



# Workplace

# VIOLENCE:

## A Wake-Up Call for Veterinary Practices

**V**iolence in veterinary practices is a disturbing trend prompting increased efforts to secure facilities, establish policies and protocols, train team members, and counsel victims.

Since 2006, news outlets have reported dozens of violent crimes against veterinary professionals in their workplaces in the United States, ranging from simple assault to homicide, murder–suicide, and rape followed by murder. The offender may be a client, a stranger, a team member, or an outsider in a volatile relationship with a team member. Many of the reported incidents began with a grieving client’s extreme reaction to the death of a pet.

### **Grief & Anger**

The most serious recent incident occurred April 7 at a practice in Palm Beach Gardens, Florida, where police reported that a man presented a choking dog and demanded help immediately. The only veterinarian and veterinary technician present were performing an emergency Caesarean section on another dog, whose owner suggested the new-



comer take his pet to a nearby practice. The man refused, but then left and returned with a gun. Meanwhile, the veterinarian and veterinary technician left the pregnant dog in the care of a volunteer and saved the choking dog. The unborn puppies died. Later, in the parking lot, the armed man threatened to kill the other dog owner. Police responded to a 911 call and charged the offender with aggravated assault and carrying a concealed firearm.<sup>1</sup>

In January 2013, a man, upset that the injured cat his wife had taken to Neel Veterinary Hospital in Oklahoma City had died at the practice, cursed the veterinarian and threatened to attack the practice with an AK-47. His wife's timely warning allowed the veterinarian and her team to secure the building and guide the 40 people inside to safety. The would-be attacker appeared outside the practice twice but eventually gave up and left without shooting.<sup>2</sup>

In October 2014, police in Bellingham, Washington, reported that a man had stabbed a veterinarian at Maplewood Animal Hospital with a kitchen knife. The veterinarian disarmed him and fled to the back of the practice. Then, the man pulled out a

second kitchen knife and threatened front desk team members before leaving.<sup>3</sup>

As police searched for the suspect, they received a call from nearby Fountain Veterinary Hospital that a man matching his description had walked in and stabbed a team member near her trachea. Medics treated both victims for non-life-threatening injuries.<sup>3</sup>

A detective said the veterinarian assaulted at Maplewood had simply greeted the man and asked if she could help. "I don't have the impression that [the attack] was something directed at her. ... My understanding is that his cat had passed away the previous day. ... It appears that the suspect was just angry and taking out his frustration on those he thought were part of the problem—the veterinary practices."

"I reached out to both [Bellingham] practices immediately, and again 10 days later," said Candace Joy, executive vice president of the Washington State Veterinary Medical Association.

She added that when she offered to visit the practice's team, along with Charles Meredith, MD (a Seattle-area psychiatrist who works with the

Washington Physicians Health Program [WPHP] to counsel health-care professionals), she was told that police were coming to set up a safety plan and that people from a local trauma services agency would be providing the counseling.

### Violent Clients

Six more violent crimes involved dogs that presented for treatment, 4 of which died:

- November 2014 in California: A client, enraged by his dog's death, threatened to kill the veterinarian and assaulted 2 other team members before being subdued.<sup>4</sup>
- April 2014 in Texas: For unknown reasons, a client assaulted the veterinary student treating her dog at the small animal hospital on the Texas A&M University campus.<sup>5</sup>
- June 2013 in Connecticut: A man entered a practice with an unconscious dog and a gun, telling team members, "I will kill you if my dog is dead." The dog did die, but the team avoided injury.<sup>6</sup>
- February 2012 in California: A client, notified that his dog had died in surgery, assaulted the veterinarian he held responsible, knocking him unconscious and fracturing facial bones.<sup>7</sup>
- February 2012 in Mississippi: A client tried to shoot a veterinarian following an argument at the practice where he had taken his dog. The man's handgun failed to fire.<sup>8</sup>
- March 2010 in Florida: A man whose dog had died following

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routine surgery attacked the veterinarian with a knife and tried to choke him, then made a death threat before leaving the practice. He later apologized.<sup>9</sup>

### Violent Intruders

In June 2014, Richard Meinert, DVM, known for his compassion and generosity, died when shot during a struggle with a burglar at his Janesville, California, practice.<sup>10</sup> Intruders also committed these crimes:

- October 2012 in Ohio: Robbers severely beat a veterinarian at a

Cleveland, Ohio, feline practice; a team member found him semiconscious on the floor.<sup>11</sup>

- October 2008 in Ohio: A man claiming to have a bomb threatened a practice team and demanded their purses. The veterinarian and team members fought him off.<sup>12</sup>
- November 2007 in Arizona: An armed robber held team members at gunpoint for hours at an emergency practice; one of them, following an emergency plan, escaped and summoned police before anyone was harmed.<sup>13</sup>

### Other Incidents

Violence can also erupt when a team member loses control. In April 2014, a team member at a Michigan county animal shelter threatened to kill team members and destroyed a room by throwing bricks. A quick-thinking team member locked the attacker in the front office and called police.<sup>14</sup>

### Risk of Violence

Violence has long been acknowledged a risk in healthcare settings; it was identified as an emerging occupational hazard in 1992.<sup>15</sup> In 2007, the Bureau of Labor Statistics estimated that

## Expecting the Unexpected: A Veterinarian's Perspective on Violence

As a past chair of the Washington State Veterinary Medicine Association's (WSVMA) Wellness Committee and a contributor to the Washington Physicians Health Program (WPHP), Jayne Jensen, DVM, knows of several violent incidents affecting veterinary professionals.

### Disturbing Encounters

Jensen related 3 encounters with volatile individuals at her practice, Tiger Mountain Veterinary Clinic in Issaquah, Washington, that could easily have escalated to violence:

- When a paranoid schizophrenic veterinarian sought her help, Jensen first consulted with a WPHP psychiatrist who eventually requested an examination and then referred the veterinarian to a psychiatric hospital. The patient declined treatment, and later accused Jensen of stalking.
- A married client mistook Jensen's kind, professional manner for romantic interest and harassed her by repeatedly asking her out and inviting her to move into his house, then sued

her when she declined. He was later found to be mentally unstable.

- A young woman, a family member of clients Jensen had seen for several years, brought her dog to the practice with an inflamed hot spot. When Jensen started petting the patient, the woman pushed her and shouted, "Don't touch my dog!"

In the third case, Jensen said, she and a veterinary technician managed to calm the volatile client by temporarily backing off and asking respectful questions such as, *How do you want me to help your dog?* and *Is it all right to touch him?* Once the client gave permission to proceed, they explained and obtained permission before each step of the examination and treatment processes.

Jensen said she later learned the third client, whom she suspected was on drugs, had behaved violently toward her mother and belonged to a family in which domestic violence began with the father and then grew between all the children.

### You Never Know

"You never know what's happening in people's lives," Jensen said, illustrating her point with this story: A veterinary colleague had been treating a senior client's old dog for serious cardiac disease. When the dog showed signs of advanced cardiac failure, her colleague, out of compassion, recommended euthanasia.

Later that day, her colleague received a call from the client's very angry wife—her husband had become very despondent and depressed since he returned home. The wife told the veterinarian that her husband suffered from the same kind of heart disease as his dog, but had always felt that as long as his dog was responding well, he, too, would live.

"We as a profession are very trusting and kind, but there comes a time when we have to balance our trust with being aware of the possibility of these things happening," Jensen said.

"We have to be prepared ... and aware of the impact we can have."



violence in healthcare and social assistance settings accounted for 59% of 16,840 assaults on private sector workers that resulted in injuries severe enough to require time off for recovery.<sup>16</sup>

Although “physicians are rarely at risk from their patients, in veteri-

nary medicine we’re more prone to having really volatile clients who are so incredibly attached to their pets,” Meredith of the WPHP said. “Although these incidents are still rare, there appears to be more history of out-of-control behavior by clients in veterinary medicine than in human medicine.” These individuals may display traits such as lack of impulse control, volatility, and inability to develop adult relationships, he said.

Veterinarians can be in jeopardy away from the practice, too, noted Jayne Jensen, DVM, owner of Tiger Mountain Veterinary Clinic in Issaquah, Washington, and a past president of the WSVMA. When making house or farm calls, Jensen advised, “always take somebody with you.”

