



Canine Research

A qualitative investigation of the perceptions of female dog-bite victims and implications for the prevention of dog bites



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ABSTRACT

Preventing dog bites is an increasingly important public health and political issue with implications for both human and animal health and welfare. Expert opinion is that most bites are preventable. Intervention materials have been designed to educate people on how to assess the body language of dogs, evaluate risk, and take appropriate action. The effectiveness of this approach is rarely evaluated and the incidence of dog bites is thought to be increasing. Is the traditional approach to dog bite prevention working as well as it should? In this novel, small scale qualitative study, the perceptions of victims regarding their dog bite experience were explored in-depth. The study recruited 8 female participants who had been bitten by a dog in the past 5 years. In-depth, one-to-one interviews were conducted, transcribed, and analyzed using thematic analysis. The findings indicate that dog bites may not be as easily preventable as previously presumed, and that education about dog body language may not prevent some types of dog bites. The reasons participants were bitten were multifaceted and complex. In some cases, there was no interaction with the dog before the bite so there was no opportunity to assess the situation and modify behavior around the dog accordingly. Identifying who was to blame, and had responsibility for preventing the bite, was straightforward for the participants in hindsight. Those bitten blamed themselves and/or the dog owner, but not the dog. Most participants already felt they had a theoretical knowledge that would allow them to recognize dog aggression before the dog bite, yet participants, especially those who worked regularly with dogs, routinely believed, “it would not happen to me.” We also identified an attitude that bites were “just one of those things,” which could also be a barrier prevention initiatives. Rather than being special to the human-canine relationship, the attitudes discovered mirror those found in other areas of injury prevention. A new approach to dog-bite prevention may now be required, drawing on other injury prevention strategies including awareness-raising and minimizing the damage caused by a bite when it happens.

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Introduction

Bites from companion dogs are political issues because high-profile media stories about dog bites capture the popular consciousness and spark highly emotive debate. Dog bites also

represent a significant public health problem in the United Kingdom and other western countries, not least due to their costs to the health system (HESonline, 2012). Many bites are not significant enough to require medical attention and go unreported (Sacks et al., 1996). Dog aggression also causes considerable stress to the animal (Voith, 2009) and biting can lead to rehoming, relinquishment to an animal shelter, or euthanasia (Diesel et al., 2008; Mikkelsen and Lund, 1999).

Serious dog bites requiring hospital admission are reportedly increasing (BBC, 2011; Yee Hee Lee, 2014). Is our approach to dog-bite prevention not working as well as we think it should? Dog

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behavior experts focus their concerns on bites that are the result of dog aggression. The public health concern is for any type of dog “bites”, not all of which would be defined by experts as “aggression” e.g., play or predation (Lockwood, 1995). To a member of the public, any bite may be described as an “aggressive” action, adding further confusion. Most bites are considered by experts to be preventable (De Keuster et al., 2006; Mills and Levine, 2006), and most people are bitten by dogs familiar to them (Voith, 2009). The view is often presented that bites occur because people misinterpret or do not recognize fearful dog behavior (Overall and Love, 2001; Yin, 2011; doggonesafe.com, 2015), suggesting that bites due to “aggression” are one concern, so intervention programs have traditionally targeted the education of children and adults about signals that a dog is concerned and may bite (Wilson et al., 2003; Duperrex et al., 2009; Schwebel et al., 2012). However there is little research to evidence if, and how, this approach actually prevents bites.

The success of this educational interventional approach in promoting behavior change and preventing bites is dependent on a number of factors. First, quantitative evidence suggests that in 40% of dog bites the victim was not interacting with the dog before (Cornelissen and Hopster, 2010), so targeting victim behavior may not be appropriate in these cases. Second, success of the traditional intervention approach also depends on the context in which the dog bite occurred (play, predation, or aggression due to fear) and whether the bite occurred in a home or in a public place.

Third, there is an influence of the perceived level of threat in terms of severity and degree to which one is susceptible to this threat and the ability of a person to negate the harm. This includes effectiveness of the response in negating the harm (response efficacy) and capability to enact that response (self efficacy) (Peters et al., 2013). In short, education of potential victims (e.g., anyone who is ever near a dog) about fearful dog behavioral signs will only be effective in preventing bites if they believe that a dog bite is a severe enough threat to want to avoid, that the dog (which may be their dog) might bite them, that there is something that they can do (or not do) to effectively prevent the bite from occurring, and that they are able to change their behavior in that situation to prevent the bite from happening. Risk communication theory highlights how important it is to compare the opinions of experts with lay beliefs (Austin and Fischhoff, 2012), yet this approach has not been used in dog-bite research.

