Animal cruelty encompasses a range of behaviors harmful to animals, from neglect to malicious killing.\(^1\) Cruelty is defined as acts or, in the case of neglect, omissions that harm animals.\(^2\) Animal cruelty is a complex phenomenon involving many situational factors, motives, and causes.\(^3\) It is difficult to estimate how frequently animal cruelty occurs or is reported,\(^4\) but it appears to be far from unusual.\(^5\) Estimates range widely on the basis of the population surveyed, how the question is presented, and factors influencing the accuracy of self-reporting.\(^6\) Estimates of how many adults have abused an animal at least once before being surveyed range from around 4% (1/26)\(^7\) to 72% (36/50).\(^8\) Most veterinarians feel that responding to suspected cruelty cases is their responsibility.\(^9\)–\(^14\) This includes knowing the potential indications of cruelty and how to recognize it in animals they are treating, when these cases should or must be reported, and the process for responding to the appropriate law enforcement agency. Veterinary practices often see 1 or 2 cruelty cases annually\(^15\)\(^,\)\(^16\)\(^;\) however, a substantial number of veterinarians report having never seen a suspected cruelty case,\(^15\)\(^–\)\(^19\) and many indicate they have not seen a suspected case in the previous 12 months.\(^9\)\(^,\)\(^19\) The number of observed cases is not related to veterinarians’ gender, age, or veterinary school attended,\(^16\)\(^,\)\(^20\)\(^,\)\(^21\) except for research in South Korea that found veterinarians who were younger or female were more likely to report suspected cruelty cases.\(^19\) Probable cases frequently go unreported.\(^9\)\(^,\)\(^16\)\(^,\)\(^20\) This may be partly because most veterinarians\(^10\)\(^,\)\(^16\)\(^,\)\(^19\)\(^,\)\(^23\) and veterinary students\(^22\) feel they do not have access to the resources and training they need.\(^15\) Other factors may be doubts about whether cruelty has occurred or is intentional and

**OBJECTIVE**
To better understand the experiences and perceptions of veterinary professionals in the US responding to suspected cases of animal cruelty.

**SAMPLE**
1,027 US veterinary professionals.

**PROCEDURES**
An anonymous survey was distributed via social media and veterinary professional associations between October 15 and November 15, 2020.

**RESULTS**
Responses indicated that more cases of suspected animal cruelty were seen by those who reported having had cruelty training and in workplaces with emergency intake or a relationship with law enforcement. In addition, suspected cases were more likely to be reported to authorities by respondents who indicated there was a workplace policy for handling cruelty cases and by individuals who indicated that they were aware that they were mandated reporters.

**CLINICAL RELEVANCE**
The important needs for veterinary professionals in relation to animal cruelty are more training to recognize animal cruelty, workplace policies for reporting, and knowledge of reporting laws.
concerns about client reactions and maintaining client confidentiality. Some veterinarians report feeling disillusioned about reporting cruelty due to ineffective law enforcement response. For those who report suspected cases, their primary motivations include personal ethics and a desire to protect the animal. Veterinarians are often the focus of research about veterinary professionals and cruelty cases; however, veterinary nurses, technicians, or assistants (VNTAs) may see more suspected cruelty cases than veterinarians. The VNTAs are potentially exposed to more patients for more extended periods than veterinarians. However, many may not feel comfortable reporting due to a lack of confidence in how to accurately identify cruelty and concern about client confidentiality. Despite growing awareness of animal cruelty, there remains a dearth of information pertaining to how to best support veterinary professionals in their role as first responders. There is little information about factors that influence their experiences and decisions made, what veterinary professionals see as their needs for improved responding, and the outcomes of reporting. The study reported here was designed to help us better understand the experiences and perceptions of veterinary professionals responding to suspected animal cruelty cases in the US.

