A novel corporate-community partnership model provides safe housing for pets of domestic violence victims

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OBJECTIVE
To document and evaluate a novel partnership model of a safekeeping program for pets owned by domestic violence victims between May 1, 2021, and June 1, 2023.

ANIMALS
19 animals referred to the program.

METHODS
Procedures for identification, intake, medical and behavioral needs, and shelter of pets belonging to domestic violence victims were established and cases reviewed over the program’s initial 2 years.

RESULTS
13 dogs and 6 cats belonging to 13 owners were referred to the program. Seven dogs and 1 cat were placed into foster housing. Most pets were intact. One pet had medical concerns at intake (cardiac disease and seizures). Five pets were returned to their owners after an average stay of 5.3 weeks. Two pets were rehomed to new owners.

CLINICAL RELEVANCE
Veterinarians are likely to encounter pets affected by domestic violence and may be mandatory reporters in some states. This paper will aid veterinarians and community partners to understand the challenges and pet types they are likely to encounter and how best to assist.

Keywords: abuse, domestic violence, animal welfare, One Welfare, the link
children were also witnesses and/or victims, which is in turn linked to a higher risk of perpetrating animal cruelty themselves. Degue and Delillo interviewed 860 college students and found significant overlaps in experiencing child abuse, domestic violence, and animal abuse in the home. Approximately 60% of respondents who had experienced or perpetrated animal cruelty as children experienced child maltreatment or domestic violence. Witnessing animal abuse was a significant predictor of perpetrating it, with an 8-fold increase. In this complicated coexistence of family violence and animal abuse, the welfare of people and animals cannot be separated.

Existing resources

Programs exist to assist families attempting to escape an abusive situation with pets, often consisting of stakeholders in the community working to provide safe housing and resources for affected pets while their owners seek temporary shelter. Programs may take a variety of forms, from on-site housing of pets in domestic violence shelters (the minority), to foster housing, and boarding at local animal shelters, kennels, or veterinary clinics. Examples of these programs include the PetSafe Program at Purdue University College of Veterinary Medicine, CrossTrails program at Crossroads Safehouse in Colorado, and Animal Safehouse Program at Rancho Coastal Humane Society in California. There also exist searchable directories of shelters that claim some ability to provide for the pets of their clients. However, availability can be limited during times of need.

To build capacity, other organizations provide training and grants to stakeholders to create programs. The first comprehensive guide designed to help shelters provide care for pets was Safe Havens for Pets: Guidelines for Programs Sheltering Pets for Women who are Battered, published by Frank R. Ascione in 2000. This guide remains an invaluable source of information, though it has not been updated since publication. Other resources include RedRover, which provides grants to fund capacity-building for shelters to house pets on-site, called the Purple Leash Project.

Models and challenges

Many owners do not wish to be separated from their pets, as evidenced by the percentage who delay leaving an abuser for the sake of their animals. In a survey of domestic violence advocates, respondents listed limited space, allergy concerns, and other residents’ fear of animals as barriers to housing pets on-site, though they suggested that many of these barriers could be overcome. Shelters are often retrofitted into buildings not designed for housing multiple people and pets. Some shelters also rely on location secrecy for security, which could be compromised by exercising dogs outside. Other hesitations may include liability concerns, inability to house large or exotic species, and assisting victims who have safe housing for themselves but not their pets.

For these reasons, off-site pet housing is more common. Animal shelters, boarding facilities, and veterinary clinics will often allocate kennels to help affected pets. While these efforts are appreciated and useful, there may be animal welfare considerations. Survivors may stay in domestic violence shelters for many weeks. Pets kenneled for this duration can develop behaviors associated with stress, boredom, and decreased social interaction and exercise. They may also experience stress in the presence of other animals, unfamiliar environments, and exposure to disease. Facilities may also be reluctant to house pets due to staff safety concerns that the abuser may try to locate and retrieve the pet.

Foster housing in the homes of volunteers may reduce some of these stressors. Pets can experience a comfortable home environment, social interaction, and a “normal” routine. Despite these benefits, foster-based programs do still face challenges. Because pets entering the program and residents in the foster homes may have traits that make them incompatible, they must be carefully matched. This requires recruiting a diverse variety of homes and maintaining their interest during long periods where they may not be needed. Additionally, to alleviate safety concerns the foster volunteers may have about the victim being coerced to disclose their pets’ location to their abuser, it is best practice to mask their identity and location from the pet owner. This creates the need for additional transport and intermediary volunteers.