Despite research about risk factors for dog bites (Overall and Love, 2001; Newman, 2012), evidence has been inconclusive. This may be because dog bites that occur in different contexts may have different causal mechanisms. It may also be due to an oversimplified view of dog bites as having simple ‘causes’, whereas in reality there is likely a complex multifactorial series of events and circumstances that will all contribute to the likelihood of a dog bite occurring. Here it is possible to borrow from the socio-ecological systems perspective and apply it also to dog-human interaction events (for another e.g., see [Westgarth et al., 2014]. For example, a dog may have a genetic predisposition for reactivity, a lack of early social exposure, and pain due to a medical condition. The victim may be under the influence of alcohol and behaving erratically when approaching the dog. All may affect risk, and prevention strategies must address these multiple contributing factors.

An in-depth, qualitative perspective may provide fresh insight into this complexity. Qualitative methods are particularly suited for understanding social phenomena in natural settings and have been used to illustrate how people interpret and use health care messages (Pope and Mays, 1995). In-depth investigation using qualitative research methods can be used to investigate perceptions, interpretations, and experiences (Mason, 2002) across and between different dog bite contexts.

Previously published qualitative studies about the dog bite experience have been limited and have focused on particular aspects of the experience. Sanders (1994) studied reasons given by veterinarians for dog bites noting that dogs were often excused from blame because of the situation (e.g., the dog was in pain) or the relationship with their owner (as incapable of exercising appropriate control over the animal). Dog owners being defined as “good” if they attempted to control their animal or were able to give a prior warning (Sanders, 1994). Rajecki et al. (2007) discuss a single case study through the last day in the life of a Doberman. Despite biting the female owner 3 times, at no point is the dog described as a “bad” dog. Instead, the male owner explains the dog’s increasing aggressive tendencies to “moodiness”.

In these studies dogs are almost unanimously viewed in a “positive” light (Rajecki et al., 2007) with the dog’s behavior often viewed as the responsibility of the owner, or caused by external factors that are not the fault of the animal (Sanders 1990; Sanders 1994; Rajecki et al., 1998; Rajecki et al., 1999). These research studies do not address the multifactorial circumstances surrounding the dog bite. The focus of prevention regarding dog bites is often targeted at the owner or on victim behavior, rather than how injuries are most effectively prevented (Hemenway, 2013) even though it is widely known that interventions must address multiple factors and levels in an ecological perspective in order to be effective (Bond and Hauf, 2004). Thus it is appropriate to now investigate whether the focus on victim behavior around the dog is an effective mechanism for preventing dog bites.

The aims of our study were to 1) explore the victim perception of what constituted a dog bite; 2) explore how victims perceive the circumstances and events that led to them being bitten by a dog; 3) examine how the victim regards the dog bite experience in terms of prevention of future bites; and 4) to inform public health policy relating to dog bite prevention and treatment through discussion of findings in terms of the theoretical mechanisms of prevention.

We are aware that the retrospective views of the victim are only one part of the story and represent a particular perspective. In qualitative research we are not seeking an objective truth about a causal mechanism, but rather seek to understand the perceptions, beliefs, and experiences of the victim to provide context to bite events and inform the likely barriers to prevention.

Materials and methods

Detailed one-to-one interviews allowed scope for the participant to tell their story in-depth and for the researcher to ask questions to understand the circumstances (Green and Thorogood, 2009a).

Data collection

The intended sample was adults (aged 18 years or over), living in the Merseyside or Cheshire area, who had been bitten within the last 3 years by an owned dog. Eight participants were recruited and interviewed by CW (female), either in their home or at the University. All the participants were female, aged between 20–60 years, with education levels ranged from GCSE or O’level to graduate. Demographic data are described in Table 1. Participants were recruited via posters and leaflets advertising the study in veterinary surgeries, dog training establishments, community centers, shop notice boards, and social media sites.

Although memory and recall accuracy can be an issue over time, most of the interviews occurred within 1 year of the bite occurring, and 3 within a couple of months (Table 2), potentially increasing validity of the recall. It became apparent during one interview that

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