**Materials and Methods**

**Survey**

An anonymous survey was created and hosted online using an established survey platform (Qualtrics: Supplementary Appendix S1) between October 15 and November 15, 2020. A link to the survey was distributed via social media and veterinary-related listservs to obtain a broad representation of participants. Mailing lists, social media, and snowballing (encouraging the dissemination of the invitation) were used with the strategy of avoiding groups or lists with an animal sheltering or animal welfare focus and seeking diversity in practice type. An invitation to participate was shared via state veterinary medical associations, other associations such as the American Association of Equine Practitioners, and social media relating to any aspect of veterinary medicine other than animal welfare-specific topics. The survey was incentivized by entering all respondents who completed the survey into a random draw for 1 of ten $100 Amazon gift cards. Due to this recruitment method, response rates were not able to be calculated.

An initial question excluded any respondents that were not currently living in the US and employed in a veterinary workplace that treats animals. Question items included short answer, long answer, multiple choice, and Likert scale formats. The questionnaire was developed by veterinarians and researchers working with a consultant with experience developing survey instruments for veterinary professionals. The items were created to replicate questions from earlier research or interrogate aspects of attitudes and decision-making relating to the detection and response of suspected cases of animal cruelty. The development group pretested the survey, but it was not pilot tested. Each item other than questions not presented to the respondent due to survey logic required an answer to continue (eg, respondents reporting they had never seen a case of suspected animal cruelty were not asked questions related to quantifying cases). Permission to use the data for research purposes was collected at the end of the survey. As a result, the data set included only complete responses without missing data. Respondents were excluded from the analysis if their open-text responses were unrelated to the question or unintelligible.

**Statistical analysis**

All analyses were performed with standard software (Stata release 17; StataCorp LLC) and standard qualitative analysis software (Provalis Research). Descriptive statistics were conducted on participant demographics and experiences witnessing and reporting suspected cruelty cases. An array of 17 factors was considered potentially associated with detection and response to animal cruelty. These factors were coded as bivariate measures except for “years in practice” and also the dependent variable “number of cases seen in the last 12 months,” which were left numerical. The association of these factors with the dependent variables of (1) ever seeing a suspected case, (2) seeing a case in the last 12 months, (3) the total number of cases seen in the last 12 months, (4) choosing to educate and not report, and (5) choosing to report some or all cases was assessed with the Fisher exact test and logistic regression. Due to a relatively high number of associations (n = 85) with associated Type 1 error risk and a high potential for interactions, a relatively stringent requirement of a value of P < .01 was used. These factors were included in a binary logistic regression. Odds ratios are reported for variables that contributed significantly to the general linear model. Factor analysis (varimax [orthogonal] rotation) was conducted on the list of 26 potential reasons for not reporting a suspected cruelty case. Qualitative themes in the free-text answers were coded manually before being assessed for frequencies and association.

**Results**

**Demographics**

A total of 1,027 respondents from 56 states and territories of the US completed the survey, as follows: 460 veterinarians, 391 VNTAs, and 178 in other roles (director, manager, administrator, and other). Representation of roles across states and regions was in-

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sufficient to support analysis of geographic factors; however, professional role and state of practice were used to calculate whether each respondent was a mandated reporter. The respondents’ mean reported length of employment as a veterinary professional was 13 years, ranging from 1 to 56 years. Respondents reported that they worked in private practice (704/1,027 [69%]), shelter medicine (187/1,027 [18%]), clinical academia (33/1,027 [3%]), or other (103/1,027 [10%]) with 86% (884/1,027) working predominantly with companion animals. The sample included 92% (943/1,027) of respondents who indicated that they identified as female, 7% (70/1,027) of respondents who indicated that they identified as male, and 1% (10/1,027) of respondents who indicated that they identified as nonbinary or other. Veterinarian respondents reported that they were 88% (407/460) female, 10% (46/460) male, and 2% (14/1,027) nonbinary or other. The present study obtained a relatively small sample of respondents working outside of companion animal practice: 0.39% (4/1,027) agricultural, 0.78% (8/1,027) equine, and 0.29% (3/1,027) wildlife. As such, the results cannot be applied outside of this context until further work is completed relating specifically to these settings.