Additional challenges faced by safekeeping programs include fundraising, recruiting volunteers, and becoming known to community stakeholders that interact with domestic violence victims. There are several costs associated with these programs. To ensure the safety of volunteers and program and resident pets, all involved animals should be up to date on core vaccines against diseases like rabies and parvovirus and placed on parasite prevention. A veterinary examination is recommended at intake to document any existing issues. Owners are not always able to safely obtain veterinary records during their transition, so veterinary care may be needed before placement and must be paid for if not donated. Owners are often unable to secure their pets’ supplies and food, so these may need to be provided. Additional costs include marketing and educational materials, reimbursing volunteers for costs like fuel, and interim boarding fees while a foster home match is made.

Domestic violence victims may find the opportunity to escape with very little notice, at any time of day or night. This requires volunteers able to be on standby, so recruitment can be difficult. Volunteers are needed to transport animals and perform intake paperwork. Because domestic violence victims may utilize multiple resources while leaving their abuser, safekeeping programs need to be visible to hospitals, medical personnel, social workers, domestic violence shelters, and other mandated reporters of child abuse. This paper aims to document a novel model of safekeeping program, including initial successes and learnings, and serve as a guide for veterinarians and others who wish to model similar programs.
Methods

Program detail and templates

As part of ongoing community service and women's resource group activities, a large corporation in the animal health industry recognized an opportunity to serve local domestic violence victims and their pets. One veterinarian employed at the company (the primary author) had experience creating a safekeeping program while in veterinary school. A local domestic violence shelter indicated a need for this and stated that previous efforts had failed due to lack of resources, volunteers, and housing solutions for the affected pets. It was felt that these challenges could be alleviated by the substantial resources of a large organization dedicated to animal well-being, including several hundred employees to recruit as volunteers, prominent standing in the community, and the financial resources needed to fund such a program. The company already had a culture of community and volunteer service.

A core committee was formed, including the primary author, domestic violence shelter leadership, and a local veterinarian who agreed to provide veterinary care and temporary animal housing. Because the program previously founded by the author could not maintain itself after they left the institution, the organizing committee created standard operating procedures so the program could sustain beyond specific individuals.

Defining program operations

The first step was to clearly determine the needs of the shelter's clients, including how clients contacted the shelter, whether they were asked or volunteered information about pets, and how they physically arrived at the shelter. Additionally, stakeholders aligned on core values. A previous program had stalled due to disagreements regarding requirements for pet sterilization and possession of the pet if the owner returned to their abusive situation. This helped to define volunteer needs and standard operating procedures. Detailing client journeys from multiple common first-contact scenarios helped to identify exactly when volunteers and pet accommodations would be needed.

Documenting clear procedures was critical for the program's long-term sustainability. Personnel changes were common at both the supporting corporation and the domestic violence shelter. To ensure that the program did not cease if the founding individuals moved on, protocol documentation was instituted from the start (Supplementary Material S1).

Foster carer protocols

Foster carers were recruited primarily from the animal health corporation's employees. Initial plans were made to also recruit from the community at local veterinary practices and events like dog festivals and other community events, and recruitment brochures were created (Supplementary Material S2). The COVID-19 pandemic began at this time and interrupted these plans. Recruitment brochures were placed in the participating veterinary practice's reception area. In the first 30 months of the program, 11 foster homes have completed applications, 9 of which remain on the active roster.

Foster home applicants fill out a detailed questionnaire about the people and pets in their household, agreeing that no one in the household has been the perpetrator of a violent crime, stalking, or abuse (Supplementary Material S3). The questionnaire involves information about the home, outdoor space, and permission to have pets if renting and asks about any relevant experience with domestic violence survivors or pets who have special behavioral needs. If foster carers have resident pets, they are required to provide proof of core vaccinations, negative results for contagious diseases and fecal parasites, and regular ectoparasite prevention.

Once approved, foster home applicants signed a Foster Agreement (Supplementary Material S4). This document outlines the responsibilities of the foster carer, explicitly states that the pet owner remains in control of their pet's decision-making except in cases of emergency, and requires the foster carer to agree to privacy measures. These include not posting about the pet online or unnecessarily taking it out in public places where it may be identified by the abuser or the abuser's associates (foster carers were encouraged to provide photos and updates to program volunteers to be passed along to the owner). Volunteers are also required to complete a video training and quiz on domestic violence and why confidentiality is so important.

