FEATURES THAT RAISE THE INDEX OF SUSPICION FOR ANIMAL SEXUAL ABUSE

While the definition of criminal animal sexual abuse varies by state, criminalized conduct often includes fondling, oral-genital contact, anal or vaginal penetration with an object or a body part, and genital mutilation. It is the examining veterinarian's responsibility to be knowledgeable of their state law. No one clinical finding is indicative of sexual abuse. It is a collection of historical and clinical facts that support the medical conclusion that sexual abuse has occurred.

History Risk Factors

(as per verbal history and medical records)

- Type of injury (see clinical findings below)
  - Witness statements
  - Admission by perpetrator
  - History inconsistent with findings or the account of events does not explain the injuries observed
  - History varies
  - Lack of history

Clinical Findings on Physical Examination

- **No injuries:** Absence of injuries or bodily fluids does not exclude the possibility that sexual abuse has occurred
- **Injuries caused by restraint of the animal:**
  - Bruising or abrasions of the skin on the tail base, back, flanks, ears, or neck
  - Ligatures or ligature marks around muzzle, genitalia or legs
- **Injuries caused by penetration of rectum and/or vulva:**
  - Bruising, abrasions, or tearing of genital, rectal, or anal tissue
  - Vaginal, colonic, or anal dilation/weak tone
  - Vaginal, colonic or rectal bleeding, prolapse, or perforation
  - Foreign objects in the rectum, vagina, cervix, or uterus
- **Other Findings**
  - Presence of bodily fluids on the hair coat/skin, or in the mouth, vagina, or rectum
  - Relaxed or highly reactive during invasive examination

Diagnostic Imaging Findings

- Inserted foreign objects within the genital or rectal tract
- Gas pockets in the uterus or vagina
- Evidence of peritonitis
- Trauma to limbs, muzzle, or cervical region from inappropriate restraint/binding
- Skeletal injuries both acute and chronic (related and unrelated to sexual abuse)

Caretaker Risk Factors

- New to the practice or utilizing multiple practices
- Discrepancies in owner's name, address, or ownership of the animal
- Reluctance to provide a complete history
- Lack of knowledge or concern about current pets or previous pets
- Becomes aggressive or argumentative upon questioning
- Behaving oddly
- Delay in seeking medical attention
- Signs suggestive of possible domestic violence, child abuse, or elder abuse

References:

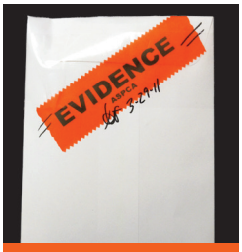
Bradley, N., & Rasile, K. (2014). "Addressing Animal Sexual Abuse." Clinician's Brief, www.cliniciansbrief.com/article/addressing-animal-sexual-abuse.

Merck, M., & Miller, D. "Sexual Abuse." Veterinary Forensics: Animal Cruelty Investigations, 2nd ed., Wiley-Blackwell, 2013,pp. 233–240.

Munro, H. M., & Thrusield, M. V. (2001). 'Battered pets': Sexual abuse. Journal of Small Animal Practice, 42(7), 333-337. doi:10.1111/j.1748-5827.2001.tb02468.

GENERAL GUIDELINES FOR PERFORMING A VETERINARY FORENSIC SEXUAL ABUSE EXAM

ASPCA

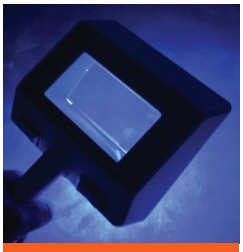


Consult with Local Law Enforcement

- The animal is considered evidenced
- All items collected from the animal (e.g. swabs, urinalysis, bloodwork, collar, etc.) need to be documented in the medical record
- Each item may require different storage (e.g. urine in the refrigerator v. room temp dried swabs).