**Recognition of cases**

Ninety-five percent (976/1,027) of respondents reported that COVID-19 had not impacted their recognition of and response to suspected animal abuse cases. Neglect was the most commonly reported form of cruelty (302/342 [88%]), followed by physical abuse (193/342 [56%]; Table 1). Seventy-eight percent (798/1,027) of veterinary professionals reported that they had seen a suspected animal cruelty case in their career, and 33% (340/1,027) reported seeing at least 1 suspected case in the previous 12 months. The VNTA respondents more commonly reported (P = .047 and P = .010, respectively; Fisher exact test) seeing cruelty in their career (81% [316/391]) than over the last 12 months (38% [149/391]) and over the last 12 months (38% [149/391]) than did veterinarian respondents (75% [345/460] and 27% [122/460], respectively).

Respondents who had reported that they had seen at least 1 case of animal cruelty in the last 12 months (n = 342) most commonly reported having seen cases of neglect (302/342 [88%]), followed by physical abuse (193/342 [56%]), animal fighting (54/432 [18%]), sexual abuse (18/342 [5%]), or other forms of abuse (14/342 [4%]), alone or in combination. The category of other forms of abuse included drug seeking (n = 2), psychological abuse (2), improper breeding practices (2), euthanasia for an inappropriate reason (2), physical injury for an inappropriate reason (eg, amateur ear cropping or other amateur veterinary treatment; 1), preventable accident (1), harm from being allowed to stray (1), physical abuse without injury (1), and unknown cause (1).

The mean number of suspected cases that the respondents indicated they had seen in the previous year was 2.4 (SD, 10.9; range, 0 to 250). The mean number of suspected cases of animal abuse seen was higher for respondents from practices with emergency intake (2.1) or from shelter medicine workplaces (7.15) and lower for respondents from private practice (1.4); private practice being practices seeing the general public as clients and general practice being facilities that do not offer specialty services) and general practice (1.55).

For the variable of seeing at least 1 case to date, responding variables were years in practice (P < .001), designated to receive cases from law enforcement, aka “designated workplace” (P < .001), being a workplace policy (P = .001), and being trained (P = .005). For the variable of having seen a case in the previous 12 months, responding variables were being a veterinarian (P < .001), years in practice (P < .001), being in shelter medicine (P < .001), being trained (P < .001), designated workplace (P < .001), being in general practice (P = .002), having access to training (P = .002), being in general practice (P = .002), and being a VNTA (P = .009). For the variable of seeing a larger number of cases in the last 12 months, responding variables were being in shelter medicine (P < .001), designated workplace (P < .001), having access to training (P = .002), being in general practice (P = .002), and being a VNTA (P = .009). For the variable of reporting at least some of the cases seen, responding variables were being a veterinarian (P < .001), being a VNTA (P < .001), having a workplace policy (P < .001), self-identifying as a mandated reporter (P < .001), being in shelter medicine (P = .001), being trained (P = .001), having access to training (P = .001), and being a designated workplace (P = .006). And finally, the vari-

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**Table 1**—Numbers (percentages) of US veterinary professionals (n = 1,027; grouped by job type) who reported in an anonymous online survey between October 15 and November 15, 2020, that they had seen ≥1 suspected case of animal cruelty during their entire career, within the last 12 months, or both and the mean number of suspected animal cruelty cases respondents indicated to have seen in the last 12 months.

