CHILDREN OF ANIMAL HOARDERS

Animal hoarders, once called “animal collectors,” are now recognized as individuals whose mental illness or compulsion can cause horrific consequences for the animals, the hoarder’s family and children, and for the community (PETA, 2014). Animal hoarders amass a large number of animals. The number collected overwhelms the ability of the hoarder to provide acceptable care. Hoarders fail to provide properly for the animal’s physical and social needs, including sanitary food, water, shelter, and veterinary care. Hoarders are oblivious to the suffering of the animals and make excuses for their abysmal living conditions. Some may even maintain that they are ‘rescuing’ the animals they neglect and be genuinely surprised and disturbed at being accused of animal cruelty (Hoarding of Animals Research Consortium, 2014; Huston, 2009; PETA, 2014; Patronek, 1999, 2001, 2008; The Humane Society of the United States, 2014).

Characteristics of Animal Hoarders

According to the DSM-5, general hoarding is common, affecting 2% to 6% of the population (American Psychiatric Association, 2013). Hoarding of animals appears to be a subset of individuals who hoard plus some who do not show general hoarding. Nearly 250,000 animals are victims of hoarding each year (The Humane Society of the United States, 2014). According to Karen L. Cassiday, Ph.D. (2014) each year, approximately 3,500 individuals who hoard animals come to the attention of authorities.
These individuals are typically middle-age or older when they are identified, with women disproportionately over-represented (Patronek & Nathanson, 2009).

In a study of 54 case reports of animal hoarding from 10 animal control agencies (Patronek, 1999), about half of the hoarders lived alone and 46% were 60 years of age or older. Most animal hoarders were female (76%) and they most frequently hoarded cats, dogs, farm animals, and birds. In 80% of cases, animals were found dead or in extremely poor condition (very malnourished; obvious disease or injury). The majority of hoarders would not acknowledge that a problem existed.

Animals usually kept as companions are involved in the majority of hoarding cases (about 65%) while farm animals represent about 10% of cases. Exotic animals are also rescued regularly (PETA, 2014). Even small rodents and reptiles have been subject to hoarding. However, cats are the most frequently hoarded animal (Huston, 2009).

Squalor is often a prominent feature of animal hoarding. Veterinary care is generally non-existent. Even basics such as food are scarce. The food offered is generally inadequate to feed the number of animals, resulting in animals that are malnourished and starving. They may be so desperate for food that dead bodies of other animals are eaten.

At least three theories have been offered to explain animal hoarding. Karen Kemper, a Houston veterinarian, has proposed that animal hoarders share similar traits with persons who have other addictions (PETA, 2014). These are: high recidivism; denial of the addiction; and neglect of personal, physical, and environmental surroundings. A second proposal links some animal hoarding to dementia. Dementia may explain a small proportion of cases, but is not a global explanation, according to Gary
Patronek who originally offered that hypothesis. A third formulation suggests that animal hoarding can be a form of OCD (obsessive-compulsive disorder). This idea is debated (Pertusa et al., 2008; 2010; Pertusa, Frost & Mataix-Cols, 2010). Their argument is that while hoarding can be a symptom of OCD, in most cases it is separate from OCD and is a ‘stand alone’ problem or occurs in a variety of neurological and psychiatric conditions.

Patronek & Nathanson (2009) propose that when human attachment has been chronically problematic, compulsive care giving of animals can become a primary means of maintaining a sense of self. When there is a failure to develop strong attachments to people early in life, individuals may come to rely upon animals for comfort. The excessive attachment to animals can replace inadequate human relationships and the animals may be more highly valued than family members. Since most people with strong attachments to animals do not become hoarders, this theory needs further study (Edsell-Vetter and Patronek, 2011).

Others (The Humane Society of the United States, 2014) have proposed a broader range of conditions and diagnoses that might be linked to animal hoarding. These include PTSD and ADHD as well as the conditions mentioned above. The Anxiety and Depression Association of America (2014) writes that hoarders may have every intention of caring for their animals but have difficulties with organization, attention, and focus (such as attention-deficit disorder) that make proper care unrealistic.