See: *The Biological Evidence Preservation Handbook for Evidence Handlers*

***Discuss proper storage and procedure with law enforcement**



Alternative Light Source

- Wood's Lamp (Black Light)
- Excitatino filter 415 nm and above with

- Scan entire body including orifices and nails
- Scan any bedding and/or cage the animal arrived with
- Document areas that fluorescence in
  - Written exam notes
  - Body Diagram (See ASPCA Pro Forms Page)
  - +/- Photographs
- Collect samples from areas that fluorescence

After collecting samples from areas that fluoresce, place the animal on a white clean sheet and comb the animal to collect possible trace evidence on the animal.

***Fluorescence of a material is a screening tool, confirmation is needed through additional diagnostics**

Swabs

- Sterile cotton swabs or foam tipped swab or brush swab
- Sterile water or saline

DNA samples (collect a minimum of 2 swabs per area):

- Body orifices, genitalia, external rectum, rectal mucosa, areas of fluorescence

Sample is dry:

- Moisten swab with sterile water or saline
- Gently roll over collection area

Sample is wet:

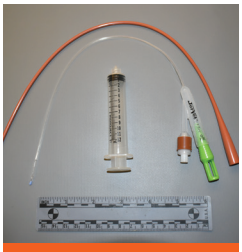
- Gently roll swab over wet area

Sample is flakey:

- Using a sterile 10 blade, scrape off sample into a new envelope

Cytology samples

***Label the area where each sample was collected**



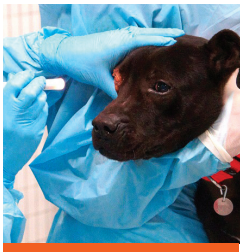
Flush Body Cavities

- Red rubber catheter and/or Foley Catheter
- Syringe
- Sterile water or saline
- Sterile red top tube

Vaginal and rectal cavity should be flushed individually

- Inject sterile saline or water via catheter into the cavity
- Aspirate and reinfuse several times
- Place the sample in a red top tube with no additives
- Store in the refrigerator

***Label the area where each sample was collected**



Forensic Exams

- Written examination notes
- Photographs
- +/-Video
- +/-Body diagrams

- Take temperature last (after sample collection and examination)
- Full examination from nose to tail
  - Evaluate for contusions and/or abrasions of the genitalia, rectum, neck, flank, ears, abdomen, hind legs, ventral tail, genitourinary tract and perineal region
- If nails are broken or frayed, clip the nails into an envelope
- May utilize a sterile speculum or otoscope to examine rectal and vaginal cavity

***Perform a follow-up examination in 24-48 hours as injuries may become more apparent over time**

Screening Diagnositcs

- CBC/Chemistry
- Urinalysis
- Fecal
- Full body radiographs
- +/- Heartworm testing
- +/- FeLV/FIV testing

Repeat diagnostics to monitor trends

- Elevations and rapid decline in muscle and liver enzymes (such as C , AST, ALT) may support acute soft tissue injury
- Full body radiographs may show both current and previous skeletal injuries
- Urinalysis of a female dog may reveal sperm

***All diagnostic and sample collection need to be documented in the medical record**

PHOTOGRAPHIC DOCUMENTATION SHOULD BE OCCURRING SIMULTANEOUSLY

Please note that these are suggested guidelines. For clarification on these guidelines, please discuss with law enforcement.

Adapted from:

Ballou, S. (2013). The biological evidence preservation handbook: Best practices for evidence handlers. Gaithersburg, MD, MD: U.S. Department of Commerce, National Institute of Standards and Technology. http://dx.doi.org/10.6028/NIST.IR.7928

Bradley, N., & Rasile, K. (2014). "Addressing Animal Sexual Abuse." Clinician's Brief, www.cliniciansbrief.com/article/addressing-animal-sexual-abuse.

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Munro, H. M., & Thrusield, M. V. (2001). 'Battered pets': Sexual abuse. Journal of Small Animal Practice, 42(7), 333-337. doi:10.1111lj.1748-5827.2001.tb02468.

Stern, A. W., & Smith-Blackmore, M. (2016). Veterinary Forensic Pathology of Animal Sexual Abuse. Veterinary Pathology,53(5), 1057-1066.