<table>
<thead>
<tr>
<th>Job type</th>
<th>No. of respondents</th>
<th>Seen ever</th>
<th>Seen in the last 12 months</th>
<th>Mean No. of cases seen in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>All respondents</td>
<td>1,027</td>
<td>801 (78)</td>
<td>342 (33)</td>
<td>2.4</td>
</tr>
<tr>
<td>Veterinarian</td>
<td>460</td>
<td>345 (75)</td>
<td>16 (27)</td>
<td>1.4</td>
</tr>
<tr>
<td>Veterinary assistant</td>
<td>55</td>
<td>41 (75)</td>
<td>27 (49)</td>
<td>3.9</td>
</tr>
<tr>
<td>Credentialled technician</td>
<td>236</td>
<td>196 (83)</td>
<td>85 (36)</td>
<td>3.9</td>
</tr>
<tr>
<td>Noncredentialled technician</td>
<td>100</td>
<td>79 (79)</td>
<td>38 (38)</td>
<td>2.3</td>
</tr>
<tr>
<td>Director</td>
<td>14</td>
<td>10 (78)</td>
<td>6 (43)</td>
<td>3.2</td>
</tr>
<tr>
<td>Manager</td>
<td>51</td>
<td>38 (75)</td>
<td>18 (35)</td>
<td>1.4</td>
</tr>
<tr>
<td>Administrator</td>
<td>56</td>
<td>46 (82)</td>
<td>26 (46)</td>
<td>2.7</td>
</tr>
<tr>
<td>Other role (unspecified)</td>
<td>76</td>
<td>58 (76)</td>
<td>27 (35)</td>
<td>2.6</td>
</tr>
</tbody>
</table>
able of reporting all of the cases seen, responding variables were having a workplace policy (P < .001), self-identifying as a mandated reporter (P < .001), being a VNTA (P = .01), being trained, being in shelter medicine (P = .004), and having access to training (P = .009).

These factors were included in a binary logistic model for each dependent variable to account for interactions. On this basis, the odds of seeing a case during one’s career were higher for those working in practices with planned emergency intake (OR = 1.600) or a designated workplace (OR = 2.390; cases directly referred by law enforcement were excluded from this question).

When only the previous 12 months were considered, the predictors of participants seeing at least 1 case were working in a designated workplace (OR = 2.128) or not working in general practice (OR = 0.6380).

The significant predictors of participants suspecting a higher number of cases during the previous 12 months included working in a shelter (OR = 3.55; P < .001) or a designated workplace (OR = 2.066; P = .008) and having relevant training (OR = 4.52; P < .001). In addition, respondents who had been employed in veterinary practice longer were more likely to have seen at least 1 suspected case in their career (OR = 1.035) but less likely to have seen a suspected case in the last 12 months (OR = 0.972).

When only the last 12 months were considered, 27% (122/460) of veterinarians reported seeing a suspected case (Table 1). However, when plotted by year of practice, the number of veterinarians who had never seen a case remained relatively stable after the first year of practice. In addition, nonveterinarian respondents (vs veterinarian respondents) more commonly reported having seen a suspected case in the last 12 months ( Fisher exact test; P = .001), ranging from 35% (18/51) for managers to 49% (27/55) for veterinary assistants.

**Response and reporting**

Reporting mandate was represented in the data set by 2 factors: (1) whether they responded that they were a mandated reporter and (2) whether the law in their state included working in a designated workplace (OR = 2.390; cases directly referred by law enforcement were excluded from this question). On the basis of responses, it appeared that some respondents may have interpreted the question about legal immunity and mandates as “select 1” rather than “select all that apply.” Many respondents indicated support for mandated reporting for veterinarians and other credentialed veterinary professionals, only 202 of 564 (35%) of veterinarians supported all credentialed veterinary professionals being mandated reporters. On the basis of responses, it appeared that some respondents may have interpreted the question about legal immunity and mandates as “select 1” rather than “select all that apply.” Many respondents indicated support for mandated reporting for veterinarians and other credentialed veterinary professionals, only 202 of 564 (35%) of veterinarians supported all credentialed veterinary professionals being mandated reporters.

**Not reporting**

The common reasons indicated for not reporting a suspected cruelty case to authorities were (1) doubts about whether the case was animal cruelty and (2) doubts about the perpetrator’s identity (Table 2).

