale of the problem of family violence in NZ (Fergusson et al., 2008; Hassall & Fanslow, 2006; New Zealand Ministry of Health, 2017) and secondly, the strong association between violence and animal abuse. (Allen et al., 2006; Ascione et al., 2007; Faver & Strand, 2003; Barrett et al., 2017 Krienert et al., 2012; Newberry, 2017). The workshop developed from information provided by NZ veterinary professionals focussed on developing underpinning knowledge of family violence in NZ, and on how animal abuse fits in to the problem.

The NZ Family Violence Risk Assessment and Management Framework identifies general service providers as those who:

may encounter victims or perpetrators of family violence as part of their work providing health, education, or social services, but family violence isn't their core business (New Zealand Ministry of Justice, 2017, p. 8)

As members of this group, veterinary professionals are expected to recognise indicators of family violence, talk to the victim about the issue and support them in accessing specialist and statutory family violence agencies (Ministry of Justice, 2017). Practitioners broaching the subject with victims is an essential aspect of an appropriate response (Arkow, 2015; Links Group & National Society for the Prevention of Cruelty to Children, n.d.). Therefore, it is essential that veterinary professionals feel confident and prepared to discuss their concerns

with victims. The provision of training is a key aspect of ensuring the veterinary profession is able to respond in accordance with the national framework (New Zealand Ministry of Justice, 2017).

Educational preparation in a 'safe environment' is a key factor in developing confidence in communication for veterinary professionals (Schull et al., 2012; Vinten et al., 2015). The workshop offered a safe environment for the veterinary students to prepare, and opportunities to practise appropriate ways to engage clients in conversations about animal abuse and its links to family violence. Options available for advice and guidance on how to support victims were presented and discussed along with information regarding support services that victims of family violence can access.

EDUCATING VETERINARY PROFESSIONALS ON THE LINKS BETWEEN ANIMAL ABUSE AND FAMILY VIOLENCE

This study found that the veterinary profession in NZ recognise that links between animal abuse and family violence do exist however, awareness of the guidance document provided by VCNZ (2013), in dealing with links cases in practice is limited. The findings of the stage one survey identified uncertainty about professional and legal standing as a major barrier to veterinary professionals in responding appropriately to victims of family violence. The veterinary professionals also called for clear practice protocols and guidelines to follow. The VCNZ guidance clarifies professional and legal standing and offers protocols for veterinarians to follow regarding appropriate response and referral for client for cases of animal abuse and in cases of suspected or actual family violence. Therefore, raising awareness of this guidance document is a key priority in training veterinary professionals' to be able to offer support to victims of family violence that present in veterinary clinics is cases of animal abuse.

The results of the stage two pre- and post-intervention surveys showed that the veterinary students attendance at the workshop increased their knowledge of the VCNZ guidance booklet (2013), and overall, increased their knowledge of family violence and animal abuse. Receiving training increased the participants awareness of where to seek advice on cases in practice and showed an increase in their preparedness for practice. Their confidence in raising concerns and in responding to clients in cases of animal abuse with links to family violence also was increased by attending the workshop. Further areas for development of the workshop include modifying the format to create a professional development opportunity for practicing veterinary professionals and have it recognised by NZVA and NZVNA professional development points systems.

7.2 -CONCLUSION

The links between animal abuse and family violence are well-recognised and family violence is a significant public health issue in NZ. Current research recognises that veterinary professionals have an important role to play as part of a community response to the problem of family violence. As companion and rural animal healthcare providers, veterinary professionals are well-placed to recognise cases and offer support for victims of family violence however, current knowledge and confidence levels in the profession are low and there is a lack of training opportunities available for NZ veterinary professionals.

The findings of this research support the use of the interactive workshop in increasing veterinary students' confidence in managing cases of suspected or actual animal abuse and family violence.

LIMITATIONS

There are some limitations to this study. Although the stage one results refer to veterinary professionals, many more veterinary nurses completed the survey than veterinarians. However, 153 participants completed the survey and given it appears to be the first investigation of veterinary professionals experience of responding to suspected family violence (in NZ) it provides a good starting point on which to based further research and training. Discussions regarding pet abuse and family violence are emotive topics and as such the research may have benefitted from a more personal approach through semi-structured interviews. This may be something that can be followed up in future research on the topic.

Stage Two of the research was undertaken at a single university in NZ. The sample size was relatively small, and the participants were students of veterinary science not yet in practice. This may make generalisations to a wider population of veterinary professionals' problematic.

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