A typology of animal hoarding has also been offered by Patronek, Loar, & Nathanson (2006). The Overwhelmed Caregiver has some awareness of the problems and acquired the animals in a more passive manner. The lack of care can be triggered by a change in circumstance. The hoarder is unable to
effectively problem-solve and is likely to be socially isolated. The hoarder’s self-esteem is linked to care
giving. The **Rescue Hoarder** fears the death of animals and is active and compulsive about collecting
animals. The Rescue Hoarder feels as though they are the only one who can provide the care and resists
allowing others to adopt some of the animals. Some hoarders of this variety have a network of enablers.
The **Exploiter Hoarder** tends to have sociopathic characteristics. This hoarder lacks empathy for either
the animals or for people. They are indifferent to the harm they are causing, reject others’ concerns.
They may have superficial charm and charisma and lack guilt or remorse. They adopt the role of an
expert and exhibit a high need for control.

There appear to be links between general hoarding and animal hoarding, with 75 to 77% of
animal hoarders showing signs of clutter and extensive accumulation of objects (cited in PETA, 2014).
Those who become animal hoarders seem to share characteristics with general hoarders that include
excessive emotional attachment to possessions, procrastination, disorganization, deficits in information-
processing and decision-making deficits (Patronek & Nathanson, 2009). There is little information about
what triggers the onset of animal hoarding, but some (Anxiety and Depression Association of America,
2014; Patronek, 2007; Patronek & Nathanson, 2009) suggest that a traumatic event, such as the loss of a
stabilizing adult relationship, a serious health crisis, or the loss of physical functioning may precipitate
hoarding. These authors found childhood histories of parental abandonment, abuse, and neglect in
animal hoarders.

**Effects of Animal Hoarding on Children**

The effects of hoarding on family members have rarely been examined. Humans living in
situations of animal hoarding often share the same environment as the animals (Patronek, 2008).
Children are especially vulnerable and conditions involved in animal hoarding often meet criteria for
child neglect (Patronek, 1999; 2001). In cases examined by Patronek (2008), dependent children were
living in the home about 10% to 15% of the time. According to Chabaud (2011), being raised in a hoarded home produces lifelong negative effects.

**Safety**

Multiple animals that are poorly cared for and lack sufficient space can become unpredictable and can harm children. When many pets are in the home, household objects can become covered with feces and animal waste. Insects and rodents follow. Dead carcasses may be in the home. The air quality eventually becomes toxic, due in part to ammonia. Children can develop conditions such as asthma (Chabaud, 2011; Huston, 2009; Patronek, 2001; PETA, 2014). Lack of care also means that the animals may have parasites or carry diseases that can infect and harm children and their caretakers. Hoarding situations can facilitate the transfer of diseases such as toxoplasmosis, psittacosis, and salmonellosis (PETA, 2014). Often a house that is used for hoarding animals must be condemned by the health department due to unlivable conditions (The Humane Society of the United States, 2014).

If general hoarding accompanies animal hoarding, children incur other risks. They may risk being hurt from debris falling from where it is stacked. They risk being trapped if there is a fire. Decaying possessions can form molds that contribute to poor health.

**Emotional Effects**

Early in life, children can be confused by their parents’ hoarding behaviors. As children age, they perceive that the parent is obsessed by the collection of animals and is willing to put the hoarding over the interests of the children and family. Children may have no space for their own possessions and can feel unimportant and unwanted. Children become attached to certain animals, only to watch them
suffer and die from lack of proper care (Chabaud, 2011). Children witness the cruel behaviors towards the animals, such as keeping them chained for years with no social contacts or companionship (PETA, 2014).

As children mature, they become better aware of the parent’s aberrant behaviors. The parent may react negatively to any criticism and may pit children against each other, favoring the child who does not complain about the care of the animals or the living conditions (Chabaud, 2011).