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**Table 2**—Leading primary and contributing reasons selected in the survey by the 249 respondents described in Table 1 who indicated that they had suspected animal abuse during the last 12 months but did not report it to authorities.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Contributing reason</th>
<th>Primary reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was not sure it was abuse</td>
<td>91 (37)</td>
<td>43 (17)</td>
</tr>
<tr>
<td>Thought it was accidental or not intentional</td>
<td>61 (25)</td>
<td>29 (12)</td>
</tr>
<tr>
<td>Was not sure who committed the abuse</td>
<td>71 (29)</td>
<td>25 (10)</td>
</tr>
</tbody>
</table>
Factor analysis (varimax [orthogonal] rotation) was conducted on the list of 26 potential reasons for not reporting a suspected cruelty case. The factor analysis yielded 2 factors explaining 63.39% and 36.61% of the variance. Factor 1 was associated with concerns about reporting procedures and immediate consequences, and Factor 2 was related to fears of longer-term and reputational repercussions for the veterinarian.

Three hundred thirty-nine of the 1,027 (33%) respondents indicated that they sometimes chose to educate owners rather than report suspected cruelty. Veterinary professionals who indicated having had anticruelty training were more likely than those without such training to report cases to authorities. They were also more likely (OR = 2.62) to educate the client and not report, when compared to those without such training, in at least some cases. Therefore, training reduced the likelihood of taking no action (neither reporting nor educating). Of all respondents who indicated that they had observed and not reported some or all cases in the last 12 months, 8% (17/217) indicated that they felt it was better to educate their clients rather than report them and 12% (26/217) indicated this was a contributing reason.

Neglect
When respondents were asked, in an open-text question, why they chose to talk to an owner about suspected cruelty rather than report them, the type of cruelty (neglect or nonmalicious) was frequently mentioned, followed by feeling that education would be effective, the client was not the perpetrator, the animal was no longer at risk, the perpetrator was a child or cognitively impaired, and feeling that a report could be made later. The co-occurrence between themes associated with neglect were depicted with a concept map (Jaccard coefficient, with classical scaling, tolerance < 0.001, and a maximum of 500 iterations; Figure 1), in which the size of the circles reflected the number of respondents expressing that theme and the proximity between circles reflected themes that often appear close together within a respondent's answer to that question. This concept map depicted the cluster of common and connected statements, including (1) the case was neglect, (2) there was no intent, (3) education was expected to be effective, and (4) they did not really consider it to be abuse.

Potential support strategies
Training—Respondents were asked to identify what would be of most help to increase their ability to detect and respond appropriately to suspected animal cruelty cases. The most commonly reported response was training in recognizing and responding to suspected cases of animal cruelty (125/335 [24%]). However, it was also notable how many respondents indicated that they wished to be more confident that their report would benefit the animals and people involved (62/225 [19%]).

Most respondents (822/1,027 [80%]) indicated that they had not received any formal or structured training associated with animal cruelty. There was an association between professional role and training, with veterinarians being more likely to have received training (128/460 [28%]) versus VNTAs (50/391 [13%]) and others (32/176 [18%]). Likewise, 63% (647/1,027) of respondents reported having insufficient access to training, including 65% (298/460) of veterinarians and 64% (259/391) of VNTAs. The need for training was also the most frequently mentioned subject in the final open-answer question: “Please share anything else you would like us to know or understand.”

Most respondents supported requiring animal cruelty training in veterinary curricula (965/1,027 [94%]) and veterinary technician training (893/1,027 [94%]).
[87%]). A majority of respondents (873/1,027 [85%]) also indicated support for the creation of a veterinary specialty college in Veterinary Forensic Medicine. There was no significant effect ($\chi^2 = 0.36; df = 2; P = .835$) of professional role on support for required veterinary training. However, there was an effect on support for technician training, with veterinarians being less in support than technicians or others ($\chi^2 = 7.09; df = 2; P = .029$). Veterinarians were also less likely to support the formation of a specialty college than technicians or others ($\chi^2 = 34.21; df = 2; P = .001$).