Intake

At this domestic violence shelter, clients usually made contact via phone, in-person, or electronic communication first. Intake staff were guided to ask whether the client needed assistance with pets and gathered information on a standardized Animal Intake Form (Supplementary Material S5). Questions included the pet's signalment, sterilization status, vaccination and parasiticide status, medical conditions, and detailed behavioral traits. Clients were encouraged to be very honest about their pet's behavioral traits, anxieties, dislikes, and bite history so that they could be placed with the most suitable foster home.

Clients also signed an Owner Agreement detailing the terms of the program (Supplementary Material S6). This agreement stipulated that they would remain the legal owner of the pet and were responsible for decision-making and costs beyond what the program covered. The Owner Agreement allows for life-saving and stabilizing care to be provided in case of sudden injury or illness, beyond which the owner is responsible. The agreement allowed for a length of stay 2 weeks longer than the average stay of clients in the shelter. This could be extended on a case-by-case basis. The client agreed that if they did not claim their animal by the agreed-upon date, processes outlined by state law for abandoned animals would begin, after which the pet would legally be the property of the foster program. The Owner Agreement also released the foster program, its sponsoring organizations, and
any veterinary or boarding facilities involved in the pet’s care from liability related to the animal’s condition, or if the animal bit or injured a person working with it within the framework of the program. Because abusers may attempt to find and claim the pet, clients also agreed not to disclose the program’s existence to their abuser. Clients also agreed that they would not know the location where their pet was fostered or have any direct contact with the foster home.

The domestic violence shelter did not allow pets in the building. Once the Animal Intake Form was completed, the shelter’s foster program liaison contacted the program’s foster coordinator to begin a search for foster home matches. This process was begun prior to the Owner Agreement being signed. All suitable foster homes were contacted to determine availability. While clients were encouraged to contact the domestic violence shelter before leaving, often their window to escape was urgent. The veterinary practice participating in the program and a local dog daycare facility agreed to serve as interim housing for pets while a foster home was arranged or if temporary care was needed during the foster period.

In most cases, the client transfers the pet to a program volunteer on the grounds of the domestic violence agency’s administrative office. Typically, the client has not been able to provide their pet’s medical records at intake and the pet is then taken to the participating veterinary practice. The pet receives a physical examination and is given any core vaccinations and parasite prevention required. The veterinary practice provides these services at a discounted cost, which is covered by program funds (provided by the corporate sponsor). The pet then stays at the practice until they can be transported to the foster home.

Volunteers

Along with foster homes, volunteers are critical to the success of safekeeping programs. The domestic violence shelter has an existing volunteer infrastructure that we were able to utilize. Their established intake volunteers were given additional training on asking clients about pets and administering the Animal Intake Form and Owner Agreement.

Volunteers are also needed for transporting pets from the veterinary practice to the foster home, back to the veterinary practice for medical treatments, and to a designated safe neutral location for visitation with the owner. These trips are usually possible to schedule in advance and take place during daytime hours. Transport volunteers may also be needed at shorter notice and nonstandard hours to transport pets from the intake location to the veterinary practice and foster home.

Considerations need to be considered for volunteer liability while driving for the program, whether in their own or a program-owned vehicle. Volunteers are given training on domestic violence and the need to maintain anonymity between the pet owner and the foster home.

Statistical analysis

Data were reported as numbers, percentages, and 95% CIs of percentages. The 95% CIs were calculated by the binomial proportion method. Variables of interest were species; adherence to program vaccination and parasite requirements; sterilization status; temperament toward dogs, cats, children, women, and men; whether the pet had bitten or scratched a human; and whether the pet was returned to the original owner. Animals with missing data for a given variable were not excluded from other analyses. The Wilson score interval function of Epitools online software (Epitools Epidemiological Calculators; Ausvet) was used for all calculations.