## Counseling Victims

Following an incident of violence, “mental health people used to bring in whole groups to give people a chance to talk about it,” Meredith said, but “it didn’t help ... forcing people to talk about the trauma in-depth, particularly if they didn’t want to, made things worse. ... There was a higher rate of post-traumatic stress disorder (PTSD) long-term after that sort of forced intervention, rather than one in which victims and bystanders were given general support in a group setting.”

A more helpful approach, he said, is to ask victims, *What can I do to make things better for you over the next few days* and offer assistance ranging from

bringing them meals to giving them the name of a therapist they can consult later if they choose. Joy of the WSVMA agreed, saying that each team member reacts differently and needs different forms of help. She recommended asking each victim privately what he or she needs most.

## Anticipating the Unknown

Clearly, practices need to establish plans and protocols to minimize the threat of violence and limit its traumatic impact on team members when, despite everyone’s best efforts, a crisis does arise. (See **Prevent Workplace Violence**, page 57.) Joy advises: “If you can educate yourself as far as what to do ahead of time, clinics will be much better off.”

**Editor’s note:** For more information about these stories, including legal actions, see references.

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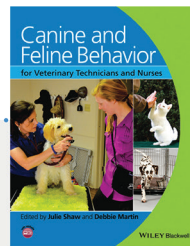
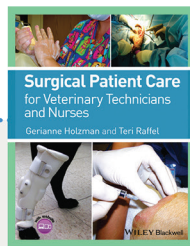
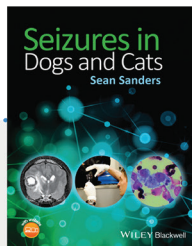
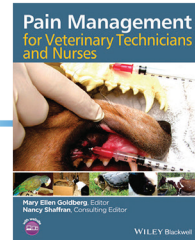
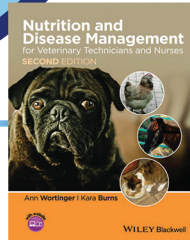
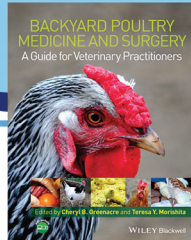
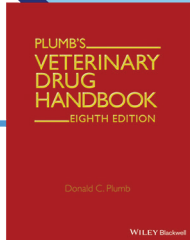
## Helpful Resources

The following resources can offer various forms of help and safety during violent situations:

- The **American Veterinary Medical Association** (800-248-2862) or your state Veterinary Medical Association: Resources and information
- **ASIS International** (asisonline.org): A free disaster preparedness guide and crisis management plan
- **Department of Homeland Security** Active Shooter Booklet ([http://www.dhs.gov/xlibrary/assets/active\\_shooter\\_booklet.pdf](http://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf)): Advice on how to respond when an active shooter is in your area
- **Eugene A. Rugala and Associates LLC** (843-522-2003) or a local consultant: Team training on workplace violence prevention
- **FBI** (fbi.gov): Crime prevention information and services
- **National Crime Prevention Council** (202-466-6272) or a local police department: Crime Prevention Through Environmental Design (CPTED) training for securing and preventing violence in your practice
- Your state’s **Physicians Health Program** or a local trauma services agency or mental healthcare provider: Support for violence victims and other members of the practice team after a traumatic incident



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# Prevent Workplace VIOLENCE



“Nobody just snaps. Violence is evolutionary [and] you’re more likely to be hurt by people you know in some way than by people you don’t.”

—Eugene A. Rugala

“Mindful, not fearful” is the best attitude veterinary professionals can develop to prevent violence in their practice, according to Eugene Rugala, a former FBI agent and behavioral profiler, and an expert in analyzing and preventing violent crimes.

Rugala now heads Eugene A. Rugala and Associates LLC, a consulting, training, and research firm in Beaufort, South Carolina. In addition to consulting with healthcare medical groups and corporations, he has implemented workplace violence prevention programs and crisis management for the City of Chicago; the states of Connecticut, Maryland, and New Mexico; the National Institutes of Health; the National Security Agency; and the National Reconnaissance Office.

## 4 Types of Violence

“Nobody just snaps. Violence is evolutionary,” Rugala said, and “you’re more likely to be hurt by people you know in some way than by people you don’t.”

In an article in the *FBI Law Enforcement Bulletin*, Rugala and his coauthors described 4 types of violent offenders to whom “anyone at any time can be exposed!”