**Policies and networking—**Thirty-one percent (319/1,027) of respondents indicated that their workplace had policies or procedures describing how to respond to suspected animal abuse. Respondents from animal welfare and shelter workplaces most commonly reported having a policy (76/133 [57%]), in contrast to general practice (130/610 [21%] and emergency practice (104/407 [27%]). Most respondents who indicated that they had a workplace policy for handling cruelty cases and that they had reported cases to the authorities indicated that the policy motivated the information, with 93% (41/44) of veterinarians with a workplace policy reporting some or all suspected cases seen, versus 54% (42/78) of veterinarians who indicated that they had no such workplace policy or did not know whether they had a policy.

Eighty-seven percent (893/1,027) of respondents indicated not having an individual relationship with law enforcement, and 63% (647/1,027) indicated that their workplace had no such connection, with 58% (585/1,027) of respondents reporting having had neither. Relationships with law enforcement were more commonly reported by respondents from animal welfare or shelter workplaces (107/187 [57%]) and less likely for general or emergency practice (86/285 [30%] or 138/407 [34%], respectively).

**Outcomes of reporting**

The most commonly indicated outcome of reporting suspected cases of animal cruelty was no noticeable positive or negative consequences (108/308 [35%]). The most common positive result indicated was receiving support from clients or the community (80/308 [26%]), followed by positive media coverage (40/308 [13%]), increase in business (18/308 [6%]), and personal satisfaction (3/308 [1%]). The most commonly indicated adverse outcome was retaliation from clients or the community (68/308 [22%]) followed by a decrease in business (9/308 [3%]).

Concern about retaliation was rarely identified as a reason for not making reports to authorities (3/129 [2%] as a primary reason and 14/129 [11%] as a contributing reason), and protection from retaliation was a primary need for only 5% (83/1,027) of respondents. However, considering only those who had made reports in the last year, protection from retaliation from clients (19% [40/217]) or coworkers (2% [5/217]) was more frequently selected as a need. Coworker retaliation predominantly related to negative responses to reporting against the wishes of veterinarians or practice management. There was no significant effect of the experience of retaliation on whether the respondents reported some or all of the cases they saw versus no cases in the last year.

Sixty-six percent (679/1,027) of respondents indicated that previous outcomes from animal cruelty cases they had reported or seen reported would not influence their future reporting decisions, with lesser percentages of respondents indicating that they were encouraged (194/1,027 [19%]) or discouraged (104/1,027 [10%]). However, having at least 1 positive outcome from reporting a suspected animal cruelty case to authorities was the only significant predictor of feeling encouraged to report again in the future (OR = 3.13).

**Discussion**

The findings from the present study expanded our understanding of factors that impact veterinary professionals’ responses when they encounter cases of suspected animal cruelty. The literature suggests that veterinarians are highly motivated to respond effectively to suspected cases of animal cruelty. However, they often face a range of obstacles. As previously reported, veterinary professionals in the most common workplace settings (private practice or general practice) saw 1 or 2 cases of suspected animal cruelty annually. The most common type was neglect, followed by physical abuse. Predictors of seeing cases were (1) being in workplaces where more at-risk animals were seen (practices with emergency intake and those designated to receive cases from law enforcement) and (2) having training relating to animal cruelty.

The types of responses addressed by questions in the survey were (1) education without reporting and (2) reporting. Reporting was associated with having a workplace policy guiding how to respond to suspected cases of animal cruelty and with respondents who identified as mandated reporters. Most veterinary professionals supported veterinarians being mandated reporters. Responding by providing education to clients was also associated with training, with a lack of training resulting in more inaction versus educating or reporting. This survey indicated that our current focus should be on training to improve detection and educational responses and workplace policies to develop capacity for reporting to law enforcement.