Results

Program data

Referral and intake—For the period between the program’s inception in May 2021 to June 2023, 19 pets belonging to 13 owners were referred to the program. These included 12 dogs (68.4%; 95% CI, 41.0% to 80.9%) and 7 cats (31.6%; 95% CI, 19.1% to 59.0%). Pets ranged in age from 3 months to 8 years old. Dog breeds as reported by the owners included Chihuahua (n = 3), pit bull–type dog or pit bull cross (3), American Staffordshire Terrier (2), Labrador cross (1), Maltipoo (1), Black Mouth Cur (1), and Bull Mastiff (1). Cat breeds included Maine Coon cross (n = 3), Domestic Shorthair (2), and American Shorthair (1). Of these, 4 owners, responsible for 6 pets, ultimately withdrew their request due to finding alternative arrangements (2 owners) or electing not to leave their situation (2 owners). Five additional pets were unable to be matched with suitable foster homes. Three of these were sexually intact cats that the owner was unwilling to have sterilized, and 2 were intact male dogs with several restrictions in their temperament toward other animals and people. Intake forms for the first 2 pets (both dogs) accepted into the program were not maintained, so some information about them is unavailable.

Medical status—For all pets referred to the program, 5 (26.3%; 95% CI, 11.8% to 48.8%) were current on the vaccinations and tests required. For dogs, these included vaccinations against rabies, canine parvovirus, and canine distemper, as well as Bordetella if the dog was to be fostered with other dogs. For cats, vaccination against rabies was required, and if they were to be fostered with other cats, vaccination against feline viral rhinotracheitis, calicivirus, and panleukopenia and negative feline leukemia and feline immunodeficiency virus tests were also required. All pets required a negative fecal ova and parasite test within the previous 3 months, with parasite treatment as necessary. If pets did not have the required vaccinations or tests, these were administered by the program’s veterinary practice.

While sterilization was not required to enter the program, information about the patient’s status was collected to properly match them into foster homes. For all pets referred to the program, 5 (26.3%; 95% CI, 11.8% to 48.8%) had been surgically sterilized. Of the 8 pets that entered the program, 3 (37.5%; 95% CI, 13.7% to 69.4%) were sterilized. Free or low-cost sterilization was offered to the owners of intact pets entering the program. The owner of 1 dog accepted this offer.
One pet entering the program was reported to have chronic medical conditions (reported as “heart condition and seizures”). The pet remained on a daily cardiac medication and did not experience any seizures or cardiac events during its time in the program.

**Behavioral status**—Information regarding the pet’s behavior and personality, as reported by the owner, was collected on the animal intake form. Owners were asked whether their pet was “good with” or “likes” dogs, cats, other animals, men, and women, with options of “yes,” “no,” and “not been around.” Information for the first dog taken into the program has been lost.

Seven (36.8%; 95% CI, 19.1% to 59.0%) pets referred to the program were reported to be good with dogs, with owners of another 4 pets (21.0%; 95% CI, 8.50% to 43.3%) adding information that their pet was selectively good with certain dogs but not others. Six pets (31.6%; 95% CI, 15.4% to 54.0%) were reported not to be able to live with dogs, and 2 (10.0%; 95% CI, 2.90% to 31.4%) were reported to have never been around dogs. Seven pets (36.8%; 95% CI, 19.1% to 59.0%) were reported to be good with cats, 6 (31.6%; 95% CI, 15.4% to 54.0%) were not, and 5 (26.3%; 95% CI, 11.8% to 48.8%) had not been around cats so their reactions were unknown. In total, only 3 (15.8%; 95% CI, 5.50% to 37.6%) of the pets referred to the program were reported to be good with all other dogs and cats, with an additional 6 (31.6%; 95% CI, 15.4% to 54.0%) having unknown reaction status to other pets.

Eleven (57.9%; 95% CI, 36.3% to 76.9%) pets were reported to be “good with” children, with a further 4 (21.0%; 95% CI, 8.50% to 43.3%) unknown. Eleven (57.9%; 95% CI, 36.3% to 76.9%) pets were also reported to “like” men, with a further 3 (15.8%; 95% CI, 5.50% to 37.6%) being selective about the men they liked. Further details were provided for one of these pets, in which the owner felt that the pet reacted differently to men of different races or ethnicities. Fifteen pets (78.9%; 95% CI, 56.7% to 91.5%) were reported to “like” women, with a further 2 (10.0%; 95% CI, 2.90% to 31.4%) pets being selective in this regard.

Pets were not excluded from the program due to having bitten or scratched humans or other animals, but owners were encouraged to disclose this information to ensure the best placement of the pet and improve safety for all involved in handling the pet. Four (21.0%; 95% CI, 8.50% to 43.3%) pets were reported to have bitten or scratched someone within the past 6 months. Three were intact cats belonging to the same owner, and 1 was a neutered male cat. The circumstances surrounding these instances were documented to identify any triggers that could be avoided.