1. Someone who has no relationship with the victim or workplace, and

whose motive is usually robbery or another type of crime

2. A client, customer, or other consumer who currently receives services from the workplace
3. A current or former employee who is acting out toward coworkers, managers, or supervisors
4. A person outside the workplace who has a personal relationship—and an issue, such as a domestic disagreement—with an employee.

The article stresses the importance of awareness and preparation when facing workplace violence: “Research has shown that many of these situations are over in minutes and law enforcement may not arrive in time. As a result, employees have to become stakeholders in their own safety and security and develop a survival mindset comprised of awareness, preparation, and rehearsal.”<sup>1</sup>

## Loss as a Trigger

“Loss is a tremendous motivator” in prompting individuals to act violently in a veterinary setting, Rugala said. “The clinic should be aware that if a pet dies in their care, there could be some kind of blowback, from emotional to physically violent.”

To prevent a difficult situation with a grieving client from escalating, Rugala said, a veterinary practitioner should remain calm, talk in a normal tone of voice, empathize, and use active listening skills (eg, repeating back what the client says so he or she feels acknowledged and validated, ensuring



he or she knows that everyone who works at the practice is there to help). It is also important to keep the lines of communication open, knowing that for an anxious client, no news is worse than bad news, he said. “Take the time to explain the circumstances, situations, and options, and the likeli-

hood of success” for a procedure so the client knows what to expect.

## Establishing a Policy

Prevention begins with establishing a policy against threats, threatening behavior, and violence of any kind, and presenting it to team members, posting it in the practice’s waiting room, and explaining it to new clients, Rugala said. He recommended that practice owners and managers encourage team members with difficult personal situations, such as restraining orders, to come forward to minimize the potential for behavior resulting in violence.

Once the policy is in place, a practice can develop a program that includes security precautions, asking *what if* questions, establishing procedures, and training the team in dealing with volatile individuals, including the 4 types prone to violence, he said.

## Securing the Facility


A practice, particularly one with fewer than 10 team members, needs to survey the physical layout and make changes to protect everyone who works there, Rugala said. “You don’t want to make these clinics like Fort Knox, but do the best you can to secure the facilities.”

He recommended limiting access to the reception area with a locked door and/or glass partition; identifying easy exits for all team members; clearing paths for emergency exits; installing panic buttons in waiting and examination rooms; locking rooms where

veterinarians are practicing; ensuring team members have cell phones with 911 on speed dial; installing good waiting room lighting; and considering the installation of security cameras that connect to a laptop to monitor clients in the waiting and examination rooms. He also suggested establishing a code word to alert team members to call the police in case of emergency.

## Training Tips

Veterinary professionals need training to develop awareness of circumstances that might impact clients’ behavior, such as a difficult family situation, divorce, layoff, or financial challenges, in addition to the loss of a pet, Rugala said. They must also learn to look for “extreme changes in behavior—becoming agitated, aggressive, animated, or raising the voice—that might suggest [clients] are getting into a confrontational mode,” he added.

Every practice team member needs to look out for other members, clients, and others outside the practice acting inappropriately, Rugala said, because “some of the same issues can occur with coworkers who are upset about a situation at work.” After training is complete, he said, the whole team should meet monthly to follow up and share any concerns to avoid breakdowns in communication. 

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## TRAINING SESSION

Gene Rugala offers this outline for training the veterinary practice team in workplace violence prevention:

### Workplace Violence: Prevention, Intervention, & Response

#### 1. Fundamentals

- What is workplace violence?
- Types of workplace violence
- Latest statistics

#### 2. Myths & Realities

- Nature of violence and violent behavior
- Best practices in workplace violence prevention

#### 3. Threat Assessment & Management

- Who is the violent offender?
- Assessment of communicated threats and threatening behavior
- Concerning behavior or warning signs that may suggest future violence
- What is a threat management team?
- The team’s role in mitigating the potential for violence

#### 4. Intimate Partner Violence & Stalking: A Threat Assessment Perspective

- What is intimate partner violence and stalking?
- Why should organizations be concerned?
- What is the impact on the workplace?

#### 5. Safe Terminations, Suspensions, & Layoffs

- Strategies to mitigate the risk for violence