There is a long-standing need for more ubiquitous and practical training for veterinary professionals on animal cruelty. Relatively low levels of training are often found concerning infrequent job tasks, even when their outcomes may be severe. Broadly comparable situations include serious adverse events, reportable diseases, emerging zoonotic diseases, and bioterrorism. Training improves individual competence and acts as a foundation for developing the networks and protocols necessary for a consistent profession-wide response. While making broad modifications to curricula and associated Day One competencies can be a lengthy process, in the interim, anticruelty topics can
be included in a cross-cutting manner and in model curricula. Immediate opportunities for training that fall within existing required competencies would consist of clinical communication (forensics) and client communication (history factors and difficult conversations); for example, in a simulated client interaction format.28

Innovative strategies are required to successfully deliver training to practicing veterinary professionals who are confronted with many competing demands for their time and attention and naturally gravitate to training related to their routine activities and specialties. Options might include increasing availability and accessibility by providing training at local meetings, online, or even in the workplace. Also, a greater emphasis could be placed on providing training to veterinary technicians. They represent an essential audience, especially in workplaces that allow a degree of team member autonomy or specialization. Overall, training needs to be easily accessible and provided to deliver clear and immediately useful content. Specific knowledge gaps where training could contribute include state reporting laws and when cases of neglect meet criminal standards. In addition, training should clearly define the veterinary professional’s roles in contrast to other professionals involved in suspected cases of animal cruelty. As the present study indicated, veterinary professionals often feel they need to know whether a case is cruelty and the ability to identify the perpetrator before reporting, both of which are not requirements.

Workplace policies were associated with a greater propensity to report. Although a causal relationship cannot be presumed, developing a workplace policy might encourage collaborations between veterinary medicine and law enforcement. If all practices were expected or required to have a policy, it would become more difficult to tacitly avoid responding to cases according to legal requirements and best practices. Workplace policies could also clarify the duties associated with each job role and help address training deficits. Further development of model workplace policies appropriate for different practice types and locations would help support their increased use.

Furthermore, law enforcement could act as a hub for involving other community partners, just as the veterinary practice may serve as a hub for obtaining diverse animal-related resources. This operability might be best supported by a cooperation structure such as a municipal body or Link Coalition (connecting agencies dealing with human and animal constituencies). The finding that neglect was more challenging to identify than other forms of cruelty is consistent with research from human medicine, where child neglect is more difficult to identify confidently and therefore reported less frequently than physical abuse.28,29 Messaging around reporting animal cruelty often uses examples of nonaccidental injury or “battered pets.”30 It may contribute to a lack of clarity about how to respond to the more common scenario of neglect-related cases.10

Reporting is generally seen only as a pathway to prosecution, which appears to cause some veterinary professionals to be less willing to report a case in which they deem the offender not to have malicious intent or to be contrite. Resistance to reporting was also found when cruelty was not definitely proven or when the client was not the perpetrator. These findings are consistent with those of Morgan,31 who noted that reporting is often seen as confrontational and “punitive” and so used only when the client is seen as “deserving it.” Training should address how to identify potential animal cruelty and make reports without bias derived from personal relationships with clients or speculation about outcomes. Issues of this type might be addressed through well-designed workplace policies for handling suspected cases of animal cruelty.

Certainty about cruelty or the perpetrator is not required when reporting a suspected crime. Furthermore, there are no widely used standards for how likely cruelty must be for there to be a reasonable basis for making a report. These areas of doubt introduce the potential for uncertainty and prejudicial biases influencing reporting decisions. While every suspected case is unique and therefore must be left to the professional’s discretion, developing a shared understanding of cruelty through training and workplace protocols can assist in creating more consistent outcomes for suspected cases of animal cruelty.

In our survey, questions were asked about the consequences of reporting. In most cases, reporting suspected animal cruelty had mixed or neutral outcomes. Nonveterinarian staff were more likely than veterinarians to have indicated experiencing positive results, which encouraged future reports. In addition, the potential for retaliation did not seem to be a common concern for respondents. Only 5% (51/1,027) of respondents identified protections from retaliation as needed, but this increased to 21% (71/340) for respondents who had seen a suspected case in the last 12 months. Protection from reprisals may become a more important consideration as more veterinary professionals are mobilized to detect and respond to animal cruelty. For this reason, state laws should provide immunity for good-faith reporting and workplace policies should include guidance relating to safety, nonretaliation, and reputation protection.