**Outcome**

Of the 8 pets that entered the program and were placed in temporary accommodation, 6 (75%; 95% CI, 40.9% to 92.3%) were returned to their owners at the time of submission of this manuscript. For these 6, the length of stay in the program ranged from 2 to 11 weeks, with an average of 5.3 weeks. Three pets were cared for in 1 foster home each, 4 pets were cared for in 2 foster homes (due to unanticipated travel plans or home moves), and 1 pet remained at a dog daycare facility for the duration of its 7-week stay. Two pets (1 dog, 1 cat) were considered abandoned and surrendered to the program after their owners failed to reclaim them within the agreed-upon interval after leaving the domestic violence shelter. Both were adopted by new owners who went through a rigorous adoption application process by the foster program administration and/or a local established dog rescue group.

**Discussion**

Pets are involved in intimate partner violence, as victims and barriers to achieving safety, to the extent that they cannot be ignored in programs, resources, and safety plans for human victims. The skills and resources required to provide safe housing and good welfare to companion animals are different from those of the average domestic violence organization. Additionally, many domestic violence advocacy organizations are limited in financial and volunteer resources. Because of this and veterinarians may be some of the first to be aware of or suspect violence in the home, collaboration between multiple community stakeholders may benefit victims.

In this instance, an animal health corporation was able to provide financial, material (pet food), organizational, and volunteer resources and access to far-reaching communication channels to amplify messaging. Corporate involvement in other programs may look somewhat different depending on the focus of the business but could provide similar helpful resources in their communities. Involving at least 1 veterinary practice was integral, as most pets entering the program needed vaccination, testing for infectious disease, and/or parasiticide prevention before being placed into foster homes. The veterinary practice also served as a crucial temporary holding facility until pets could be matched into suitable foster homes. While having just 1 practice involved in the initial protocol setting and test-and-learn phases was sensible, expansion of the program would ideally involve the awareness of all veterinary practices in the community. Involving or growing awareness with other stakeholders including doggie daycares, boarding and grooming facilities, pet supply stores, first responders, area hospitals and medical professionals, and mental health professionals would also be advisable. Some of these organizations may be useful for providing additional resources; for example, daycares or boarding facilities may serve as safe neutral meeting places for pet owners to visit with their pets during their time in shelter.

While the collaborative approach helped ease financial limitations, the primary challenge encountered was recruiting and maintaining foster homes. It is possible that the COVID-19 pandemic played a role in this outcome, as planned community outreach was unable to go forward. However, even with restrictions lifted, recruiting foster homes remains challenging. Most of the pets enrolled were sexually intact. Additionally,
many were reported by their owners to be selective in regard to other animals and people. This results in the need for more diverse potential foster homes than potential animals in need. Veterinary practices and other pet-centric businesses, like the animal health corporation, might also serve as useful pools for potential foster homes. Because foster home matching is such a selective process, significant time can pass between a foster home enrolling and being matched with a pet in need or between pet matches. Understandably, during this time enthusiasm may wane or life circumstances may change without the foster home alerting the program. For this reason, it is important to conduct activities that keep the pool of foster homes and other volunteers feeling engaged and appreciated. These activities may include a regular newsletter or appreciation events or small gifts (with the understanding that maintaining foster home anonymity is important). A dedicated foster/volunteer coordinator role may serve this important purpose.

The understanding of the role that veterinarians may play in intimate partner or family violence is growing. Veterinarians are mandated reporters of animal cruelty in at least 21 states and voluntary/permmissive reporters in others. At least 17 states and Puerto Rico require reporting by any individual who suspects child abuse, and veterinarians are specifically named as reporters of various forms of human-directed abuse. Education in veterinary curricula about dealing with nonaccidental injury in animals and about the link between human-directed and animal-directed abuse, while not yet widespread, is occurring. As the concept of One Welfare grows alongside the already well-known One Health, veterinarians should become increasingly proactive in asking about human-directed violence anytime they suspect animal abuse and interested in actively supporting domestic violence programs in their community. Likewise, domestic violence advocates should be in the habit of asking about involved pets and being familiar with area resources. This paper outlines a collaborative community partnership and seeks to act as a guide for veterinarians, domestic violence programs, and other community stakeholders that may wish to replicate similar programs in their own regions. Templates for all processes and forms utilized by the described program are provided as Supplementary Material, and editable versions can be provided by contacting the corresponding author.

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**Supplementary Materials**

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

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