**Social Effects**

Animal hoarders may discourage their children’s socialization. Parents who hoard animals may be rightfully fearful of public scrutiny. One study found 57% of animal hoarding cases were brought to the attention of authorities by neighbors (cited in PETA, 2014). Therefore, parents may want to remain isolated and avoid interaction with neighbors who could possibly lodge a complaint causing eviction from their home or removal of the children. Parents may even avoid calling a repair person for appliance or plumbing repair, fearing a report to the authorities (Chabaud, 2011). If the children of animal hoarders are poorly groomed or have clothing that reeks of animal feces, they may be shunned or even teased by peers.

**Assessment of Animal Hoarding**

The Hoarding of Animals Research Consortium recommends two instruments for assessment. One is the HOMES (Health, Obstacles, Mental Health, Endangerment, Structure and Safety) Scale developed by Christina Bratiotis. This tool can be used in any type of hoarding case. Another scale, the Tufts Animal Care and Condition Scales (TACC) is designed to assess a dog’s body condition and physical health, environmental conditions and sanitation, weather temperature safety, and physical care. Information about assessment tools is available on VCPN’s website.
While a hoarder may not intend to harm animals, the Hoarding of Animals Research Consortium maintains that hoarders have made a series of very deliberate acts and choices which place the interest of the hoarder above the welfare of the animals. Hoarders may have continued to acquire animals past their capacity to care for them and may have refused help, been unwilling to place or allow adoption of animals, may fail to seek veterinarian care, and may fail to spay or neuter animals.

**Intervention**

Intervention with animal hoarders is difficult and has not been successful, although the development of approaches is in the early stages. According to Gail Steketee, the relapse rate for animal hoarders is nearly 100% (cited in PETA, 2014; Patronek, 2008). Patronek (1999) in examining 54 cases of animal hoarding that resumption of hoarding was common with some hoarders ‘disappearing’ and resurfacing later in a different neighborhood or jurisdiction.

Prosecution is the most widely used tool for intervention, although most animal cruelty statues were not developed with animal hoarding cases in mind. Some statues require intent to harm animals, even though the suffering of hoarded animals may be far greater than an animal harmed by violence. Courts may be sympathetic to hoarders and allow them to keep some of the animals. There is a general lack of understanding of the effects of chronic deprivation, extended confinement, and poor care (Patronek, 2008).

The outcomes of prosecution for animal hoarding were examined in a study of 56 cases identified through media reports (Berry, Patronek & Lockwood, 2005). The findings showed considerable variation in dispositions and communications among agencies. The cases place enormous strain on the resources of animal care facilities and the community. Animals may need to be euthanized and extensive veterinary care can be required over long time periods. If large numbers of animals are involved, the costs of housing, food and care can overwhelm a local facility.
In the event that a court orders counseling, there is no model for therapists to use as guidance (Patronek, 2008). It may be important to determine the underlying need and dynamics of the animal hoarding behaviors prior to developing a specific treatment plan. Principles of treating general hoarding (such as transferring the hoarding behaviors to safer objects; rewarding behaviors that reduce hoarding; establishing contracts which limit further accumulation) may be applicable to animal hoarding as well (Patronek, 2008). If pets are allowed to remain in the home, the animals will need to be monitored for safety and care. It is crucial for helping professional to determine what changes are needed in order to protect the animals.

In situations where an animal hoarder is unwilling to accept help or change and the conditions are not severe enough to trigger animal cruelty laws, The Humane Society of the United States (2014) suggests asking non-animal agencies such as fire departments (if there are code violations) or health departments (if there are code violations) to intervene and force change. In general, animal hoarders will not change without outside intervention. Monitoring for compliance and court orders to limit the number of animals kept are two methods that might prevent recidivism. Therapists should not assume that court protection orders and removal of the animals mean that animal collection activities will end (Patronek & Nathanson, 2009).

Hoarders have poor insight into their functioning and underestimate the severity of the negative effects of hoarding. They also can show hyper-vigilant behaviors and are wary of therapists, especially if losing the animals is associated with the treatment. For animal hoarders whose primary associations have been with animals, relating to people may be difficult. Treatment can be complicated by their lack
of insight, difficulty understanding cause and effect, poor problem-solving skills, and difficulty organizing, planning and executing tasks (Patronek & Nathanson, 2009).