Reporting suspected animal cruelty cases to authorities requires effort and resources and, in some cases, may be perceived by the veterinarian as unnecessary (eg, when correcting a failure to understand how to properly care for an exotic pet). However, in other cases, such as neglect by an older person experiencing dementia, there might be benefit from reporting, even when the person is no longer caring for the pet, to provide support and eldercare resources. With well-developed community resources and a cross-reporting system in place, a report could increase interagency awareness of all forms of cruelty and how they may be related to community needs in humane education, mental health support, and eldercare. Veterinary professionals need robust reporting practices that are not discouraged by the variable array of obstacles and outcomes experienced to move toward this outcome.

Agencies and individuals with the goal of improving the preparedness of veterinary professionals to re-
spond to animal cruelty should consider that planning typically occurs in 4 stages: (1) individual training, (2) establishing protocols, (3) developing or joining a responding network, and finally (4) an ongoing process of reviewing, onboarding, and updating.

Animal cruelty training provided to veterinary professionals must also include support for associated emotional demands. These include transition smoothly from routine activities to emergency response, maintaining a feeling of self-efficacy and trust in response partners, communicating effectively with clients and others about a difficult subject, and managing the wellness of the veterinary team. The presence of a preparedness plan can help to build emotional readiness and resilience. As leaders in the community, trained veterinary professionals can substantially impact community-wide efforts to respond appropriately to animal cruelty.

Results of our survey reinforced and expanded our understanding of how veterinary professionals experience and respond to suspected cases of animal cruelty encountered in their workplaces. Respondents in general practice indicated recognizing 1 or 2 cases annually; this number has the potential to be higher with more widespread training and greater engagement of the veterinary team. Reporting cases was associated with having a workplace policy and awareness of a reporting mandate. Reporting as well as responding with education instead of reporting were both associated with having cruelty training. On the basis of our results, there appears to be a need for more explicit professional guidance around the handling of all suspected abuse cases, especially neglect cases, and when reporting is appropriate.

The present survey used a convenience sample, meaning that generalizations from these findings should be made with some caution. Our results corresponded with comparable data in the literature relating, for example, the practice type of the respondents, frequency of suspected cases, predominance of neglect cases, and proportion of veterinarians that have received training. However, there were also some deviations from expected demographic values. Most notably, the proportion of respondents who identified as female in the present study was considerably higher than the proportion (69,964/113,394 [61.7%]) of veterinarians who identified as female based on a 2018 census using AVMA records. A bias toward female respondents might have related to the use of email and social media recruitment, which tend to be most popular with a younger, female demographic.

The survey was designed to reach a broad veterinary audience and avoid sites or communities specific to animal welfare or animal cruelty. However, social media amplification was likely higher and these platforms are biased toward female demographics. The weighting of data was not pursued as the study variables had not previously been found to vary by gender in the US, and corrections of this type do not reliably improve generalizability and may impair it.

Limitations of the present study included surveying during the COVID-19 pandemic, although 95% (976/1,027) of respondents reported that COVID-19 had not impacted their recognition of and response to suspected animal abuse cases. However, those who reported changes mentioned reduced interaction with clients, decreased ability to respond, more suspected cases (including neglect and strays), and changes in protocols such as the use of protective equipment.

Veterinary professionals’ preparedness to respond to suspected animal cruelty remains constrained by a widespread lack of training and workplace policies. While practicing veterinarians manage their own continuing education, results of the present survey contributed to a body of literature indicating how workplace managers, education providers, and a range of agencies, both inside and outside veterinary medicine, can make increased contributions by fostering the development of workplace policies and accessible training options. Future research should test the generalizability of these findings and address how to more effectively fill training needs that are likely to vary according to factors such as professional role, career stage, practice type, and location.

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**Supplementary Materials**

Supplementary materials are posted online at the journal website: avmajournals.avma.org