A multidisciplinary approach to both hoarding and animal hoarding is recommended (Edsell-Vetter & Patronek, 2011). Some communities have established hoarding task forces that have representatives from a broad spectrum of municipal agencies. Such groups can help decide when prosecution is needed versus a strategy of negotiation and monitoring (Patronek, 2001). Task force members can include public health, mental health, veterinarians, adult protective services, child welfare or CPS, and animal control. The development of an animal hoarding protocol can assist in several agencies collaborating to obtain the necessary warrants and to engage the hoarder’s cooperation.

According to the International OCD Foundation, nationwide 75 communities have developed Hoarding Task Force groups. In Fairfax, Virginia, a Hoarding Task Force was established in 1998. It is reported to be the first Hoarding Task Force in the United States.

Suzanne Epstein, Code-Compliance Supervisor with Fairfax County’s Department of Compliance said the impetus for the Hoarding Task Force were several incidents of fire-related deaths where the home had hoarding problems and people could not leave the home in a timely fashion. Initially, the Task Force sent a multidisciplinary team to investigate. “Instead of five people from five different agencies arriving at different times, the involved agencies worked together,” explained Epstein. In July, 2010, however, the structure changed. Fairfax County formed the Department of Compliance which responds to a variety of code violations in zoning, property maintenance, fire safety, and unpermitted work. This Department is now the lead to respond to complaints about hoarding.

Rachael Perrott, a Division Supervisor with Fairfax County’s Department of Compliance, explained that the effort in Fairfax has been re-named the Hoarding Committee, as they are not a
mobilization unit. Epstein adds that the Committee still meets and talks about the cases involving hoarding and how to handle them. “Working together on these difficult situations helps,” notes Perrott. Nineteen agency members are listed in the 2008 annual report, published in 2009. In 2008, the last year where data is available, the Task Force handled 147 complaints. Epstein did not have more recent data, but said that the numbers have increased in recent years due to greater awareness of hoarding and its negative effects. Perrott said the Hoarding Committee has handled cases involving both animals and children living in the home. The close relationships with child protective services and mental health allow for timely intervention.

Virginia Beach is another Virginia community with a Hoarding Task Force. Officer Cassie Cuffe recently spoke with VCPN staff about Virginia Beach’s efforts. The Task Force has been in operation about 10 years and is a multidiscipline effort that includes CPS and APS. “The group is very effective and works well together,” explains Cuffe. The Task Force meets quarterly as a group and handles several cases a month. If the problem is animal hoarding, the court will mandate clean up and limit the number of animals allowed in the home. She says the judges are compassionate towards individuals with hoarding problems and try to work with the person to achieve a resolution. Cuffe makes follow up calls to be certain that court orders are followed. She said many on her caseload were seniors who had lost control of their accumulations over the years. Few individuals receive treatment. Cuffe explains that they are resistive to treatment and often claim they cannot afford it or lack transportation. Cuffe believes that the public is more aware of hoarding and its dangers and feels that cases are coming to the attention of authorities sooner than in the past.
Readers wanting information about how to start a Hoarding Committee or Task Force can reach Susan Epstein at: Susan.Epstein@fairfaxcounty.gov or Rachael Perrott at: Rachael.Perrott@fairfaxcounty.gov or Cassie Cuff at: ccuffe@vbgov.com

Summary

Animal hoarding causes extreme suffering for hundreds of thousands of animals each year, jeopardizes the health of the hoarders and their family members, and poses significant costs for the community. The problem is rarely resolved effectively and in many communities, cases are not vigorously prosecuted (Phillips, 2008).

Our understanding of animal hoarding is in infancy (Edsell-Vetter & Patronek, 2011). There is a need for a more sophisticated understanding of animal hoarding and longitudinal studies are lacking. VCPN staff could find no outcome studies for children who have experienced living with an animal hoarder. While some of the conditions these children have experienced have been described, there appear to be no systematic studies of the actual condition of children or their immediate needs. As more attention is given to the intersection of child welfare and animal welfare, better detection and intervention options will be identified.

References Available on the Website or by Request